New year, new look......constantly evolving with changing times.

2020 will bring more changes as stakeholders all work (sometimes together) to address quality, safety, equity, and costs of care. While the patient is at the center of care, it is critically important to engage patients and consumers in policy and regulatory changes so they can remain as the focus and center of care -- and patients have a growing concern as they are now a major payer for their healthcare.

January's Newsletter will cover the following items:
- Top Items on Consumer and Patient Lists for 2020
- PPC Podcasts
  - Sepsis, Flu, and Pneumonia
  - Upcoming Podcast - Growing Importance of Pharmacists in Partnering with Patients and Healthcare Providers
- Plans for Compare Web Sites to be Standardized
- Value of Social Care in Healthcare
- Z Codes on Bills Identify Social Determinants of Health
- Addressing Costs of Care - State Initiatives
- CMS Medicaid Block Grant Program
- Technical Expert Panels Seeking Patients, Families, and Caregivers

Top Items on Consumer and Patient Lists for 2020

What do consumers and patients wish for their healthcare in 2020? The following are the top items and are not listed in any priority:

* Reduction in Costs of Care
* Transparency in Costs and Quality
* Reductions in Pharmacy Costs
* No Surprise Bills
* No avoidable adverse or never events
* Retention of Essential Health Benefits
* Retention of no insurance denials or increased insurance costs for pre-existing conditions
* Health Equity
* Improved transitions of care
* Involvement in shared-decision making
* Engagement of patients, families, and caregivers in co-development of initiatives
* Improved processes and outcomes of care
* Continuous support and respect of patients as persons
* Ability to receive timely information on their condition and test results through a
**Timely and Informative Podcasts**

In Project Patient Care's *December 2019 Podcast*, we highlighted the importance of the flu vaccine to prevent or lessen the effects of the flu. We also noted that flu can turn into pneumonia which can then turn into sepsis - which too often sepsis leads to death.

Sarah Kiehl, a Sepsis Survivor, and Armando Nahum, father to his son, Josh, who died of sepsis, share their painful journeys with sepsis. While the flu was not the cause of their sepsis, their stories provide a detailed perspective on how sepsis rapidly takes over one's body and its ravaging effects on the patient.

While there has been a great deal of world-wide focus on the new Coronavirus, we need to keep in mind that more than 8,000 people in the U.S. have died from the flu this season, which will between December and February, according to CDC estimates. During the 2018-2019 season, the Centers for Disease Control and Prevention estimated 16.5 million people went to a health care provider for the flu and more than 34,000 people died in the U.S. The 2017-2018 Flu season saw 61,000 deaths.

While the Coronavirus continues to infect a growing number of people in China, United States Departments and Agencies are taking proactive public health steps to lessen the opportunity for the Coronavirus to enter and spread within the U.S.

*What's the new Project Patient Care (PPC) Podcast coming in a couple of weeks?* A lively discussion on the changing role of the Pharmacist and how they can provide tremendous and important guidance to patients and care teams - you won't want to miss the PPC Podcast with Brian Isetts, PhD, BCPS, FAPhA, Professor, Department of Pharmaceutical Care & Health Systems, University of Minnesota, College of Pharmacy.

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**Plans for Compare Web Sites to be Standardized**

On January 23, 2020, CMS Director Seema Verma announced that all of the CMS Compare web sites used by consumers and patients will be standardized by the end of this year. This is welcome news to beneficiaries that are not that familiar with all of the nuances with the content and site designs, as there are significant variations among the sites. The sites targeted for standardization are the Compare sites for Hospital, Nursing Home, Home Health, Dialysis Facility, Long-term Care Hospital, Inpatient Rehabilitation Facility, Physician and Hospice.

Additionally, non-patient identifiable data used by researchers and other stakeholders will become more readily available and accessible.

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**Value of Social Care in Healthcare**

The National Academy of Medicine recently released a Consensus Report focused on the role of social care and social workers in addressing social determinants of health and socio-economic barriers to successful health outcomes of patients. The report, *Integrating Social Care into the Delivery of Health Care: Moving*
Upstream to Improve the Nation’s Health is available for downloading along with summary information and briefing papers.

One of the committee members on the report, Robyn L. Golden, LCSW, Director of Health and Aging, Assistant Professor, Rush University Medical Center, is a long time leader and champion for the integration of social work into healthcare. Robyn also has been instrumental in leading the Illinois Transitional Care Consortium which helped to move the The Bridge Model from a concept to a well designed and utilized resource to reduce readmissions, improve outcomes, and meet the needs of the beneficiaries and healthcare providers in managing their health.

Z Codes Identify Social Determinants of Health

Z Codes are a part of the ICD-10 Coding system and are used in claims billing to identify social determinants of health. Among 33.7 million total Medicare Fee For Service beneficiaries in 2017, approximately 1.4% had claims with Z codes. There are over 97 Z-Codes and sub-codes that identify socio-economic-psychological barriers that patients are facing. By addressing the needs identified by the Z-Codes, patients are more likely to be successful in managing their care.

In January 2020, CMS released a CMS Data Highlight Report highlighting the usage of Z codes for 2017 and the top Z Code Conditions. Additionally, CMS provides helpful information on all of the Z Codes and why it is important to identify the social determinants of health.

Addressing Costs of Care - State Initiatives

States are working to address the needs of their constituents in reducing costs of care. In Colorado, Governor Jared Polis is working to establish a public-private insurance program that could drastically cut the cost of healthcare costs in Colorado. Colorado state agencies have reported that costs of insurance and hospital care are some of the highest in the nation. In Illinois, Governor J.B. Pritzker signed legislation effective January 1, 2020 that insurers that provide coverage for prescription insulin drugs must limit the total amount an insured is required to pay for a covered prescription insulin drug to $100 per 30-day supply of insulin regardless of the type and amount of insulin needed by the insured. This initiative is only for commercial health plans providing services in Illinois.

In response to the growing demand for reductions in costs of care and knowing many states are taking a lead in addressing costs of care, National Academy for State Health Policy (NASHP) is expanding its capacity to help states address health care costs by establishing a Health Care Cost Hub with two divisions. "One division continues the work of the Center for State Rx Drug Pricing, and the new division – the Center for State Health Care System Costs – will launch late this fall. Over the next two years, the center will:

- Develop and disseminate hospital transparency model legislation;
- Examine earlier efforts to control costs, such as voluntary hospital budget reviews, for lessons and strategies to inform future work;
- Convene and support states engaged in health system spending growth caps/global budgets;
- Leverage public purchasing power; and
- Support reference pricing initiatives."
At the end of January, the Centers for Medicare and Medicaid Services released a Medicaid Block Grant Program named Healthy Adult Opportunity (HAO). States will have the option of participating in this program which provides more flexibility for states on population, prescription, service inclusion and exclusion policies, etc.

Currently only Tennessee is actively engaged to participate in the program.

For many states, Medicaid enrollment is variable as are disease conditions - not always in a state's control. The advantage for states to participate in a Medicaid Block Grant Program is they no longer would have to apply for a waiver to modify their programs. For many states, the risks involved in managing variable costs and enrollment are challenging. For consumers, it allows states to set their own parameters in terms of Medicaid enrollment which means that current patients, nursing home residents, prescription drug programs, and services could be dropped under a Medicaid Block Grant program. For more information on the Medicaid Block Grant Program, click here for CMS information and click here for a perspective from Kaiser Family Foundation.

Technical Expert Panels Seeking Patients, Families, and Caregivers

Project Patient Care often hears about opportunities for patients, families, and caregivers to get involved in research, measurement development, or sharing their story. We would like to make you aware of these opportunities as they become available.

CMS has several Technical Expert Panels (TEPs) they will be recruiting for and are interested in having patient, family, or caregiver participants on the TEPs. Please note these TEPs have specific patient, family, caregiver needs. While there is only one TEP now accepting nominations as noted below; more will soon be available for self-nomination.

- Electronic Clinical Quality Measures (eCQM) Development and Maintenance for Eligible Clinicians - Nomination Deadline is February 25, 2020 Click Here for nomination information

We Love to Hear From You!

We are always happy to hear from you - please feel free to contact us at any time.

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Thank you!