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September 2013

fmda Progress Report

Dedicated To Florida Long Term Care Medicine

WINNER 2010 APEX AWARDS FOR PUBLICATION EXCELLENCE

Serving Physicians, Nurse Practitioners, and Physician Assistants Practicing in Florida's Postacute Care Continuum

Managing Patients with Multiple Morbidities is the Underlying Theme of the Conference

Dear Friends:

Here is an update on our 22nd Annual Conference, ***Best Care Practices in the Geriatrics Continuum 2013***, to be held Oct. 17-20 in Orlando.

You will enjoy a review and update of major geriatric diseases, as well as illnesses and risks found in nursing home patients, residents of assisted living facilities, and seniors living at home. Topics will include a wide range of clinical and administrative issues, as well as our annual forum with our national leaders.

Some of these clinical topics include infectious diseases, the pruritic patient, sleep disorders, pressure ulcers and atypical ulcers, polypharmacy, advanced end-of-life symptom management, CHF and transitions of care, frailty, and the science of multiple morbidities.

The underlying theme this year is a very commonly occurring issue for us — many, if not most, of our patients have multiple morbidities. As a result, regardless which clinical lecture you attend, there will be some reference to multiple chronic conditions and how they play into our decision-making processes.

Of course, there will be cutting-edge administrative talks, such as a Medicare reimbursement update, an ethical dilemmas roundtable, competence and capacity, Accountable Care Organizations, etc.

We have teamed up with Nova Southeastern University College of Osteopathic Medicine and the Great GEC to present "Professional Education for Alzheimer's Resources and Leadership (PEARL) Project: Module 1." The goal of this two-hour workshop on Thursday, Oct. 17, is to provide members of the healthcare interprofessional team with valuable tools to utilize in their treatment of the patient and caregiver. In addition to the presentation, the attendees will receive a thumb drive with the presentation, the Alzheimer's Tool Kit (handy series of cards), and the following resources: 10 warning signs of Alzheimer's; Glossary of Terms (Alzheimer's Association), Roles and Responsibilities of the Interprofessional Health Care Team in Dementia Care, Senior GEMS flyer (Senior Helpers), Distress and Risk of ADRD Chart, Depression and Risk for Alzheimer's Disease article (Dr. Ownby), The 4 A's of Alzheimer's, Recognizing the Three D's, and Mini Cog and Scoring Algorithm of the ADRD patient.

This conference has earned a great reputation for its unique multidisciplinary approach to educating physicians, physician assistants, nurse practitioners, directors of nursing in LTC, registered nurses, senior-care pharmacists, consultant pharmacists, and long-term-care administrators, as well as geriatricians, primary-care and home-care physicians, physicians considering becoming long-term-care or home-care medical directors, and others with an interest in geriatrics and its continuum of care. The faculty includes national and regional authorities in the fields of medical direction, senior-care pharmacology, LTC and geriatric medicine, and LTC administration.

Your traveling companions will not be bored. Epcot will be hosting its **International Food & Wine Festival** while you are there. In addition, there is no better place than Orlando to spend Halloween. Universal Studios Orlando is hosting its **Annual Halloween Horror Nights**. Plus there's the **Halloween Spooktacular** at SeaWorld Orlando. And, if that isn't enough, there's also **Mickey's "Not So Scary Halloween Party for Halloween 2013"** at Disney's *Magic Kingdom*.

We look for forward to seeing you there!

Yours truly,

Robert Kaplan, MD, FACP, CMD
Chair, CME/Education Committee

Rhonda Randall, DO
Vice Chair and Program Director

Best Care Practices in the Geriatrics Continuum 2013

Register online for ***Best Care Practices in the Geriatrics Continuum 2013*** by visiting **www.bestcarepractices.org**.

FMDA News from Around the State

Supporting Scholarships

For many years, FMDA has taken an active role in outreach efforts to residents, interns, fellows, and young-career physicians with an interest in long-term care. FMDA offers educational grants for qualified medical students, interns, and residents in geriatrics, internal medicine, and family practice who participate in poster presentations at its Annual Program.

FMDA will be hosting its first silent auction during this year's annual trade show. All proceeds will benefit FMDA's Careers in Long-Term Care Awards and AMDA's Futures Program.

FMDA is now accepting items to be auctioned at the conference. If you have an interest or question, please contact the business office.

Special Conference Guests

On Saturday, October 19, longtime FMDA member **Dr. Gregory James,** president of the **Florida Osteopathic Medical Association**, and **Emmett Reed**, executive director of the **Florida Health Care Association** (FHCA), will both address conference attendees during our annual conference.

August 2013 FHCA Board Meeting (from left): Emmett Reed, Executive Director, FHCA; Dr. John Symeonides, President, FMDA; and Scott Allen, President, FHCA

Mobile App Being Developed

FMDA is working with App Innovators to create a custom mobile application designed for use on smart phones, tablets, apple devices, and personal computers. The app is intended to better connect people with the association, and give members a helpful resource that they can use on-the-go.

The app will contain many useful features including tabs for general association information, annual conference information and registration, membership, town meetings, social media, an online blog, and more.

It is our intention to have the app released in time for the annual conference in October and have it available as a free download from iTunes and Android stores.

Social Networking

Matt Reese, communications and education manager, is managing our new live Facebook and LinkedIn pages for FMDA. **Please visit us there**. We are also looking to create a survey of non-members and what member benefits they would value that could be posted on our Facebook page. Would you like to help? Please visit us and let us know what you think.

Call for Articles for FMDA's *Progress Report*

On behalf of Editor Karl Dhana, MD, CMD, FMDA is currently accepting articles for the next publication of *Progress Report*. If you would like to submit an article, or get more information, please contact Matt Reese at mattr@fmda.org. You may also call the business office at (561) 689-6321.

Lifetime Memberships and Contributions

FMDA now offers two-year, three-year, and lifetime memberships and we encourage new and renewing members to join at one of these new categories. For more information about membership, please contact **Mary Cay Swenson**, membership services manager, at **(561) 689-6321**.

We are also giving members the opportunity to provide much-needed financial support to FMDA's Careers in LTC Program, student scholarships, and AMDA's Futures Program. We kindly ask that you make a contribution in the amount of your choosing (in increments of $50) when you join and/or renew your membership.

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Career-oriented Sessions:

What do practitioners see as value? They can find clinical talks anywhere, but should they come to Best Care Practices for career guidance information, regulatory, and administrative talks? Why should doctors join FMDA and attend our conference? Answer = Career Competitive Advancement. What topics or burning questions would you like to see featured at future educational programs?

Physician License Renewals in Florida

Licensees of the Florida Board of Medicine are required to renew their licenses biennially in order to maintain the right to practice. Licensed medical doctors are renewed by the department in two groups:

Group 1 – current license will expire at midnight, Eastern Time, January 31, 2014

Group 2 – current license will expire at midnight, Eastern Time, January 31, 2015

The department will renew your license upon receipt of:

1. Completed Renewal application
2. Evidence that you have practiced medicine or have been on the active teaching faculty of an accredited medical school for at least two years of the immediately preceding four years
3. Verification of your current status relating to prescribing controlled substances for the treatment of chronic nonmalignant pain
4. Required fees (renewal and background screen fees)
5. Your current primary place of practice address
6. Login to complete Physician Workforce Survey
7. Login to verify your practitioner profile
8. Complete the financial responsibility form

Any person holding an active license to practice medicine in the state may convert that license to a limited license for the purpose of providing volunteer, uncompensated care for low-income Floridians. The applicant must submit a statement from the employing agency or institution stating that he or she will not receive compensation for any service involving the practice of medicine. The application and all licensure fees, including neurological injury compensation assessments, shall be waived.

To ensure you receive notification from the department regarding the renewal, you must have on file with the department your current mailing address. Failure to renew an active or inactive license by the expiration date will result in the license being placed in delinquent status. Failure by a delinquent licensee to become active or inactive before the expiration of the current licensure cycle renders the license null and void without any further action by the board or the department.

A licensee who remains on inactive status for more than two consecutive biennial licensure cycles and who wishes to reactivate the license may be required to demonstrate the competency to resume active practice by sitting for a special purpose examination or by completing other reactivation requirements.

The required number of hours includes 38 hours of general, 2 hours of "Medical Errors," and 2 hours of "Domestic Violence" every third biennium (included in the 38 general hours).

The Department of Health, Division of Medical Quality Assurance (MQA), **will now review your continuing education records in the electronic tracking system at the time of renewal**. It will happen automatically when you renew your license, but it is important that you understand how this simple change will affect the way you renew your license in the future.

If the practitioner's continuing education records are complete, they will be able to renew their license without interruption.

If the practitioner's continuing education records are not complete, they will be prompted to enter their remaining continuing education hours before proceeding with their license renewal.

For more information, go to **http://www.flboardofmedicine.gov/renewals/** or **cebroker.com/**.

Current osteopathic physician licenses will expire at midnight, Eastern Time, March 31, 2014. Beginning with Professions expiring May 31, 2013, **MQA will now verify a practitioner's continuing education (CE) record in the electronic tracking system at the time of renewal**. If the practitioner's CE records are complete, they

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2013 Poster Sessions Schedule*

Disney's *Contemporary Resort*, Lake Buena Vista, Fla.

POSTER SET-UP

FRIDAY, Oct. 18, 11 a.m.–1 p.m.

POSTER VIEWING

FRIDAY, Oct. 18, 1-2:30 p.m.; 5:15-7:15 p.m.

SATURDAY, Oct. 19
8-9 a.m., 11:45 a.m.-12:30 p.m.
Luncheon: Poster Recognition–12:45-2:15 p.m.

POSTER TEAR-DOWN

SATURDAY, Oct. 19, 2:15-4:15 p.m.

*Subject to change. Presenters are not required to be present during all viewing hours.

FMDA News from Around the State
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FMDA Thanks Its Lifetime Members

Owen A. Barruw, MD
Marigel Constantiner, RPh
Moustafa Eldick, MD
F. Michael Gloth III, MD, CMD
Bernard Jasmin, MD, CMD
John Pirrello, MD
Dennis Stone, MD
Hugh Thomas, DO, FAAFP, CMD

Florida Partnership to Individualize Dementia Care in Florida Nursing Homes

FMDA was invited by CMS this past September to participate in a Florida-based collaborative to ensure appropriate care of nursing home patients with dementia. This partnership is between federal partners, nursing homes and other providers, advocacy groups, and caregivers. According to the introductory e-mails from CMS:

Unnecessary antipsychotic drug use has been identified as a significant challenge in ensuring appropriate dementia care. A 2011 report by the Health and Human Services Office of Inspector General found that 22 percent of the atypical antipsychotic drugs were not administered in compliance with CMS standards, and a CMS study found that over 17 percent of nursing home patients had daily doses exceeding recommended levels.

The Florida Partnership to Individualize Dementia Care in Nursing Homes is a collaborative of long-term care stakeholders working to refine dementia care in nursing homes throughout the state of Florida. Collaboration should allow this partnership to reduce duplication of effort, pool resources, and work together to make sure this initiative is successful in Florida.

The partnership currently includes the following organizations: Agency for Health Care Administration, Florida Health Care Association, Florida Medical Directors Association, Florida Ombudsman, Florida Pioneer Network, FMQAI, LeadingAge Florida, and the University of South Florida's College of Behavioral and Community Sciences (visit **www.fmda.org** for more information).

FMDA has taken a leadership role in this initiative and, working with AMDA and its stakeholders, has released important information about this issue that has been distributed to industry leaders statewide.

FMDA Director Wins AMDA Election

Congratulations to FMDA Director Dr. Naushira Pandya, who was nominated by the AMDA Nominations Committee to run for national vice president of AMDA — and won the election. She was previously on the national board as a board representative to the State Presidents Council. She is also AMDA's liaison to our CME/Education Committee and chairs our Careers in Long-Term Care and Poster Review Committee.

Hospice Section

Dr. Leonard Hock chairs the Hospice Section, which was established in 2011 with the support of Dr. Rhonda Randall and the board. They have met as a group during FMDA's last two annual conferences and they will be expanding their activities as the Section continues to grow. There are a number of end-of-life-related topics throughout the Best Care Practices in the Geriatrics Continuum 2013. In addition, the Section will meet 3:30-4:30 p.m. on Saturday, Oct. 19.

If you are interested in participating, or have any questions, please contact **Matt Reese** at **mattr@fmda.org**.

Town Meeting

Our last **Town Meeting** was held on June 29 at the Safety Harbor Resort near Tampa. Our dinner program was generously sponsored by Avanir, which hosted more than 40 guests. In addition, we were supported by the following vendors, who displayed during the reception: Avanir, AbbVie, Boehringer Ingelheim, Forest Pharmaceuticals, Molina Health Care, Novo Nordisk, PrevMed, and Sanofi.

Town Meeting at Safety Harbor (from left): Regina Weilbacker, Vice President, Florida Health Care Social Workers Association; Denise Baultrip-Cuyjet, President, Florida Health Care Social Workers Association; and Jean Nelson, RN-BC, BSHCA, President, Florida Association Directors of Nursing Administration/LTC

Town Meeting at Safety Harbor (from left): Past President Dr. Morris Kutner; Mark Lilly, Vice President of Operations, Optum/Evercare Florida at UnitedHealth Group; John Potomski, DO, CMD, FMDA Chairman of the Board; John Symeonides, MD, CMD, FMDA President; Robert Kaplan, MD, CMD, FMDA Vice President; Gregory James, DO, MPH, FSACOFP, Medical Director, Optum Care Delivery & Management (Evercare)

Discover HealthHub

HealthHub is a community portal designed to promote the sharing and collaboration of information, resources, tools, and knowledge related to current challenges facing healthcare providers, stakeholders, and consumers. Using a submit content feature and forums, HealthHub provides multiple means for the healthcare quality improvement community to contribute to each other's quality improvement work.

Learning and Action Network Communities: HealthHub offers opportunities for organized quality improvement communities that are based around different clinical and operational interests, such as Patient Safety, including Healthcare-Associated Infections, Healthcare-Acquired Conditions, and Adverse Drug Events; Care Transitions; Cardiac Care; Health Information Technology; Quality Reporting; and Preventative Care. Community members have password-protected access to community-specific files, forums, calendars, listservs, and other tools and features.

The site also features upcoming events, forums, polls, and other tools. Register for a HealthHub account of your own in order to gain access to our material. Visit **http://healthhubfl.com/**. The HealthHub website was developed and is maintained by FMQAI, Florida's Medicare Quality Improvement Organization. For additional information, go to the website or call FMQAI at **(813) 354-9111**.

Let us know if you've visited the HealthHub and tell us your thoughts on its ease of use and usefulness.

Business Office Moves

After 13 years at the same location in West Palm Beach, the business office moved in May to a larger space. Our new address is **400 Executive Center Drive, Suite 208, West Palm Beach, FL 33401**. We have new phone numbers, and they are **(561) 689-6321** and Fax **(561) 689-6324**.

We recommend that when submitting registration fees or membership dues by mail, that you check to make sure it is addressed using the correct mailing address, so that no delays are experienced.

Sailing Away with FMDA

FMDA is considering hosting a 4-day, 3-night Royal Caribbean cruise leaving from Port Canaveral in late January 2015. The berths would start at $179 ($375 with taxes and gratuities) and the two ports would be Nassau and CocoCay. Let us know if you would attend this cruise if we offered four to eight hours of approved CMEs/CMDs/CEs credits for your profession.

FMDA *Progress Report* has a circulation of more than 1,100 physicians, physician assistants, nurse practitioners, directors of nursing, administrators, and other LTC professionals. *Progress Report* is a trademark of FMDA. Editor Karl Dhana, MD, CMD, welcomes letters, original articles, and photos. If you would like to contribute to this newsletter, please e-mail your article to ian.cordes@fmda.org.

Physician License Renewals in Florida

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will continue the renewal process without interruption. If the practitioner's CE records are not complete, they will be prompted to enter their remaining continuing education hours before proceeding with their license renewal. Practitioners can report CE and view courses in the electronic tracking system free of charge. CE Broker offers additional paid services to help licensees understand and manage renewal requirements and make sure that all hours have been met before license renewal. Many practitioners benefit from and appreciate CE Broker's subscription services; however, subscribing is not a requirement for licensure. Visit **www.CEBroker.com** to learn more.

The process of renewing a license may take two to three weeks. Initiating contact to confirm the receipt of fees or the status of your license prior to this time will not expedite the renewal process.

Delinquent licenses that expired on March 31, 2012, become null and void on April 1, 2014.

For more information, visit **http://www.FLHealth source.com**.

If you require further assistance, please contact the MQA Communication Center at **(850) 488-0595**.

Lessons Learned

— A New Series

By Hugh W. Thomas, DO, FAAFP, CMD; Immediate Past President

So, what's the hottest topic in your nursing home these days? In mine it's preventing re-admissions to the hospital. As you know, hospitals are keeping very close tabs on these numbers and probably for good reasons. The national average is around 25 percent for re-admissions. We (medical directors/attendings) are under significant pressure not to send our patients out to the hospital, sometimes under the threat of no more referrals. This, however, is a topic for another day.

This does lead us to our topic this month, the case of the stubborn lab value. This particular case involved a colleague of mine this past year. Just like many of us, this doctor has several other providers cover phone calls occasionally, especially on weekends. This affords everyone a chance to have time off away from patient care and much-needed time with family.

This case started with a phone call to a covering provider regarding a patient with a potassium of 6.4. Now I know your mind may already be racing with this, but let me continue. The covering provider ordered Kayexalate and to perform a repeat potassium level in the AM. The next day the nurse called with a repeat potassium of 6.7 to a different covering provider. Kayexalate was again ordered and again a potassium level for the AM was ordered. Day 3 came and yet a different provider was making rounds and was handed a lab report for this patient with a potassium of 6.7. The provider (appropriately) stopped the potassium supplement that the patient had been taking, and yes, ordered another dose of Kayexalte and a repeat potassium for the morning. The following morning the potassium was up to 7.0. When the nurse called this result to the provider, Kayexalate was once again ordered. Of note, no one even knew the patient was also on a potassium-sparing diuretic.

The following day the attending physician was making rounds and was asked by the nurse to evaluate a stubborn lab value. The patient was having chest discomfort and dizziness and after being evaluated, was sent to the ER for stabilization. If you have been following closely, you can guess the lab values. The creatinine was 9.86 (baseline 3.97), the potassium was still dangerously elevated, and the patient was suffering pre-renal azotemia. The patient was in acute or chronic renal failure — a situation that is way too common in our frail population. Could this admission have been avoided? Sometimes we can't see the forest for the trees. This case is not particularly unusual, but with any luck we can prevent what happened here if we heed the Lessons Learned.

It would appear that the second and third provider didn't even know that a previous abnormal lab was called in. It was not asked for by the providers and not volunteered by the nurse.

• Seems basic, but don't assume your order was carried out. We've all seen where meds or treatments were ordered but didn't make it to the chart.

• Stubborn labs just don't happen. A little bit of investigation will go a long way. It seems basic, but we must get appropriate history when discussing medical conditions over the phone. I don't mean to dwell on this particular case, it is just a symptom of the bigger problem — lack of communication. If the info is not volunteered to you, you must ask for it. It would appear that the second and third provider didn't even know that a previous abnormal lab was called in. It was not asked for by the providers and not volunteered by the nurse.

• This leads me back to my first case of Lessons Learned. If you remember, I stressed the importance of education of our frontline staff/nurses. Obviously, if the nursing staff would have understood the correlation between renal failure and abnormal electrolytes, they might have relayed this to the provider on the phone. If we don't teach, they don't know!

So, bottom line, I have yet to see conditions improve by ordering more tests (bar the erroneous lab). As you come across abnormal labs, X-rays, vital signs, use your basic skill of communication and make it an opportunity to teach something.

Reserve Your Hotel Rooms NOW!

HOTEL RESERVATIONS: FMDA has reserved a block of rooms at Disney's *Contemporary Resort*. The group rate is $175 single/double occupancy, complimentary self-parking, and no daily resort fee.

To make a reservation, please call Disney's *Contemporary Resort* 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. 20, 2013. 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**.

Strategic Planning Meeting Report

By Rhonda Randall, DO; FMDA Director; Strategic Planning Facilitator

On July 29, 2013, Florida Medical Directors Association held its second Strategic Planning Meeting at the Safety Harbor Resort and Spa.

The meeting was facilitated by Board member Rhonda Randall, DO. In attendance were: President John Symeonides, MD; Vice President Robert Kaplan, MD; Secretary-Treasurer Leonard Hock, DO; Chairman of the Board John Potomski, DO; Past President Hugh Thomas, DO; Board members Naushira Pandya, MD, and David LeVine, MD; FOMA liaison Greg James, DO; Bylaws Committee Chair Morris Kutner, MD; FMDA member Renuka Siddharthan, MD; as well as Executive Director Ian Cordes and Communications and Education Manager Matt Reese.

FMDA's Leadership Met to:

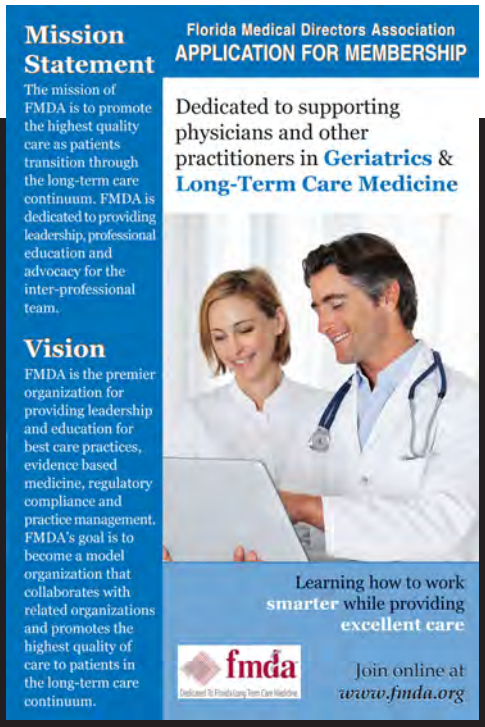
1) Build upon FMDA's Vision statement, which was added in 2010; and Mission statement, which was updated in 2010 by declaring our cultural Values. Organizational culture can be described as: shared beliefs, values, and assumptions held by members of an organization, visible in the way that work gets done on a day-to-day basis, evident in the behaviors of individuals and groups, amplified by the behaviors of leaders, and embedded in a network of organizational practices. FMDA's values are:

- Best Practice
- Education
- Advocacy
- Inter-Professionalism
- Leadership

2) Identify successes, weaknesses, opportunities, and threats to our organization over the next one to three years, which will become agenda items for board meetings and future strategic planning sessions.

3) Affirm five over-arching goals for the organization:

a. Increase value to our members by becoming a primary source for education, resources, and services
b. Develop use of new information technology that allows for growth and sustainability
c. Expand and strengthen relationships with strategic partners
d. Foster engagement and development of the association's leadership
e. Sustain and support the established governance processes



Career-oriented Sessions:

What do practitioners see as valuable? They can find clinical talks anywhere, but should they come to Best Care Practices for career guidance information, regulatory, and administrative talks? Why should doctors join FMDA and attend our conference? Answer = Career Competitive Advancement. What topics or burning questions would you like to see featured at future educational programs? Become a member today!

Annual Conference Program Preview

THURSDAY, OCTOBER 17, 2013

OPTIONAL PRE-CONFERENCE

8 a.m.-6 p.m. Registration/Information: Disney's *Contemporary Resort*

8:30-9:30 a.m. (1.0 hours)
Mandatory Licensure Renewal Course Update on HIV/AIDS (101)
Cathy Robinson-Pickett, BS; HIV Educator and Advocate; Co-Founder, Friends-Together, Inc., Lakeland, FL; Certified Domestic Violence Trainer

9:40-11:40 a.m. (2.0 hours)
Mandatory Licensure Renewal Course Preventing Medical Errors (102)
Cathy Robinson-Pickett, BS

12:30-2:30 p.m. (2.0 hours)
Mandatory Licensure Renewal Course Domestic Violence (103)
Cathy Robinson-Pickett, BS

2:45-4:45 p.m. (2.0 hours)
Advanced Hospice & Palliative Care Lecture: Symptom Management (104)
Leonard Hock, DO, MCOAI, CMD; Chief Medical Officer, Hospice by the Sea, Boca Raton, FL; Treasurer, FMDA

5-7 p.m. (2.0 hours)
Professional Education for Alzheimer's Resources & Leadership (PEARL) Project (105)
H. Murray Todd, MD; Clinical Associate Professor of Neurology, University of Miami School of Medicine; Chair and Professor of Neurology, Nova Southeastern College of Osteopathic Medicine; Presented in collaboration with Nova Southeastern University College of Osteopathic Medicine and the Great GEC
Funded by: U.S. Dept. of Health and Human Services – Health Resources and Services Administration (HRSA)

7:15-8:30 p.m. **Product Theater Dinner Program*** (non-CME/CPE/CE)
Exocrine Pancreatic Insufficiency
Don Garrow, MD; Gastroenterologist, Sarasota, FL
– *Sponsored by* ***AbbVie***

FRIDAY, OCTOBER 18, 2013

7:30 a.m.-6 p.m. Registration & Information: Disney's *Contemporary Resort*

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

8:30-9:30 a.m. (1.0 hour)
Red Eye: Sleep Disorders (106)
Jeffrey Burl, MD; The Reliant Medical Group, Worcester, MA

9:45-10:45 a.m. (1.0 hour)
Keynote: America's Changing Demographic Profile: Impacts on LTC (107)
Rhonda L. Randall, DO; Chief Medical Officer, UnitedHealthcare Retiree Solutions

10:55-11:55 a.m. (1.0 hour)
The Science of Multiple Morbidities (108)
Matthew K. McNabney, MD; Associate Professor of Medicine, Johns Hopkins University; Fellowship Program Director for Geriatric Medicine and Gerontology

12-1 p.m. **Product Theater* Lunch Program** (non-CME/CPE/CE)
Improving Glycemic Control in Adult Patients Within the Elderly and the LTC Setting
Chad Worz, PharmD
Sponsored by ***Boehringer Ingelheim***

Best Care Practices
In The Geriatrics Continuum

1-2:30 p.m. Trade Show, Poster Presentations, and Silent Auction Opens

2:35-4:05 p.m. (1.5 hours)
Concurrent Sessions A (109)
Medicare Billing & Coding Update
Dennis Stone, MD, CMD; Chief Medical Officer, Trident USA Health Services

2:35-4:05 p.m. (1.5 hours)
Concurrent Sessions A (110)
Pressure Ulcer Prevention Interventions and an Update on Atypical Ulcers and Co-Morbid Conditions
Walter A. Conlan, MD, CWSP; Medical Director, Osceola Regional Wound Care Center, Kissimmee, FL; President, American Academy of Wound Management
Charlene A. Demers, MS, GNP-BC, CWOCN; Orlando VA Medical Center

4:15-5:15 p.m. (1.0 hour)
Polypharmacy: Triaging the Medication List (111)
Milta Little, DO, CMD; Assistant Clinical Professor, Saint Louis University Medical Center, Division of Gerontology and Geriatric Medicine
Rick Foley, PharmD, CPh, CGP, FASCP, BCPP; Clinical Assistant Professor of Geriatrics, University of Florida College of Pharmacy; Consultant Pharmacist, Omnicare

5:30-7:30 p.m. Welcome Reception for Trade Show, Poster Presentations, and Silent Auction
– *Sponsored by* ***Optum Care Delivery and Management*** *(Evercare)*

7:30 p.m. Pre-program Dinner

7:30-9 p.m. **Product Theater*** (non-CME/CPE/CE)
– *Sponsored by* ***Forest Laboratories***

SATURDAY, OCTOBER 19, 2013

7:30 a.m.-6 p.m. Registration & Information: Disney's *Contemporary Resort*

8-9 a.m. Continental Breakfast in Exhibit Hall with Trade Show, Poster Presentations, and Silent Auction

9-10:30 a.m. (1.5 hours)
A Conversation with our National Leaders (112)
Jonathan Evans, MD, CMD; *President, AMDA-Dedicated to Long Term Care Medicine*
Cheryl Phillips, MD, CMD; *Past President, American Geriatrics Society*
Lisa Byrd, PhD, RN, FNP-BC, GNP-BC; *President, Gerontological Advanced Practice Nurses Association*

Annual Conference Program Preview

10:30-11:30 a.m. (1.0 hour) ***Infectious Disease: Antibiotic Stewardship*** (113)
***Jason C. Sniffen, DO, FACOI, FACP, FIDSA*;** President, Infectious Disease Consultants, Altamonte Springs, FL; Clinical Assistant Professor, Department of Internal Medicine, Nova Southeastern University College of Osteopathic Medicine, Fort Lauderdale, FL

11:30 a.m. -12:30 p.m. **Break in Exhibit Hall with Trade Show, Poster Presentations, and Silent Auction**

12:30-2:15 p.m. (1.0 hour) **Annual Awards Luncheon**
Medical Bioethical Dilemmas Roundtable (114)
***Facilitator: Jonathan Evans, MD, CMD*;** President, AMDA–Dedicated to Long Term Care Medicine

2:15-3:15 p.m. (1.0 hour) **Concurrent Sessions B**
Accountable Care Organizations (115)
***Cheryl L. Phillips, MD, AGSF, CMD*;** Senior VP Advocacy & Public Policy, LeadingAge, Washington, DC

2:15-3:15 p.m. (1.0 hour) **Concurrent Sessions B**
Approach to the Pruritic Patient: Is it Scabies? (116)
***Inna Sheyner, MD, CMD*;** Associate Professor of Medicine, Dept. of Medicine, Division of Geriatrics, University of South Florida College of Medicine, Tampa

3:30-4:30 p.m. (1.0 hour) ***Regulatory Update for Clinicians and Providers in Long-Term Care*** (117)
***Polly Weaver, BS*;** Chief of Field Operations, Division of Health Quality Assurance, Florida's Agency for Health Care Administration, Tallahassee, FL

3:30-4:30 p.m. **Hospice Section Meeting**

4:40-5:40 p.m. (1.0 hour) ***Heart Failure and Transitions of Care: Implementing Protocols for Best Practices in Long-Term Care*** (118)
***Naushira Pandya, MD, CMD*;** Professor and Chair, Department of Geriatrics, Nova Southeastern University College of Osteopathic Medicine; Principal Investigator and Project Director, Geriatrics Education Center, NSU
***Deborah Afasano, BSN, RNC, RAC-CT*;** Vice President of Clinical Operations, Avante Group
***Martin E. Casper*;** Master's Degree in Public Health and Hospital Administration; Certified Nursing Home Administrator; Vice President, Operations, Avante Group

5:45-6:30 p.m. **FMDA Membership Meeting**

5:45-6:30 p.m. **GAPNA Membership Meeting**

6:30-7:30 p.m. **Presidents' Wine & Cheese and FMDA's Industry Advisory Board Reception**

SUNDAY, OCTOBER 20, 2013

7:30 a.m.-1 p.m. **Registration & Information: Disney's *Contemporary Resort***

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

8-9 a.m. (1.0 hour) ***Urinary Incontinence Update and Successful Strategies*** (119)
***Camille P. Vaughan, MD, MS*;** Investigator, Birmingham/Atlanta VA GRECC; Assistant Professor, Emory University School of Medicine, Division of General Medicine & Geriatrics; Assistant Director, Continence Clinic, VA; Director of the Continence Clinic, The Emory Clinic at Wesley Woods Center, Atlanta, GA

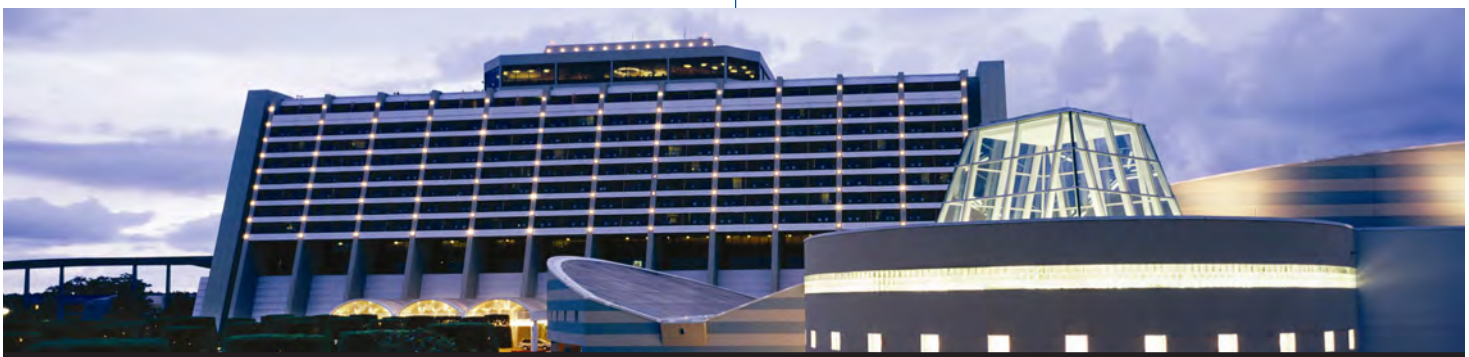
9:10-10:10 a.m. (1.0 hour) ***Determining Capacity & Competency*** (120)
***Marc Agronin, MD*;** Director of Mental Health Services, Miami Jewish Health Systems; Affiliate Associate Professor of Psychiatry and Neurology, University of Miami Miller School of Medicine
***Karen Goldsmith, Esq.*;** Goldsmith & Grout

10:20-11:20 a.m. (1.0 hour) ***Frailty: Prognosis and Predictive Value*** (121)
***John Edward Morley, MB, BCh*;** Dammert Professor of Gerontology and Director, Division of Geriatric Medicine, Saint Louis University Medical Center; Director, Geriatric Research, Education, and Clinical Center, St. Louis Veterans Affairs Medical Center; Editor, *Journal of the American Medical Director's Association*

11:30 a.m. -12:30 p.m. (1.0 hour) ***End-of-Life Care: Prognostication*** (122)
***Leonard Hock, DO, MCOAI, CMD*;** Chief Medical Officer, Hospice by the Sea, Boca Raton, FL; Treasurer, FMDA

12:30 p.m. **END OF CONFERENCE: Announcements, Door Prizes, etc.**

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



* CE/CME credit will not be available for this session. In compliance with PhRMA guidelines, spouses and other guests of healthcare professionals are not permitted to attend company-sponsored programs. Certain restrictions apply.

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Best Care Practices™
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Oct. 17-20, 2013
Disney's *Contemporary Resort*

2013 REGISTRATION FORM

Yes, I would like to register now!

Registration — Choose one only!

❒ Paid-up **FMDA, NADONA, ACHCA, FL-GAPNA** and/or **FGS** members **(Full registration*)**	$345
❒ Pharmacists: Special rate for pharmacists who have attended BCP in the last 5 years **(Full registration*)**	$345
❒ New/renewing **FMDA** members **(Full registration*)** **(includes $75 for annual dues for Regular and Professional Affiliate members)**	$420
❒ Non-member Physicians, Nurse Practitioners, Physician Assistants, and RNs **(Full registration*)**	$475
❒ Non-member Nursing Home and ALF Administrators **(Full registration*)**	$475
❒ Non-member Nurse Practitioners, Physician Assistants, and RNs **(Full registration*)**	$475
❒ Unlicensed registrants **(Full registration* includes Organizational Affiliate Membership)**	$549
❒ Nurse Practitioners, Physician Assistants, and RNs, **members of FMDA (Full registration*)**	$345
❒ Nurse Practitioners, Physician Assistants, and RNs **(Full registration* for new/renewing FMDA members)**	$420
❒ **Physician Fellows, Interns, & Residents** in geriatrics, family practice, or internal medicine **(Full registration*)**	$75
❒ **Students:** Medical, PAs, NPs, nurses, pharmacists, and NHA/ALF administrators **(Full registration*)**	$75

Optional Events

❒ **"Friday-only Registration"** (includes all sessions and Trade Show)	$195
❒ **"Saturday-only Registration"** (includes all sessions and Trade Show)	$195
❒ **"Sunday-only Registration"** (includes breakfast, educational sessions, and contact hours)	$125
❒ **Pre-conference** (10/17): **No Additional charges for educational sessions starting with #104 on Thursday**	N/C
❒ **Pre-conference** (10/17): **Florida Mandatory Licensure Update Courses** ❒ HIV/AIDS Update ❒ Domestic Violence ❒ Preventing Medical Errors	$25 each
❒ **Pre-conference** (10/17): **All three (3) Florida Mandatory Licensure Update Courses**	$65
❒ **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	$50

***FULL REGISTRATION:** Fees include attendance at all educational sessions starting with #104, receptions, planned meals, and trade show admission, from Thursday, Oct. 17, through Sunday, Oct. 20, 2013, except for the Mandatory Licensure Renewal Courses **(#101, #102, #103)** on Thursday, Oct. 17, which are extra.

Name: _____ **Title:** _____ **License #**_____ **State**____

Facility Name/Affiliation: _____

Mailing Address: _____

City: _____ **State/ZIP:** _____ **Phone:** _____

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

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Signature: _____ **Date:** _____ **Amount: $**_____

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

1. MEMBERS: I am a member of ___**FMDA,** ___**NADONA,** ___**FGS, or** ___**ACHCA.** **2.** ____Yes, I would like to make a special meal request, so please contact me. **3. New FMDA members:** What is the name of the FMDA member who referred you? _____ **4.** ____ **Yes,** I am a 1st-time attendee. **5.** 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!** **6. 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 $50 administration fee for all written cancellation requests received on or prior to Oct. 3, 2013. There will be no refunds after Oct. 3, 2013. There is a $35 charge for all returned checks.

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2013 Registration Form

Strategies to Simplify Insulin Treatment in the Long-Term Care Resident

By Naushira Pandya, MD, CMD; Professor and Chair, Department of Geriatrics, Project Director, Geriatric Education Center at Nova Southeastern University College of Osteopathic Medicine

The number of pharmacologic agents and classes for the treatment of diabetes is increasing. However, for many long-term care (LTC) residents, insulin remains the simplest form of management of hyperglycemia due to the presence of chronic renal or hepatic disease, advanced cardiovascular disease, and congestive heart failure. Moreover, many residents have had diabetes for over a decade or more and due to the inexorable decline in pancreatic function, become insulinopenic. This article will address the appropriate initiation of insulin, progression to more complex regimens if necessary, and offer suggestions to replace commonly used sliding scale insulin (SSI) regimens. The 2012 Beers criteria recommend avoiding sliding scale insulin.

In 2012, the International Association of Gerontology and Geriatrics (IAGG) and the European Diabetes Working Party for Older People (EDWPOP) published a position statement on Diabetes Mellitus in Older People. They recommended that the major aims for caring for residents with diabetes are to prevent hypoglycemia, avoid acute metabolic complications, decrease the risk of infections, prevent hospitalization, and provide timely end-of-life care and advanced care directives. For nursing home residents, A1C levels between 7 and 7.5% were thought to be appropriate.

Following this, at the end of 2012, the American Diabetes Association and the American Geriatrics Society also jointly published a consensus report on Diabetes in Older Adults. The authors reviewed the current evidence on control of diabetes in older adults as well as the effect on mortality, cardiovascular endpoints, and cognitive impairment. They classified older adults as healthy, complex/intermediate (high disease burden, falls, hypoglycemia), and very complex/poor health (limited life expectancy, treatment benefit uncertain). A1C goals of <7.5%, <8.0%, and <8.5% respectively were thought to be reasonable for these groups. This provides a good framework with which to view our patients when formulating our individualized goals. For complex/intermediate patients, fasting blood glucose (BG) levels of 90-150 mg/dL were suggested, and for bedtime, 100-180 mg/dL. For the very complex/poor health group, fasting or pre-prandial BG of 100-180 mg/dL, and for bedtime, 110-200 mg/dL were recommended.

The following are suggested strategies for insulin treatment in the long-term care setting:

1. Patients on oral agents and SSI, or SSI alone should be monitored for a week.

2. The average total daily dose (TDD) requirement for insulin should be calculated and the patient could be started on basal insulin at 70-80-% of the TDD using insulin glargine or detemir; SSI should be discontinued.

3. If the patient is naïve to insulin, then a basal insulin may be started at 10 units/day or 0.1U/kg for older adults, or 0.2 U/kg for younger individuals.

4. If the TDD is less than 7-10 units a day, the patient may not need insulin at all and increasing the doses of existing oral agents or incretins (exanetide or liraglutide) may suffice.

5. Increase or decrease the basal dose by 2-4 units each week or every three days until the fasting goal is reached (Fix the Fasting First).

6. If the fasting BG is at goal, but pre-prandial or post-prandial BG levels are elevated, then give 4-6 units of a rapid-acting insulin only prior to the main meal of the day; it is not necessary at this point to give rapid-acting insulin before each meal. This is referred to as the Basal Plus regimen.

. . . remember to review the glucose log and analyze trends of when high or low levels occur, rather than relying solely on the A1C level.

7. Subsequently, if the A1C level begins to increase and BG is elevated prior to other than the main meal of the day, a similar approach can be followed for the next largest meal, and finally all meals if control deteriorates over time; simply continuing to increase basal insulin in these situations can lead to inter-meal hypoglycemia.

8. If the patient is on SSI as well as Regular, NPH, or pre-mix insulin and is not well controlled, then 50% of the average TDD should be given as basal insulin, and the remaining 50% could be given as rapid-acting insulin divided among the three meals depending on their size (e.g.: 20%, 20%, 10%, or 20%, 10%, and 20%). This is referred to as the Basal Prandial regimen.

9. Measure A1C levels every three months if control is suboptimal for that patient and therapeutic changes are being made; otherwise, every six months is sufficient.

It is important for the practitioner to remember to review the glucose log and analyze trends of when high or low levels occur, rather than relying solely on the A1C level. AIC levels can be decreased in patients with anemia, blood loss, hemodialysis, abnormal hemoglobins, and liver disease, although BG may remain high.

In summary, a systematic approach with basal insulin to control the fasting BG, and stepwise use of prandial insulin if pre-prandial BG are elevated, will improve glycemia, bearing in mind that recent recommendations for A1C and pre-prandial BG are individualized and less "tight" for our patients.

References

1. C. Campanelli et al. *JAGS* Feb 2012
2. Position Statement; Diabetes in Older People. *J Am Med Dir Assoc* 2012;13:497-502
3. M. Sue Kirkman et al. *JAGS* December 2012;Vol 60:12, and *Diabetes Care* December 2012 vol. 35 no. 12 2650-2664

POLST Project Initiated at Suncoast Hospice

By Deidra Woods, MD, FACP, CMD, FAAHPM; Medical Director, Suncoast Hospice, Clearwater

As a hospice medical director with experience in long-term care, I am all too familiar with the limitations of traditional advance directives. As our complex medical care system evolves, the specific patient situation is never exactly addressed by the legal documents our lawyers/legislators so carefully draft. Patients who do take the time and effort to create a written advance directive too often find themselves subjected to unwanted or ineffective interventions even when death is inevitable. Or find that medical providers respond to the pleas of loving, well-meaning family members to attempt more treatment, even when it seems the patient would not desire such an approach.

In an effort to create a tool that will help providers and patients engage in discussions about goals of care and identify wishes for end-of-life interventions, patient advocate groups have created a form that is a specific physician order. It is more comprehensive than a simple do-not-resuscitate order and can serve as a tool to stimulate discussion regarding patient wishes. A Florida Task Force has been working on this tool called POLST (Physician Orders for Life Sustaining Treatment) and hopes to have endorsement from the national POLST organization in the near future. They are also working closely with state legislators and medical organizations to garner their support. In the interim, there are pilot programs around the state to trial use of the new voluntary program with patients who have serious illness and want to convey their wishes for care.

It is more comprehensive than a simple do-not-resuscitate order and can serve as a tool to stimulate discussion regarding patient wishes.

The Florida POLST will require that both the patient and the physician sign and discuss the form. Instructions are reviewed when the patient is transferred to a different care setting or care level, when there is a change in health status, or when the patient's preferences change. The POLST document is an easily recognizable bright pink form and will follow the patient across the care continuum, from home to hospital to long-term care.

POLST is completed during a conversation with a healthcare provider and allows the patient to express specific wishes regarding a number of treatment choices. It includes instructions about resuscitation, hospitalization, mechanical ventilation, and nutrition/hydration. The patient's instructions are then recorded as physician orders and become a document that follows the patient to care settings where the orders are implemented unless or until the patient changes their wishes. If the patient is incapacitated, their healthcare surrogate may utilize the POLST form to create physician instructions for the care of their loved one.

Suncoast Hospice has begun a POLST pilot, one of four pilots in the state and the first at a Florida hospice. A training program is currently under way and we hope to introduce POLST to our patients in September. I will report information on our progress as it unfolds. For more information on POLST in the state of Florida and for help in initiating a project at your institution, contact Marshall Kapp at **(850) 645-9260** or visit **http://med.fsu.edu/?page=innovative Collaboration.POLST**.

Dr. Woods can be reached at **(727) 523-3258** or **deidrawoods@thehospice.org**.

Best Care Practices Conference Ambassadors Wanted fmda

Do you have some mileage in the business, some successes as well as scars? Then you have a lot to offer newcomers attending their first annual conference.

So, whether you are a physician, pharmacist, nurse practitioner, physician assistant, director of nursing, or nursing home administrator, please sign up to be an "Ambassador" to newcomers at the upcoming "Best Care Practices in the Geriatrics Continuum 2013" conference. This year's conference will be at Disney's *Contemporary Resort* in Lake Buena Vista, Oct. 17-20, 2013.

Being an Ambassador is actually pretty light duty, says FMDA President John Symeonides, MD, CMD. Volunteers will be assigned to a newcomer prior to the conference, and will be asked to touch base with that person throughout the conference.

"This is a way to get new people engaged," says Dr. Symeonides. 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.

You can sign up to be an Ambassador when you receive your conference registration materials, which will arrive at your desk very soon. Watch your e-mails and the mail for the complete conference brochure and registration form, or call the office at **(561) 689-6321**, or visit **www.bestcare practices.org**.

Call for Nominations & Volunteers

At FMDA's annual membership meeting on October 19, 2013, there will be an election of officers and directors. The positions of vice president and secretary/treasurer will become vacant along with seven board of director positions.

The Nomination Committee is being chaired by Dr. John Potomski, Chairman of the Board.

FMDA is also seeking nominations for the ARNP/PA member of the Board of Directors. This nomination must be made by participating ARNP/PA members faxing or e-mailing a note including their professional goals and objectives, intent to participate in FMDA board discussions, and ability to be reached via e-mail. Separate elections will be held at the Best Care Practices conference on Oct. 19.

If you are interested in serving the association in a committee or leadership position, please indicate your preference(s) below, then fax this form and your CV to the FMDA business office along with a brief statement outlining your interests and why you want to serve. The FMDA Nominations Committee will then make its recommendations for the slate of officers and directors; voting by ballot will take place on Oct. 19, during the Best Care Practices conference.

The following FMDA officer and board positions become vacant in October 2013. I am interested in serving a 2-year term, in the following position(s):

- ❒ **Vice President** (President-Elect)
- ❒ **Board Member**
- ❒ **Secretary/Treasurer**
- ❒ **Nurse Practitioner/PA Board Member**

In addition, the following FMDA committees need your help in 2013-2014. I am interested in joining, for a 1-year term (check as many as you like)**:**

- ❒ **CME/Education** (annual conference planning)
- ❒ **Government Affairs**
- ❒ **Membership Development**
- ❒ **Careers in Long-Term Care & Poster Review**
- ❒ **Call for Presentations Review**
- ❒ **Newsletter**
- ❒ **Hospice Section**

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Name: _____ Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

E-mail Address: _____

I am also interested in. . . . . .

- ❒ Yes! I want to volunteer as a Florida delegate or alternate to the **American Medical Directors Association** annual conference in Nashville, TN, Feb. 27-March 2, 2014. Delegates/alternates must be voting members of AMDA and registered to attend their annual symposium.

Thank you for supporting your association.

FMDA MEMBERSHIP APPLICATION

There are three classes of dues-paying FMDA members. **A. Regular membership:** Every medical director or attending physician of a long-term care medical facility or organization in the state of Florida and neighboring states shall be eligible for regular membership in FMDA. Members in this classification shall be entitled to a vote, shall be eligible to be a member of the Board of Directors and to hold office. **B. Affiliate members:** Composed of two categories, Affiliates may be any individual or organization in the medical, regulatory, or political fields of long-term care and wishing to promote the affairs of FMDA. **There are two subcategories, which include: B1. Professional Affiliate members:** This category is composed of physician assistants and nurse practitioners. Professional Affiliate members have all FMDA privileges and are eligible to hold office and vote for candidates within this membership category; and **B2. Organizational Affiliate members** includes vendors, other professionals, and organizations. Members shall have all FMDA privileges except shall not be eligible to vote nor hold elected office and may be appointed by the Board of Directors to serve on FMDA committees. **C. Allied Health Professional Relations Committee:** Health care practitioners who provide essential services to patients in the postacute setting are eligible to join, including dental professionals, podiatrists, opticians, psychiatrists, senior care pharmacists, psychologists, etc. Committee members are non-voting and may be appointed by the Board of Directors to serve on other FMDA committees.

Name: _____ **Title:** _____

The mailing address below is for ____ the facility, or ____ my office address. **Referred by FMDA member:** _____

Facility Name/Affiliation: _____

Organization's Name: _____

Mailing Address: _____ **City:** _____ **State/ZIP:** _____ **County:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Yes! I would like to join FMDA. Enclosed is a check for membership dues for the following category (check one):

❒ **A. Regular Membership for Physicians** ❒ **B1. Professional Affiliate members** for physician assistants and nurse practitioners

❒ **C. Allied Health Professional Relations Committee.** Dues: ❒ **1-year ($75)**; or ❒ **2-year ($125)**; or ❒ **3-year ($190)**; or ❒ **Lifetime ($750)**

❒ **B2. Organizational Affiliate members** are **$325 per year**.

❍ Voluntary **$50** contribution to support FMDA's Careers in LTC program, student scholarships, and AMDA's Futures Program $ 50

Total Amount Enclosed $ _____

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Please share this information with a colleague who would benefit from membership in FMDA! FMDA is a not-for-profit corporation. Its federal tax identification number is 59-3079300.

Please call the business office for **Corporate Group** rates.

STAND UP AND BE COUNTED

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We invite each member to become more involved in the Florida Medical Directors Association (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. John Symeonides**, president (**jsymeonides@yahoo.com**); or **Ian Cordes**, executive director, at **(561) 689-6321** or **ian.cordes@fmda.org**.

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In The Geriatrics Continuum

Register Today!

October 17-20, 2013

Disney's *Contemporary Resort*
Lake Buena Vista, Fla.

Best Care Practices in the Geriatrics Continuum 2013
is the Florida Medical Directors Association's 22nd Annual Program, held in collaboration with the Florida Chapters of Gerontological Advanced Practice Nurses Association, National Association Directors of Nursing Administration, Florida Geriatrics Society, and Florida Chapter of the American College of Health Care Administrators.

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FMDA's *Progress Report* ***September 2013***

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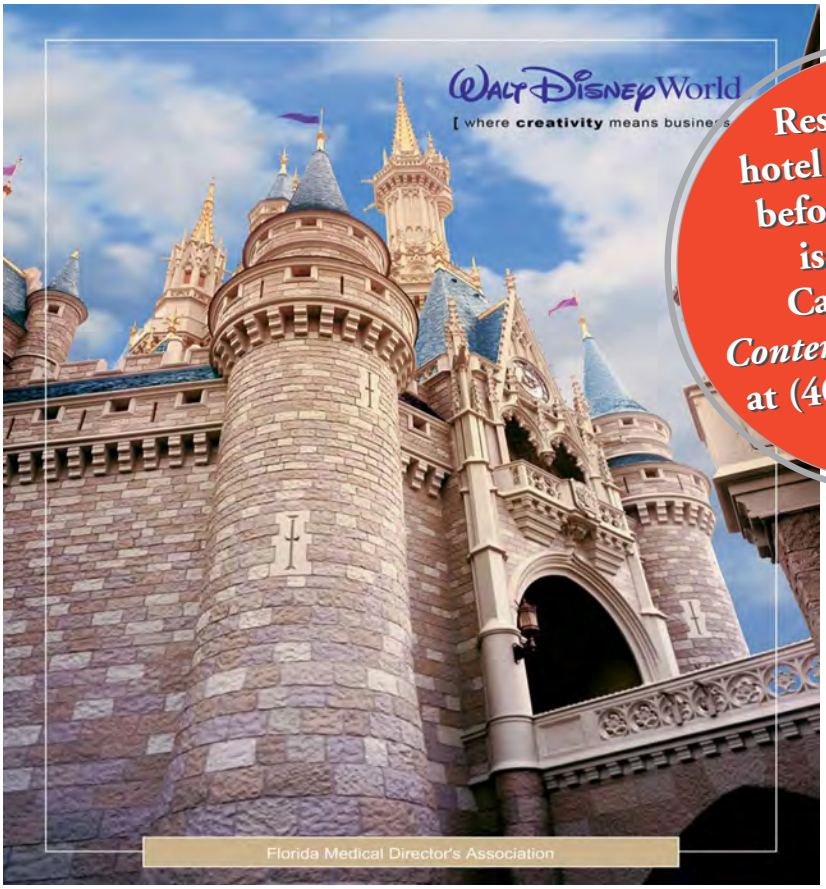
Another Magical Conference at Disney's *Contemporary Resort*



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