Transcript

September 25, 2025, 3:02PM

Holly Hester started transcription

Fagus, Rayna, HCA 0:04

Well, good morning, everyone, and happy Thursday. It is no meetings week here at the Healthcare Authority. However, you guys are very, very special. So you got us for the meeting today. So thank you again for always taking the time to attend.

Fagus, Rayna, HCA 0:21

I just wanted to kind of let everyone know. I noticed at our last meeting we had about 3 pages worth of people who were not part of the work group. So as we had requested, you know, please do not share the invite. We have 9 facilities that are represented within this work group. And then of course the association is having an opposite week meeting with the other NFs. So we are only letting the folks in that are on the agenda who were approved to be part of this work group into the meeting. And as a reminder, our camera is on unless you can't because you're driving, no problem.

So we like the cameras on for this meeting as well. That way we see your beautiful faces and the interactions. In addition to the invites, making sure that if there's any regional folks on that you do have a representative of your New Mexico facility with you.

That was one of the requirements that we asked and that's also some Secretary Armijo shared as well. I just want to be sure that we are all good there. Any questions about that?

OK, I am gonna go ahead and share my screen to pull up the agenda, so give me just a moment here.

All right, here we go.

Fagus, Rayna, HCA 2:15

And I do apologize, I have you guys on my smaller screen over here. So if there are any questions, please kind of shout out or Holly, let me know if there's any questions.

Otherwise we will go ahead and get started again for our meeting. Again, welcome. We did send out the agenda, I believe was it Tuesday or Wednesday, Holly?

Holly Hester 2:35

I sent it yesterday.

FH

Fagus, Rayna, HCA 2:37

Perfect. So we did send out the agenda just with our conversations that we're going to have today. I hope everyone was able to take a look at that. If not, it is attached to the current invite. What I'm going to do is I am going to go ahead and turn it over to Net Health to start us off on our first topic.
Holly.

Holly Hester 2:56

All right. Thank you everybody. Yes, I wanted to give you guys an update on the structural measure meeting attendance requirements up until this point. As you guys know, we have our final session this afternoon. We've had excellent attendance thus far. Julie and I have been working to compile the attendance list, the question and answer where people, you know, added names and roles of folks who were in the room. And as of this morning, we have 47 facilities who have met the requirements for all three measures in the first two meetings. And five facilities that have met the requirements for patient experience and behavioral care coordination. If you recall, the role for infection control is a little bit different. So we had several facilities where the administrator attended, for example, for the entire meeting, but the administrator is not one of the roles for infection control, right? So I did send emails yesterday to individual facilities, letting them know kind of what their status is, reminding them of the last session for today, but I also want to let you all know, especially as you talk to the facilities going forward, if you have folks and this did happen where let's say the MDS coordinator is also the infection control professional or infection preventionist, then that needs to be indicated in the Q&A as they sign in with their role MDS coordinator slash IP. Same thing for like an ADON for example if the assistant DON is your quality specialist too or your infection preventionist, just please make note of that because that's how we ensure that folks with the right role and responsibility are attending. So it could be that everybody is correct and accurate and the right people were in the room. We just don't have the right roles assigned to them behind the

scenes. If you have any questions about that or, Pat and Tracy, if you hear those kind of questions or concerns, you know when you're speaking with all of the facilities, just let everybody know that it is really important that we know the roles that these people are serving, but in general, I think, I'm sorry, did you have a question?

+15*****85** 5:23
OK.
No, I agreed.

Holly Hester 5:30
Oh, OK, cool. Thanks. In general, I think the calls have been going really, really well. The level of engagement from the providers has been fabulous and you know, people are giving us information in the polls and in the questions and answers and we're going to be pulling all of that information together, presenting it here, of course, we'll present it to HCA too, and we'll bring it back to the workgroup so that we can see what are some of the best practices, what are some of the concerns, what are some of the barriers, which will then help inform, what future discussions will look like as we move down the road of measure creation in these topics.
So I think, I think it's been great. And as of this morning we had 68 people registered for the call today. And so that's excellent as well. I don't know if anybody has any questions or comments from the prior meetings or yes, Lori.

Lori Greer Harris 6:33
Sorry, I'm trying to get off. So one of the items that has come up is in regards to the poll questions, if there is a way that those poll questions can be shared prior. So because some people may be new people never been in long-term care.
That is, you know, new administrator, right? And they may not know how surveys are occurring in their building. Satisfaction surveys could be new social workers. Is there a possibility of those poll questions being shared before?
I think it would get more participation.

Holly Hester 7:22
I mean, we can. Well, we actually had really great participation with the polls. But I hear what you're saying and I think some of it will probably be addressed just in the nature of what the meetings are going to look like going forward, right, where we

know like this is what we're going to be focused on in this meeting, which is infection control and now people have kind of been introduced to the types of discussions and things that we're going to have. But yeah, we can certainly kind of take it back in. OK, go ahead, Janine.

Janine Savage 7:51

I can speak to that too, Holly. The purpose of poll questions in these initial discussions is really just to get the conversation started. We're not drawing any specific conclusions from these. There is a formal way we will be getting information and that's in conjunction with the attestations, there will be questions that will be required to be answered. Those kinds of questions that are where the answers are collected in a formalized way from all facilities, those are the things that we can, you know, draw conclusions from and base next steps on, but the poll questions are really just meant to get kind of take the temperature of what's going on, start setting us in the right directions, and we'll set the stage for the more formal information gathering.

Lori Greer Harris 8:48

Can I just spin off that on top of that is after the poll questions or the questions are asked, can there be some kind of roll up documentation that goes out to how people are answering so we can continue education or, you know, building a community like Echo had done with us. It builds a community. So if I'm having some kind of behavior issue or I don't know how the satisfaction survey vendor goes through, that information is shared so I can reach out to my next door neighbor.
Great. And find out how they're doing the process.

Janine Savage 9:32

Yeah. Those are all the objectives of the process as we roll forward, not necessarily centered around specific poll questions, but centered around the process of information gathering that will happen throughout these meetings. So that is the bigger picture and there are ways that we have done that in other programs and there will be leading up to that, but absolutely.

Lori Greer Harris 9:56

OK. And last final thing is when we go to go to webinar, which probably has something to do with the application, we can't see that other chat information that that you're getting. We can't see that on this side what those chats are about so that we can participate in that as well.

Janine Savage 10:21

So just to clarify, you can't see, are you saying you can't see everybody's chats? Yeah, that's intentional. We want people to feel comfortable sharing specific private information potentially or confidential information in there. So that's.

LH

Lori Greer Harris 10:22

Is that an application issue?

Right.

FH

Fagus, Rayna, HCA 10:29

Right.

Janine Savage 10:41

That's intentional and by design. And some people, some people have shared information in there that they would not want everybody to see.

LH

Lori Greer Harris 10:52

OK.

Holly Hester 10:53

Lori, to that point, that's the reason why we ask people to use the question and answer pane so that it is private and then we do have a record of it so that we can follow up and do exactly what Janine is saying. That is the functionality of Go to webinar, the chat window, which it has also is a little bit more informal.

But we don't have records of that. And like Janine said, we want to make sure that people feel comfortable being able to share whatever they need to share in a large group.

LH

Lori Greer Harris 11:20

OK.
Thank you.

David Garetz 11:26
So I guess just to piggyback on that, I think the concern from the members that we heard on that front was that they felt like they were putting questions or comments into the chat and then they weren't getting addressed on the call.

Janine Savage 11:43
OK. There were some that we intentionally did not address because they were we thought of confidential or very specific nature that we weren't comfortable sharing. Others we tried to summarize among common themes and if there were specific things that or questions that individual facilities have, they should follow up if they feel that they need an answer to something that we didn't answer in the session or address in some way, we'd be happy to address those specifically.
And there are some that we are following up with them individually based on the specific questions or comments.

David Garetz 12:20
OK and yeah I think it will it will be helpful if because it that that messaging may not meet you know reach all the way down but if when that happens if you could simply address the in during the call the individual who had the question or the concern, just address them and indicate that you will follow up with them or that they should follow up with you, or that you know you believe that there is a privacy concern with their question, something to that effect, so they just don't feel ignored.

Fagus, Rayna, HCA 13:04
Well, I can assure you no one is being ignored, but thank you for all of that information.

David Garetz 13:14
And then I, Lori, I don't think we touched on there still seems to be some problems with recording of attendance. Um, I have two facilities who indicate that they were in attendance for the first or the second meeting. And Holly, I know you've been reaching out to our folks to try to get that cleared up. Has there been any resolution

on that?

Holly Hester 13:38
Mhm. In a specific example that I emailed you and Jessica about yesterday.

David Garetz 13:47
Yeah, uh huh. But the DON for be these buildings were in attendance and yeah.

Holly Hester 13:49
I can follow up with you. Yes, I can follow up with you after. But it does kind of circle back to what I said at the beginning, which is if there are multiple people in a room, then we have to have that recorded in that question and answer panel along with the title and the role that they're fulfilling to meet the requirements.
We did have people that registered and did not attend, and so they showed up on the list as somebody who registered, but they were not there. And then it was not indicated in the question and answer panel that like they were in the room with someone else.
So that's really all we have is, you know, the documentation of yes, we logged in and we can see how many minutes people were in the session. So we know if your infection control person was there for 30 minutes and it was the 1st 30 minutes of the session, that makes perfect sense. And if somebody dropped, you know, bopped in for 8 minutes and left, you know, we can see that as well. But David, I can follow up with you and Jessica after with that specific example. But it really does come down to that. And I know this is new and that's why I went the extra step of making sure that I reached out to every single person yesterday who had not yet attended.

David Garetz 14:56
OK, that yeah.
Yeah, so it makes sense for I'll just be a Guinea pig here. We had one situation where there's like a person who's acting DON. So I don't know if maybe there was some confusion around that, but the other one doesn't make sense because she is the DON and she's actually the DON that won the at the association DON of the year, so.

Holly Hester 15:39

All I can say is what the report captured, which is why I asked. I'm not gonna split hairs with folks. That's why I followed up just to say this is what the reporting is showing. So.

David Garetz 15:40
So I just don't believe that she didn't attend, you know? But yeah.

Fagus, Rayna, HCA 15:52
And we're going to table this because we are behind on our agenda. But just so you guys know on these calls, it is said multiple times during the call. Please make sure when we're moving on, please make sure you have put your name and your title. For attendance tracking purposes, that is reiterated within these calls as we're moving through the sessions. So we just want to make sure whoever is in the room, please put your name, your title, you know your facility that is stated multiple times within this meeting.
Thank you Holly for following up with David after the call with his folks. But we are still on with Net Health to talk about the structural measure discussion for fiscal year 26 quarter 2.
And I can, you need the screen? I can stop sharing for a moment.

Holly Hester 16:41
Yes, thank you. if that's OK.

Fagus, Rayna, HCA 16:46
Yes.

Holly Hester 16:48
I just wanted to remind the group, these are slides that we have seen in prior meetings and they were also shared on the provider training calls, but these are the proposed requirements for the next quarter.
Just to bring awareness to everybody, see if anybody had questions here about what we will be doing in the next quarter. The meetings have yet to be scheduled. I know you're all very anxiously awaiting what the meeting dates will be and how many there will be and all of that. That is still in process. We need to coordinate internally with those of us who'll be presenting and also with HCA and then do the various days and

various times, understanding providers prefer afternoon and it's convention conference season and you know all of those things. So those will be coming soon. We're not, we're not even in that quarter yet. So we get it. But for the quarter, what we are proposing for infection control would be the same roles that would be required to attend that meeting and we will look at the current state infection control programs in New Mexico nursing facilities, again sharing best practices, challenges and outcomes there, and part of the attestation requirement for this quarter will be exactly what Jeanine mentioned earlier. This is where, Lori, we will be asking for specific answers and you will know what these questions are ahead of time. You'll be able to see them in the application once it's released, where you will be answering questions about your current infection control program and your infection preventionist so that we can get more specific data about what's happening to then be able to move forward with the next level of discussion.
So that's infection prevention.
And for patient experience, again the same roles, a little bit deeper dive into best practices, challenges and outcomes. And then again we will be capturing specific questions about current patient experience processes.
And then for behavioral healthcare coordination, the current state in New Mexico, again sharing best practices, challenges and outcomes and then with official questions that will be answered in the application with time to prepare, right? So all the people that know the answers to the questions will have time to weigh in. Does anybody have any questions or comments here? Janine, you have anything you want to add about what we're OK?

Janine Savage 19:48
We do need to fill in those dates. I noticed on the slides the placeholders are still there for the for the actual date of the month, so we'll do that.

Holly Hester 19:51
Yeah, we do.

FH

Fagus, Rayna, HCA 19:57
All right, let me get the agenda back up here, moving you guys over here.
There we go. All right. And we are still with Net Health. We've gained back some time. Fantastic. We're going to talk about accounts, facility level users and facility

level attestations. We had talked about this at the last meeting as well, but I wanted to bring it back because there was more topics and conversations that have occurred. So Janine and Holly, I will let you start us off.

Holly Hester 20:33

OK, so this is just to kind of reiterate and remind folks that once the new dashboard is released, the process will not really be any different than what it has been in the application up until this point. The facility user administrator can create accounts and give access to the dashboard to whoever it is at the facility that will be going in to do the attestations for the structural measures, attesting to whether or not the requirements have been met for each measure. And a kind of a follow-up to this, and something that we've noticed in trying to communicate when the structural measure meetings are happening, what the registration process is, it's really, really important that the facilities give us and HCA updated and accurate facility level contacts. DON and administrator at the very least and any other key people. Infection preventionist would be great. Social services director would be great. MDS coordinator would be great because the MDS coordinators obviously are interacting with our solutions a lot as the MDS data gets submitted.

What we're finding, and Julie and I are actually kind of excited about this, maybe excited is not the right word, but in getting the attendance lists from these meetings, we're really going to be using that to kind of crosswalk with our general facility contact list for any communication related to the program because we know the folks that are in the room in these meetings are the current people in these roles. So as long as we have names and emails of folks that are registering, we'll use some of that information to bring our lists up to date. But we all know that turnover can happen, roles can change. So it's really important that we have accurate information and Rayna, I know there are several facilities that are not members of the association and we need to have that facility level information for those folks as well. So any assistance or please or whatever that we can get out there to get contact information for those folks would be greatly appreciated.

Fagus, Rayna, HCA 22:47

And just to touch on this, the reason why we brought this back up is during the week HCA received e-mails from facility asking about the structural measure meetings and what we identified is they did have one person who was still current who did receive

that e-mail. So highly, highly want to recommend whether your folks create rules in their emails to get this information as it's coming through, because had they not reached out, they had an administrator who had been gone for over 2 years. We didn't have that e-mail. We still had their MDS e-mail. She received the invite, but she said she never got it. So they really need to be in tune with are we getting these emails because notifications are coming, bulletins are coming. We don't want anyone to risk missing a meeting because maybe it's an e-mail. We all go e-mail blind, right? But you can create rules in your Outlook however they're organizing, but that was concerning.

Also ensuring that on the NFs who are not a part of this work group are working with the association who is holding that other meeting on Wednesdays. Are they participating? How are we getting the information to them? It is their NFs responsibility to ensure we have the correct people on our lists because that's how we are sending out emails and that's even how we send out our rate letters. We get a lot of kickbacks sometime on that. So really take it back to your folks and a lot of you are so good at this who have, you know that wonderful corporate support, but we do have folks who don't have that kind of support who changeover happens. We don't get the new administrator, we don't get the new infection person, MDS, DON. So we are just saying this if a meeting is missed because updates, the meeting is missed, you don't get your points. So this is really putting it back on the NFs to make sure HCA, the association as well because they also Tracy helps provide us updated lists. It's only as good as the most recent update. So that's why we wanted to bring this back to the table.

All right. Any other questions related to this specific topic?

DG **David Garetz** 25:06

Hey Rayna, does the notification get published on your website in any way?

FH **Fagus, Rayna, HCA** 25:12

No, this is coming from Net Health. This is about any meetings that are group.

DG **David Garetz** 25:15

Yeah. Is there any way to make that more publicly available then because turnover is going to happen forever, right?

Fagus, Rayna, HCA 25:19
Great question.
Agreed. But no, what we do with our other providers, it's the same thing. They work with their association or they send us updated names, the hospitals, primary care, that's the process that we have in place.

Jody Knox 25:41
This is Jody. I just want to remind everybody when we change those key positions, we're required by regulation to notify HCA in the first place. So it's not just for this, we're required to let the state know when we have a change in DON and administrator. So we might want to put that reminder in our bulletin.

Fagus, Rayna, HCA 26:02
Thank you, Jody.
Great. I will let Net Health talk about any updates on the dashboard.

Holly Hester 26:14
Janine, I'll let you take this one.

Janine Savage 26:18
So we are working furiously on the dashboard and it's looking great. We do not yet have the actual go live date for October, but we hope to have that soon.
It just to reiterate what we talked about before, it will be the initial version that has all of the basic functionality and we will be adding additional features and functionality like you know, notification pathways and other things in the future.
But that is on track and on target and we'll be ready to have providers attest for the structural measures for the quarter that's in progress now ending soon and for calculating payments for this quarter.
And we will communicate more information about that go live date and the training and all of the things related to that very soon.

Fagus, Rayna, HCA 27:34
Thank you, Janine. All right.

Janine Savage 27:37
And again, just to reiterate, making sure that we have all of the contacts so that they get that communication. This is another reason that really, really critical.

Fagus, Rayna, HCA 27:55
OK, great.

Holly Hester 27:55
Lori, you had a question?

Lori Greer Harris 27:59
I did and I don't know if this is the place to bring it up because you know of the application and the software, but the actual point right measure that does the hospitalization we're trying to get that confirmed as to when that will be accurate and updated as well.
Can you hear me?

Janine Savage 28:36
I'm not sure I understand the question, Lori.

Lori Greer Harris 28:39
The question is about the actual point right measure with hospitalization that information doesn't seem to be calculating correctly yet in regards to the numerator denominator. Is that true?

Janine Savage 28:56
That measure is available.

David Garetz 28:57
Yes, I agree with Janine with Lori here. That measure is not calculating correctly in the scorecard.

Janine Savage 29:08
OK. I know there's been a question on the VBP scorecard for the last quarter about

some facility denominator counts and we're looking into that question currently, but the measure is currently in the quality measure solution that facilities have access to now.
And that that measure is available to review results and is calculating as designed.

David Garetz 29:38
It for sure is not. For sure it's broken.

Janine Savage 29:39
OK. We will, we'll release more information about that as we have it available. I'm not prepared to talk about that today, but we are looking into that measure currently.

Lori Greer Harris 29:57
OK. Thank you.

Fagus, Rayna, HCA 30:04
OK, great. We are a little ahead of time, so that's fantastic. This is more time for our healthcare association and Lori, who's heading that quality committee for the association to talk about what occurred at the last new meeting? I did add some questions. And this is just based on emails that HCA is receiving from NFs. None of your NFs, the folks that are on the call, none of your NIFs, but other operators.
So Lori, I will let you take the floor on any questions and take backs from that last meeting.

Lori Greer Harris 30:43
So we did go over all of the notes. There was not many questions except the ones that I brought up. Obviously, you know, I'll just circle back in regards to, you know, we've been very specific of the roles, but I don't believe there was an understanding that when they typed in their name, if they had multiple hats that they had to say they were the QAPI person for that building. So that will be something definitely we'll take back in regards to that. So I'm assuming if I'm the DNS, I will have to put in there that I am, well, I wouldn't have to because I'll be accepted as the infection control person, right?

Holly Hester 31:31

Correct. The issue is really only and most facilities had multiple people on the call like there were a lot of facilities that had five or six people attending with multiple roles. And so if the DON was on the entire call, the requirement was met for all three measures regardless of if infection prevention and administrator and all of that was on the call, right. The ones I reached out to were the facilities where there wasn't somebody to tick the box for infection control, for example, like I didn't see the DON or I didn't see the infection preventionist or a quality specialist. That one was a little bit more of a narrow role.

So it really is to your point, Lori, in those situations where you know you, the person who is meeting the requirement for a specific measure needs to make sure that that role is clarified if it's an MDS coordinator acting as the or who also is your infection control person and they are the person who is there to meet that requirement and the administrator is meeting the other two requirements. That's when that multiple role thing really needs to be clarified. So I reached out in those situations and I appreciate the clarifications back and I'm making those changes, but for the other situations, even if people have multiple roles we're just looking at where the role requirements met, right? And it can be one individual that does that.

Lori Greer Harris 32:53

OK. And I think in regards to with the other providers and going through the information, that was one of the issues. And so now that's being clarified, right. And we'll take that back because keep in mind when we talk about a QAPI person, QAPI involves a whole team of people, right. And so that's the.

Holly Hester 32:59

Mhm.

Right, right.

Lori Greer Harris 33:14

The reason they would be saying, yeah, here's my actual title, but not necessarily associate that they've got to say I'm filling in QAPI for infection control. So I'm just bringing that to the thing too, because people are literally putting in their titles and I think that's where the confusion is coming from.

Holly Hester 33:31

Understood. Yep. We're all learning how we need to communicate that better and and make sure that people understand. But we're trying really, I mean we have a lot of really great data and like I said we're making sure that facilities who id what they needed to do and participated and had the right people there are getting credit for that and just asking for clarification when it doesn't look that way by the data so.

Lori Greer Harris 33:57
And so the other thing is people are very, you know, concerned about the schedule as we can all identify, right. We've got multiple holidays coming up. So October is really important to people in the first part of November for the scheduling of the next structural measures.
So I'm just bringing that up that that was questions that people definitely wanted to make sure about that piece of it. And I think that we've reviewed the other questions that were coming up while we were sharing information last week with them.
David or Dee, I think you're on. Is there anything that you also or Jody felt that was missed?

David Garetz 34:55
Let me hold on. I'm pulling up my notes one second. Sorry.
Um, no. I think I'm good other than what I've already addressed.

Lori Greer Harris 35:16
OK. Thank you.

Fagus, Rayna, HCA 35:17
Thank you so much, Lori. One of the questions I have is how is the meeting being communicated to the NFs? The NFs who are a part of this work group, of course, and you guys, I'm sure you guys are attending as well. How is that meeting being communicated to the NFs?

Lori Greer Harris 35:37
Well, I'll just state that it's in the newsletter. Newsletter goes out every week. They, you know, I'm sure, you know, depending on who you work for and stuff, we're communicating at the company level. We've get multiple emails from the association

letting us know that people that the meeting is coming up and what day and it's a set time, right? And the link is available to everybody.

Fagus, Rayna, HCA 36:11
OK, how many NFs are attending?

Lori Greer Harris 36:19
I could not tell you. I would say at least. Jody, did you have something or?

Jody Knox 36:27
Well, are you asking facilities that are not Medicare certified when you say NFs? Is that what you're asking, Rayna?

Fagus, Rayna, HCA 36:34
Yeah, just nursing, New Mexico nursing facilities, FN, SNF.

Jody Knox 36:36
I mean, we have very few buildings that are not dually certified.

Fagus, Rayna, HCA 36:41
Yeah.

Jody Knox 36:43
So everybody gets the same.

David Garetz 36:43
I think she means skilled nursing facilities, Jodi. I don't think she means only non Medicare.

Fagus, Rayna, HCA 36:50
Right. Next is what that's the acronym.

Jody Knox 36:51
Are you talking about SNFs or NFs or what's your?

Fagus, Rayna, HCA 36:54
When I say NFs, I'm talking about SNFs and NFs. At the HCA, we use NF as our acronym. That's our acronym.

Jody Knox 37:00
OK, well, that's all of us. So we all get the same newsletter, we all get the same communications. So I'm not really quite sure what your question is.

Fagus, Rayna, HCA 37:09
My question is when I get an e-mail from a nursing home and I ask them are they attending the association meeting and I don't get responses. I'm just trying to ensure that the information coming from here is being related to all the NFs, SNFs, NFs, all the New Mexico nursing facilities for their attendance in these meetings because my concern is you know crucial things could be missed again about the changing, updating your contacts, the structural measure meetings and I know you know we all I said we get an e-mail jungle.
But I'm just curious because we have 9 facilities represented here in this. We have 68 nursing facilities in New Mexico. So I'm curious to see how many are coming to the association meeting as an alternative.

Lori Greer Harris 38:01
Well, Rayna, if I could just.

David Garetz 38:01
Right now we can pull the Zoom meeting and attendance information and get back to you with the exact attendance.

Fagus, Rayna, HCA 38:10
Because if there's specific folks who aren't getting the information, we just want to make sure we're reaching out to them as well.

Lori Greer Harris 38:15
I just want to clarify. I'm sorry.

Jody Knox 38:15
So I would. No, you go ahead.

Lori Greer Harris 38:20
That the invitation is being sent out and in that invitation the minutes they're coming directly from you is being attached there too.

Fagus, Rayna, HCA 38:30
Oh, nice.

Jody Knox 38:30
But typically the association does not send out notices to non-members. So the question then becomes what's going out from Net Health or from HCA to all NFs.

Fagus, Rayna, HCA 38:44
The bulletins and notices. That's why we need the updated contact lists.

Jody Knox 38:48
Yeah, the bulletin and notices goes out to New Mexico Healthcare members only. So there are a very few members that are not, I mean a few facilities that are not members, but there's very few.

Fagus, Rayna, HCA 39:03
And what we've done with our hospital association, which they have hospitals who aren't members, they actually reach out and assist. They know they're not members, but gathering that information.

Jody Knox 39:14
I mean, you guys are sending us emails. If we're not watching your emails, hey, we got a problem.

Fagus, Rayna, HCA 39:21
And that's why just bringing it up that that's what occurred this week.

Jody Knox 39:24
No, I I don't mean to be crass, but I don't feel like that is New Mexico Healthcare's responsibility. If they want that from us, they should join. If they're not watching their emails from HCA, they got a problem that's bigger than this.

Fagus, Rayna, HCA 39:44
So again, if we don't have updated contact lists or information, people are going to miss meetings, they're not going to get their points. So that is just all we're asking. So how many NFs next time can it attend? And are you getting like you're getting like 14 other NFs? I mean, because if nine are represented here, we have 68 in the state.

+15*****85** 39:45
OK.

Jody Knox 39:53
Yeah, I hear you. I yeah.

Fagus, Rayna, HCA 40:04
There's a lot of holes, so just trying to get an idea of who's not attending, how the reach out needs to occur, but we don't know because we don't attend the association meeting.

Jody Knox 40:13
How about we take that back as an association and have that discussion on other ways that we might could reach out to them? We don't want to be a detriment. We don't want to be a hindrance. So let us have that discussion and see if there's some ways that we can help.

Fagus, Rayna, HCA 40:30
Appreciate that, Jody. Thank you so much.

David Garetz 40:33
Might I suggest if at the beginning of the call, I believe follow you reported 40

something facilities have completed the structural measure per your records. If you would be willing to share with the association the folks who did not attend, we can. Could assist with filling in the gaps. Or whatever the attendance is as a whole.

Jody Knox 41:02
And Holly, you did say that you were reaching out to those facilities that didn't attend. So I don't know if we want to do double duty, but are you going to always be doing that or is this just something that's new because it's a new program?

Holly Hester 41:07
I think that's a really good question, Jody. I mean we certainly wanted to do it for this because it is new. And to your point, Rayna and David and Jody, there are facilities that are not members. I have reached out directly to every single facility, whether a member or not member who has not met the requirements or had somebody attend. And you know, I think making sure that all the communications are going to all the right folks is, you know, is going to be important whether they're association members or not. And I think we can, we can talk about how much oversight and filling in the gaps and that kind of stuff we're gonna do going forward.
I think as the program gets off the ground, we are, you know, committed to doing everything that we can to make sure that folks know what's happening and what the requirements are. But you know our communication as your communication is only good as the contact information that we have and folks. you know, like Rayna said, opening the e-mail and reading the information.
I think we're gonna need to talk about how much of that we'll be doing on an ongoing basis, but certainly while we're getting this up and running. I think people need to understand kind of what the cadence is gonna be, right? And then there will be requirements every quarter. So as folks get in the groove, you know, some of that should be a little bit easier too.

David Garetz 42:31
OK.

Jody Knox 42:47
Well, at some point, if you guys decide that you're not going to reach out, then, you know, we certainly need to make sure that's communicated to everyone, that it is

their responsibility to, you know, get that information. But right now I think you're doing, you're doing us all a big favor by reaching out because we're not sure we have the confidence yet to know for sure we got everything that we should have or just like what you were bringing up earlier, how you know who's on the phone. So we really appreciate your extra efforts to make sure. And then at some point down the road, if that's no longer going to occur, then you know you'll give us plenty of advance warnings and maybe two or three reminders that as of this state, we're no longer doing this. It's your job. Then we'll help communicate that as well.

Holly Hester 43:27

Oh.

Of course.

Transcript

September 25, 2025, 3:47PM

Holly Hester started transcription

Holly Hester 0:04

OK, looks like we're back in business. We'll compile it as one transcript when we do the notes.

JK

Jody Knox 0:06

I was just going to say that, you know, we have the requirement for ECHO and it does after a while you kind of, I mean you have a couple of people that are always participating, always the same people, but it does kind of get off your radar. And so I really do appreciate that you're reaching out and trying to find a way to make sure that we all understand what's going and we'll just figure it out going forward, but we'll help in any way we can.

FH

Fagus, Rayna, HCA 0:30

We really appreciate that. And this is new, you know, this is new for the NFs. So they were used to HCQS running a different way and that's why we're trying to do as

much as we can for education, getting the information, doing the reach outs. But I totally agree with you, Jody, as we go along. I really appreciate that partnership.

Jody Knox 0:39
Mhm.

Fagus, Rayna, HCA 0:51
All right. I know after the last meeting, I believe Tracy, we were sending you information. You guys are starting to build a specific HCQS VBP website within the association's website. I just wanted to get an update on that.
How's that going?

Tracy Alter, NMHCANMCAL 1:09
It's actually going really well. You can go to it right now. I'm waiting on some documentation, some final documentation from Vicente, but it is currently up and running and you can access it through our website at www.nmhca.org in the blue bar at the top where the menu bars are, go to quality counts and then you'll see the HCQS VBP program. Click there and there is what is available currently.

Fagus, Rayna, HCA 1:48
Yay. Thank you so much for so quickly getting that up and running. I will be sharing. I'm going to go to that website after the meeting. As you guys know, we had talked about before the Turquoise Care MCOS, they were asking if there was going to be a website for that. So they'll be excited to see this.
Same with, you know, our hospital program, the association built one. It just helps provide direction for folks. If people are coming in asking questions, we can also help relay them to the association website and make sure we're also helping keep things updated for the association website. It's just a great place for any new operators, new administrators to give them that direction to go to. So thank you so much for all that work on that.
OK. Oh my gosh, we're way ahead of schedule. I want to give an update on the parking lot item for our facilities who don't have a five-star rating update for today. It's still in progress. I'll let you explain what you guys are looking at.

Holly Hester 3:03

Yeah, I can start with this. I know Janine was traveling this week and wasn't in the meeting that we had yesterday. So we are actively working on this. The team has pulled together data that we have of health inspection scores and points and things like that because you know, sometimes there's points even if there's no star ratings. So we're looking at that and then we'll be kind of figuring out the best way to calculate and or whatever else we need to do to make sure that facility I saw Janine come off of mute.

Janine Savage 3:36

So there are kind of two paths here. One is to take the points that are reported and manually calculate the health inspection score and can we do that in a reliable way? They are in looking at this, the particular issue that spurred this or circumstance that spurred this. There are similar circumstances that are slightly different that could cause this issue of not having a health inspection score in the future. So we're looking to develop a methodology that will account for all of those specific cases. The preferred route would be to manually calculate the health inspection score. If that's not possible, not reliable, we're running it through statistical modeling and testing. Then there will need to be an imputation methodology, so very similar to the programs now. When there is the inability to calculate a rate on a measure, we substitute an imputed rate, which is the state's median or average. So that is the other alternative here, and so we're running.

You know the we're doing the work and running the testing and the modeling to determine what the best approach is and then we'll present the results to HCA for decision making on that.

And there are alternate imputation methodologies as well. There's a different imputation methodology that we've used in the hospital program where, you know, if we can't calculate a measure because it doesn't apply to a specific facility, then the points get redistributed among the other measures. So that's another alternative, but you can't just pick one. You really have to look at the modeling behind what will happen overall if any of those are chosen. So we're presenting that information to make a really good informed decision and considering all the impacts that that has.

Fagus, Rayna, HCA 5:53

Thank you, Janine.

All right. Just our next meeting will be Thursday, October 9th from 9:00 to 10:00. Any questions about things? We have a couple minutes before I have to let you go and we have our next meeting. Anything else from what we discussed or any other questions that we need to take back? See a hand.

April Batdorf 6:25

I have a question. Is there an intention to build upon these structural measures for years to come? Reason I'm asking is that I operate a lot in Colorado and for their similar program we have to do something called the Infection Control Assessment and Response tool which is the CDC tool that really gets deep into your infection control program and that may be something that we could look at down the road, but I don't know what the intention is for the structural measures.

Janine Savage 7:00

Yes, I would say that's exactly the intention is to continue to build in terms of structural measure requirements. And the goal with the structural measure in general in a VBP program is always to work toward a quality, you know, performance measure that can be calculated and performance can be assessed on in terms of more an outcomes-based measure, right. So that is exactly what you're stating is exactly the intent and it's an iterative process. It's a building process.

April Batdorf 7:35

That's great. It's exciting because I think it's just going to help the communities.

Fagus, Rayna, HCA 7:41

Thank you for that.

Any other questions?

Well, what we'll do is we'll close out the meeting as normal. We will take back the notes and we will provide those to you guys for your meeting on next Wednesday. Thank you again for everything that you guys do for the nursing facilities here in the state. There's no harder job. I'm just going to say it. I appreciate every one of you and

I hope you guys have a great rest of your day and try to get out and have some fun on the weekend. Thank you everyone.

April Batdorf 8:18
Thank you.

Holly Hester stopped transcription