



CarePoints

Staying Compliant with the CMS Final Rule

CMS published its Final Rule late 2016 with requirements that long-term care facilities must meet to participate in the Medicare and Medicaid programs. The revised requirements are divided into three implementation phases spanning the years of 2016-2019. Omnicare, a CVS Health company, has made available to our customers solutions to assist you in staying compliant with regulatory requirements all the while providing optimal quality of care. Our Consultant Pharmacists are experts in geriatric pharmacy and can help your facility navigate the new and upcoming CMS requirements.



Omnicare introduced updated policies and procedures to assist your facility with pharmacy's participation in the Quality Assurance/Performance Improvement Committee, Self-Administration of Medications, Psychotropic Medication Use, and Medication Regimen Review. Additionally, a new in-service on the Phase 1 requirements is available by web-conference or in your facility.

Please contact your Consultant Pharmacist to set up your in-service or to answer any questions.

NEW! Interactive Reporting to Support Your Antimicrobial Stewardship

The CDC estimates that 40-75% of antibiotics are prescribed incorrectly and nearly 50% may be given longer than necessary in long term care settings. The result—increased prevalence of antibiotic resistant infections, risk of adverse health events, and higher health care costs.

Most recently, CMS finalized a rule that would require all LTC facilities to implement prescribing protocols and a process for proactively monitoring utilization of these drugs. Omnicare has been actively partnering with customers to assess guidance from CMS and to develop stewardship activities and resources to help our customers respond to evolving requirements.

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New Look for CarePoints

Welcome to the re-designed *CarePoints* Newsletter. We're still providing you the same great content as before, but with a fresh new look. We hope you enjoy the new look and feel.

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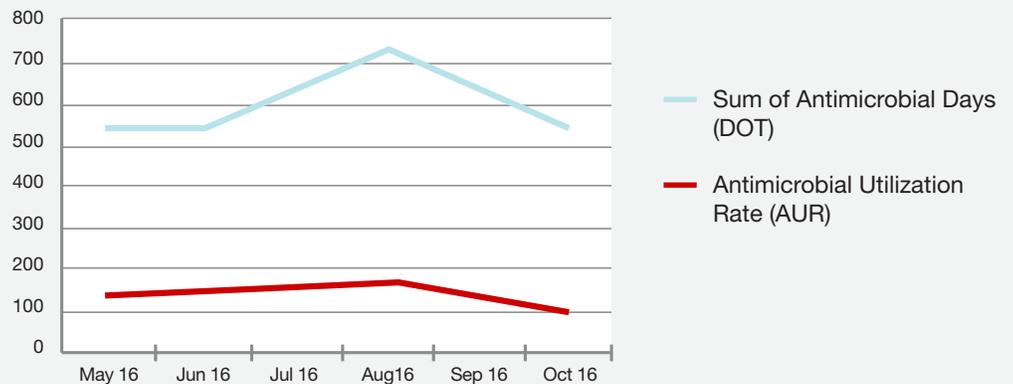
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Interactive Reporting to Support Your Antimicrobial Stewardship, continued.

This spring we will be expanding our ability to support your stewardship initiatives by providing timely access to antibiotic utilization and prescribing patterns through an interactive reporting dashboard available on Omniview, our proprietary customer web interface. This new monthly report was designed to align directly with the utilization and outcome measurement methodologies outlined by the CDC Core Elements of Antibiotic Stewardship in Nursing Homes. The data and graphs will populate monthly and also include comparative data for the most recent months.

- % of residents receiving antimicrobials
- % of new admissions receiving antimicrobials
- Rate of new antimicrobial starts in the nursing home
- Rate of antimicrobial days of therapy
- Antimicrobial Utilization Ratio

Antimicrobial Utilization Rate (AUR)



2016 Month	Sum of Antimicrobial Days (DOT)	Antimicrobial Utilize Rate (AUC)
May	545	141
June	551	144
July	638	158
August	729	163
September	638	137
October	551	184

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Providing convenient access to the data critical to monitoring the impact of your activities is just one of many ways Omnicare can support your stewardship activities. To learn more, please contact your Omnicare representative.

Reference: Carepoints 4th Quarter 2015 pgs 7-11
The Core Elements of Antibiotic Stewardship for Nursing Homes
<https://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship.pdf>

NEW! Resident Care Offering

A pharmacy provider that can offer pharmacy services to your Independent Living residents.

With many Omnicare customers serving the Independent Living segment, we are excited to announce our new Resident Care Offering through CVS Pharmacy. In partnership with CVS Health, you can differentiate your community among your competitors, ease the burden on your staff and, above all, make it easier for your residents to stay on their path to better health.

Personalized care, service, support and value for residents - and enrollment is easier than ever



**Pharmacy Care
Team Support**



**Local Store
Team Support**



**Always-on savings
on products your
residents use every day**

- 24/7 personalized patient counseling
- Introduction to Medication Adherence Services available through CVS Pharmacy*
- Hand delivery of residents' medications
- 20% additional discount on over 2,000+ CVS Pharmacy brand health-related products like vitamins, pain relievers and digestive health*
- ExtraCare Health Card - made available only to residents

Engaging new and existing residents around our suite of services

- Services are provided at no cost to community or residents
- We supply the materials and the speakers - no added work for staff



Move-In Kits



**Awareness
Communications**



**Community
Events**

- Materials developed to introduce services to new residents
- Ongoing direct to resident communications
 - Posters
 - Flyers
 - Direct Mail
- CVS Pharmacy store team providing:
 - On-site events with local Pharmacist topics that are focused on your residents i.e
 - Service Introduction
 - Managing medications
 - Flu Clinics
 - Others

If you are interested in learning more about how your community can partner with CVS Health to bring these services to your Independent Living community, please contact your Omnicare Account Representative or click on the link below to complete an inquiry form and we can contact you directly.

<https://www.omnicare.com/about-us/contact-us/>

Not currently available in all markets or communities. Please contact your Omnicare Account Representative to find out if services are available at your location.

Quarterly Pharmacy Surveys to Serve You Better

In 2016, we changed our service survey with the purpose of gaining new and valuable insights from your perspective. Your responses are providing critical information we will use to serve you better. Our survey is now conducted electronically and has replaced the prior manual surveys. We will conduct four(4) quarterly surveys throughout the year starting on the dates below. We encourage all clients and facility leaders to take approximately 10 minutes to complete this survey when you receive the email invitation. If you are a facility leader and are unsure if you receive this survey, please contact your Omnicare representative and they will ensure we have your proper contact information. We thank you ahead of time for your efforts. Your feedback will truly help us become an even better partner in 2017 and beyond.



Survey	Q1 2017	Q2 2017	Q3 2017	Q4 2017
Start Date	1/12/17	4/13/17	07/13/17	10/12/17

Medicare Part D Transitional Fill Period

Be on the lookout for notices of non-covered medications for your dual-eligible Medicare Part D beneficiaries as the transitional fill period will end in early April. This could impact costs for your dual-eligible residents.

CMS requires Medicare Part D plans to provide for a transitional fill for those Long Term Care beneficiaries who have enrolled in a new plan or have received a new medication order which is not on their current plan's formulary. This includes dual-eligible residents who were auto-assigned into a new zero premium plan or for those who chose a new zero premium plan for 2017.

Go to OmniPlanFinder through Omniview at omniview.omnicare.com (access the Resident Profile via the Pharmacy Connection landing page) today. OmniPlanFinder will help you find the optimal prescription drug coverage for your dual-eligible residents and reduce your exposure to non-covered medication charges.



Medica Health Plan to Exit Medicaid Managed Care Market

TwinCities.com reported on December 1, 2016, that Medica will exit the Minnesota Medicaid managed care market in the coming year, claiming rates established through a competitive procurement last year were not actuarially sound. The move could impact 300,000 Medica members, including those in the MinnesotaCare expansion program.

Teaching Patient Safety: More than Accurate Medication Administration

When new nursing staff is oriented to the procedures for administering medications in a skilled nursing facility, the instruction usually centers on the regulatory issues outlined in F-tags 331 and 332, Medication Errors. It makes sense to teach to a deficiency-free medication pass observation, but there may be important elements of medication safety that are missed in training focused on regulations alone.

Opportunities for Errors

Bringing attention to the opportunities for errors during medication administration in long term care is a good start to training. Remind trainees that there is an inherent risk to making a medication error due to the high numbers of medications used by our residents and the number of doses to be administered. Reiterate to nurses and medication assistants that some residents are not able to participate in their own medication safety plan due to poor cognition and that when a resident receives a medication in error, the risk of an adverse drug reaction is high due to frailty, changed pharmacokinetics (drug absorption, distribution, metabolism, excretion) in a senior patient, and multiple co-morbidities.

Medication Familiarization

Every nurse and medication assistant should be familiarized with high risk medications at the initiation of their training. These are medications more likely to cause patient harm when involved in a medication error. In long term care, high risk medications include, but are not limited to morphine sulfate, methadone, and oxycodone, heparin, warfarin, amiodarone, phenytoin, and carbamazepine. Staff assigned to administer medications should also be aware of the risk for error when medications are available in multiple strengths, such as levothyroxine, and medications that have 10-fold differences between high and low doses, such as heparin sodium 100 units per ml and 1000 units per ml.

Human Factors

The human factors affecting a safe medication administration pass include stress, workload, fatigue, and managing electronic health records. Systems in long term care facilities that may impact safe medication administration include: inadequately trained staff, staffing levels, emergency box use, interruptions and distractions, and failure to reconcile medications upon admission, change in resident status, and upon discharge to home or another facility.



Quick tips for your medication administration safety programs:

- Use medication administration as an opportunity to observe a resident's response to a medication.
- Any change in a resident's condition may be due to an adverse drug reaction or an adverse reaction to a medication given in error.
- Always confirm the resident's known drug allergies before administering a medication, especially when removing a medication from the emergency drug supply.
- Over 800 medications interact with warfarin, our most commonly used anticoagulant.
- Look-alike, sound-alike medications cause 25 % of all medication errors. For example: hydrOXYzine and hydrALAzine
- 50% of all medication errors occur at transitions in care. Medication reconciliation is time-consuming, but essential to patient safety and preventing re-hospitalizations.