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fmda
The Florida Society For Post-Acute And Long-Term Care Medicine

Progress Report

Serving Physicians, Medical Directors, Advanced Practice Nurses, Pharmacists, Physician Assistants, and Nursing and Nursing Home Administrators Practicing in Florida's Post-Acute and Long-Term Care Continuum

FMDA — Moving POLST Forward in Florida

By Kenneth Brummel-Smith, MD, Professor Emeritus, Department of Geriatrics, Florida State University College of Medicine

Advance care planning (ACP) is getting increased attention throughout our nation. New concepts have evolved – that ACP is a process, not just the signing of forms, and that people at different stages of life need different aspects of ACP. For our patients, moving from a general expression of wishes (such as a living will and appointment of a surrogate decision-maker) to a specific set of medical orders (such as a DNRO or the POLST) is desired by patients and necessary for providing effective medical care.

Advance directives are documents created by patients. Individual documents, such as the Florida Living Will, can serve as a general guideline as to how the patient wants to approach difficult medical decisions in the future. Similarly, the appointment of a health care surrogate can stipulate who the patient wants to speak for them medically, if the patient cannot speak for him or herself. Comprehensive documents, like the 5-Wishes form or the Empath Choices form, combine these two decisions into one form. Ideally, all adults should consider completing these documents.

Orders to direct care near the end of life are not advance directives. They should be used in patients near the end of life or who have advanced frailty. It is in this stage of life when the patient may have clear wishes to avoid certain kinds of care, or when the burdens of certain types of care may outweigh the benefits. They, unlike advance directives, are not completed by patients. They must be completed and signed by a physician (and some states an NP or PA). Once the order is signed by the provider and the patient, they are used to direct care from then on. The patient (or surrogate if appropriate) can ask the provider to change the orders at any time. But the key difference between them and an advance directive is that other health care providers, such as EMTs and hospital personnel, can use them to guide their medical interventions.

Providers in Florida are familiar with the DNRO (the yellow) form. This order directs EMTs, hospital or nursing home personnel, and others not to attempt resuscitating a patient if he or she experiences a cardiopulmonary arrest. It is appropriately ordered when a patient expresses a desire to forgo CPR, or when it is clear that CPR would not provide benefits to the patient. The Physician Orders for Life-Sustaining Treatment (POLST) form goes beyond that to include orders for a level of medical interventions and whether and how artificial nutrition will be used.

FMDA is in the perfect position to engage stakeholders and move the process forward.

POLST was created to foster high-quality, patient-directed care across health care sites. Patients in the long-term-care (LTC) system are among the highest risk for experiencing transitions in care, and care being provided by multiple different providers. LTC providers nationally are among the best at providing advance care planning, since it is a fundamental part of our care. However, all too often we have seen how a deep and repeated conversation about the care plan is lost when our patients go to the hospital or another setting. Hence, the need for an effective method to communicate the patient's wishes for medical interventions across sites of care is particularly important to us.

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THE FLORIDA SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE
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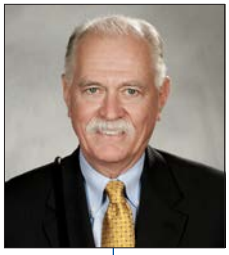
Serving physicians, medical directors, advanced practice nurses, pharmacists, physician assistants, and nursing and nursing home administrators in Florida's post-acute, sub-acute, skilled care, home care, hospice, and assisted living facilities.

www.fmda.org

From the President

FMDA: On the Move



FMDA has developed and will continue to develop powerful leaders and mentors to improve quality of care and drive better patient outcomes. This energy is the force behind our society and we will use this momentum to engage industry thought-leaders as we move forward.

Our CME-Education Committee has been hard at work since December 2016 diligently developing another exceptional Best Care Practices in the Post-Acute and Long-Term Care (PA/LTC) 2017 Continuum conference. They recently finalized the conference agenda and I urge you to review the excellent offering of clinical and administrative topics **(page 17)** and schedule at a glance **(pages 14-15)**. In addition, you may start registering online at **www.bestcarepractices.org** or use the registration form on **page 13** to attend our 26th Annual Conference, Oct. 12-15, 2017, at Disney's *Grand Floridian* Resort.

There is a growing need to solve common challenges or break barriers with strategic industry partners. Through collaboration with other like-minded organizations, FMDA's Quality Advocacy Coalition, ably co-chaired by Dr. Steven Selznick and Dr. Rick Foley, is planning its next major meeting — a ***Strategic Forum on End of Life Issues and Their Impact on Preventing Hospital Readmissions***. The purpose of this initiative is to achieve a statewide reduction in unnecessary acute episodes and their associated burdens on patients and families. While many readmissions are necessary, a lot are avoidable.

FMDA leadership and staff have been on the move. Ian Cordes, our executive director, and I attended HSAG's meeting in May in Tampa, titled The Real World: Healthcare Coordination. I was the opening speaker and welcomed everyone to the daylong event. HSAG is the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Florida.

On May 30, Ian and I spent the day in Tallahassee. Our first meeting was with Paul Ledford, Executive Director of Florida Hospice. We also met with Pam King, Agency for Health Care Administration (AHCA) Health Information Exchange Information Coordinator; followed by a meeting with AHCA Sec. Justin Senior; AHCA Asst. Sec. Molly McKinstry; Kimberly Smoak, Chief of Field Operations, Division of Health Quality Assurance, AHCA; and Sec. Senior's chief of staff. Next, we met with Prof. Marshall Kapp at FSU's College of Medicine to discuss POLST.

We may have an opportunity to collaborate with a non-profit institute to see if we can secure Civil Money Penalty grant funds from CMS. This is very exciting and offers some important implications for FMDA. If this comes to fruition, we would be involved in setting up research protocols, gathering data, and managing PA/LTC-specific research. We are currently considering a particular project

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FMDA *Progress Report* has a circulation of more than 1,100 physicians, advanced practice nurses, physician assistants, consultant pharmacists, directors of nursing, administrators, and other PA/LTC professionals. *Progress Report* is a trademark of FMDA. *Progress Report* Editor Elizabeth Hames, DO, CMD, welcomes letters, original articles, and photos. If you would like to contribute to this newsletter, please email your article to ian.cordes@fmda.org.


fmda Progress Report
FMDA and FSU College of Medicine Sponsor High-Level Post-Acute and Long-Term Care Forums

Editor's Corner

Update on Alternate Decision Making

By Elizabeth Hames, DO, CMD; Assistant Professor, Department of Geriatrics, NSU-COM; Associate Program Director, Geriatric Medicine Fellowship, Broward Health; Editor, *Progress Report*

FMDA recently brought you information on National Healthcare Decisions Day (NHDD) and its 10-year anniversary. The goal of NHDD is to encourage advance care planning through education and grassroots community efforts. The Conversation Project aims to empower individuals to make their preferences for end-of-life care known, and to have those wishes respected. The Conversation Project manages NHDD. Nathan Kottkamp, chairman of NHDD, and Ellen Goodman, founder of the Conversation Project, recently gave a joint congressional briefing on the importance of advance care planning.

These efforts are critical given the current health care environment. A recent article in the *New England Journal of Medicine* by DeMartino et al. had some fascinating information regarding decisional capacity and statutes on alternate decision makers.[1] I would like to share some of their ideas with you:

- 40 % of hospital inpatients are incapable of decision making
- 40% of patients on hospice care are incapable of decision making
- 90% of patients in intensive care units are incapable of decision making
- 20-29% of the U.S. population has completed an advance directive
- 70% of older adults in the final days of life are incapable of decision making.[2]

The term "default surrogate" was used to refer to a person who was not appointed by the patient or the judicial system.

According to DeMartino et al., there is wide variance among U.S. states in the procedures for appointing surrogates, the ranking of decision makers, and strategies for dispute resolution. This lack of uniformity impacts patients and practitioners. Some health care systems reach beyond state lines, health care providers may practice in more than one state, and patients may be treated away from their home area. Care may vary widely at the end of life in different jurisdictions.

The authors researched all current statutes regarding advance directives as of March 2016. The term "alternate decision maker" was used to refer to any person participating in decision making, whether they were appointed by the patient, court, or a default-surrogate statute. The term "default surrogate" was used to refer to a person who was not appointed by the patient or the judicial system. A "surrogacy ladder" is a ranked list of persons who can serve as a patient's default surrogate in some states.

All statutes were searched for nomenclature, attributes required for a potential decision maker, the organization of the surrogacy ladder (if present), and any regulations regarding dispute resolution. All 50 states were found to have laws pertaining to alternate decision making. There was significant interstate and intrastate variation of nomenclature pertaining to decision makers.

Required attributes of and regulations governing alternate decision makers also vary widely:

- All states (except one) mandated that an alternate decision maker must be an adult
- Required minimum age varied between 18 and 21 years
- 30 jurisdictions required that the decision maker have ability to make complex medical decisions
- No jurisdictions provided instructions for assessing an alternate decision maker's ability for complex medical decision making
- 36 states mandated that alternate decision makers should be "willing to act" ("willing" was not clearly defined)
- Some states require that an alternate decision maker be "reasonably available" while other states stipulate

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Chapter 400, Florida Statutes, Part IV, Hospices, was Amended During the 2017 Legislative Session

— FMDA President Testifies Before the House Health Innovation Subcommittee in Support of HB 539

FMDA President Leonard Hock, DO, MACOI, CMD, HMDC, FAAHPM; Chief Medical Officer, Harbor Palliative Care & AIM, TrustBridge Health, testified at the legislative session in Tallahassee before the House Health Innovation Subcommittee regarding House Bill 539, "An Act Relating to Hospice." This bill addressed quality measures, prescription drug disposal after a patient's death, and palliative care services to non-hospice, seriously ill patients. After the testimonies were completed, the bill passed the subcommittee.

"As a hospice physician, it has become clear to me and to my colleagues that the suffering from disease can become overwhelming to a patient far before they would be a candidate to be admitted to hospice care. This bill is an opportunity to advance the comfort care and wishes of the families in Florida," Hock said.

To view Dr. Hock's testimony before the House Innovation Subcommittee, go to: **https://www.youtube.com/watch?v=HvEIkaRoa-E**.

According to the Florida Hospice & Palliative Care Association (FHPCA), the statewide organization representing Florida's hospice programs, this bill translates into better care for both seriously ill and terminally ill patients and modernizes sections of the law to best meet the needs of survivors and caregivers.

Others who joined in support of HB 539 at the House Health Innovation Subcommittee were Community Hospice of Northeast Florida President and CEO Susan Ponder-Stansel; Mike McQuone of the Florida Conference of Catholic Bishops; American Cancer Society/Cancer Action Network Florida Government Relations Matt Jordan; and National Association of Social Workers, Florida Chapter, Executive Director Jim Akin.

Paul Ledford, executive director, FHPCA, advised FMDA that the Senate version is what crossed the finish line.

Chapter 400, Florida Statues, Part IV, Hospices, was amended during the 2017 regular session of the Florida legislature. The bill, formally titled CS/CS/SB 474, has been signed by Gov. Scott and became law effective July 1, 2017.

This link includes the Laws of Florida, No. 2017-119 (**http://laws.flrules.org/2017/119**), which contains the law as enacted. Words underlined in the bill are additions and words stricken are deletions.

The bill amends Section 400.6051, "Outcome measures," creates Section 400.6096, "Disposal of prescribed controlled substances following the death of a patient in the home," and amends Section 400.611, "Interdisciplinary records of care; confidentiality; release of records."

Visit http://med.fsu.edu?/page=geriatrics.advances

FMDA and FHA Host Dynamic Stakeholders Summit on Reducing Avoidable Hospital Readmissions

By Ian Cordes, Executive Director

The shift in the delivery of health care in the post-acute and long-term care (PA/LTC) setting has necessitated collaboration between like-minded organizations to develop strategies to improve communications, quality of care, and enhance patient outcomes. In response to its goal of supporting existing statewide quality initiatives and taking a leadership role in new initiatives, FMDA established its Quality Advocacy Coalition (FQAC) to develop strategies to accomplish goals set forth by industry leaders representing organizations from acute care, sub-acute care, PA/LTC; professional membership and trade associations; providers; practitioners; and academia.

FMDA has hosted three stakeholder summits since April 2016, and identified the urgent need to establish a new statewide initiative to address care transitions issues and the prevention of avoidable hospital readmissions, as well as unnecessary acute episodes and their associated burdens on patients and families.

FMDA believes the challenges facing health care in Florida require a concerted statewide effort to help achieve the triple aim of improving population health, the patient care experience, and the affordability of care. We believe the goals are attainable if we work together to produce significant improvements by targeting avoidable readmissions.

The most recent summit was held in Orlando on April 4, 2017. It was hosted by the Florida College of Emergency Physicians' Emergency Medicine Learning & Resource Center. Dr. Selznick, Chair, along with Co-Chair Rick Foley, PharmD, led the discussion with representatives from the Advent Christian Village/Good Samaritan Center, Agency for Health Care Administration, AMDA–The Society for Post-Acute and Long-Term Medicine, Boca Raton Regional Hospital, CFP Physicians Group, Consulate Health Care, Flagler Transitions to Care Partners, Florida Association Directors of Nursing Administration/LTC, Florida Atlantic University, Florida Blue, Florida Chapter - American Society of Consultant Pharmacists, Florida College of Emergency Physicians, Florida Health Care Association, Florida Hospital Association, Florida Long-Term Care Social Workers Association, Florida Osteopathic Medical Association, Florida Society for Healthcare Risk Management and Patient Safety, FMDA–The Florida Society for Post-Acute and Long-Term Care Medicine, Greystone Healthcare Management, Health Services Advisory Group (QIO/QIN), Nature Coast EMS, Nova Southeastern College of Osteopathic Medicine, Omnicare, OPTUMCare, Pathway Health, Seniors First, Signature Healthcare, Sunovion Pharmaceuticals, Transitional Care Consulting, TrustBridge Health, UnitedHealth-care Retiree Solutions, and USF Health.

The summit was kicked off with welcome remarks from Dr. Steven Selznick, Dr. Rick Foley, and Florida Hospital Association's Kim Streit, followed by an official welcome from FMDA President Dr. Leonard Hock. There were eight expert speakers covering national trends and metrics, Florida efforts, hospital industry efforts, patient safety and patient care, medication reconciliation, and end-of-life issues. Experts included **Dr. Rhonda L. Randall**, Chief Medical Officer, UnitedHealthcare Retiree Solutions, and President-Elect, FMDA; **Dr. Naushira Pandya**, Chair, Dept. of Geriatrics, Nova Southeastern College of Osteopathic Medicine, and Past-President of AMDA–The Society for Post-Acute and Long-Term Medicine; **Edna B. Clifton**, Associate Director of Care Transitions, Health Services Advisory Group; **Kimberly R. Smoak**, Chief of Field Operations, Division of Health Quality Assurance, Agency for Health Care Administration; **Kim Streit**, Vice President, Healthcare Research and Information, Florida Hospital Association; **Dr. Kuk-Wha Lee**, Chief Medical Officer Fellow, Florida Hospital; **Dr. Rick Foley**, Consultant Pharmacist, Omnicare Central Florida and President, Florida Chapter – American Society of Consultant Pharmacists; and **Dr. Leonard Hock**, Chief Medical Officer, Harbor Palliative Care & AIM, TrustBridge Health, and President, FMDA.

The high-level presentations stimulated robust discussions on the complicated nature of hospital readmissions. Participants identified the urgent need to develop and implement new and innovative ideas for potential new best practices – workable solutions that can be piloted – and if successful, could be expanded locally, regionally, and ultimately statewide.

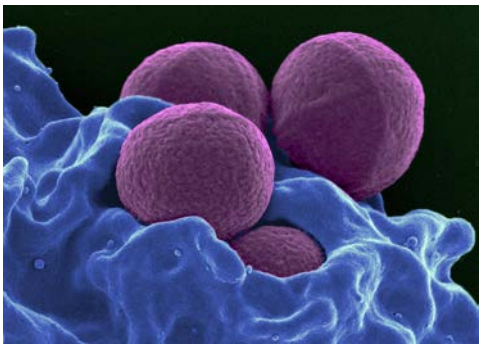
At this time, FQAC is planning a Strategic Forum in Orlando in October to address end-of-life issues and their impact on the success of any hospital readmissions reduction effort.

For more information about FMDA or these initiatives, contact **Ian Cordes**, executive director, at ian.cordes@fmda.org or **(561) 689-6321**.

Common Antimicrobials Help Patients Recover from MRSA Abscesses

— NIAID-Funded Trial Counters Current Thinking about Treatment Effectiveness

Methicillin-resistant staphylococcus aureus (MRSA) bacteria are resistant to multiple antibiotics and commonly cause skin infections that can lead to more serious or life-threatening infection in other parts of the body. In new findings published in *The New England Journal of Medicine*, researchers found that two common, inexpensive antimicrobials can help patients heal from MRSA skin abscesses. The findings suggest that current treatment options for MRSA still have a role, even as scientists continue to search for new antimicrobial products. The research was funded by the National Institute of Allergy and Infectious Diseases (NIAID), a part of the National Institutes of Health.



Methicillin-resistant staphylococcus aureus (MRSA). NIAID

The study was conducted at hospitals across the United States and involved 796 children and adults with small, uncomplicated skin abscesses. All patients had their abscesses opened and drained as part of standard MRSA treatment. The patients were then sorted into three groups, each of which received a different, 10-day oral treatment regimen. One group received clindamycin, the second group received trimethoprim-sulfamethoxazole (TMP-SMX), and the third group received placebo.

The group treated with clindamycin had an 81.7 percent cure rate, and the group that received TMP-SMX had an 84.6 percent cure rate. The placebo group had a 62.9 percent cure rate. According to the researchers, the findings contradict a commonly held belief that antimicrobial treatment is little better than doing nothing for MRSA skin infections. It corroborates the findings of another NIAID-funded study demonstrating that TMP-SMX treat-ment resulted in better clinical outcomes than placebo for MRSA skin abscesses, and also upholds other findings that both clindamycin and TMP-SMX are equally beneficial in treating MRSA skin infections.

The researchers note, however, that the side effects of clindamycin and TMP-SMX (including nausea, diarrhea, and possible new clostridium difficile infections) can be severe. In addition, some strains of staphylococcus are resistant to clindamycin. The authors recommend that health care providers weigh the risks, but not dismiss these antimicrobials out of hand as viable treatment options for MRSA skin abscesses.

Additional funding for the study was provided in part by NIH's National Center for Advancing Translational Sciences.

RS Daum et al. A placebo controlled trial of antibiotics for smaller skin abscesses. *New England Journal of Medicine* DOI: 10.1056/NEJMoa1607033 (2017).

FMDA's Dynamic Mission & Vision Statements

Mission – *Describes the fundamental purpose of an organization, why it exists, and what it does to reach its vision.*

The mission of FMDA – The Society for Post-Acute and Long-Term Care Medicine is to promote the highest quality care as patients transition through the post-acute and long-term care continuum. FMDA is dedicated to providing leadership, professional education, and advocacy for the inter-professional team.

Vision – *Describes the desired future state of an organization in terms of its objectives. It is a long-term view.*

FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine will provide professional leadership to disseminate information and provide access to resources and experts.

FMDA will further advance as the professional hub for education on best care practices, evidence-based medicine, regulatory compliance, and practice management.

FMDA will continue to be the model organization that collaborates with related organizations to promote the highest quality patient care and outcomes in the post-acute and long-term care continuum.

Job Task Analyses Confirm Unique Knowledge, Skill Sets Needed by PA/LTC Physicians and Medical Directors

Members of AMDA – The Society for Post-Acute and Long-Term Care Medicine, as well as other practitioners, were recently asked to participate in two job task surveys — one for medical directors, and one for attending physicians — to help shape the body of knowledge for post-acute and long-term care medicine (PA/LTC) and to guide the future of certification, competence curricula development, education, and other programming, tools, and resources. The detailed job task analyses will be released later this year.

Briefly, the surveys' results reaffirm the unique nature of PA/LTC and the knowledge and skill sets medical directors and attendings need to be effective in this setting. The surveys also show that practitioners are being asked to provide more and increasingly complex services. "There has never been an effort to identify the tasks and knowledge required for attending physicians to practice effectively in this care setting. This is groundbreaking," says American Board of Post-Acute and Long-Term Care Medicine (ABPLM) Chair Thomas Edmondson, MD, CMD. The two job task studies were designed and administered by the ABPLM.

Dr. Edmondson and his colleagues compiled two groups of key experts — from inside and outside the Society — who worked together to develop task statements for medical directors and attending physicians. The surveys were reviewed extensively, refined, and then disseminated. They were distributed and promoted through presentations at scientific meetings, email, and communications with leaders from other societies.

The number of respondents exceeded expectations, with nearly 1,000 surveys completed across the two studies. Findings consistently showed that practitioners felt that there was a specific knowledge base and skill set necessary to practice medicine successfully in PA/LTC. Respondents are using these skills not only in nursing homes and rehab facilities, but also in hospice, home care, assisted living communities, and long-term acute care hospitals. "There is so much data. I was especially impressed by the number of non-Society members we received responses from," says Robert Kaplan, MD, CMD, vice-chair of ABPLM, and immediate past-president of FMDA.

PA/LTC has changed and evolved over the years, as have the roles and responsibilities of medical directors and attending physicians; and the surveys' results reflect this. "Comparing what we were responsible for in the early '90s to now, the bar is much higher. Care is more sophisticated, and patients are sicker and more complex," says Dr. Kaplan. "What was considered the standard for hospital care 20 years ago, is now the standard in our setting." At the same time, he notes, regulations are mandating initiatives such as antibiotic stewardship and antipsychotic use reduction; and facilities often look to physicians to take the lead on these efforts. "It all comes down to outcomes," Dr. Kaplan observes. "Regulators, health systems, payors, patients and families, the public, and others are all expecting better outcomes."

"Comparing what we were responsible for in the early '90s to now, the bar is much higher. Care is more sophisticated, and patients are sicker and more complex."

— Robert Kaplan, MD, CMD; Vice-Chair, ABPLM; Immediate Past-President, FMDA.

The job task analyses are anticipated to be published later this year and shared with other national organizations via articles and presentations. The survey results will drive changes in the Society's educational offerings, ABPLM certification, and beyond. "We will be looking to both surveys to see what we can do to further professional development goals," says Dr. Edmondson. "We also will use them to educate administrators, other colleagues, and stakeholders about the role of the medical director and the attending physician." He adds, "There is a growing desire to educate health care leaders about what physicians need to bring to their roles as post-acute and long-term care practitioners. More than ever, these decision makers are seeking a highly-qualified workforce, and we will be working to prepare physicians to meet these needs and expectations." All of this work will be done with careful due diligence, Dr. Edmondson emphasizes. "We have to be thoughtful about this, and it will take time."

Dr. Edmondson stresses, "Our goal is to educate all physicians who want to practice in PA/LTC. We welcome with open arms anyone who wants to work in this environment." The job task analyses will be used to strengthen the Certified Medical Director credential, and to develop an inclusive and comprehensive certification program for attending physicians that will prepare these practitioners to embrace opportunities as well as tackle challenges. "This comes at an opportune time, when health systems and payors alike are demanding more from practitioners," Dr. Kaplan adds. "This is exciting for us. We are experts in this setting, and these job task analyses will help take our education and certification efforts to a higher level."

FMDA News from Around the State

Lifetime Members

Dr. Gregory James, chair of the Membership Committee, and the officers and directors of FMDA invite you to join the growing group of lifetime members.

Owen A. Barruw, MD; Ian Levy Chua, MD; Marigel Constantiner, RPh; Moustafa Eldick, MD; F. Michael Gloth III, MD, CMD; Jackie Hagman, ARNP; Gregory James, DO, CMD; Bernard Jasmin, MD, CMD; John Pirrello, MD; Brian Robare, CNHA; George Sabates, MD, CMD; Richard Stefanacci, DO, CMD; Carl Suchar, DO, CMD; John Symeonides, MD, CMD; and Hugh Thomas, DO, CMD

FMDA offers two-year, three-year, and lifetime memberships, and we encourage new and renewing members to join at one of these levels. For more information about membership, please contact **Jordan Fernandes, Executive Assistant**, at **(561) 689-6321**.

Member Dues to Increase in November

FMDA has multiple classes of membership, including general, honorary, student, retired, lifetime, and affiliate.

General voting members include any physician who holds the position of medical director, or a physician, advanced practice nurse, pharmacist, or physician assistant.

FMDA has not had a dues increase in more than five years. Taking that into account and based on expanded membership, enhanced member services, a wider array of administrative functions, energized and active committees, and statewide coalitions requiring support, the Membership Committee recommended and the Board approved the following increases: 1 year will increase from $75 to $90; 2 year from $125 to $150; 3 year from $190 to $225; and lifetime from $750 to $895. These new rates will be effective on Nov. 1, 2017.

Journal Club for Members

The Journal Club is a learner-based community seeking to improve health care and health through enhanced care in the PA/LTC continuum. It is a forum where people who care can meet, share, learn, and create change.

FMDA's Journal Club helps its members stay current with the latest evidence-based clinical information relevant to PA/LTC medicine. Journal Club participants share in reviewing articles that are interesting, provide relevant takeaways, and highlight best practices. It has developed into a very effective way to gain new knowledge.

Each Journal Club meeting is scheduled for 30 minutes, once a month, via conference call, and is hosted by rotating club members with staff assistance. During these meetings, the group critically analyze recent literature using evidence-based medicine principles, including: patient preferences, clinician expertise, and scientific findings, each weighted equally. We quickly review two to three papers and present highlights and takeaways in a concise, high-yield manner, and discussion is encouraged. We look forward to your interest and participation.

We will not be meeting in July, but we are scheduled for August and September. Following from last year's success, there will be an in-person meeting from 5:30 to 6 p.m., Saturday, Oct. 14, during our annual conference at Disney.

The co-chairs of the Journal Club are **Dr. Marianne Novelli** and **Dr. Diane Sanders-Cepeda**. For more information, contact **Dr. Novelli** at **marianne_novelli@hotmail.com**.

FMDA Call for Poster Submissions

— Submissions from physicians, pharmacists, PAs, and advanced practice nurses accepted online.

FMDA is hosting its 14th Annual Poster Session during the Best Care Practices Conference, Oct. 12-15, 2017. The first 10 applicants who are accepted by the review committee will receive complimentary registration to the 2017 conference (only one applicant per poster presentation will be considered).

Poster sessions provide an opportunity for practicing physicians, pharmacists, and nurse practitioners to share with colleagues the results of research, best practices, and outcomes. The sessions are visual presentations using diagrams, charts, and figures. Poster presentations may be on any aspect of the following categories: clinical care, pharmacology of medicine, medical education, history of medicine, medical direction, medical care delivery, medical ethics, economics of medicine, and pediatric long-term care — and in any PA/LTC setting.

All poster abstract proposals must be submitted online on our website at **www.fmda.org**. All submissions that are complete and follow the Criteria for Acceptance of Posters will be considered and reviewed based on the content contained within the proposal.

Submission of a proposal is a commitment by at least one author to be present at the designated times to discuss the information in the poster with symposium participants. We have arranged the schedule so that there is no overlap between educational sessions and poster exhibit times. The primary presenter listed on the proposal will be informed of its status no later than **Sept. 15, 2017**. Guidelines for presentation and preparation of visual material will be sent to the primary

presenter upon acceptance.

To learn more, or to submit a proposal, go to **www.fmda.org**, or call Ian Cordes, Executive Director, at **(561) 689-6321**.

POLST Workgroup Established

At the June Board meeting, FMDA decided to assume the responsibility to administratively house Florida POLST by the end of this year.

The Center for Innovative Collaboration in Medicine & Law has been the central coordinating body for the Physician Orders for Life-Sustaining Treatment (POLST) Paradigm in the state of Florida.

General information about POLST and future POLST events throughout the country may be found on the national POLST Paradigm website at **http://polst.org/**.

Additional information about POLST may be found in this AARP article at **http://www.aarp.org/health/doctors-hospitals/info-04-2011/polst-04-11.html**.

Until a new website is live, information regarding POLST is still available at **http://med.fsu.edu/?page=innovativeCollaboration.POLST**.

In anticipation of this transition, the board has established a new Florida POLST Workgroup to work with FSU with the goal of preparing a comprehensive report for the board to review.

Workgroup members, so far, include **Dr. Maria Gonzalez, Dr. Robert Kaplan, Dr. John Symeonides, Dr. Gil Foley, Dr. Brian Kiedrowski, Dr. Mark Reiner, Dr. Leonard Hock**, and **Dr. Rick Foley**. If you are a member of FMDA and would like to participate, please call or email our executive director, Ian Cordes, at **(561) 689-6321**, or **ian.cordes@fmda.org**.

The purpose of this workgroup is to analyze the financial and administrative readiness of FMDA becoming the new administrative home for Florida POLST, including developing effective strategies for statewide educational programs, securing grants, fundraising, developing educational and promotional tools, soliciting letters of support from stakeholder groups, lobbying to pass a POLST law in the Florida legislature, developing a coalition of stakeholders (FQAC), and developing an overall coordinated strategy.

Conference Hotel Headquarters

The 2017 Conference Hotel Headquarters is **Disney's *Grand Floridian* Resort**. The group rate is $244 single/double occupancy; complimentary self-parking; complimentary Wi-Fi service in guest rooms, meeting rooms, and common areas; and no daily resort fee.

To make a reservation, please call Disney's Group Reservations, **(407) 939-4686**, and mention you are attending the Florida Medical Directors Association's Best Care Practices conference. To guarantee rate and room availability, you must make your reservations no later than **Sept. 9, 2017**.

This special group rate will be applicable three (3) days prior to and three (3) days following the main program dates, subject to availability. You may also reserve your hotel room at **www.bestcarepractices.org/venue.html**.

Victorian elegance meets modern sophistication at this lavish bayside resort hotel. Relax in the sumptuous lobby as the live orchestra plays ragtime, jazz, and popular Disney tunes. Bask on the white-sand beach, indulge in a luxurious massage, and watch the fireworks light up the sky over Cinderella Castle. Just one stop to Magic Kingdom park on the complimentary Resort Monorail, this timeless Victorian-style marvel evokes Palm Beach's golden era.

FMDA Activities at AMDA's Annual Conference in Phoenix

FMDA Chairman of the Board Dr. John Symeonides presents a $3,000 check from FMDA to AMDA Foundation President and FMDA member Dr. Paul Katz.

Florida Delegation to AMDA's House of Delegates huddle with Delegation Chair Dr. John Potomski.

FMDA Executive Director Ian Cordes with FMDA Past-President Dr. Malcolm Fraser

Florida chapter reception – Our thanks to sponsor OPTUMCare Florida: Gregory James, DO, MPH, CMD; Senior Medical Director, Central Region OPTUMCare, with guests, Dr. Naushira Pandya, and Dr. Robert Kaplan

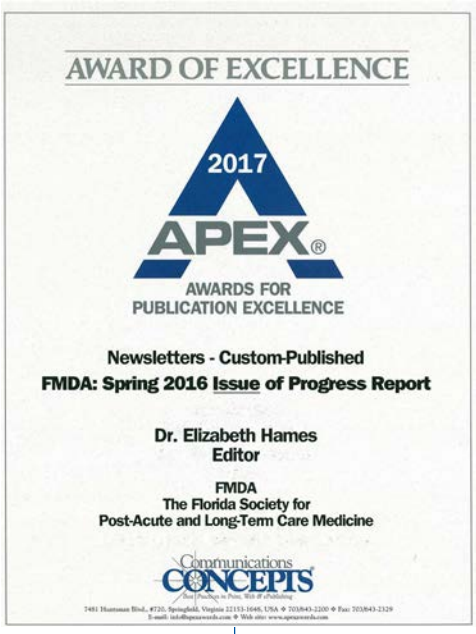
Florida chapter Board meeting in Phoenix

Florida chapter reception guests: FMDA Immediate Past-President Dr. Robert Kaplan with AMDA President Dr. Heidi White

Progress Report Wins APEX 2017 Award of Excellence!

By Ian Cordes, Executive Director

FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine has been awarded the APEX 2017 Award of Excellence in the category of Newsletters – Custom-Published, for the Spring 2016 issue of FMDA's statewide newsletter ***Progress Report***.



APEX 2017 — the 29th Annual Awards for Publication Excellence — recognized outstanding publications including not only newsletters and magazines, but also annual reports, brochures, and websites.

According to the APEX 2017 judges, "APEX Awards were based on excellence in graphic design, editorial content and the success of the entry in achieving overall communications effectiveness and excellence."

Leonard Hock Jr., DO, MACOI, CMD, president of FMDA, said, "We have worked diligently to publish a newsletter that is reader-friendly and provides the kind of relevant information we hope our membership finds useful."

Progress Report Editor Elizabeth Hames, DO, CMD, added, "As editor, it is very gratifying to be recognized, but it is a team effort, and I would be remiss if I did not thank the rest of the board and staff for their continued support of ***Progress Report***."

About the APEX Awards: The APEX Awards for Publication Excellence is an annual competition for writers, editors, publication staffs, and business and nonprofit communicators. It is sponsored by Communications Concepts Inc., publishers of business communication reports for professional communicators.

With more than 1,400 entries this year, competition was exceptionally intense. Grand Awards were presented to honor outstanding work in 12 major categories, while Awards of Excellence recognized exceptional entries in 100 subcategories.

FMDA is the largest chapter of AMDA – The Society for Post-Acute and Long-Term Care Medicine, and its members secure its place among the most dynamic and diverse PA/LTC associations in the State of Florida.

STAND UP AND BE COUNTED

We invite each member to become more involved in FMDA by becoming a volunteer. Numerous opportunities are available to serve for a year, a month, or a day. You can help guide our organization through committees, task forces, and subsections that advise the board of directors, provide advice, facilitate or lead various programs, or even start a new subsection.

Volunteers are the heart of FMDA. Our strength is a result of the time and effort provided by those who volunteer their time and knowledge to serve their colleagues and to further all medical directors in long-term care.

Participating as a volunteer provides a gateway to develop and hone leadership skills, increase professional contacts, and give back to the profession. Let us know what types of volunteer opportunities interest you.

We look forward to your participation in FMDA. Should you have any questions, please contact **Dr. Leonard Hock**, president, **lhock@trustbridge.com**; or **Ian Cordes**, executive director, at **(561) 689-6321** or **icordes@bellsouth.net**.

fmda THE FLORIDA SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE

26th Annual Conference

DISNEY'S GRAND FLORIDIAN RESORT & SPA

Save the Date!

October 12-15, 2017

Disney's *Grand Floridian* Resort, Lake Buena Vista, FL

Walt Disney World® Resort

Best Care Practices In the Post-Acute & Long-Term Care Continuum

See You at the 2017 Conference

Best Care Practices in the Post-Acute & Long-Term Care Continuum 2017 is FMDA - The Florida Society for Post-Acute and Long-Term Care Medicine's 26th Annual Conference, held in collaboration with Florida Chapters of Genrontological Advanced Practice Nurses Association, National Association Directors of Nursing Administration, and Florida Geriatrics Society.

www.bestcarepractices.org

2017 Registration Form

Best Care Practices™ In the Post-Acute & Long-Term Care Continuum
Oct. 12-15, 2017
Disney's *Grand Floridian* Resort

Early-bird DEADLINE is August 28, 2017

2017 REGISTRATION FORM

Yes, I would like to register now!

Registration – Choose 1

- ❑ **Paid-up members**: Full registration* (choose one) ❍ FMDA, ❍ NADONA, ❍ FL-GAPNA, or ❍ FGS $315
- ❑ *** New/renewing FMDA members**: Full registration* (includes $75 for annual dues for General and AHPRC members) ... $390
- ❑ **Non-member Practitioners**: Full registration* $445
- ❑ **Unlicensed registrants**: Full registration* includes Organizational Affiliate Membership $549
- ❑ **Physician Fellows, Interns, and Residents** in geriatrics, family practice, or internal medicine (Full registration*) $75
- ❑ **Full-Time Students**: MD/DO/PA/NP/RN/PharmD/RPh/NHA or ALF administrator (Full registration*) $75

Single-Day

- ❑ **Friday-only Registration**: Includes all sessions, CMEs/CEs/CPEs, Trade Show, scheduled meals, product theaters, and reception $195
- ❑ **Saturday-only Registration**: Includes all sessions, CMEs/CEs/CPEs, Trade Show, scheduled meals, and reception $195
- ❑ **Sunday-only Registration**: Includes breakfast, educational sessions, and contact hours $125

Optional

Pre-conference Day: October 12: Scheduled Product Theaters are included at no additional charge.

- ❑ **Florida Mandatory Licensure Update Courses** (Morning) ..... $40 each
  - ❑ HIV/AIDS Update (#101, 1-hr.) ❑ Domestic Violence (#102, 2-hrs.) ❑ Preventing Medical Errors (#103, 2-hrs.)
  - ❑ **All three (3) Florida Mandatory Licensure Update Courses** $100
- ❑ **3-Hour Intensive Workshop:** ***Survival Guide for the MACRA, MIPS & APM Tsunami*** (#104) (Afternoon): $95
- ❑ **One-day Trade Show Pass** (not intended for vendors) $60
- ❑ **Handouts:** A set of handouts will be ready for you when you arrive at the conference $85

***FULL REGISTRATION:** Fees include attendance at all educational sessions, receptions, planned meals, and Trade Show admission, starting with session #105 on Friday, Oct. 13, through Sunday, Oct. 15, 2017. Sessions #101 through #104 are extra.

Name: _____ Title: _____ License #: _____ State: ___

Facility Name/Affiliation: _____ Specialty: _____

Mailing Address: _____

City: _____ State/ZIP: _____ Phone: _____

Fax: _____ E-mail: _____ Amount enclosed: $_____

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Please Help us Better Process Your Registration (agenda subject to change)

1. ___ Yes, I would like to make a special meal request, so please contact me. 2. **New FMDA members:** What is the name of the FMDA member who referred you? _____ 3. ___ **Yes,** I am a 1st-time attendee. 4. ___ **Yes,** I would you like to volunteer to be a conference "**Ambassador**"? Volunteers will each be assigned to a newcomer prior to the conference, and will be asked to touch base with that person throughout the conference. Ambassadors will also be asked to follow up with the newcomer after the conference, to find out what value he or she derived from it, and to explore how FMDA can benefit him or her on an ongoing basis. ___ **Yes!** 5. **NOTE: Due to space limitations, planned conference meals are provided only to registrants.** ***Confirm your attendance with the product theaters when you arrive at the conference – first come, first served – as space is limited.**

There will be a $75 administration fee for all written cancellation requests received on or prior to Sept. 22, 2017. There will be no refunds after Sept. 22, 2017. There is a $35 charge for all returned checks.

(561) 689-6321 • Fax: (561) 689-6324 • www.bestcarepractices.org • Email: icordes@bellsouth.net

FMDA is a not-for-profit corporation. Its federal tax identification number is 59-3079300.

Annual Conference — At-A-Glance

OPTIONAL PRE-CONFERENCE WORKSHOPS: THURSDAY, OCT. 12

7:30 a.m.-6 p.m. **Registration & Information**

Florida Mandatory Licensure Renewal Courses

Instructor for Sessions 101, 102, 103: Cathy Robinson-Pickett, BS; Certified Train the Trainer Instructor for HIV/AIDS; Certified Domestic Violence Instructor; and Founder, Friends-Together

8-9 a.m. **101 – Update on HIV/AIDS (1 hour)**

9:05-11:05 a.m. **102 – Domestic Violence (2 hours)**

11:10 a.m.-12:10 p.m. **103 – Preventing Medical Errors: Part I (Parts I and II total 2 hours)**

12:15-1:15 p.m. **Product Theater Lunch*** (non-CME/CPE/CE)

COPD in the Long-Term Care Setting: A Case-Based Discussion of Nebulized Therapy

✧ **Steven Selznick, DO, CMD – Sponsored by Sunovion**

1:20-2:20 p.m. **103 Continued – Preventing Medical Errors: Part II (Parts I and II total 2 hours)**

2:30-5:45 p.m. **104 – Survival Guide for the MACRA, MIPS & APM Tsunami (3 hours)**

✧ **Alex Bardakh, MPP**; Director, Public Policy & Advocacy, AMDA

✧ **Dheeraj Mahajan, MD, FACP, CMD, CIC, CHCQM;** President and CEO, Chicago Internal Medicine Practice and Research; Clinical Associate Professor of Medicine, University of Illinois at Chicago; Attending physician in Geriatrics at Hines VA hospital; and Chair, AMDA's Quality Measures Committee

✧ **Kerry Weiner, MD, MPH;** Principal Consultant, Avante Health Care Consulting; Chief Medical Officer, IPC Healthcare, until December 2016.

Note: Includes 15-minute break

6-7 p.m. **CONCURRENT SESSIONS A**

105 – Managing Behaviors in LTC: Reducing the Use of Psychotropics (1 hour)

✧ **Diane Sanders-Cepeda, DO, CMD**; South Florida Medical Director, OPTUMCare

106 – Anemia & Anemia Management (1 hour)

✧ **T.S. Dharmarajan, MD, MACP, AGSF;** Vice Chairman, Medicine, Clinical Director, Geriatrics, Program Director, Geriatric Medicine Fellowship Program, Professor of Clinical Medicine, Montefiore Medical Center (Wakefield Campus), Bronx, NY

7:05-8:05 p.m. Product Theater Dinner* (non-CME/CPE/CE)

Current Research Landscape & An Approved Treatment for Moderate to Severe Alzheimer's Disease

✧ **Malcolm Fraser, MD, CMD**; Past-President, FMDA

– Sponsored by Allergan

FRIDAY, OCT. 13

7:30 a.m.-5:30 p.m. **Registration & Information**

7:30-8:30 a.m. **Light Continental Breakfast**

7:45-8:30 a.m. **FMDA Annual Membership Meeting**

8:35-8:45 a.m. **President's Welcome**

8:45-9:45 a.m. **107 – Keynote: The Value We Bring (1 hour)**

✧ **Rhonda L. Randall, DO**; Chief Medical Officer, UnitedHealthcare Retiree Solution; President-Elect, FMDA

9:50-10:50 a.m. **108 – The Perfect 10 for Medication Management with 6 Choosing Wisely and 4 Key Quotes (1 hour)**

✧ **Richard G. Stefanacci, DO, MGH, MBA, AGSF, CMD**; Adjunct Assistant Professor, Jefferson College of Population Health, Thomas Jefferson University; Clinical Professor, Department of Geriatrics & Gerontology, Rowan University – School of Osteopathic Medicine; Board Member, American Society of Consultant Pharmacists Foundation

10:55-11:55 a.m. **CONCURRENT SESSIONS B (1 hour)**

109 – EDs, EMRs & E-Discovery, Oh My! Addressing Related Concerns While Maintaining Optimal Provider Communication (1 hour)

✧ **Janice L. Merrill, Esq.,** and ✧ **Chanel A. Mosley, Esq.**, Law Firm of Marshall Dennehey Warner Coleman & Goggin

110 – Imaging the Brain and the Amyloid-Tau Relationship in the Pathophysiology of Alzheimer's Disease (1 hour)

✧ **David LeVine, MD, CMD**; Adjunct Clinical Associate Professor of Lake Erie College of Osteopathic Medicine; Chief Medical Officer, Menorah Manor, St. Petersburg, FL

✧ **Leela R. Bolla, MD, AGSF**; Naples, FL

Best Care Practices In the Post-Acute & Long-Term Care Continuum

12-1 p.m. Product Theater Lunch* (non-CME/CPE/CE)

Xarelto Pivotal Trials and Recently Published Real-World Evidence: Including Elderly Patients with NVAF and Long-Term Care

✧ **Daniel J. Cannone, DO, CMD**; CMO, United Church Homes, OH

– Sponsored by Janssen Pharmaceuticals

1-2 p.m. **111 – Hazards of Hospitalization and the Impact on the Nursing Home (1 hour)**

✧ **Cynthia J. Brown, MD, MSPH**; Professor and Director, Division of Gerontology, Geriatrics, and Palliative Care, and the Comprehensive Center for Healthy Aging, University of Alabama at Birmingham

2-3:30 p.m. **Trade Show and Poster Presentations Open**

3:35-5:05 p.m. **112 – CMS Mega Rule: Are You Prepared? (1.5 hours)**

✧ **Kimberly R. Smoak, MSH, QIDP**; Bureau Chief of Field Operations, Division of Health Quality Assurance, Agency for Health Care Administration

✧ **Bradley Kile, PhD**; President, Dumbarton Group

5:15-7 p.m. **Welcome Reception for Trade Show & Poster Presentations – Sponsored by OPTUMCare**

7:05-8:05 p.m. **Product Theater Dinner*** (non-CME/CPE/CE) **– Sponsored by Acadia**

8:10-9:10 p.m. **Advanced Practice Nurse and Physician Assistant Membership Meeting**

8:10-9:10 p.m. **Pharmacists Membership Meeting**

SATURDAY, OCT. 14

7 a.m.-5:30 p.m. **Registration & Information**

6-7 a.m. **113 – Red-Eye Rounds: Clinical Quandaries (1 hour)**

7-8 a.m. Continental Breakfast in Exhibit Hall with Trade Show and Poster Presentations

8-9 a.m. **114 – Geriatrics Literature Update (1 hour)**

✧ **Niharika Suchak, MBBS, MHS, FACP, AGSF**; Associate Professor, Department of Geriatrics, Florida State University College of Medicine; President, Florida Geriatrics Society

Annual Conference — At-A-Glance

9:05-10:35 a.m. 115 – National Leaders Forum (1.5 hours)

✧ **AMDA: Heidi K. White, MD, CMD**; Associate Professor of Medicine and Vice Chief, Clinical Affairs, Geriatrics Division, Department of Medicine, Duke University School of Medicine; President, AMDA

✧ **GAPNA: Natalie R. Baker, DNP, CRNP, FAANP**; Secretary, Gerontological Advanced Practice Nurses Association; Assistant Professor, UAB School of Nursing

✧ **The TRECS Institute: John Whitman, MBA, NHA**; faculty, Wharton MBA Health Care Management Program; Executive Director, The TRECS Institute

10:40-11:40 a.m. CONCURRENT SESSIONS C (1 hour)

116 – Nursing Home-Associated Pneumonia in the 21st Century: Classification, Diagnosis, and Treatment

✧ **Joseph M. Mylotte, MD**; Professor Emeritus of Medicine, SUNY at Buffalo; Editorial Board Member, *Infection Control and Hospital Epidemiology*, and *Annals of Long-Term Care*

117 – Medicare Coding & Billing Update

✧ **Leonard M. Gelman, MD, CMD**; Past-President, AMDA and NYMDA

11:45 a.m.-12:30 p.m. Break in Exhibit Hall with Trade Show and Poster Presentations

12:15 p.m. Recognition of Poster Presenters

12:35-1:35 p.m. Product Theater Lunch* (non-CME/CPE/CE)

Inside Aptiom® ✧ **Dana Saffel, PharmD – Sponsored by Sunovion**

1:40-3:10 p.m. 118 – End-of-Life Discussions, Decisions, and Care (1.5 hours)

✧ **Niharika Suchak, MBBS, MHS, FACP, AGSF**; Associate Professor, Department of Geriatrics, Florida State University College of Medicine; President, Florida Geriatrics Society

✧ **Ken Brummel-Smith, MD**; Professor Emeritus, Department of Geriatrics, Florida State University College of Medicine

✧ **Marshall B. Kapp, JD, MPH**; Director, Center for Innovative Collaboration in Medicine and Law, Florida State University College of Medicine and College of Law

3:15-4:15 p.m. CONCURRENT SESSIONS D (1 hour)

119 – Electrolyte Disorders Update on Hyponatremia, Hyperkalemia, and Hypercalcemia

✧ **Naushira Pandya, MD, CMD, FACP**; Professor and Chair, Geriatrics Department, Nova Southeastern University College of Osteopathic Medicine, and Director, Geriatrics Education Center; Past-President, AMDA

120 – 10 Common Geriatric Skin Conditions

✧ **Keith Bucklen, MD**; Regional Lead Physician, Vohra

✧ **Les Rosen, MD**; Pathologist, DermPath

4:20-5:20 p.m. CONCURRENT SESSIONS E (1 hour)

121 – Common Causes of GI Motility Disorders: Differential Diagnoses, Workup, and Treatment

✧ **Gregory James, DO, MPH, CMD;** Senior Medical Director – Central Region OPTUMCare

✧ **Laurie Sheffield, ARNP-C;** Clinical Educator, OPTUMCare FL

122 – Medical Marijuana in Florida and How It Affects Physicians and SNFs

✧ **Michael Patterson, NHA, OTR/L**; CEO, US Cannabis Pharmaceutical Research and Development

✧ **Michael Visher**, President, US Cannabis Pharmaceutical Research and Development

5:30-6 p.m. In-Person Journal Club Article Review

6:15-7:30 p.m. Presidents Wine & Cheese Reception

SUNDAY, OCT. 15

6:45 a.m.-12 p.m. Registration & Information

7-8 a.m. Light Continental Breakfast

6:45-8 a.m. 123 – Update: Centers of Excellence in Wound Management (1 hour)

✧ **Shark Bird, MD, CMD, CWSP**; Chief Medical Officer, Vohra Post-Acute Physicians

8:05-9:05 a.m. 124 – Opioid and Pain Management: Non-Pharma Treatments and the New CMS Guidelines (1 hour)

✧ **Michael Gloth III, MD**; Associate Professor of Medicine, Johns Hopkins University School of Medicine; Clinical Professor of Geriatrics, Florida State University College of Medicine

9:10-10:10 a.m. CONCURRENT SESSIONS F (1 hour)

125 – Patient Engagement: Key to Care Coordination

✧ **Gabriel Nuriel, MD**; Medical Director, Consulate Health Care

✧ **Andi Clark, RN**; Chief Nursing Officer, Consulate Health Care

✧ **Kara Plaks**, Senior Vice President BD, Consulate Health Care

126 – Depression and Mood Disorders, Anxiety Disorders, and Sleep Disorders

✧ **Greg A. Sullivan, MD**; Fellow, Geriatric Psychiatry – Dept. of Psychiatry and Behavioral Neurosciences, University of South Florida Morsani College of Medicine

10:15-11:15 a.m. CONCURRENT SESSIONS G (1 hour)

127 – Hemodialysis in the Post-Acute and Long-Term Care Continuum: There's No Place Like Home

✧ **Amay Parikh, MD, MBA**; Medical Director, Dialyze Direct, Florida, and **Alice Hellebrand, MSN, RN, CNN**; President, American Nephrology Nurses Association; Chief of Clinical Operations/Senior VP, Dialyze Direct

128 – Telehealth in Florida: Bridging the Health Care Gap

✧ **Pamela King**, Health IT Outreach Coordinator, Agency for Health Care Administration

11:20 a.m.-12:20 p.m. 129 – Sepsis: Optimizing Outcomes (1 hour)

✧ **David A. Nace, MD, MPH, CMD**; Associate Professor of Medicine, University of Pittsburgh, Division of Geriatric Medicine; Director, Long-Term Care and Influenza Programs for the Division; and Chief of Medical Affairs, UPMC Senior Communities

12:20-1:20 p.m. 130 – The Business of Business: Impacting the Economics of Health Care (1 hour)

✧ **Leonard Hock Jr., DO, MACOI, CMD, HMDC, FAAHPM**; Chief Medical Officer, Harbor Palliative Care & AIM, TrustBridge Health; Outgoing President, FMDA

1:20 p.m. END OF CONFERENCE – Announcements, Door Prizes, etc.

* **Product Theaters** – CE/CME credit are not offered for Product Theaters. In compliance with PhRMA guidelines, spouses and other guests of health care professionals are not permitted to attend company-sponsored product theater programs. Certain state-specific, government employee, and other restrictions may apply.

– Please note that the speakers and topics for this meeting are subject to change without notice.

Member Spotlight

Richard Kase, MBA, NHA; President, Florida Division, Consulate Health Care

Richard Kase is the president of the Florida Division of Consulate Health Care, a national leading provider of senior health care services, specializing in post-acute care.

Rich oversees all of Consulate's 82 Florida care centers that provide services to nearly 10,000 residents and patients daily. Since joining the Consulate family in October of 2016, the depth of Rich's operational leadership experience has enabled him to lead Consulate's Florida Division into the new and changing world of value based purchasing.

As hospitals and payors begin to narrow their post-acute networks, Rich and his division and region teams continue to focus on key performance measures that ensure patient safety at the most cost-effective level of care. Multiple Consulate Florida care centers are partnering with Bundled Payments for Care Improvement (BPCI) Model 2 hospitals and Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACO).

Local care center leadership is preparing for the commencement of CMS Episode Payment Models (EPM), as the state of Florida has several mandatory core base statistical areas (CBSA). Rich understands the critical role that the medical director plays in the care center's ability to provide quality patient care resulting in favorable clinical outcomes. His decision to provide FMDA memberships to each medical director and executive director in all 82 Florida Consulate care centers underscores his commitment to cultivate collaboration between the medical director, attending physicians, other clinicians, and his or her care center administration, as well as fully integrate the medical director into the day-to-day operations at the care center.

His decision to provide FMDA memberships to each medical director and executive director in all 82 Florida Consulate care centers underscores his commitment to cultivate collaboration between the medical director, attending physicians, other clinicians, and his or her care center administration, as well as fully integrate the medical director into the day-to-day operations at the care center.

Rich is extremely pleased with the recent legislation that changed Medicaid reimbursement in the State of Florida from a cost-based reimbursement to a Prospective Payment System beginning in 2018. Under the new system, operators that have higher quality outcomes will receive higher rates. This methodology allows for operators across the industry to receive the same base rate, meaning higher quality outcome providers will no longer be rewarded with higher rates.

On a national front, the American Health Care Association is aggressively pursuing a more fair and consistent manner of handing down civil monetary penalties (CMPs) for poor regulatory outcomes. In the past few years, quality indicators have improved significantly throughout the nation, yet there is a significant increase in CMPs in certain regions of the country. The departure from the original intent of the statute has operators across the nation very concerned and we all support AHCA's efforts on this issue.

Rich's previous affiliations include the American Health Care Association (Member of the Board of Governors), Our Florida Promise (Vice Chair and Secretary), Council for Senior Floridians (President), and FirstLight HomeCare (Passive Majority Investor).

Rich has a bachelor of science degree in health service administration, and a master's degree in business administration, long-term health care, with a minor in accounting. He is a licensed nursing home administrator in both Florida and Connecticut.

Rich and his wife, Michelle, have been married for 22 years and have two children. They reside in Lithia, FL.

ABOUT CONSULATE HEALTH CARE

Consulate Health Care is a national leading provider of senior healthcare services, specializing in post-acute care. We are a leading health care organization offering services ranging from comprehensive short-term rehabilitation and transitional care to Alzheimer's and dementia care. Our compassionate caregivers carry out our mission every day of "*Providing Service with Our Hearts and Hands*," caring for our patients like family, not because it's their job, but because it's their calling.

For more information about our nationwide family of dedicated health care providers, please visit www.consulatehealthcare.com.

President's Report

Continued from page 2

that has the potential to improve quality of care, quality of life, and show proven cost savings. More details to follow.

If you or your staff are attending the annual conferences of LeadingAge Florida or Florida Health Care Association this summer, please drop by our displays and say hello.

Our thanks to Dr. John Symeonides, Chairman of the Board, who will represent FMDA as its Specialty Society delegate to the Florida Medical Association's House of Delegates in August.

FMDA is honored to be a co-sponsor of FSU's 3rd Annual Symposium in Tallahassee on August 25. Check out the ad on page 4 for details.

We are planning another Town Meeting, this time in the Tampa Bay area, in conjunction with the Florida Osteopathic Medical Association's conference at the Grand Hyatt in Tampa. Information to follow.

Looking for a family-inspired vacation spot this summer? How about going to the Disney's flagship resort? Discover FMDA's Summer Days at Disney's *Grand Floridian* Resort. It's one weekend only – August 4-6, at $219 per night, double occupancy. Interested? There is still time to book your room.

FMDA leadership will be participating at a meeting in August of the leadership of the Florida Partnership to Indiv-idualize Dementia Care in Nursing Homes, the Health Services Advisory Group (the QIO), and the Florida Health Care Association Quality Cabinet and representatives of its Councils.

Our thanks to FMDA's Strategic Marketing Committee which met recently to discuss opportunities and challenges facing FMDA. They recommended to the Board that FMDA adopt its new logo. We hope you like it.

Our leadership has been very supportive of POLST (Physicians Orders for Life-Sustaining Treatments) over the years. In June, the board decided to accept responsibility to administratively house Florida POLST as it transitions from its longtime home at FSU – due to the retirement of Dr. Brummel-Smith in June and Prof. Kapp at the end of December 2017. We are very appreciative of their stewardship of POLST and look forward to their support as we move forward.

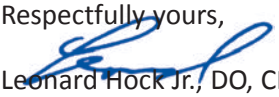
We have established a POLST workgroup to coordinate the transition with FSU. Volunteers include Dr. Maria Gonzalez, Dr. Robert Kaplan, Dr. John Symeonides, Dr. Gil Foley, Dr. Brian Kiedrowski, and Dr. Mark Reiner. Contact Ian if you would like to join me and the workgroup to support this vital effort.

I am very thankful that Dr. Robert Kaplan and Dr. Rick Foley recently met with Florida Rep. Jennifer Sullivan (Dist. 31). They presented the basic POLST materials along with the history of the program over the past 10 years. They also mentioned that we are looking for a house sponsor.

I am extremely honored to have been invited to be a keynote speaker for the Association of Health Facility Survey Agencies (AHFSA) conference, August 21-23. Their members are the state agency leaders from across the country who have the responsibility to survey and enforce the state and federal regulations for health providers across the continuum. Their conference theme this year is Riding the Wave of Health Care Change.

FMDA has become the premier organization for providing leadership and education for best care practices, evidence-based medicine, regulatory compliance, and practice management. FMDA's goal is to become a model organization that collaborates with related organizations and promotes the highest quality of care to patients in the post-acute and long-term care continuum. We invite our members to get involved, become energized, and stay connected to the society.

Respectfully yours,



Leonard Hock Jr., DO, CMD, HMDC, MACOI

Annual Conference Description

— List of Clinical and Administrative Topics

This year's program is designed to provide a review and update of major geriatric diseases, illnesses, and risks found in nursing home patients, residents of assisted living facilities, those under hospice care, and seniors living at home. Topics covered this year include:

Best Care Practices In the Post-Acute & Long-Term Care Continuum

Amyloid-Tau Relationship to Alzheimer's Disease • Anemia Management • Business Impacting the Economics of Health Care • Centers of Excellence in Wound Management • CMS Mega Rule • Depression and Mood Disorders, Anxiety Disorders, and Sleep Disorders • EDs, EMRs & E-Discovery • Electrolyte Disorders: Hyponatremia, Hyperkalemia, and Hypercalcemia • End-of-Life Discussions, Decisions, and Care • Geriatric Skin Conditions • Geriatrics Literature Update • GI Motility Disorders • Hazards of Hospitalization and the Impact on the Nursing Home • Hemodialysis • MACRA, MIPS & APMs • Managing Behaviors and Reducing the Use of Psychotropics • Medical Marijuana • Medicare Coding & Billing Update • Medication Management • National Leaders Forum • Nursing Home-Associated Pneumonia Classification, Diagnosis, and Treatment • Opioid and Pain Management • Patient Engagement • Red Eye Rounds: Clinical Quandaries • Sepsis: Optimizing Outcomes • Telehealth • Value We Bring

— See the conference agenda on pages 14-15.

Cybersecurity Must Be Part of Every Health Care Professional's Job

By Craig Musgrave, CIO, The Doctors Company

On May 12, 2017, the world's biggest ransomware attack nearly crippled Britain's public health system and forced doctors to turn patients away. The WannaCry worm, which experts believe to have come from U.S. National Security Agency (NSA) hacking tools released by Wikileaks, spread quickly to companies and critical infrastructure worldwide. A White House homeland security adviser said that more than 300,000 computers across 150 countries were hit. One cyber risk modeling firm put the total economic damage at $8 billion. Since the attack occurred, security researchers have already identified a new strain of malware that could be much more dangerous.

We will see more cyber-attacks like WannaCry in the months and years to come. They are increasing in frequency and sophistication. But they are also preventable.

Typically, health care organizations use sophisticated encrypted software to manage and protect patient data. Does the existence of these more sophisticated platforms mean that there is no risk to the medical practice or to the hospital? The answer, unfortunately, is no.

For decades, security experts have been saying that one of the best ways to protect yourself from a malware infection or security breach is to keep your software up to date. Running outdated versions compromises your system. Microsoft released a patch in March 2017 that addressed the NSA exploits. But many organizations forgot or overlooked the patch and were left vulnerable.

The health care industry generally uses older hardware and outdated software, which makes these organizations extremely vulnerable. According to the Verizon 2017 Data Breach Investigations Report, ransomware accounted for 72 percent of the malware attacks on the health care industry. And a 2016 study from IBM and Ponemon Institute noted that breaches in the U.S. health care field cost $6.2 billion each year and approximately 90 percent of hospitals have reported a breach in the past two years.

Just this year, The New Jersey Diamond Institute for Fertility and Menopause reported that a breach exposed the health information of 14,633 patients. Harrisburg Gastroenterology breach revealed 93,323 patient records. The cancer center Singh and Arora Oncology Hematology notified 22,000 patients of a breach. It doesn't end there, as experts project that health care will be the most targeted sector, with new sophisticated attacks emerging.

Every organization, and especially health care organizations, need to make cybersecurity a fundamental part of their business. But how do they do that? Here are my top five tips for hospitals and medical practices:

Update your software. Make it a regular habit. Turn on auto-updaters — both Microsoft and Apple provide this option.

Provide employee awareness training. According to cybersecurity research firm Mandiant, phishing emails, which trick people into clicking on a link, account for 95 percent of successful breaches and have a 90 percent success rate. Institute a training program for staff at all levels and go over the basics, such as don't open emails from senders you don't know and don't run unknown USBs.

Every organization, and especially health care organizations, need to make cybersecurity a fundamental part of their business.

Leverage IT application whitelisting and layer your security. Health care systems are fragmented in their management of systems and data. Their ability to patch legacy systems and employ cybersecurity staff varies enormously. Therefore, application whitelisting is essential. Rather than blacklisting known malicious software, an application whitelist prevents the launching of any executable program (known or unknown) that does not have explicit authorization. This, in combination with strong firewalls and network segmentation tools like micro-segmentation, provides stronger security.

Get cyber insurance. According to Beazley, an insurer offering cyber policies, health care accounts for 55 percent of the incidents they have handled in 2017. With health care data breaches on the rise, cyber liability insurance can help you recover faster in terms of financial coverage and remediation. A HIPAA violation of a breach of unencrypted personal health data can run into the millions of dollars.

Back up your data. Make sure you are backing up your data regularly, either to servers or to the cloud, and that you can restore it easily. WannaCry malware threatened to delete crucial files unless ransoms were paid. If files were backed up, losing the data wouldn't have been a concern to those who were attacked.

Recent cyberattacks have been devastating. Cybersecurity is no longer just an IT issue. Every employee and every organization needs do their part. It is imperative that we all make cybersecurity part of our job. Because now, it is.

Editor's Corner: Update on Alternate Decision Making

Continued from page 3

minimum frequency of contact with the patient before and after the incapacitating illness.

- 35 states prohibit the patient's health care provider from acting as the alternate decision maker
- 41 states allow default surrogates to be appointed by the judicial system if there is no available alternate decision maker
- 28 states have a surrogacy ladder (hierarchical preference list) for all medical decisions
  - o All of these states specify the following priority list:
    - Spouse
    - Child
    - Parent
    - Partner or chosen adult - (only in 8 states)
  - o There is much variation after the fourth tier in the hierarchy (friend, social worker, etc.)
  - o 7 states recognize a same-sex partner or common law spouse within the top 4 choices
- 6 states have no surrogacy ladder
- 7 states have a surrogacy ladder only for decisions regarding withdrawal or withholding of life-sustaining treatment
- 4 states have no regulations pertaining to surrogate decision making

Dispute resolution for issues relating to the appointment and hierarchical authority of alternate decision makers also varies substantially among U.S. states:

- 22 states have laws for handling disputes among multiple alternate decision makers
  - o 14 of these states take a "majority rules" approach when several alternate decision makers of equal priority exist
  - o 7 of these states require a consensus agreement among multiple equal decision makers
  - o In the result of an impasse, some states defer to physician opinion or probate court

A review of this lack of uniformity highlights the need for a standard legal format regarding alternate decision makers. Health care facilities are required to inquire if a patient has an advance directive, which is a step forward. Efforts such as the Conversation Project and NHDD have increased awareness and provided education to the public on a large scale. The authors point out that in order to truly research the relationship between patient outcomes related to decision making, there must first be a nationwide cohesive legal approach. Working toward this goal will help to ensure ethical and patient-centered care.

[1] DeMartino et al. Who decides when a patient can't? Statutes on alternate decision makers. *NEJM* 2017. 376:1476-82.

[2] Silveira MJ, Kim SY, Langa KM. Advance directives and outcomes of surrogate decision making before death. *NEJM* 2010. 362:1211-8.

FMDA Unveils New Logo to Reflect Strategic Vision

By Ian Cordes, Executive Director

FMDA has introduced its new logo that now appears on its website and all electronic and printed materials. Based on its national affiliate's (AMDA) design, the change updates the logo while maintaining its brand and promotes the multidimensional, interdisciplinary, growing forward-moving nature of the organization's constituents.

Discussions about FMDA's vision for the future have resulted in a broader, more inclusive approach, which is visually represented by the new logo. A strategic framework has also been developed that includes extensive input from the association's volunteer leadership and responds to the need to embrace all those who work with our members to succeed in providing the best care available.

FMDA President Leonard Hock, DO, MACOI, CMD, HMDC, FAAHPM, notes, "FMDA is an amazing medical society representing physicians, advanced practice nurses, pharmacists, physician assistants, directors of nursing, and nursing home administrators who practice in the PA/LTC care environment, but our members have been telling us loud and clear that they can't do their jobs without having meaningful collaboration with all the members of the inter-professional team.

"The revised logo maintains the elegant style and branded elements that have marked FMDA in the past," states Dr. Hock. "FMDA is the professional hub for education on best care practices, evidence-based medicine, regulatory compliance, and practice management, and the new design represents the convergence of its vision," he adds.

FMDA — Moving POLST Forward in Florida

Continued from page 1

Half of the United States has implemented POLST. Another 24 states are developing a POLST process. Florida is in that group. Since the early 2000s the Center for Innovative Collaboration of Medicine and Law (CICML) at the Florida State University College of Medicine has been serving as the organizer of the state POLST Task Force. Soon, FMDA will be assuming this role. FMDA is in the perfect position to engage stakeholders and move the process forward.

Legislation is helpful because it can ensure that providers are protected from following the orders in good faith, that it will be accepted across care sites, that state-to-state reciprocity is provided, and a statewide process for managing the forms and having them accessible is created. For a few years, there have been legislative attempts to move POLST forward, but they have not gotten to the final stage of a bill being signed.

The National POLST Paradigm, based in Washington, D.C., assists states in developing POLST programs. Their site, **POLST.org**, includes a comprehensive set of documents covering how to develop programs, the research base of POLST, and guidelines on working with legislators. The National office is very committed to assisting Florida in its desire to become an endorsed program.

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