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RI ARA

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"Fighting for the future of our members,
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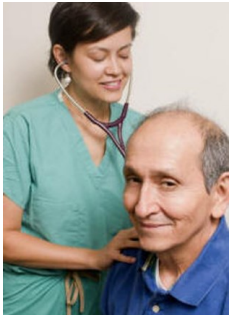
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Obama Administration to move Medicare faster to payments based on quality

To supplant fee-for-service medicine where medical providers are paid for service without regard for how the patient fares

By Jordan Rau, Kaiser Health News



The Obama administration Monday announced a goal of accelerating changes to Medicare so that within four years, half of the program's traditional spending will go to doctors, hospitals and other providers that coordinate their patient care, stressing quality and frugality.

The **announcement** by Health and Human Services Secretary Sylvia Burwell is intended to spur efforts to supplant Medicare's traditional fee-for-service medicine, in which doctors, hospitals and other medical providers are paid for each case or service without regard to how the patient fares. Since the passage of the federal health law in 2010, the administration has been designing new programs and underwriting experiments to come up with alternate payment models.

Last year, 20 percent of traditional Medicare spending, about \$72 billion, went to models such as accountable care organizations, or **ACOs**, where doctors and others band together to care for patients with the promise of getting a piece of any savings they bring to Medicare, administration officials said....**Read More**

How it Works, How it will Work

"Many health care providers today receive a payment for each individual service, such as a physician visit, surgery, or blood test, and it does not matter whether these services help – or harm – the patient. In other words, providers are paid based on the volume of care, rather than the value of care provided to patients.

"Today's announcement would continue the shift toward paying providers for what works – whether it is something as complex as preventing or treating disease, or something as straightforward as making sure a patient has time to ask questions." - *News release by Health & Human Services*

Moving forward on primary care transformation: The CMS Blog

Official blog for the Centers for Medicare & Medicaid Services, originally published January 23

By **Dr. Patrick Conway, CMS Deputy Administrator for Innovation and Quality and Chief Medical Officer**

Today, we at the Centers for Medicare & Medicaid Services (CMS) are excited to announce the promising findings from two large-scale tests of advanced primary care: the Comprehensive Primary Care (CPC) initiative and the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration.

The CPC initiative, in its first year, decreased hospital admissions by 2% and emergency department visits by 3%, contributing to the reduction of expenditures nearly enough to offset care management fees paid by CMS. The MAPCP Demonstration generated an estimated \$4.2 million in savings through the use of *advanced primary care* initiatives.

These two programs are part of broader efforts to deliver better care, spend dollars more wisely, and have healthier people and communities.

Comprehensive Primary Care initiative

With authority from the Affordable Care Act, the CPC initiative is a unique multi-payer partnership between Medicare, Medicaid private health care payers, and primary care practices in four states (Arkansas, Colorado, New Jersey and Oregon) and three regions (New York's Capital District and Hudson Valley, Ohio and Kentucky's Cincinnati-Dayton region, and Oklahoma's Greater Tulsa region)....**Read More**



Social Security adds four hours per week to nationwide business office service

One hour added each weekday afternoon except Wednesday



Senior citizens and other patrons of Social Security will have four more hours available each week to visit an office. The agency has announced that offices nationwide will be open one-hour longer on Mondays, Tuesdays, Thursdays and Fridays, effective March 16, 2015. All offices will continue to close at noon on Wednesdays.



A field office that is usually open from 9:00 a.m. to 3:00 p.m. will remain open until 4:00 p.m. The Wednesday noon closings will continue so that employees have time to complete current work and reduce backlogs.

“This expansion of office hours reaffirms our commitment to providing the people we serve the option of top-notch, face-to-face assistance in field offices even as we work to expand online services for those who prefer that flexibility,” said Carolyn W. Colvin, Acting Commissioner of Social Security.

“The public expects and deserves world-class customer service and thanks to approved funding, I am pleased we will continue our tradition of exceptional service.”

“In recent years, Social Security reduced public office hours due to congressional budget cuts, growing backlogs and staffing losses,” according to the news release from Social Security.

The agency reports it began recovery in fiscal year 2014 by replacing some field office staffing losses and providing overtime support to process critical work. With the commitment of resources in fiscal year 2015, the agency is able to restore some service hours to the public.

Most Social Security business does not require a visit to a local field office.

Many services, including applying for retirement, disability and Medicare benefits, creating a my Social Security account, replacing a Medicare card, or reporting a change of address or telephone number are conveniently available anytime at www.socialsecurity.gov.

Social Security also offers assistance via a toll-free number, 1-800-772-1213 (Voice) and 1-800-325-0778 (TTY). Representatives are available from 7:00 a.m. to 7:00 p.m., Monday thru Friday.

Congress to Create a Commission to “Fix” Social Security



Rep. Tom Cole

Reps. **Tom Cole** (R-OK) and **John Delaney** (D-MD) will introduce a bill this Congress to establish a commission that will propose changes to Social Security. These changes will likely include cuts to the program: raising the retirement age, reducing benefits for some individuals, using the chained CPI, and introducing means testing for beneficiaries. A similar commission proposed last year did not make it out of committee - but many in the Capitol believe that this year’s bill has a higher likelihood of passage due to the recent changes in House rules requiring long-term alterations to the Social Security program. Cole is Chairman of the House Appropriations Committee. More from Talking Points Memo is at <http://tinyurl.com/lrxw96n>.



Rep. John Delaney

“We’re interested in finding real solutions to keep Social Security strong, but cutting earned benefits for hardworking Americans is not the answer,” said **Richard Fiesta**, Executive Director of the Alliance.

First Step To Shore Up Social Security For The Future Without Reducing Benefits

Today, someone making \$10 million a year contributes the same FICA, “Federal Insurance Contributions Act”, into the Social Security Trust Fund as someone making \$117,000.

By lifting the cap, we can not only extend the solvency of Social Security by decades but we can also increase benefits.

Sen. Bernie Sanders, I-VT



**Click on this picture to watch the video
Just Scrap The Cap (We’re Moving In)**

Medicare adds star ratings for dialysis facilities to growing list of compare sites

CMS plans adding Standardized Readmission Ratio (SRR) for dialysis facilities to reported quality outcome measures soon



Senior citizens needing the services of a dialysis facility have new help this morning in choosing the treatment that best meets their requirements. The Centers for Medicare & Medicaid Services (CMS) added star ratings to the **Dialysis Facility Compare (DFC)** website and updated the site with the most recent information.

The star ratings summarize performance data, making it easier for consumers to use the information on the website. “These ratings also spotlight excellence in health care quality,” according to the CMS announcement.

In addition to posting the star ratings, CMS updated data on individual DFC quality measures to reflect the most recent data for the existing measures.

“Star ratings are simple to understand and are an excellent resource for patients, their families, and caregivers to use when talking to doctors about health care choices,” said CMS Administrator Marilyn Tavenner, who will be leaving CMS at the end of February.

“CMS has taken another step in its continuous commitment to improve quality measures and transparency.” CMS plans to add the Standardized Readmission Ratio (SRR) for dialysis facilities to the publicly reported quality outcome measures available on the Compare website. SRR is a measure of care coordination. SRR is not included in DFC’s star rating at this time.

DFC quality measure data is either updated quarterly or annually. CMS plans to update the DFC’s star rating on an annual basis beginning in October 2015.

DFC joined Nursing Home Compare and Physician Compare in expanding the use of star ratings on CMS websites. The DFC rating gives a one to five-star rating based on information about the quality of care and services that a dialysis facility provides. Currently, nine DFC quality measures are being used collectively to comprise the DFC star ratings. In the future, CMS plans to add more measures.

For more information, click on the links below

- [DFC’s Star Rating Methodology](#) • [Dialysis Facility Compare](#) •
- [Find & compare doctors, plans, hospitals, & other providers](#) • [Hospitals](#) •
- [Nursing homes](#) • [Home health services](#) • [Dialysis facilities](#) •
- [Doctors & other health professionals](#) • [Health & drug plans](#) •
- [Where to get covered medical items](#) •

Senior citizens often keep falls a secret, even from their doctor

Older patients do not want children others to worry about them, especially if injury not serious

Maintaining an independent lifestyle is so important for some senior citizens as they age that they keep it a secret that they’ve experienced a fall. The Centers for Disease Control and Prevention reports that millions of adults 65 and older suffer from falls each year. Fewer than half tell their physician.

According to **Dr. Nicole Osevala**, an internal medicine specialist at Penn State Milton S. Hershey Medical Center, these adults may be concerned that a fall signals they’re not safe living on their own anymore.

“They’re worried about other people becoming concerned about safety issues at home and the potential that they may have to move from their home to assisted living or a nursing home,” she says.

Additionally, Osevala believes that older patients do not want others to worry about them.

“If they fall and don’t have a serious injury, they don’t want to bother their kids or loved ones,” she says.

They also may want to avoid further evaluation.

Osevala advises patients and caregivers to tell their primary care physician when a fall has occurred so the reasons can be identified.

She says reasons for falls can be put into three categories. **[Read More](#)**



Winter Is the Season of Nosebleeds Expert offers tips for prevention and treatment



SATURDAY, Jan. 31, 2015 (HealthDay News) -- Nosebleeds are a common during the winter and shouldn't be cause for concern, an expert says.

"Cold winter air can be drying and irritating to the nose, and so can forms of indoor heat, such as forced air and fireplaces. Blood flow from the nose can range from a few drops to a real gusher," explained Dr. James Stankiewicz, chair of the

otolaryngology department at Loyola University Medical Center in Maywood, Ill.

"Older individuals are more susceptible to nosebleeds in winter because their mucous membranes are not as lush and the dry air causes the thinning blood vessels in the nose to break," he said in a university news release.

And older women and people taking blood-thinning drugs have an even greater risk. "Women who are postmenopausal are especially vulnerable to nosebleeds because of the decrease in estrogen that increases bodily fluids. Anyone who is taking blood thinners such as an aspirin regimen or Coumadin also is prone to nosebleeds," Stankiewicz added.

He offered the following advice.

If you get a nosebleed, don't panic. "Tilt your head back and apply firm pressure to the nostrils for about five minutes," Stankiewicz said.

Apply ice. The cold causes blood vessels to constrict, which limits and slows blood flow. Put petroleum jelly on cotton pads and insert them into your nostrils.

"Go to the doctor if the bleeding is profuse and will not stop. The bleeding vessel will likely be cauterized, meaning heat will be applied to the wound to stanch the flow," Stankiewicz said.

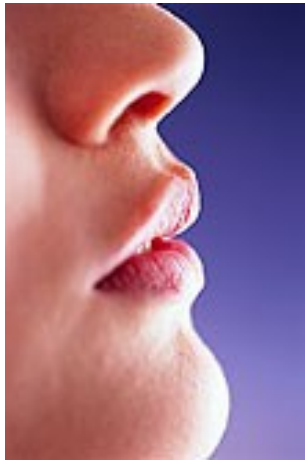
There are some things you can do to prevent winter nosebleeds, too.

"Get a humidifier and run it, especially in the bedrooms, with the door closed, a few hours before bed. You will be spending eight hours or so asleep and your nose, like you, needs a soothing rest," Stankiewicz said.

"A dab of petroleum jelly on either side of the septum, two times per day, will aid moisture. Saline sprays and specialized gels and ointments also are readily available at stores," he said.

More information

The U.S. National Library of Medicine has more about [nosebleeds](#).



The New England ARA state affiliates are actively pursuing these Petitions.

Petition Subject: Observation Status: "Current Hospital Issues in the Medicare Program"

ADD
YOUR
NAME

**Get The Message Out:
SIGN THE PETITION!!!!**

Petition Subject: House Concurrent Resolution 67 and Senate Concurrent Resolution 26 to get power doors installed in Post Offices and other federal buildings.

ADD
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**Get The Message Out:
SIGN THE PETITION!!!!**

Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR 3118 & S 896

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**Get The Message Out:
SIGN THE PETITION!!!!**