



Targeting Revolutionary Elder Care Solutions

The TRECS Institute and The Leonard Davis Institute
are proud to announce:
A National Initiative to Identify and Address the
“No Brainers” in Long Term Care

Definition: What is a “No Brainer?” A “No Brainer” is any current practice within long term care, potentially driven by historical practice patterns, reimbursement, regulations, and have two undeniable outcomes:

- 1) The practice is not in the patient’s best interest from a quality perspective
- 2) The practice results in wasted and unnecessary spending for our health care system

An example of a “No Brainer”: Transferring and admitting Medicaid LTC residents to the hospital for medically necessary blood transfusions instead of administering those blood transfusions at the patient’s bed side. Admitting these patients to an acute care hospital is currently common practice throughout the industry primarily because the cost of a blood transfusion for a Medicaid LTC patient can only be covered if that patient is admitted to the hospital and becomes a Medicare patient. This is a clear “No Brainer.” The average acute LOS for a Medicaid LTC patient requiring a blood transfusion is 4.7 days. The average cost to our system is close to \$15,000.

The alternative would be to provide the needed blood transfusion at the patient’s bedside in the SNF, administered by a qualified consulting nurse specialist following Red Cross protocol and remaining with the patient for one hour following the transfusion to assure there are no negative side-effects. The cost of this safe, proven and effective alternative is under \$2,500 and the resident is saved from the risk of the well documented negative outcomes of being transferred and admitted to an acute care hospital.

Goals of this National Initiative:

- 1) To capture grass root comments and suggestions submitted by health care professionals working in long term care around the country who see, on a firsthand basis, the current practices and situations that fall under the definition of a “No Brainer”.
- 2) To review all submissions and qualify them from both a quality of care and cost perspective.
- 3) To create a master list of all qualified “No Brainers” and highlight both the quality of care improvement and cost savings potential.

- 4) To encourage CMS to identify/create ways to expedite needed changes thereby eliminating the negative impact of these “No Brainers.”
- 5) To serve as a catalyst to insurance companies, ACOs, managed care companies and all risk sharing entities through education on the quality improvement and cost saving opportunities possible by correcting these “No Brainers”.

Process: All submissions will be screened to assure they offer quality improvement and cost savings opportunity criteria and to combine similar submissions to avoid duplication.

Those submissions passing the initial screening process will be further reviewed by two panels. The first panel will be the **Clinical Impact Panel** responsible for describing and confirming the potential for an improved quality of care opportunity for residents by eliminating the “No Brainer” in question. This panel will be comprised of faculty from the University of Pennsylvania’s School of Nursing.

The second panel will be the **Financial Impact Panel**. The responsibility of this panel is to estimate the overall volume/frequency of the situation being evaluated and estimate the savings potential if indeed the “No Brainer” in question can be corrected. This panel will be made up of Fellows of the Leonard Davis Institute of Health Economics. (LDI)

Outcome: Based on the submissions received and reviewed, a complete list of “No Brainers” and the negative clinical and economic impact they currently have on our system will be created.

One Day Invitation Only Summit: A One-Day Invitation Only Summit will take place on **Friday, November 30, 2018** at the Leonard Davis Institute in Philadelphia to review the final list of “No Brainers” generated from this initiative. Faculty for the University of Pennsylvania’s School of Nursing and Fellows from Leonard Davis Institute of Health Economics will be invited to participate. In addition, a carefully selected group of nationally respected health care policy experts, representatives from CMS, insurance companies, ACOs, managed care companies and long-term care providers will be invited to participate in this Summit.

Goal of the Summit: In addition to exposing the “No Brainers” identified in this initiative, the Summit will serve as a catalyst to:

- Encouraging CMS to develop an expedited review process to more effectively eliminate “No Brainers”;
- Encourage at-risk third-party payers to implement the needed changes required to eliminate the “No Brainers” identified resulting in improved quality, reduced spending and increased profitability;
- Help identify new health care policy opportunities to further improve quality and eliminate unnecessary spending.

Based on your experience working in the long-term care industry, please consider submitting any “No Brainers” you have or are experiencing in your efforts to serve our nation’s seniors.

Attached to this document is the **No Brainer in Long Term Care Submission Form**. Please complete this form and include any additional support materials.

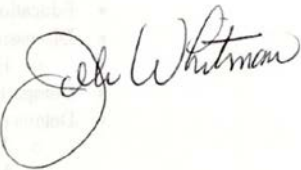
Completed **No Brainer in Long Term Care Submission Form** should be emailed to:

NBI@TheTRECSInstitute.org.

Thank you for your help in identifying and changing those practices currently within the long-term care system that need to change so we can better serve our seniors and do so without wasting valuable resources.

We look forward to sharing our findings with you!

Respectfully submitted;

A handwritten signature in black ink that reads "John Whitman". The signature is written in a cursive style with a large, looping initial "J".

John Whitman, MBA, NHA

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A National Initiative to Identify and Address
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Submission Form

For purposes of this initiative, a “No Brainer” is defined as “any current practice within long term care, potentially driven by historical practice patterns, state or federal regulations, reimbursement, that have two undeniable outcomes:

- 1) The practice is not in the best interest of the seniors we are serving from a quality of care perspective; and
- 2) The practice results in wasted and unnecessary spending for America’s health care system.

Submitter’s Name:

Contact information in case of questions:

Email:

Phone: ()

Company/Employer:

Your “No Brainer” idea: Please describe what you believe to be a “No Brainer.” Feel free to submit this form with any additional documentation to help explain your submission.

Quality of Care Implications: How does your “No Brainer” submission negatively impact on the quality of care provided to long term care residents?

Cost Implications: How does your “No Brainer” submission contribute unnecessary costs to our health care system?

What Do you believe is causing your “No Brainer” situation?

- Regulatory Requirements: _____
- Reimbursement Issues: _____
- Historic Practice Patterns: _____
- Other reasons (Please describe)

How did you hear about the “No Brainer” Initiative? (Please check all that apply)

- LinkedIn _____
- McKnight’s LTC _____
- A colleague _____
- Professional Organization:
 - If yes, which one? _____

Note: Please email completed form along with any supporting documentation to:

NBI@TheTRECSInstitute.org