Transcript

August 28, 2025, 3:03PM

Holly Hester started transcription

Holly Hester 0:05

OK, we should be good to go.

FH

Fagus, Rayna, HCA 0:08

Fantastic. I am just going to move you guys over to my other screen. That way we can all see the agenda. Thank you so much, Holly, for sending out the agenda. We did put that attached to the invite. I want to take a moment just to thank everyone for their attendance in this work group. We have added quite a few other players to this that I want to welcome. I don't think Nancy is on - Nancy Laster. She is our director of DHI. She'll be joining us when she has availability to do so. So we're excited to have her. Also is Kalah on? I don't see her from Santa Fe Care Center. She'll be joining our work group. Also Salwa. We met last week. Thank you, Salwa, for being a part of this. Leah Knight. I'm just looking around the room. Are you here? Oh, hi, Leah. OK, welcome Troy Brigham, Kevin Bell and Blake Bell from Princeton Health and Rehab. I think I saw A. bell somewhere.

No, no, no. OK. And then also Carlos Yanez, he is joining us as well. He'll be kind of in and out because he is his wonderful CHOW survey. So congratulations on that, getting that going. Again, those of you who don't know me, my name is Rayna Fagus. I'm the Bureau Chief of the Financial Management Bureau.

FH

Fagus, Rayna, HCA 1:37

I am one of the co-leads of the HCQS VBP program. Ashley Whitlow is the secondary lead for this program, as well as my amazing fee-for-service team, which is Dion Archuleta, which many of you know. He is your rate letter guy. Winona Padgett is new to our Bureau.

She is learning the HCQS program. We also have Jacob Kehoe. He is part of my managed care organization side of the house and he actually helps review the data

to build the templates to provide for payment. So thank you Jacob and of course. Who else do I got on my team here? Is Tommie on? No. Everyone from HCA, we're very excited to have you guys on this workgroup. And just to go over our main goal, our goal statement for this workgroup is to provide feedback to drive remaining decisions for operationalization of the new HCQS VBP program and to focus attention on quality. Thank you to all who attended the New Mexico Healthcare Conference last week. It was amazing. Wonderful job. Tracy, Vicente, Pat, everyone on your team. It was a great conference.

Those of you who were able to attend our session, thank you for the amazing questions. Thank you for the engagement and the interaction and during the whole conference asking the questions and wanting to really be a part of this and understand it further. So our goal for the NFs is to ensure that there is education on what HCQS is how the program works and how you guys can maximize your dollars. I did a challenge in that session that there's no reason why the goal shouldn't be everyone in tier one. I think we can make it work. It can happen.
And we help each other with this, right? Because the main reason we're here is to take care of our New Mexicans and our nursing facilities. Yes, Vicente, go ahead.

+15*****60** 3:33
Yes, you did mention something that was asked by members during the conference and that was whether this program is set up to I guess a bell curve, is it, is it, is the point distributions and such? Do you think it's set up in a bell curve, bell curve type of way to where inevitably you're going to have a smaller amount of facilities in tier one? most of your facilities in the middle, and then, you know, a smaller amount in, you know, the lower tiers. Is that your sense of how it is, because according to one member that attended, or not a couple of members that attended the meeting, that was their interpretation of how the point distribution would be. I necessarily couldn't answer that question, so I wanted to get your feedback because we can take that back to the group.

Fagus, Rayna, HCA 4:38
I'm gonna ask Net Health.

Janine Savage 4:44

I can take that. So, I think probably what the asker was referring to is like in the CMS Five Star program where there is always a forced distribution and the cut points are in an ongoing way reset to force that distribution. That is not the way this program is set up. It is achievable within the cut points that have been set to move into higher tiers by better quality performance and until cut points are intentionally reset. That's one of the biggest benefits of this program structure - the payment, the quality assessment and payment structure - is that it rewards incremental improvement on a quarterly basis and allows for that movement. Does that help answer the question?

Fagus, Rayna, HCA 5:40
Thank you, Janine.

+15*****60** 5:40
OK. That's, yeah, no, that's helpful. And I'm glad you have that on the recording so we can share that and that oh, just like I want to you know that just to the point that Rayna, you know, I have a kind of had a conversation about it's really good to have that. Not having to be the intermediary to provide that clarification. So really appreciate that. Thank you, Janine.

Fagus, Rayna, HCA 6:04
You're welcome. It was a great question. And actually that is exactly the point of this work group is questions like that brought from other facilities who are not a part of this work group here. So we can work through it. We may not always have immediate response. We may have to take questions back, but that's the whole point of this. So we're already going in the right direction. So fantastic.

All right. See where we are on time. Just to give you guys a little heads up, I am very I I like to stick to the schedule, so I will try not to go over. My goal is to give you a little bit of time back, but because I'm sure you guys well, we have set meetings at 10:00 that we will have to make sure we finish on time, so.

Fagus, Rayna, HCA 6:42
Just a high level overview from the last meeting. I kept the GRPI model on this week's agenda only because we had some new participants to participate in the program. So I wanted them to understand what we talked about at the first meeting, which is just

making sure we understand what our goals, roles, process and interpersonal communication structure is. Making sure that this is a work group where we listen, we provide feedback, we take back and we really work through the questions that it is a communication. Everyone has a voice. All of you out there have some amazing best practices.

I can't tell you how many sessions I attended where I heard just some amazing best practices occurring. And I'm very excited once we get started in these little mini meetings for your structural measures to hear what you're doing and how other NFs can take those best practices back. So it was really exciting. You guys are doing some amazing work.

Out there structural measure review. We went over that at conference and those of you who are hopefully attended the two meetings this week to go over where you would find that data in your current dashboard found that information useful. And then we also did just a program overview that was also done at the two meetings this week as well. And then as we stated earlier, we are going to start recording these work group meetings, get the team's transcription, review it and then get that off to the Healthcare Association so they can do their other meeting with the other NFs. So that's kind of our flow. We may have to restructure or change something as we go, which is perfectly fine, but for now, this is the process of how we're going to run through these work group meetings.

WH **Whitlow, Ashley, HCA** 8:30
Hey, Rayna, April has a question.

FH **Fagus, Rayna, HCA** 8:33
Oh, I'm sorry, April, go ahead.

AB **April Batdorf** 8:36
Hi Rayna, the community representative that we invited had said that 9:00 AM is a very difficult time for her as they're in the midst of running their clinical and morning. I didn't know if there was any flexibility with these times. I understand that there's a lot of folks on, but it is hard for the communities to be on this early.

Fagus, Rayna, HCA 8:57

Totally understand. I remember I ran my morning meetings, 8:30 to 9, clinical, all that. Unfortunately, because we have already set work groups, this is one of five work groups that I have. This is the time that was set. So yeah, and I send them empathy. A lot of empathy.

April Batdorf 9:08

Understood.

Fagus, Rayna, HCA 9:15

But you know, if there's someone else within their community who could attend, that would be wonderful. But I do understand that strife. It's just again, based on other meetings and work groups that are a part of this was the best time. And originally this was a meeting that was set when we would do that quarterly review of the HCQS. So I wanted try to keep it consistent, just because that's what the NFs were used to.

April Batdorf 9:38

OK. Thank you. I will tell her to try to be flexible here and we'll work. Thank you.

Fagus, Rayna, HCA 9:42

Right. I understand. All right. I am going to pass it over to Holly and Janine to go over the two dashboard trainings that occurred this week just to get an overview.

Holly Hester 10:19

We had I think 90 people register for the one on Tuesday and about 70 registered for the one yesterday and about 2/3 of the folks that registered attended, which was great. So everybody who attended and or registered should have received an e-mail from Go to webinar with a link and also a follow-up e-mail from me with a copy of the slide deck and also a link to the recording. If any of you need a link to the recording because you know you didn't register, attend or didn't get the e-mail or whatever, just let me know. You can pop it in the chat. I'm happy to follow up with you after. We would encourage you to pass that link along to folks in your facilities who are responsible for or have ownership of the performance and the quality

measures too, so that you know they have an opportunity to see the information as well. I know it's hard, case in point April, for folks in the facilities to spend time on meetings. So we want folks to be able to view the recording.

I don't know if anybody here has any questions or comments or follow up from the sessions. I will also say when the dashboard is released, we will be doing focused training on the dashboard itself also. And we'll do it kind of in a similar way. We'll schedule a few sessions, we'll record them, the recordings will be available, and folks can pass those along to people who aren't able to attend. Yes, Lori.

Lori Greer Harris 12:01
So the dashboard is still planned sometime in October to be, to come forward for us?

Holly Hester 12:18
That is the plan, yes, the exact date we don't know yet cause the team is heads down working on it, but as soon as we have it, you guys will have it.

Lori Greer Harris 12:28
Okay, thank you.

Holly Hester 12:28
Vicente.

+15*****60** 12:31
Yes, we at NMHC and NCAL are we're looking at creating a link on our home, on our NMHCA web page, for the HCQS in order to post the recordings and like the slide deck from last week. Does the HCA or Net Health have a problem or a concern with us posting that information so folks can go, know where to go and get it if should they miss the meeting or whatever the case may be.

Holly Hester 13:19
Janine, I'll let you answer for Net Health.

Fagus, Rayna, HCA 13:20
Go ahead, Janine, and then I'll talk cause I was on mute.

Janine Savage 13:23
Well, I mean, ultimately that's HCA's call, but Net Health doesn't have a strong opposition to that.

+15*****60** 13:32
OK.

Fagus, Rayna, HCA 13:34
And what I was saying before I unmuted myself is I think that's a wonderful idea. Our other VBP programs like this are doing that on their association websites. So I think that's a wonderful idea, Vicente. That way it's a kind of one stop shop.

And also maybe like the program description, things like that, just a place where even if we get questions, we can provide what we have and then direct them. I think that's great, yes.

+15*****60** 13:53
OK.

Janine Savage 13:58
Yeah. And once, once the application is launched, we will be providing all those resources and materials that can be accessed through the application. But until then, I think it's a, it's a great place for everybody to go.

+15*****60** 13:59
Thank you.

Fagus, Rayna, HCA 14:22
Any other questions regarding the program overview meetings? I will kick it back to Janine and Holly again to go over the meeting dates for the upcoming structural measures that we talked about for that first quarter.

Holly Hester 14:42
All right. I actually, I was just going tell you the dates, but I put them on a document

because I know people are going to want to see them in writing. So Rayna, if it's OK with you, these will be the three dates that we confirmed yesterday via e-mail and I will share my screen. Is that OK?

Whitlow, Ashley, HCA 15:06
She said yes, she was just on mute.

Holly Hester 15:09
OK, it's a blank Word document with three dates on it. It's not very exciting, but these are the dates that the structural measure meetings will happen in September: Monday the 15th, Friday the 19th, and Thursday the 25th. As a reminder, these are 90 minute meetings because we will discuss all three structural measures in each meeting.

A facility representative with the role that was identified in the slide deck that was provided in the training and in Rayna's training and also to this work group last time we met must attend for the entire 90 minutes. But they only have to attend one meeting and then the attestation that will happen in the dashboard will be yes, I attended the required meeting which is really an opportunity where we'll be sharing some education about the measures, what we're looking to accomplish, what HCA is looking to accomplish. We'll be getting some feedback from the folks who are participating, which will help inform how these measures will be developed over time.

We will be taking attendance. We will most likely be doing these meetings using Go to webinar because it allows us to keep track of questions, attendance, facility roles. We get a lot of good reporting. We can have the recordings, all the things.
So look for invitations from me with links to these meetings via e-mail, and because go to webinar collects the registration information and then sends out an individual link, it is not a good idea for people to forward those links to other people in their organization. You will end up with three people registering under the same name. I do want to address what Rayna talked about in the association meeting last week. If you have, let's say, your infection control preventionist and your DNS and administrator who all want to participate and they're going to be in the same room, it is OK to sign in as a group and we will ask when the meeting starts for folks to put

the names and roles of people who are in the room with them so that we have accurate attendance of the folks who have participated, if that makes sense.
Yes, Lori.

Lori Greer Harris 17:48
So, so this is great that we know the times and days here. I would ask because we even heard from the community, right, that if by September 19th, we realize that not, you know, let's say only half of the population out there. Providers have been able to attend because they've been off or because COVID breakouts, whatever it is that we consider additional dates out there. Would that be possible?

Holly Hester 18:25
Yeah, it would be possible for sure. You know, we do need to get them in before the end of the month and in looking at, you know, everybody's schedules. But yes, we could consider that. I would strongly recommend, I mean, this is 300 points in a quality program, right? It's important for people to find a way to make it work, right. So you know, that's not off the table, but.

Lori Greer Harris 18:44
Right.

Holly Hester 18:55
We're going to keep with these three dates and do our best to get everybody's attendance.

Lori Greer Harris 18:58
Right. I'm just asking if we could definitely consider after we see who has attended that we maybe add another date out there. I don't know how the rest of the work group feels, but and yes, you know our goal I believe is always hit the 1st as soon as possible, but we do know various things come up, surveys come in, you know all of these type of things and the group that we're asking to attend in the centers is key members when survey comes in or COVID or you know those type of things.

Holly Hester 19:37
True.

Fagus, Rayna, HCA 19:39

I want to just kind of weigh in just a little bit on this. I'm not going to promise another date. We're not going to definitively agree there's going to be another date. These are the dates that we've set up. Now if it comes to like, Oh my gosh, we only had two people participate, then we could pivot. But we're giving these dates in enough time, and again with Hour and a 1/2 meeting if we talked about they could tag team, you know what I mean? Maybe the admin attends the one they're allowed to attend, then they kind of switch places with the DON. The DON comes in the next 30 minutes totally understand. But again, I also don't want to come back to say we're on the 25th and no one attended. Well then no. And no one attended, well then no one's going to get their points. That is, you know, we're setting these dates up. So we're trying to get everyone to be very proactive and we understand things happen. But tag teaming is an option. Totally understand where I'm going to attend this 1/2, you're going to attend this half, I'm going to attend this half. But I cannot definitively promise we will set another date.

Lori Greer Harris 20:42

Right. I was just asking for it to be considered right that because we have these work groups, we can say who's attended, how many, you know, keep an update as to that for all providers out there. So thank you.

Fagus, Rayna, HCA 20:45

All right. Keep going, Holly and Janine. Sorry.

Julie Packer 21:13

Holly, you're on mute.

Holly Hester 21:14

Oh, I'm muted, sorry. Let's just pull up the slide deck one more time so that we could show you the requirements for each of these measures. This is for the infection control program and the roles that would be required to attend. And I'm assuming Janine and Rayna that our order of tackling these measures in the meeting would probably be the order that we're presenting them to you. So if your infection control

preventionist would be on for the 1st 30 minutes to Rayna's point, we'll be talking about infection control. And then we would move into patient experience and the roles for patient experience and behavioral healthcare coordination are the same DON quality specialist, QAPI administrator, Director of Social Services. This is patient experience. And then behavioral healthcare coordination. And again, the focus here is going to be education, listening, talking about, you know, the quality strategy of the state, what we've learned from other settings, what people are doing today, just to really kind of kick off the focus of these measures here.
Janine, I don't know if you had anything else to add.

Janine Savage 22:36
Nothing to add.

FH **Fagus, Rayna, HCA** 22:36
Yeah. Lori, did you have another question? Your hand was up. OK, that was just from the prior. OK, no worries. All right, I am going. Oh, go ahead, Vicente.

Holly Hester 22:46
Vicente has a question.

+15*****60** 22:48
Yeah, just to be clear. So the three meetings that you just put up, although they are, they are, they are going to be identical and they are going to be focused on infection control.

Holly Hester 23:00
No.

FH **Fagus, Rayna, HCA** 23:00
They're going to be focused on all three of the structural measures for this first meeting. So the hour and a half, the 30 minutes for infection control, that will be first. The 2nd 30 minutes will be for patient experience and then the last half hour will be for behavioral healthcare coordination.

+15*****60** 23:07
OK.

FH **Fagus, Rayna, HCA** 23:20
That way, like I said, totally understand. It's hard for one person to sit there in an hour and a half meeting. So if we're able to tag team it out, that is perfectly acceptable. But yes, it's the same meeting. You only got to attend one of those sessions. You don't have to attend all three, but within one of those sessions, all three structural measures will be reviewed.

+15*****60** 23:21
OK.

FH **Fagus, Rayna, HCA** 23:40
In order for that facility to go in and attest, yes, I attended and get their 300 points.

+15*****60** 23:47
Thank you.

FH **Fagus, Rayna, HCA** 23:48
And Jessica.

JU **Jessica Upton** 23:51
Yeah. I just was wondering if the attestation will be up at the time of those meetings for us to be able to attest and point right or is that still going to be in the October update?


Holly Hester 24:02
That it will be in the dashboard.

FH **Fagus, Rayna, HCA** 24:09
Great question.

LH **Lori Greer Harris** 24:12

So just to clarify, it'll be in the dashboard come September or you're saying no, it'll be updated in October for them to attest to?

Holly Hester 24:21
The attestations will be available when the new dashboard is released, which we anticipate will be in October.

Lori Greer Harris 24:27
OK. Thank you. I just want to clarify that because we still have dashboards with the old system. Well, OK, thank you.

Holly Hester 24:28
You're welcome. Correct. None of this will happen in the old system. Yep, you got it, Lori. Vicente, did you have another question?

Lori Greer Harris 24:38
OK. I just wanted to clarify that. So thank you.

Holly Hester 24:41
OK, yep, you're good. No problem.

Fagus, Rayna, HCA 24:45
Great questions, you guys. All right. Other questions about the structure during the meeting dates that'll be occurring.

Fagus, Rayna, HCA 24:58
And then just to kind of go back through what we talked about at session during the meetings that were held this week is ongoing. There'll be 30-minute meetings peppered in throughout the quarter for these three structural measures. So we're just doing this one hour and a half meeting because we need to get that in before the end of the quarter, but we are working on peppering in different meeting times, different dates, different times for the ongoing quarters. So keeping that in mind that way your team members, again the ones who are required to come, have 30 minutes. You know if they want to attend all of them fine, but they can tag team those out as well. But those will be peppered in throughout the quarter. Those dates we are

working on. So those will be forthcoming. We just want to make sure that we get this for the first quarter in and get everyone attested hopefully to the yes, so we can get the points for that first quarter.

Any other great questions? Any other questions about the structural measures? All right. I'm just gonna go on. We're way ahead of schedule, which is oh, Dee. Yes, Dee. Oh, you're on mute too.

Dee Gipson 26:31
See, I'm looking at my face instead of over there on the other side of the screen. Sorry guys. Hang on one sec.

Dee Gipson 26:45
Sorry, they're doing announcements for activities and it's very loud. I'm sure this question hasn't been answered since yesterday's meeting, but one of the structural measures is our five-star rating and what I wanted to know is what happens with that if you don't have one.

Fagus, Rayna, HCA 27:13
And I know this question was asked at the program meeting yesterday, Dee, and thank you for bringing this up. I know Net Health, we're taking this back to look to see what we need to do with the data, whether it would be imputed, what would occur because there should be no penalty associated with anything where you're not getting something because you don't have a five star. So we are taking that back and looking at that.

Dee Gipson 27:32
Well, gosh, how come you don't have an answer yet since I just asked it yesterday? I'm just kidding.

Fagus, Rayna, HCA 27:40
We're trying Dee.

Fagus, Rayna, HCA 27:48
All right. I did take back five questions, four questions, excuse me, from the

conference that I've shared with Net Health that we are working through. I think we've answered a couple of them, but just this is what came out in the session. Does a facility attendee all have to be logged on or can attendees be in one Conference room? We said yes, you can be in one conference room ensuring that your names are in the chat and what you do within the facility. So that is of course OK.
If you have a quality specialist that handles 2 facilities, can they represent in the meeting for two facilities? This is one we took back. If your quality specialist is based in New Mexico and they are going between two of your facilities, they're here, they're traveling back and forth between those two facilities. Yes, I don't have a problem with that. No offense to any corporate people, consultants by any means.
If you're a consultant coming in and you're checking, then no, we want the folks in New Mexico now. So there should be someone at the nursing facilities who are tracking this. But if you have one person going to two facilities, they can represent both. And then I need a little bit more information. I got asked, is Blue Que utilized? I googled. I didn't even know what Blue Que is. Does anyone know what Blue Que is? No. OK, I'll have to follow back up with her because I researched and I couldn't figure out what it was. All right, we'll take that one back. Oh, yeah, I know Blue's Clues. Yeah, thanks, Dion.

We had talked about the high acuity on slide 18 during the presentation. The question was, did the diagnosis codes change? I'm going to go ahead and let Holly and Janine provide the response for this.

Holly Hester 29:41
Sure, the diagnosis codes or conditions did not change from what they were in NMVBP, and I actually pulled them out of the program description Rayna and have them in a document. If you want me to share, I can share. And we can follow up with the work group, give this as a separate list if people want to see it.

FH **Fagus, Rayna, HCA** 30:04
Do you want me to stop sharing so you can show the list?

Holly Hester 30:07
Sure.

Fagus, Rayna, HCA 30:09
No, I think that'd be great. Yeah, definitely sharing.

Holly Hester 30:11
Ok here.
So this is the list, and you should have all received the program description after our last work group meeting. This list is in there as well and this is the same list, like I said, that was in the legacy NMVBP program. But these are the diagnoses or conditions, behavioral and complex neurological diagnoses, and then which item on the MDS gets looked at to determine the high acuity.

Fagus, Rayna, HCA 30:47
Thank you, Holly. Any questions about the high acuity add-on?

Fagus, Rayna, HCA 30:54
Perfect. All right, I will steal the screen back.
The last question we had was about the dashboard and I think we've answered that. The goal is to get the dashboard going as of October. We did do the training where the NFs currently could get look at what their current quality measures are for each of the five CMS measures.

And then of course the attestations, and then if you have a five-star rating, you're looking at that to get an idea of where you're at for your total of a thousand points. OK. So there is opportunity for the NFs to go in and look. And I will say this, it was really exciting during the session to see some faces light up with the RADAR and the different tools that are within the dashboard that some facilities didn't realize they had. So we had a couple people really excited about that. Hopefully they'll continue to use those tools even with other measures if you're seeing something where your risks are, especially for survey coming.

All right. Those were the list of questions that I had taken back. Oh, go ahead, Pat.

Pat Whitacre 32:06

I was just gonna ask on that list for the diagnosis codes, was CVA ever on that list? Cause I thought it was. I could be mistaken.

Holly Hester 32:18
I do not believe it was.

FH **Fagus, Rayna, HCA** 32:21
Not from NF VBP either.

PW **Pat Whitacre** 32:22
OK.

FH **Fagus, Rayna, HCA** 32:34
Right, Lori.

LH **Lori Greer Harris** 32:38
Sorry, I I didn't know if you were gonna go into this. So with the New Mexico Association, we're meeting again next week, is that correct? We meet on the off weeks and has it been discussed? Will we be going over this information again? Is that still in place for this work group?

FH **Fagus, Rayna, HCA** 33:00
That is the goal, our goal. That's why we want to record the meetings and get that transcription. That way the association has time to kind of review, hit some highlights. We want to make sure whatever we're sharing with you guys is shared with the other NFs. That was actually one of our topics is the cadence for the association meeting.

PW **Pat Whitacre** 33:07
Mm.

FH **Fagus, Rayna, HCA** 33:19
What day would it be on those opposite weeks? That way we know how much time we have to get the data over for that meeting. And I was going to, I don't know,

Vicente, Tracy and Pat have talked about what day it would occur on, but we can actually move to that conversation right now.

+15*****60** 33:38
Would you like me to respond, Rayna?

FH **Fagus, Rayna, HCA** 33:41
That'd be great. Thank you, Vicente.

+15*****60** 33:43
Yeah, we're going to. We have a I'm sorry, a quality committee within NM HCA that is taking the lead and Lori is the chair of that committee that is taking the lead on this on the off, I call them off week meetings. And so we're going to discuss that this after, really after this meeting, we're going to discuss when we're going to schedule. Likely it'll be middle of the week, but the middle of the off week. So you know, Wednesday, maybe Thursday.

PW **Pat Whitacre** 34:21
OK.

+15*****60** 34:25
But for us, we'd like to get the recordings and the transcription as soon as possible because we have been talking about wanting to forward this information to the facilities ahead of our meeting. So that they come prepared with any questions for us and we can do so they're essentially so we're not regurgitating, not regurgitating, but just, you know, giving them a follow-up as to what occurred on the, you know, in this meeting on the day of our meeting. We'd like, you know, because we'd like them to know exactly what was said in in the notes.
In order for them to come prepared with any questions or concerns, we can have a more fleshed out discussion that with just more context so that so we're looking, you know, Wednesday, Thursday of the off week to conduct our meetings.

FH **Fagus, Rayna, HCA** 35:23
Perfect. Once you guys finalize that, let us know. That way we can get an cadence to get you this information as quickly as possible. It makes perfect sense. That's a great

idea. That's a wonderful idea to get them prepared that they come with questions and then questions can be brought back to this work group and.

+15*****60** 35:31
Thank you. OK.

FH **Fagus, Rayna, HCA** 35:40
It it's just ever evolving. Excellent. And thank you, Lori, for taking the lead of that with the Quality Committee.

+15*****60** 35:43
Thank you.

FH **Fagus, Rayna, HCA** 35:51
All right. I am going to open it up to any additional questions about the conference session, any of the meetings that you have attended this week with regards to the program and the program itself, the expectations, any burning questions or things other providers have brought to you to ask? Jessica.

JU **Jessica Upton** 36:17
I think I know the answer to this already, but I want to double make sure no ECHO and no telehealth reporting anymore, correct?

FH **Fagus, Rayna, HCA** 36:25
Correct. That doesn't mean don't do it, but it's not part of the program. So yes, that is correct. And the reason for the Echo is because of CMS, you know, they don't want us to do any type of administrative requirements with. I can't remember the exact word. I'm going to get it incorrect, but that was no longer allowed. Project ECHO is a wonderful resource. I know I still attend some of the meetings. It's a great resource for your facilities. Highly encourage it. But yes, it is not a part of this program anymore.

Just to give you guys some information, we met with a lot of you, hopefully you attended the infection prevention session at the conference run by Ruth and Shannon. They are going to actually work with us for infection prevention, so you

may see them do an education and training. There were some amazing best practices I heard about and I didn't know some of the things that are happening in the NIFs I've been out for two years, so that is just is a lot going on for the NFs. So they are going to be a resource.

We're going to tap, not just us, we're going to tap subject matter experts out there in the field to again bring these best practices to facilities for patient experience.
A couple of facilities have some amazing processes in place for how they do patient experience. So you know everyone listening and learning and I hope other people may bring some other ideas to the table. But again, it's not just going to be us. We're going to try to tap into people we can to help educate, give information again, just to build this program into a strong quality program where you'll see these outcomes in your survey. As you know, DHI was a part of this build. They had a lot of feedback and comments to evolve this program. I've been meeting with Nancy who is wonderful to have her a part of this workgroup. She's very excited about this program and to see how we are connecting the dots with what is needed in the nursing facilities. And again, our goal once this operational work group is complete, which I am hoping by probably end of October, maybe beginning of November, we want the dashboard live first. We're going to invite executive leadership here at HCA. We're going to invite the Legislative Finance Committee. We're going to invite the MCOs, everyone to come see what we've built and how well the New Mexico NFs are going to do with this program. That's just my Polly Anna right there, so I'll stop and I'll ask for any more additional questions. Oh, Vicente.

WH **Whitlow, Ashley, HCA** 39:22
You're muted, Vicente.

FH **Fagus, Rayna, HCA** 39:22
Oh, you're mute.

WH **Whitlow, Ashley, HCA** 39:25
OK.

+15*****60** 39:26
I just wanted to make a comment towards the end of the meeting before we adjourn.

There's no question. I just want to make a quick comment. If you just go to me before we go, I just want to do that real quick. So I'll open the floor to questions. Thank you.

Fagus, Rayna, HCA 39:32
No questions.
OK, Vicente, go ahead.

+15*****60** 39:49
Sure. No, I just wanted to since we are in a public, you know, public forum, I wanted to appreciate and recognize Net Health for their support of the conference last week, the information that Net Health along with it that HCA provided for facilities for this program was very helpful, very appreciated. And we appreciate, we just appreciate that partnership and the support of the, of the facilities, and especially the support for quality care for the residents in those facilities. Thank you.

Fagus, Rayna, HCA 40:29
We are very happy to have this collaborative effort. We've seen very positive collaboration with other programs. You know, this program is one of the oldest programs we have, you know, from a value-based care perspective, we have the hospital program now, primary care we're still working through. That one's tough, but you know, you guys kind of set the standard. You guys started all this. So it's really exciting to have this collaborative effort and the education of the NFs is essential. The New Mexico NFs have to understand how this program will serve the New Mexicans, and serve them as well.

So, you know, we want to understand the education. You know, our corporate partners with our NFs are fantastic, our consultants, but the New Mexico NFs have to understand this program. If they don't understand it, they can't buy into it and what it really is for. So we are so happy to be able to, to do this and move forward in this way. So very exciting.

Any other comments or statements? Otherwise I can give you guys a whopping 15 minutes back to your morning.

Holly Hester 41:37
Rayna, this is Holly. I just want to make one comment to everybody here. I will put the structural measure meeting dates and screenshots of the slides that have the requirements for each structural measure in a document and send it out to this group after if that would be helpful. I know you're going to get the transcript of the meeting, which will have notes and things like that, but that doesn't capture what you guys saw on the screen. So even though I'm sure you wrote them down and you probably have the slide decks from the other presentations that we've done, I'll put it all in one place for you and send it as a follow-up.

Lori Greer Harris 42:12
Holly, that would be greatly appreciated. Thank you.

Holly Hester 42:15
You're welcome.

Fagus, Rayna, HCA 42:23
And yes, I take rolling notes, so I I just like to have my notes instead. All right. So what I'll do is this out. We will get the review of the transcription from this. Once we have that reviewed, we'll send that off to Vicente, Tracy and Pat for their session. We will share information, slide decks, exactly what Holly said. Again, transparency is important. There's nothing anyone wants to keep to themselves. We want everyone to understand. So other than that, I really appreciate you guys taking the time. If any of you are in survey or going through COVID outbreak, sending you much love and blessings.

Fagus, Rayna, HCA 43:01
Other than that, you guys have a fantastic rest of your week. Thank you.

Lori Greer Harris 43:06
Thank you.

Janine Savage 43:06
Bye.

◉ **Holly Hester** stopped transcription