The Benefits of Membership –
KaMMCO Spring Education Series Features Four Webinars

KaMMCO is offering four new webinars for its members' Spring Education Series. The diverse range of topics will appeal to clinic and hospital administrators, risk managers, office and support staff, and other interested healthcare professionals. Each webinar will be presented from 12:00 p.m. to 1:00 p.m. Dates and topics for the webinars include:

February 22	Setting Up a Shared Infection Prevention Program
March 15	Terminating the Provider Relationship with a Non-Compliant Patient
April 10	Cyber Security and Ransomware
May 1	Top Trending Issues in Healthcare Risk Management: The Good, The Bad and The In-Between

Nadyne Hagmeier, RN

Johnathan Reeves, RN

Setting Up a Shared Infection Prevention Program presented by Nadyne Hagmeier, RN, QI project manager, and Johnathan Reeves, RN, QI project manager, from the Kansas Foundation for Medical Care, Inc., is scheduled for Thursday, February 22 from 12:00 p.m.-1:00 p.m.

Are you optimizing opportunities to work with community partners? Have you considered expanding capacity in a non-billable service line? Thanks to recent changes in nursing home infection prevention regulations, partnering with a local nursing facility presents an opportunity to expand capacity in both your facility and theirs. Our presenters will propose a conceptual model of cooperation that leverages hospital knowledge to meet the needs of both nursing homes and your organization.

At the conclusion of the program, attendees will be able to:

- Understand the difference between hospital and long term care infection prevention requirements.
- Discuss and consider the framework of a shared infection prevention model.

Register now for the February 22 event. Registration for the remaining spring events will be available soon at www.KaMMCO.com/Events.

The Benefits of Membership –
New e-Learning Courses Now Available Through Med-IQ

KaMMCO continues to provide vital risk management programs relevant to insured physicians, hospital administrators, risk managers, and many others involved in the delivery of quality healthcare. KaMMCO, in partnership with Med-IQ Online Risk and Patient Safety Education, is offering several new online e-Learning courses for 2018.

The new course content features a wide range of topics including:

- Demystifying Provider Burnout: Etiology and Support
- The Impact of Technology on Patient Care
- Cultural Competency: Dispelling Myths
- Test Result Communication
- Informed Consent: Shared Decision Making
- Surgical Safety: Postoperative Management
- Consultation and Referral: Risk Management
- Risk and Safety Issues (Course relevant for all healthcare specialties)

The user-friendly Med-IQ online learning center allows you to start and stop courses at your convenience anytime - 24/7 - from any computer or mobile device with internet access. As an added benefit, eligible KaMMCO members who complete just one of the courses can earn an additional 2 percent premium credit toward policy renewal each year, in addition to CME credit.

To access the Med-IQ online learning center, click here and sign in. If you need help signing in, please follow the instructions provided or call KaMMCO Member Services for assistance.

The Benefits of Membership –
KaMMCO Works With LinkCapital to Provide Student Loan Services

Since 2017, KaMMCO has partnered with LinkCapital to help policyholders save money on their student loans. Because student loans can be confusing, here's the top five frequently asked questions:

Q: Are there fees associated with a LinkCapital refinanced loan?

A: LinkCapital does not charge application or origination fees. There are also no late payment fees. If your payment is not received on or before its due date, subject to any applicable grace period, your loan may become delinquent.

Q: What happens to my loan in the event of death or disability?

A: In the unfortunate event of a borrower's death or qualifying total and permanent disability, the loan will be forgiven and neither the cosigner(s) nor the borrower's estate will be required to satisfy the loan. In addition, a cosigner will be released from the obligation should a qualifying total and permanent disability occur.

Q: Does LinkCapital offer both fixed and variable rate products?

A: Yes, LinkCapital offers both fixed and variable rate programs. LinkCapital currently has two different refinancing programs: the Medical Professional Refinance Loan Program and Medical Resident Refinance Loan Program.

Q: Does LinkCapital refinance both federal and private student loans?

A: Yes, LinkCapital refinances all qualified student loans. A qualified student loan is a loan you took out solely to pay your qualified education expenses, as defined in the Internal Revenue Code. Loans taken out by a parent or guardian do not qualify for refinancing unless the parent or guardian meets our loan criteria and is refinancing themselves.

Q: Is refinancing right for me?

A: Everyone's situation is different. However, if you believe you are being charged a high interest rate, would like to lower your monthly payments, or would like to defer payment through your residency and fellowship, then refinancing may be right for you.

KaMMCO Health Solutions Achieves
Qualified Clinical Data Registry Status for 2018

Physicians and clinicians in Kansas and across the nation have a trusted choice when reporting key components of the Merit-Based Incentive Payment System (MIPS) as a part of the Centers for Medicare and Medicaid Services' (CMS) Quality Payment Program (QPP). KaMMCO Health Solutions (KHS) has received notification that its Doctors Quality Reporting Network Qualified Clinical Data Registry (QCDR) application received the stamp of approval from CMS for 2018.

A QCDR is a CMS-approved entity that collects clinical data on behalf of clinicians for data submission.

By achieving registry status, KHS's Doctors Quality Reporting Network marries the collection of patient data and the submission of data in one entity for physicians. The Doctors Quality Reporting Network, currently submits National Council on Quality Accreditation (NCQA) and ONC certified electronic clinical quality measures (eCQMs), Advancing Care Information (ACI) and Improvement Activities (IA) to CMS. These measures are standardized and intended to provide reliable indicators of high quality patient care. The metrics cover management of chronic diseases, preventive care screening, use of appropriate medications, use of electronic medical records, patient engagement and overall cost of care reductions.

"The benefit to using KHS's Doctors Quality Reporting Network is CMS submissions can be calculated using data directly extracted from the health information exchange (HIE), thereby decreasing the reporting burden," said Laura McCrary, Ed.D, senior vice president of KHS. "We are pleased to support physicians and clinicians across the country. We want to help make the transition to value-based payments and quality reporting as efficient and as seamless as possible."

For more information on the Doctors Quality Reporting Network, visit www.kammcohealthsolutions.com.

KHIN Distributes Over $4 Million to Hospitals and Providers
In Support of Statewide HIE Participation

Striving to achieve a collaborative healthcare system in Kansas, the Kansas Health Information Network (KHIN) and the Kansas Department of Health & Environment (KDHE) distributed more than $4 Million to Kansas hospitals and providers in 2016-17. Overall the amount distributed was $4,113,200.

The funding encourages and enhances participation in a statewide health information exchange (HIE). Many Medicaid-eligible hospitals and providers qualify for the program which provides 90 percent federal matching funds with the state delivering a 10 percent non-federal match for the investment. The distribution from KHIN delivers Kansas's 10 percent match. A list of participating KHIN HIE hospitals and providers may be viewed online at www.khinonline.org.

The one-time funding may be used for a wide range of HIE activities including on-boarding costs for participating in a health information exchange, such as KHIN. The over-arching goal is to increase interoperability among providers which means the ability to exchange information among two or more systems as well as to use the exchanged information.

The funding stream originates in the Centers for Medicare and Medicaid Services' Medicaid Electronic Health Records Incentive Program, first authorized through the Health Information Technology for Economic and Clinical Health Act (HITECH) which is a part of the American Recovery and Reinvestment Act of 2009.

KHIN Adds Three New Analytic Dashboards

Physicians and hospitals participating in the Kansas Health Information Network (KHIN), the statewide health exchange (HIE), will appreciate the roll-out of three new dashboards in the first quarter of 2018. Utilization, Behavioral Health, and Physician Attribution dashboards all were developed in direct response to participants' requests.

Endorsed by the Kansas Medical Society, KHIN allows physicians to access aggregate clinical data from the longitudinal patient record through web-based dashboards. The analytics dashboard reports are designed to improve patient care, reduce duplicative testing, and ease physicians' quality reporting.

The recently added analytics dashboards include:

Utilization dashboard--presents recent patient activity for inpatient admissions, emergency department and office visits. Displays include all patients in the patient population with eligible service activity, un-restricted by age, disease condition or level of utilization. Additional charts offer a display of office visit activity.

Behavioral Health dashboard--presents an overview of specific metrics that address early detection, treatment and management of patients with behavioral health and medical conditions, including depression, suicide risk, diabetes, high blood pressure and other related health conditions.

Physician Attribution dashboard--presents a simple interface for management and assignment of patients based on provider and payer. The summary view displays patient name, visit activity and most recent primary provider and payer. Patient level encounter detail is available. Views include a provider specific list and an administrative overview of all patients.

A Controlled Substances dashboard will be added later in 2018. To schedule a demonstration, contact Susan Penka at spenka@kammco.com, or call 800.435.2104.

Jennifer Helfenberger, First Recipient of Jerry Slaughter Scholarship

In 2017, the KaMMCO Foundation Board of Directors announced establishment of the Jerry Slaughter Scholarship for Health Care Policy at the University of Kansas School of Medicine (KUMC). In January, the first recipient of the $5,000 scholarship was announced at a luncheon with members of the University of Kansas Endowment Association. Honored at the luncheon was Jennifer Helfenberger, a student in KU's Masters in Health Service Administration program.

Jennifer, who received a Bachelor's degree in Psychology from the University of Iowa, comes from a family of healthcare providers—her mother is a nurse and her older brother is a physician. After working three years as a nurse's aide, Jennifer moved to Kansas City to pursue a graduate degree. She is a Graduate Research Assistant in the Health Policy and Management Department, researching a wide range of topics including barriers in primary care delivery, marketing exposure for palliative care departments at NCI Designated Cancer Centers, and representation of front line workers in sterile processing department policies. Jennifer also interned at the KU Cancer Center, where she analyzed qualitative and quantitative data, which contributed to process improvements. Post-graduation Jennifer plans to pursue a career in healthcare public policy.

Presentation of the scholarship to the first recipient of the Jerry Slaughter Scholarship for Health Care Policy was made to Jennifer Helfenberger in January at a luncheon hosted by the University of Kansas Endowment Association. Left to right: Jerry Slaughter, executive vice president KaMMCO, Jennifer Helfenberger, and Kurt Scott, President and CEO of KaMMCO.

Telehealth Popular With Providers

Telehealth (or telemedicine) adoption may be increasing each year, but the majority of consumers still aren't onboard with the technology in healthcare, according to a 2017 study, "Closing the Telehealth Gap" released by Avizia.

More than 800 providers and consumers provided their opinions and practices around telehealth. Nearly half of these consumers reported that they would be less comfortable during a telehealth visit in comparison to an in-person visit, and two-thirds said that they were unsure whether the services would be covered by their insurer. Consumers who use telehealth said that they do so primarily for its convenience and shorter wait times.

"Hospitals and healthcare delivery systems have high adoption rates of telehealth," the report's authors wrote. "Patients, however, don't generally know how to join the telehealth party. It's not that they aren't invited or don't want to go — it's that they don't understand how to access telehealth or how it could be applied to their own care. They don't know how telehealth would affect their copays and deductibles and having never used it before, they are unsure when and how they should use it."

The report consists of data from two separate surveys, both conducted by an independent research company under commission. The consumer survey collected 403 responses from the general US population aged 18 years or older. The second polled Modern Healthcare subscribers and included 444 respondents whose organizations currently use telehealth or telemedicine. Both polls were conducted in March 2017.

For providers, telehealth's potential to expand the reach of care was among the most prominent reasons to consider telehealth; 70 percent noted this strength as a reason to consider providing telehealth, with 55 percent citing better outcomes, 44 percent reduced costs, and 36 percent consumer demand.

Compared to this and other past survey results, the survey data suggests that providers are gradually moving past previously identified barriers to telehealth adoption, the authors of the report wrote.

Part II: Telemedicine Services – What to Know Before You Begin

By Connie Christian, MBA, CPHRM
Facility Risk Management and Patient Safety Advisor

Telemedicine services and tools continue to increase rapidly in part because of the benefits they offer in access to care, specialized services unavailable in the local area, and decreased travel time and stress to patients.

Questions from healthcare providers across the nation continue to focus on whether telemedicine will increase exposure to professional liability events. It is difficult to determine how a provider's liability exposure will be affected due to minimal claims data in this area.

Below are loss prevention strategies that should be considered prior to implementing a telemedicine service. (Additional strategies are included in Part I of this article, Vital Sounds, January, 2018.)

- Is special consent required for telemedicine?
    - Prior to seeing a patient via telemedicine it is important that certain issues are presented; the provider's name and credentials along with any team members, a description of the service to be provided, privacy and security risks and safeguards, technical failure risk and plans. The patient must agree that the provider determines if the care will be appropriate for telemedicine. The provider should address the risks verses benefits of telemedicine care, a plan for ongoing care or referrals and what types of transmissions will be permitted (education, scheduling, prescriptions and/or refills).
    - How will consent be conveyed and documented (conversation, form, note)?
    - Does the telemedicine vendor have samples or preferred method?
    - Are contingency plans for outages shared with patients?
    - Are expectations managed regarding what care can be accomplished remotely?

- Does the physical environment suit telemedicine?
    - Dedicated time and space for telemedicine will allow the provider appropriate ability to communicate and treat a patient as they would in person. Likewise, the patient should be encouraged to be in a well-lit, private place with minimal disruptions.
    - Is a safe, private space available?
    - Can both parties see, hear and understand the other?
    - Does the provider have access to tools and records necessary to treat the patient?
    - Does the healthcare provider and team look professional?
    - Is the healthcare provider and team conveying empathy and compassion?

- Is privacy and security being protected? HIPAA states, "the provider must protect confidentiality, integrity and security of information regardless of the platform or device."[1]
    - Is a trusted platform being used?
    - Do vender agreements cover HIPAA and HITECH?
    - Have the provider and staff trained appropriately?
    - Cyber risk assessment has been performed and documented?
    - Is there a plan in place for a breach?
    - Are adequate encryption, passwords, etc… used on all devices?
    - How are records stored and protected?

- What is documented in the telemedicine medical record?
    - The patient medical record should include the same elements as an in person medical record including items that were relied upon to make decisions, treatment recommendations and support for billing. Items specific to telemedicine would include mode of service delivery, where the patient was located, time stamps if in multiple time zones, others in attendance with the patient and if any technical difficulties were encountered.
        a. Are standards developed for recordkeeping?
        b. Is access available to records when providers need access?
        c. Do the records follow care plans?
        d. Are technical difficulties documented?
        e. Are patients made aware how to access their records?

For more information on telemedicine, rules, regulations and guidance please see the links below:

American Telemedicine Association (ATA)
www.americantelemed.org

Federation of State Medical Boards (FSMB)
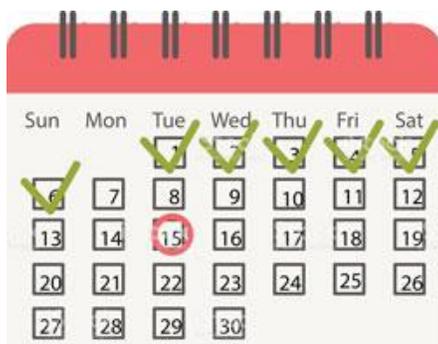www.fsmb.org

Center for Connected Health Policy
www.cchpca.org

Telehealth Resource Center
www.telehealthresourcecenter.org

[1] https://www.hhs.gov/hipaa/for-professionals
[2] Strategies provided in this article are adapted from ASHRM Annual Conference program provided by Emily Clegg, JD, MBA, Senior Risk and Patient Safety Consultant, UMIA Insurance Inc.

Spring Education Series Features Hot Topics

Thursday, February 22	Setting Up a Shared Infection Prevention Program
Thursday, March 15	Terminating the Provider Relationship with a Non-Compliant Patient
Tuesday, April 10	Cyber Security and Ransomware
Tuesday, May 1	Top Trending Issues in Healthcare Risk Management: The Good, The Bad and The In-Between

MACRA in 2018—Did You Know….

The Merit-Based Incentive Payment System (MIPS) performance threshold is raised.

The scoring system performance threshold increases to 15 points in 2018 to avoid a penalty, this is up from three points in 2017. This means eligible clinicians need to report data to quality for a minimum of those 15 points from the various MIPS categories to receive a neutral payment adjustment (neither a penalty nor a bonus). An additional performance threshold remains at 70 points for exceptional performance. For 2018, amounts will be adjusted up or down 5 percent on 2020 payments (based on 2018 data).

To learn how KHS data analytics dashboards can help you track quality data, email Susan Penka, KHC business development representative today and schedule a demonstration (spenka@kammco.com).