



Greetings!

As we will start every newsletter out - we hope you, your family, and loved ones are healthy and safe.

Please.....

- Take care of yourself
- Take care of your family and loved ones
- Check in on your neighbors, and probably twice a day for those at high risk
- Participate in local initiatives in your community that are supporting those in need as well as supporting local businesses
- Express gratitude to healthcare workers and first responders that are caring for patients and residents in hospitals, nursing homes, hospice, dialysis centers, and in make shift settings in tents, hotels, and convention centers - we can never thank them enough!
- Thank and support the public health professionals and government leaders that are having to make difficult decisions while dealing with an unprecedented world crisis

This newsletter will be devoted to recent regulatory and rule changes and information updates so that our readers, including healthcare providers and consumers, can keep up on the latest changes.

Articles include:

- Modeling of COVID-19 Projections by State
- Hospitals Sharing Data on COVID-19
- Advance Payments from Medicare
- No Quality Reporting for January 1 - June 30, 2020 Time Period
- TeleHealth and TeleMedicine Toolkit for Nursing Homes

## Modeling of COVID-19 Projections by State



The subject of modeling and projections of COVID-19 confirmed cases, hospitalizations, Intensive Care Units (ICUs), and deaths used to drive decision-making to extend the Social Distancing is from the Institute for Health Metrics and Evaluation (IHME) based at the University of Washington with funding from the Gates Foundation. The modeling and reports are available at no charge and

provide interactive information by state and identifies projected need and capacity - click [Here](#)

## Hospitals Sharing Data on COVID-19

The White House Administration is requesting that hospitals report COVID-19 testing data to the U.S. Department of Health and Human Services (HHS), in addition to daily reporting regarding bed capacity and supplies to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. CMS will be working with providers to obtain this important information to help identify supply and bed capacity needs, as well as enhance COVID-19 surveillance efforts. By having complete testing data, it will provide support for more accurate COVID-19 projections along with the hospital bed capacity and supplies.

## Advance Payments from Medicare

All hospitals, doctors, durable medical equipment suppliers and other Medicare Part A and Part B providers and suppliers are covered under an accelerated or advanced Medicare payments under the new economic stimulus package. An accelerated/advance payment is a payment intended to provide necessary funds when there is a disruption in claims submission and/or claims processing. CMS has issued a Fact Sheet and information as providers can apply now through their Medicare Administrative Contractor - for access to the Fact Sheet, click [Here](#)

## No Quality Reporting for January 1 - June 30, 2020 Time Period

In recognition of the hardships and burdens that providers are facing in identifying and caring for COVID-19 patients, CMS announced on March 22 that Quality Reporting will not be required of healthcare providers and organizations during this pandemic. For those programs with data submission deadlines in April and May 2020, submission of those data will be optional, based on the facility's choice to report. In addition, no data reflecting services provided January 1, 2020 through June 30, 2020 will be used in CMS's calculations for the Medicare quality reporting and value-based purchasing programs. CMS has a detailed table that identifies the provider type and the information that is not required to be reported and will not be included in quality and value based purchasing programs. To see the specific guidance, click [Here](#)

## TeleHealth and TeleMedicine Toolkit for Nursing Homes

On March 29, CMS released a Toolkit specifically for nursing homes to immediately begin to use TeleHealth and TeleMedicine during this COVID-19 pandemic. To view the Toolkit for nursing homes, click [Here](#)

Part of the strategy in strongly supporting and encouraging nursing homes to utilize TeleHealth and TeleMedicine is it provides rapid access to healthcare professionals without waiting hours for a clinician to visit or transferring a resident to an emergency room.

## Easy to Start and Use TeleHealth and TeleMedicine

Special Podcast - Pioneering TeleHealth Professionals During and Before COVID-19 Project Patient Care discusses how TeleHealth and TeleMedicine are providing lifelines to so many people that are in need but are concerned about going into a healthcare location where they might get exposed to COVID-19.

Hear from our pioneers in TeleHealth - Dr. David Chess who is an entrepreneur that has



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*Champion Change Agents  
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advanced TeleMedicine with physicians and other clinicians to save patient and nursing home resident lives. Wendy Hayum-Gross is a recent pioneer using TeleHealth services with patients with mental and behavioral health conditions that do not want to be exposed to COVID-19 and do not want to leave their homes. Both Dr. Chess and Wendy share their experiences in how they and their patients have readily adapted to using TeleHealth for routine and urgent healthcare visits. To listen to the podcast, Click [HERE](#)

***Telemedicine in Nursing Homes is the Equivalent to a Hospital Rapid Response Team*** It is rare that one ever hears Code Blue in a hospital because hospitals routinely are assessing patients and when a patient is rapidly declining, they activate a Rapid Response team. The Rapid Response Team rapidly assembles at the patient bedside to assess and determine best interventions to avoid a life threatening event. Also, hospitalists and advance practice nurses are constantly monitoring and assessing patient conditions to identify any declines in health or expected healthcare plan outcomes. In nursing homes, a physician only needs to see a resident once every 30 days and after 90 days, only every 60 days.

In many nursing homes, the resident care responsibility is through the nurse manager or nurse administrator. If a resident rapidly starts to decline, a physician is typically notified and a determination is made as to next steps - emergency department visit or some other intervention. If a resident is slowly declining, the situation is monitored over time which may or may not result in an intervention that could avoid a resident from 'crashing' in the near future. Nursing homes that have a nursing home resident declining can contact their TeleMedicine provider to help them assess the resident situation and develop an intervention. The TeleMedicine physician can see the resident; check their electronic medical record; assess their conditions with electronic diagnostic tools; and develop a course of action with the nurse. This can all be initiated at first signs of decline in a resident.

As many in nursing home care know, CMS publicly issued their findings on the Kirkland nursing home in which nearly 100 residents and staff were infected with COVID-19 and 35 residents and staff have died. The findings released recently could have all been prevented with early action and proper infection control and prevention procedures - clearly, TeleMedicine could have picked up on this at its earliest stage had TeleMedicine been available and used by staff. The findings: "The inspectors found three "Immediate Jeopardy" situations, which are situations in which a patient's safety is placed in imminent danger. Specifically, the facility's failure to rapidly identify and manage ill residents, notify the Washington Department of Health about the increasing rate of respiratory infection among residents, and failure to possess a sufficient backup plan following the absence of the facility's primary clinician, who fell ill."

As a result of these findings and increased reporting of COVID-19 cases in nursing homes, CMS is requiring nursing homes to focus on infection control and prevention, early detection and ongoing assessment of residents, and fully implement the guidance CMS provided them weeks ago (as noted in our COVID Special Edition Newsletters of March 15 and 20 - click [Here](#)

**Stay tuned as Project Patient Care will be doing a webinar with Dr. David Chess and Nursing Home staff so everyone can understand how easy and effective TeleHealth and TeleMedicine are --- and how it provides rapid care for nursing home residents and is a source of great support for staff.**

## **We Enjoy Hearing From You!**

Please feel free to contact us at any time but during the COVID-19 'Stay at Home' period, we are all working remotely from our homes.

Contact us at:

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