

Transcript

September 11, 2025, 3:05PM

□ **Holly Hester** started transcription



Holly Hester 0:09

All right, we're recording.



Fagus, Rayna, HCA 0:13

Fantastic. Well, again, everyone, I just want to thank you for taking the time to join the redesigned HCQS VBP operational work group. We do have some new members who are attending. I just want to welcome them. I believe Kalah is on from Santa Fe Care Center. Welcome Lisa Alvarado from Lakeview Christian Home. I saw Blake was able to join and also Julie Kleiser from Pure Health in Princeton Place. So thank you guys. We have also invited Project ECHO. So Melanie Lopez is on and I'm looking. If there's anyone else from Project ECHO on Melanie, I don't know if Nitin was able to make it.



Holly Hester 1:00

He just joined Rayna.



Fagus, Rayna, HCA 1:01

OK. Well, our Project ECHO team, they are going to be joining this work group as well and we'll go into a little bit more detail about how we would love their role to be within this to assist the NFs with education and best practices.

With that being said, welcome to our new members and welcome to our members who've been a part of this group for a few weeks. And let me caveat that you guys are over here on my screen and I'm looking at the agenda. So, if there's hands up, I can't see it. Holly, just kind of let me know.



Holly Hester 1:35

Will do.



Fagus, Rayna, HCA 1:36

All right. Well, we're going to go ahead and talk about Project ECHO. We met with Melanie and the team at Project ECHO earlier this week to discuss how they can assist with the redesign of the HCQS VBP program. As a reminder, in the prior program it was required to attend the Project ECHO sessions where they perform didactics, education, training, really focusing and honing in on what the nursing facilities need. As you guys know, it is no longer a requirement for facilities to participate in Project ECHO. However, as we stated, we are highly encouraging folks to continue with Project ECHO and what we discussed as a group is with the redesign, how could Project ECHO assist with that education. We talked about the structural measures, the three structural measures that were developed for the program. As we know that's the infection prevention, the patient experience and also the care coordination behavioral health.

We discussed the fact that starting in quarter four, we're going to be peppering in meetings throughout that quarter for those 30 minute sessions for each of those quality measures. As we know we are doing an hour, hour and a half session in September three times to cover for this first quarter.

So we will be meeting with Project ECHO with Net Health to talk about other how they could assist. Could they provide education during those times and also as Project ECHO as we know they perform the biweekly monthly trainings. So we provided them with our slides, the program description, the specifics regarding the structural measures so they could take back internally to see what they could potentially offer to assist the NFs. And the biggest request is to get boots on the ground, so to speak. You know, how do we get our CNAS, our nurses?

Our Med techs, how do we get them able to attend these meetings? Is it a timing issue? Just something to think about? Is a lunch and learn possible? We're really trying to focus in on those people on the floor.

But I wanna open it up just for Melanie and her team just to introduce themselves and say a few things. So Melanie, if you would kindly just talk, speak.



Holly Hester 4:05

Hey Rayna, Melanie just put something in the chat that her mic is not working.



Fagus, Rayna, HCA 4:08

Oh, no. OK.



Holly Hester 4:11

I do believe Nitin is on, however.



Melanie R Lopez 4:13

Can you hear me? OK, great. Sorry about that. So hi, my name is Melanie Lopez. I'm A. program manager for the long-term care ECHO program here at Project ECHO. So once again, thank you for including us on this agenda. I believe Nitin is here.



Melanie R Lopez 4:32

As well, Nitin, would you like to speak if you can? He's the medical director for our program.



Nitin Budhwar 4:41

Yeah, absolutely. Can you guys hear me? All right. Sorry, I I hardly ever use Teams. So everything is like this smorgasbord of like, where are the tabs? OK, so thanks for the invitation. My name is Nitin Budhwar. I'm a geriatrician with UNM and Co medical director of Long-term care ECHO. It's a program that's been running for several years. It was known under a different name, and so some of you may have heard of it as the Medicaid Quality Improvement and Hospitalization Avoidance ECHO. Which we thought was a lot. So we shrunk it down to long-term care ECHO and that's the same program that's been carrying on certainly through the pandemic and continues to work with nursing homes across the state. Melanie and I are happy to answer any questions or if there's if someone's not familiar with the echo model. We can certainly talk about that.



Fagus, Rayna, HCA 5:39

I've asked them to join the work group as well when this time arises because they may be able to add some add some language, add some understanding, some ideas about this process. So they will be a part of this work group as well. So thank you so much Nitin and Melanie for being able to join and hopefully we'll get more members of the team able to join when they can.
Any questions for Project ECHO though? I want to open that up because we do have

a few minutes on this conversation.

I am going to go ahead and turn over the conversation to Holly and Janine to go over the structural measure meeting registrations and a few other items.



Holly Hester 6:23

Thanks, Rayna. Hey everybody. I just wanted to give everybody an update on where we are with registration for the structural measure meetings that are coming up that Rayna referenced. So, for the meeting on the 15th, we currently have as of about an hour ago, 142 people registered for that meeting. That is phenomenal attendance and we are working on and will be communicating when that meeting starts the best way to have folks be participating and interacting during that meeting given the large group, but excellent that we have so many people registered. I was looking at job titles and roles and we're seeing infection preventionists and DONs and administrators and ADONs and social services directors and all the things so thank you for your efforts and making sure that the message got to the right people at the facility level as well. For the one on Friday the 19th, we have 46 people registered. And then for the one next week, Thursday, as of right now, there are 20. So anyway, all together, great attendance and we'll kind of keep an eye on that and I would encourage you all and Vicente and the association as you continue to talk to people to just make sure that every facility has the required representation there. I haven't been able to break down or haven't had time yet to break down like which facilities do we have and not have. It looks like we've got a pretty good array. I saw the question in the chat.

Alyssa, there was an e-mail that I sent out to all of the contacts that I had for New Mexico last week, Thursday, with the links to register for these sessions via Go to Webinar. I can make sure to forward that e-mail to you and make sure that you're added to that contact list going forward if you didn't receive it.

Any questions or comments from anybody about the structural measure meetings next week? OK, April, I will double check the list for you as well.

Yes, Jessica.



Jessica Upton 8:41

I just want to make sure it was OK that there's a few openings in some of our buildings and we have like regional corporate staff that have registered to attend for that facility. Is that OK?

FH Fagus, Rayna, HCA 8:56

So you don't have a open position at that facility for there's not a admin or DON or?

JU Jessica Upton 9:00

No, no DON, no admin, no social service director. It's pretty much corporate helping out that building.

FH Fagus, Rayna, HCA 9:09

Would you mind sending me an e-mail, Jessica, kind of explaining that out? That way I can take it back. That way I just have that record, so.

JU Jessica Upton 9:13

Yeah, sure.

OK.

FH Fagus, Rayna, HCA 9:19

Yes, Vicente.

VV Vicente Vargas 9:22

Yes. And I I guess that was Jessica. She mentioned a question that we were gonna bring to the group later in this meeting, which was yes, which was exactly that if there are vacancies in.

And facilities and they're and typically corporate if they're, you know there's another person standing in is from maybe the corporate side, you know what do we do is that qualify that type of thing and how can we ensure that facilities are penalized for for that. Um, so any feedback you could provide that would be helpful.

FH Fagus, Rayna, HCA 10:01

Just based on the required list, I need an e-mail, so you have to explain based on each structural measure, there's no admin, no DON, there's no MDS, there's no infection control person, there's no whatever is listed and in that facility. That way we keep a record of it and just send it to me for review. But if there's absolutely no one on each of those categories. We will look at that, but if there is someone they need to attend, but send me the facility, what is lacking or currently hiring, not lacking that

way I have that record and we'll look at that. But if there is someone of one of those positions, they need to attend.

 **Vicente Vargas** 10:42

OK, so.

I so we will send that message out then. Would you like us to send that message out? Is that a communication that should come from HCA? And the reason I just the reason I ask that I don't want to misspeak and.

 **Fagus, Rayna, HCA** 10:55

Go ahead and send me the facilities 1st and then we can look at that to see and then if we are going to allow that we can formulate some language. But I need to know what facilities don't have any of those positions that are required. That way we keep a record and file of that.

 **Lori Harris** 11:17

So we need to gather up, I'm sorry, I'm jumping in on Vicente, but so we need to gather up those centers that we have for all providers out there to ensure that you that you know they don't have anybody in the center and send to you, Rayna.

 **Fagus, Rayna, HCA** 11:39

That way we can look at it, yes, and we can formulate a response how what we're going to do to allow that. But if all of those four to five positions are vacant, then that's something we definitely need to talk about. But if there is one person on that list, then they need to attend.

 **Lori Harris** 11:51

OK.

 **Janine Savage** 11:55

What I would suggest, Rayna, is that people refocus on the actual structural measure requirements and look at those, you know, folks starting with the current quarter and look at it from the lens of can each of my facilities meet these requirements based on the staffing situation in the facility, and I think you'll find it, it won't necessarily be an

all or nothing because some positions are required for different structural measure requirements.

 **Vicente Vargas** 12:27

Right.

 **Janine Savage** 12:29

And then kind of do a facility by facility analysis to where a corporate person is either assigned to that role temporarily or you know is filling in kind of an on an interim basis or some other individual is filling that position and kind of lay that out.

And say, you know, for these requirements, you know these facilities can't meet the requirement as stated because and here's kind of what we propose alternatively. And then if everybody kind of does that in a standard way, then that information can be analyzed for policy decision.

 **Lori Harris** 13:07

And because that may be from that standpoint, Janine, an ongoing thing, is there a form because we find this right, that HCA could provide and say, look, you know the administrator and DNS, we don't have a QAPI or an ICP person and right now these are the names.

But you're filling in for the next 90 days or whatever. Is that something that can be generated?

 **Janine Savage** 13:31

Yeah, we can. We can discuss that with HCA. I would love to be able to build that into the application, so it doesn't have to be kind of a separate process. So this will help us design that, so it'll be much more efficient for you.

So that if you know through the attestation process, if someone other than who would be expected at the facility level is attesting, you could provide that information at that time is kind of what I would envision and that'll help us inform what that looks like, kind of understanding what the current situation is.

 **Lori Harris** 14:06

Right. Because it's going to be ongoing from year to year for the next three years we

have this program, right? And this isn't something that's going to be isolated to just Jessica's situation. So, OK, thank you.

VV **Vicente Vargas** 14:22

Yeah, that and that and if I'm if I might Rayna, that's exactly if you put to your point Janine about a standardized response. I think that would be helpful if that if that was going to come the standard way to respond would be nice to if that could come from HCA or Net Health. So it sounds though, in the meantime, if I'm hearing this right, we need or any NMHCA will communicate to facilities that if there is going to be a vacancy that impacts their ability to attend any one of the of the trainings or or classes. Moving forward, not just this month, but in the in the in the in the future. You want or we need to e-mail Rayna with what I guess what who's, who's, who the stand ins are first the certain positions that are going to be impacted or that have to attend some of these meetings and is am I hearing that right.

 **Janine Savage** 15:35

I would start from the structural measure requirements and an analysis of where there are gaps and individual facilities ability to meet them based on those requirements and frame it that way and communicate to HCA that way we can you know we are not able to meet this requirement at this facility due to, you know, vacancies that a vacancy in this role and then kind of state what you're doing to cover that role in the meantime. And I think getting that information to HCA will help in its totality help them make, you know, policy decisions about how to proceed from there. That make sense? OK.

VV **Vicente Vargas** 16:16

OK. Thank you. Yes, thank you.

FH **Fagus, Rayna, HCA** 16:22

And it's a great question. And just because again, our goal is to have the New Mexico facilities, but totally understand there are gaps there, you know, job openings all over the place. We just want to ensure that if there is someone at the facility who can attend, they are in attendance. As we said, corporate folks are welcome to attend as long as you have your facility there, but exactly with what Janine stated, that will be the path forward for us to review.

Great question, though. Thank you for that.

All right, Holly and Janine, it is still your show for the updated program description.



Holly Hester 17:01

Yes, Thank you to Lisa, I believe it was, who brought to our attention the more specific codes for dementia with behavioral disturbances as part of the high acuity bed days list, and I just wanted to make sure that everybody at the work group knows that we did make that change in the in the system back in fiscal year 2023 when the less specific codes were retired and the new ICD 10 CM codes came out. It's just that the document that the FAQ document, and then what I sent out in the program description, which was copied from that FAQ document was not updated. So, the updated list of conditions and diagnosis that qualify for high acuity bed days is now in the revised program description that was also sent as an attachment to this call. So that's dated September. We double checked that it is accurate and those four diagnosis codes are now included for dementia.

Yes, Lori.



Lori Harris 18:17

Sorry, trying to go from unraising my hand to the mic. So in regards to this program, we did have some questions in regards to this piece of it. I don't believe in the past that we've actually had the number of whatever that tracked the number of MDS that had like patients with traumatic brain injuries that had the particular ICD 10 codes broken down by center level. It was just like. Yeah, you you have some residents on the scorecard. Will the future scorecards be available or a breakdown of how those codes? Cause it's important for people to understand that we have a high acuity of these type of residents. That's the reason they're a special focus for us.

Will there be something that Net Health will be providing more in detail for us?



Janine Savage 19:22

I can take that one, Holly. So in the VBP program where the high acuity bed days were previously, there was facility level detail giving visibility to who the high acuity bed day residents were.

And we'll be building the same feature into the new HCQS application.

So that will be facilities will have visibility to that.

Yep, you're on mute, Lori.

 **Lori Harris** 19:56

Will that visibility be available in October or are we thinking it's going to be further down the road?

 **Janine Savage** 20:23

The calculation of the bed days will be, what is kind of in question from a technical development standpoint is how much will be available in the UI initially versus what we're going to have to add later just because of prioritizing the work to get the payments out on time. So we will follow up on that question.

 **Lori Harris** 20:39

OK.

And I do believe the prior scorecards under value base had how much that dollar amount was correct. And so we just need to know that it was it will be in this program as well the detail of OK.

 **Janine Savage** 20:49

Yes.

Yes, it is. It's a separate payment component.

 **Lori Harris** 21:00

Okay, thank you.

 **Fagus, Rayna, HCA** 21:06

Excellent questions, you guys. Anything else about that program description?

OK. Next topic again, Net Health, we're going to talk about facility engagement and I'm going to stop sharing so you guys can take the screen if you need to.

 **Holly Hester** 21:29

I think Janine's got this one.

 **Janine Savage** 21:34

I muted myself again. OK, so I don't have anything to show. I just wanna kind of have a discussion about this. Thank you for the opportunity to be at the association event.

That was very helpful for us to engage with people. We really enjoyed doing that and one of the things that we became aware of as we were talking with people who were attending the event was kind of. It seemed to us that there were many facility level individuals, administrators, directors of nursing, MDS coordinators who didn't seem to have any awareness about the existing programs, both the VBP and the HCQS.

And a couple of people kind of said, Oh well, yeah, our corporate people take care of that and didn't seem to be aware of Net Health solutions that are also delivered to facilities as part of the deliverables in this program and were not accessing them to actually, you know, improve quality solutions and improve 5 star ratings and those kinds of things. So we just wanted to surface that and given the fact that facility level engagement will absolutely be required in this new newly designed redesigned HCQS program for meeting the structural measures. We want to do what we can to encourage and support utilization of the tools that are being provided as part of this program and get greater facility engagement. And you know, I think some of you know, I'm a former operator myself from a chain organization and we're certainly cognizant of the way operators operate. And that there's variability in that and including the expectations that are between regional and corporate staff and facility level team members. But I think there's also widespread acknowledgement that engagement of the teams at facility levels is what changes outcomes.

Right. Certainly they are ultimately responsible for the care of the individuals in their facilities and they're also responsible for the operational and financial outcomes of a facility ultimately.

So we're just kind of raising this for awareness. We did a little data analysis and found that in some organizations that are multi facility, there are not even currently in the existing solutions the number of facility level users that equal the number of facilities in those organizations. So that tells us that there isn't even someone with access to the solutions at every facility.

So that will definitely need to change for this program because facility level individuals you know are going to need to be engaged and just wanted to kind of bring this up for kind of problem solving and an informed conversation about, you know, what we can do all of us collaboratively to support that facility level engagement. The other thing I'd like to point out is that my numbers here, sorry. We also have offered to do, obviously we're gonna do training and implementation around this new HCQS solution for all facilities and regional and corporate users.

But we'd also like to expand that and do a broader training on the other solutions that the facilities have access to, including predictive analytics at the patient level and five-star improvement, which is currently, for those of you who aren't aware, at Net Health showing a major upgrade that will be released later this year and really, you know, help facilities target the areas that matter most to improve their five-star ratings. So if they're not utilizing that today, that'll be absolutely valuable to them going forward and also the entire quality measure solution that they have access to. So not just the quality measures that are in the program, but all of the short stay and long stay quality measures and tools to help them improve that. So you know, I very strongly believe that facility level leadership and management engagement is absolutely crucial to ultimately quality improvement and operational improvement. I've lived that myself. And want to, you know partner, we want to partner with all of you so that we can support that. So with that open it up for discussion.

 **Fagus, Rayna, HCA** 27:06
Vicente.

 **Vicente Vargas** 27:08
Yeah, but the the net, I guess you call them Net health solutions. Um. If I'm if I'm getting that right, Janine.
Where are those promoted? Are they? Are they promoted within the?
I guess the communications that you have between Net Health and the facilities cause NMHCA, I mean we see certain emails that come across from Net Health saying you know we're doing this, we're doing that and we and we definitely alert members to that. I just don't know if there's something on another level that. The association just isn't aware of that exists. Yeah, only facilities can access. Am I hearing that right? That's what I'm hearing.

 **Janine Savage** 27:59
Right, it's one platform. The value-based care solutions platform within Net Health has all of the solutions, including the dashboards for VBP and HCQS and all the other solutions that participating providers have access to and those were rolled out, you know, beginning in 2019, right. So with the first VBP programs, yeah, 2019 I think and then HCQS and they've been, you know that's been a continual process since.

And obviously there's been turnover, right, like we've never seen before in the last few years. And you know, maybe that's part of it. We send out communications to the to all of the contacts we have on file on an ongoing basis. That's how providers, you know, know they're supposed to review their outcomes, make sure they have all their MDSs in every quarter, all of those kinds of communications go out and you know, we want to make sure that we have all of the contacts we need. So maybe that's a good place to start Vicente is to work on our contact list so we can do a broader communication, including all the facility level contacts.

 **Vicente Vargas** 29:17

Yeah, and it and I guess I'm just in those content in those communications that you that you sent out do they did they include highlights that these solutions or advertisements or cause I've never seen those I don't I don't see that it's been promoted and I may be wrong and that's what I'm trying to get at is if you're saying that in the past there hasn't been a lot of usage of those solutions, I wonder is it? Been a promotion thing. I mean, is it? Is it?

 **Janine Savage** 29:55

Well, I think, I think there was initially when they were all launched. We cast the net broadly. We asked all of the operators for all of the emails. So I think initially there was engagement. I suspect what's happened, you know there's not currently we know that from the data because we don't have the number of users that equals the number of facilities. But what may have happened is as there's been turnover in organizations, it's kind of falling off the radar screen, right? So I think that the best approach at this point is to you know, do a broader communication. There are also all kinds of in-app resources. We have videos and guides and to all of our solutions that people could be accessing and it's really too bad that they're not taking advantage of all the tools that they are being provided.

 **Vicente Vargas** 30:52

I guess and what I would, I guess my response to this is, is this in the pre and we're talking about the previous HCQS program, there wasn't a lot of engagement on those solutions.



Janine Savage 31:07

In the previous two programs.



Vicente Vargas 31:07

I suspect though on the other hand, on the other hand that there was a lot of engagement on the project ECHO requirements that in the previous HCQS. Thus to me it seems as if that's the case, it's when it's a requirement that you're going to get engagement one. And that's, I mean that just is, you know, I mean when you have so many things, you know if you have to be, you had to do the all the requirements that were required during the previous HCQS and then at you know looking to do the Net Health solutions that can be a lot to try to access all those resources on top of whatever other resources these facilities and their corporate provides as well.

Um, and then, but I would say though we, I think facilities appreciate the resources that Net Health provides, but correct me if I'm wrong, but the facilities and the and the metrics used to gauge how well the facilities were performing in the HCQS in the previous HCQS I mean there was a lot of facilities that were tier 1, Tier 2, they were doing well. I don't doesn't seem unless I'm missing something that the quality measures and how facilities were measured that facilities were falling off.

Although I do agree as much education helps, but I'm just trying to address the concern that not enough facilities were accessing the solutions in the previous program.



Fagus, Rayna, HCA 32:50

Jessica.



Jessica Upton 32:52

Yeah, actually what my comment directly relates to his comment that he just said. So in our company we have a lot of facilities that don't utilize the software, but we have me and other corporate users that do and we kind of feed that information to them. So that might be the answer to why you're not seeing as much facility engagement with the software, because we kind of feed that to them through e-mail, like copying, pasting names of like, hey, can you like GDR or a couple of people like you need to get rid of one UTI or whatever the deal is. We're like manually like letting them know what they need to do, who they need to get rid of or what, you know, that kind of

thing. So that that's kind of why I think our company card doesn't individually go in there.

FH **Fagus, Rayna, HCA** 33:48

Thank you, Jessica. And then my comment actually piggybacks all of the comments. So it's actually flowing very well. Just to kind of talk about, you know, the goal is the education of the New Mexico NFs. The New Mexico NFs have a responsibility for care of their residents to ensure you know they're survey ready, their quality measures are where they need to be. So why we also appreciate the corporate folks, but not well, not every.

OK, well, we appreciate the corporate folks definitely going in and looking at that and providing that. We want to ensure the facilities that don't have a strong corporate, no harm, no foul, that they know how to do this. So there's a facility level engagement. Yeah, I was an operator for 10 years. I played in these solutions a lot. You know, even though I had corporate folks, I felt the responsibility to understand what this is, drill down to the patient level. And I know there's a lot of admins and DONs and NGs who want to do this.

So again, this is for New Mexico NF engagement. OK, the corporate people definitely wonderful to assist, but we want to see that the New Mexico NFs are kind of owning that because again at the conference as Janine stated, we had a lot of people come to us stating they were not aware of this. My admin goes in and does this. Oh, my DON is the one who goes into this. It's really just trying to engage everyone, whether they do a lunch and learn. Hey guys, it's a QAPI meeting. The response, our responsibility is to educate the New Mexico NFs and the leaders and the staff on that floor for those NFs. So thank you everyone. And Lori, go ahead.

LH **Lori Harris** 35:37

I just want to add that being a multiple facility organization, right, that we have multiple solutions and software out there, so although we might not be using every solution that Net Health has available, it's because we need to utilize other solutions out there that gives us what we need as well. So from Five star standpoint, we're using other solutions. So I just wanted to bring that up that it's not that the solution that Net Health isn't being utilized for the program, it just may not be using the other solutions like a G radar because we're using another application that is our

direction and the reports that come off of it from a center level. So I just wanted to bring that up.

FH **Fagus, Rayna, HCA** 36:43

No, and we understand that as well, that there are other solutions. That's why the solutions aren't a requirement of the program. What we're doing is offering more education, more drill downs, more information. Because as the reason, one of the main reasons this program was redesigned was to really pull in, you know, the concern was OK, I have tier one facilities here, but they got a G level tag and an immediate jeopardy on their survey. So there was a there felt like a disconnect, you know, because we're looking at 4 measures over here and this is the whole survey. So that's one of the reasons it was redesigned. So we want to make sure facilities have the tools they need.

LH **Lori Harris** 37:07

Right.

FH **Fagus, Rayna, HCA** 37:21

Tools at their fingertips because this program is gonna be looked at again. What improvements did we have with these updates? What have we offered? We've offered these solutions, we've offered opportunities. And then Janine is also gonna promote some education that Net Health is willing to do for facilities as well. So we're just trying to gather all the tools you have in your bag, whether it's your own or whether it's Net Health or whether it's, you know, I hate to use the word ChatGPT, but you know other things out there, you know, it's just bringing it all to the table and that's all we're trying to do.

LH **Lori Harris** 37:55

Right. And I just want to add to that that the Association, the meetings that we've and I'm sure Vicente is that we are encouraging that on the other every other week for the solutions to be looked at to reach out for training on the hospitalization that is unique to Point Right. You know that there is G radar, all of that is being encouraged from a quality standpoint, right. So I just want to make sure that people knew in some situations that is a multi facility yhey may have other solutions out

there, but I think that's being encouraged. Sorry.

Vicente, I took your time too, so.



Holly Hester 38:40

I think Dee had a question as well.



Whitlow, Ashley, HCA 38:41

Yeah, Dee was next.



Dee Gipson 38:44

I do have a question. So in going into Net Health, should I be registering people so that they get notifications from Net Health or do I need to guide people to create their own account on Net Health to get these notifications?



Holly Hester 39:08

OK, two things. There is a user admin at each facility that creates accounts within the application, right? And gives people access to the application itself that's handled. If you're the user admin for our application for your facility, you would create user accounts for your individuals. As far as getting notifications and we're talking about like e-mail communication, that is something like I have and I know you're on that list Dee cause you get my communication all the time. If there are other people at your facility that need to get those types of external communications about this program specific or to Janine's point, any, you know, education that we're going to be offering New Mexico specific to solutions that can be used to facilitate improved quality and performance in this program, then that happens outside of the application. That's just an e-mail list for people that get those communications.

So if you've got people that you want, you want to make sure get my emails in the future, send me that information. To Rayna's point, we just want to make sure that we have an updated list of those key people at each location. But if you're talking about getting access to the solutions, which include the dashboard and like Janine said, quality measures, 5 star fast track, all of that then that's handled at the facility level.

Vicente.



Vicente Vargas 40:32

Yeah then then it had to do with what with what Lori mentioned about what we how we are presenting this and encouraging facilities to facility at the facility level to look at these solutions but you know just wanted to get in front of just this I this feeling, this idea that I'm getting that some that some facilities, although they may, if they're not showing that they're not doing the Net Health solutions, that does not mean that they are not being educated and I would hate to use just that that idea that OK, we don't have enough users on the Net Health solutions that that means the administrators are not getting their, you know, their, you know, education on how to to improve on quality measures, nor should in my mind the fact that a facility that's a that's a tier one or a five-star facility and that gets it that gets a a CMS tag that one has to do with the other on quality measure. That CMS tag could have been just a completely different thing, but I just wanted to get in front of at least the idea that that I am feeling with regard to that to the registration on solutions or the feedback from administrators, so.

Appreciate that. Thank you.

 **Fagus, Rayna, HCA** 42:06

And again, just the whole point of this was just to bring it to the table that there are solutions available. We look to see access just based on the conversations that occurred during the conference. That's why we looked at that. So we are excited to hear that there's a lot of corporate tools that people are using tools. This is just offering another solution for the facilities and again, and it's just giving you guys more bang for your buck, so to speak, more tools in your basket. What are we doing to help educate our New Mexico NFs? So thank you for everything you guys are doing. All right.

 **Janine Savage** 42:43

And just one final thing, specifically for the attestations that are going to need to be made at the facility level for the HCQS solution specifically, we're going to need to be sure that facility, there are facility level users who can do that at all facilities. So maybe we can focus some time at the next meeting on creating a plan for how we will get those facility level contacts to make sure that they are set up in plenty of time to be able to do that.

 **Fagus, Rayna, HCA** 43:27

Thank you. All right. And what I wanted to do was to turn it over to Lori and Vicente to talk about. We've heard a little bit about the opposite meeting that occurs from this meeting, how the first one went, take backs, questions. I think we've addressed a few, but I will turn the floor over to Lori and Vicente.

VV **Vicente Vargas** 43:51

Sure. And Lori, you know, yeah, let's we can tag team this. Yes, we did meet, we did have our off week as we call it discussion we shared the feedback and you know information that we received from this from this meeting. Lori, would you want to let them let the group know what we shared with them and then we can go into the questions or feedback that we got from the from the meeting from those that attended.

LH **Lori Harris** 44:25

Well, the minutes of course was shared with everybody prior to the meeting. We did review over the program. There was you know in great detail the structural measures were discussed expectation of the meetings that are coming up, encouraging people as to what the targets were, ensuring infection control people, social workers, administrators, ensuring, you know, making sure that we're participating. There may be concern with being able to have actual video contact because not everybody has cameras. We did encourage the tracking of the chat.

And in participation that way and the plan is to continue to do that review what we've discussed today. We did have discussion about the high acuity that we brought up on the call in regards to that. What else Vicente did you?

VV **Vicente Vargas** 45:38

Yeah, there was in there. I mean really kind of just requests such as can we get the October, November and December session dates out as soon as possible. This is what administrators were requesting so that they can begin planning for those months that would that would be helpful and just as Lori mentioned some administrators did express, you know, a concern regarding the camera requirement and I could give you the various reasons, but there was that and there was just a question is what is going to be the consequence, the penalty, whatever the case may be for not having your camera on. Does that mean that you don't get the points that and that type of thing?



Holly Hester 46:39

Vicente, let me let me address that really quick because we when we were presenting structural measure requirements, we expect attendance engagement. It's really because we want people on these calls to be able to give us information about these topics so that we can work with providers and get feedback on what the actual measures are going to be when we develop a measure that can be measured. The camera requirement, you know, we made that statement before the platform that we were going to use for these meetings was determined whether it was going to be teams, whether it was going to be go to webinar, go to meeting. We had a lot of discussions with HCA about what functionality do we need. We want to be able to have recordings that people can access. We want to be able to have reporting. We want to be able to keep track of questions and answers so we can follow up with things. And so because we're using Go to Webinar, you guys are familiar with that, we've used it before. For attendees, they can't turn on their camera. So you know the camera expectation, and I apologize if that was not clarified sufficiently for you know, and Janine feel and Rayna feel free to jump in here, but what we will be able to see and what we will expect we will have poll questions throughout and it's to look at engagement. I mean, let's be real, but it is also to make sure that we're getting information from everybody who's on these calls so that it's not just a handful of people that are giving us information and feedback that we have a way to objectively track who is here, who is doing what, so that decisions can be made going forward. So questions, Q&A, raising your hand, asking questions, all of those things. So you know we can talk further about cameras or no cameras on those things going forward, but we're using Go to Webinar for this first session to try to get some of the other functionality and it just so happens that when you sign in as an attendee and Go to Webinar, you don't have camera ability, so maybe that will alleviate some of those concerns.



Vicente Vargas 48:55

Yes. We will, we'll absolutely relay that and no, no doubt Holly and. I think everybody can agree that yes, engage engagement is absolutely fair to ask. I mean obviously therefore, yes, the poll questions and such that makes complete sense. No, no one expressed any concern over that type of engagement. Really had to do with the cameras. It was really interesting how folks were worried about what the

consequences were going to be for that. So yes, we will convey to on we'll convey next. Well, a lot of people will probably know by actually Monday that their camera won't work. So what we would just ask because we don't, we don't have our meeting until next Thursday, so or Wednesday. So therefore I would just encourage you all to make sure that everybody knows as soon as the meeting starts and we could put it out too in our bulletin but that when the meeting starts that people don't need to have the camera and it's not available, so they're not freaking out.



Holly Hester 50:05

We'll make sure to let people know that.



Vicente Vargas 50:09

All right. And I know we're running out of time, so I am looking at some of the other questions and Pat and Lori, please chime in. But there was we wanted to keep it on the radar questions about facilities without care compare scores and how they are going to be, if there's any develop, I know that Net Health is going to take that back with HCA to look at how to manage that situation. So we're just wondering if there are, is there any feedback on that?



Holly Hester 50:49

Janine, do you want to take this one? Oh, I'm sorry. Rayna, sorry.



Fagus, Rayna, HCA 50:52

No, I was gonna say Holly or Jeanine because I know we discussed.



Holly Hester 50:59

Janine said. Wait a second.



Vicente Vargas 51:01

And I OK. And then so while we're doing that, um.



Fagus, Rayna, HCA 51:01

She's stuck.



Vicente Vargas 51:06

The work group. The classes that are gonna occur and Lori and and Pat help me out with this one to add some context, but there was suggestions of varying the times for the sessions that are going to be that need to be attended by facilities and trying to make those times as somewhat convenient and I know that's hard, but convenient as possible for those to attend and it's my understanding.

And I'd love to hear back from the providers. If there was a time frame in the day that is best, it's my understanding that it's after lunch. Not that there is a better time frame than others. They're always very busy people. For sure. And I see Dee, I see Dee laughing for sure, right? But you know, it just, you know, there's it seems like the mornings are packed, especially with your stand up and then getting ready for lunch and passing meds and such. So I would love it if any providers can provide any more context to that or if I am off on the time frame and that was just a request from some providers.

 **Lori Harris** 52:44
So.

 **Holly Hester** 52:44
Thank you for that, Vicente.

 **Vicente Vargas** 52:45
Yeah.

 **Lori Harris** 52:46
Yeah, I would just say definitely you know during these three sessions kind of engage, you know it's an hour and a half engaged during lunch meals. That was a concern on our last call with you. And so you know looking you know that the times vary and the disciplines vary throughout the quarter, right? Because we know there'll be the infection control. Is there going to be 6 or 8 sessions of that? Is there going to be 6 or 8 sessions of the behavioral and will they be, you know varied times those 30 minute sessions be, you know, after the lunch meals and stuff, because many of these people are, you know, all hands on deck to get through the meals.

 **Holly Hester** 53:31
Yes.

Understood. And you guys know the September sessions, we had a limited amount of time, right to get in a 90 minute meeting and we had to do the best we could to make sure that we had availability for HCA and Net health also and kind of space them out on different days. So I totally get what you're saying. I appreciate the after lunch thing, we can certainly keep that in mind. And yes, Lori, I can't say it's going to be 6 or 8 sessions for every single measure throughout the quarter, but there will be a variety and they will be like we said, each measure will have a meeting. So it won't be, you know, the big long 90 minute. We'll try to make it as flexible as we can given you know, everybody's schedules too. Yep. Oh, I was just gonna say I have to bail literally in one minute, but Janine did put an answer for the five star question, Vicente in the chat. Basically, we're still working on a methodology for facilities with no star rating.

 **Lori Harris** 54:16

And if I could just, I'm sorry.

 **Holly Hester** 54:32

But the issue is really the reporting of a health inspection score. So we're exploring options and hope to have more information at the next meeting for how we will approach this. That's in the chat, Yep.

 **Lori Harris** 54:40

Thank you, Holly.

And if I can just state about the October through December, we know the holidays are coming and that's the reason there's an urgency behind when these sessions will be.

 **Holly Hester** 54:53

Understood. Yep.

 **Vicente Vargas** 54:56

And then just the last thing wanted to point out, I know people got to jump there was please understand during some of these sharing sessions and such that there could be hesitancy to share some details on some issues or concerns or examples of what a facility is facing because there is hesitancy given.

You know regulatory oversight, is someone going to come in and is this going to trigger a visit from DHI? Should I share too much or that type of thing? So that I've just put that in everyone's mind that that is that's floating around in the in the heads of administrators and providers as the discussions occur in the in these future work group or future education sessions and training sessions. That's it for me. I know we're at 10:00 and you can always bring stuff back. Thank you.

FH **Fagus, Rayna, HCA** 56:00

And just real quick, thank you Vicente. We just wanted to get an update. You guys had talked at the last meeting about creating a link for HCQS VVBP on the website where we had track all the meetings, the notes. I just wanted to see how you how the time frame on that if anything like that.

VV **Vicente Vargas** 56:11

Mm-hmm. Yes.

We're looking at it. It'll probably be a couple of weeks. We're, you know we're working on that. We're a small office and it is something that we will get up and going, but it is definitely on the radar.

FH **Fagus, Rayna, HCA** 56:29

Great. Well, again, thank you guys again for we are approximately one minute over. I do apologize. Thank you for your attendance in the work group. We will be sending out of course the transcription. We'll review, send that out. You'll have that for your next meeting on Wednesday. Other than that, I look forward to receiving the information regarding the the vacancies with regards to the structural measures. If you have any other questions, please feel free to reach out. Everyone have a fantastic day.

VV **Vicente Vargas** 56:54

Thank you.

● **Holly Hester** stopped transcription