


The Florida Society for Post-Acute and Long-Term Care Medicine
Progress Report



*Serving Physicians, Nurse Practitioners, and Physician Assistants
Practicing in Florida's Post-Acute and Long-Term Care Continuum*

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

— By **Ian Cordes, Executive Director**

With a focus on “Developing a Long-Term Care Education Network,” Florida State University’s College of Medicine, Department of Geriatrics, and FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine sponsored this invitation-only event for LTC stakeholders on Thursday, Aug. 27, in Tallahassee, Fla.

Representation included the faculty and leadership of both sponsoring organizations, as well as those from Florida Health Care Association, LeadingAge Florida, Florida Pioneer Network, Florida Assisted Living Federation of America, Florida Association Directors of Nursing Administration, and the University of South Florida. Discussions resulted in some innovative ideas to promote communication and PA/LTC education in Florida.

The following day, FMDA and FSU’s College of Medicine, Department of Geriatrics, sponsored three (3) hours of educational programming, titled, “Advances in Post-Acute and Long-Term Care,” featuring lectures from Kenneth Brummel-Smith, MD, Charlotte Edwards Maguire Professor of Geriatrics at FSU; Paul R. Katz, MD, CMD, Chair, Department of Geriatrics, FSU College of Medicine; and Polly Weaver, Assistant Deputy Secretary, Agency for Health Care Administration.

With more than 65 physicians, nurses, and nursing home administrators in attendance, some traveling from as far as Fort Lauderdale, the lectures were very well received. Nursing home administrator Katrina Fillyaw from Dowling Park said, “Presenters were clear and knowledgeable. I have had the opportunity to hear these presenters before and they never disappoint.”

Alice Pomidor, MD, professor, FSU College of Medicine, stated, “Excellent selection of presenters. Very clear presentations by highly qualified and knowledgeable people. Those traits are not always found together.”

Maria Rosaida Gonzalez, MD, added, “I found this to be an outstanding program.”

FMDA thanks Dr. Chris Mulrooney, Asst. Dean for Graduate Medical Education at FSU’s College of Medicine, for helping to plan these programs in Tallahassee.

“We are delighted to have been given this opportunity to collaborate with FSU’s College of Medicine, Department of Geriatrics, on both of these very successful meetings in Tallahassee,” said Dr. Robert Kaplan, president, FMDA. “FMDA is committed to supporting the efforts of developing educational networks and we look forward to expanding our collaborative partnerships across the state,” he added.

“We welcome one of our own to Florida. Dr. Paul Katz is a past-president of AMDA, FMDA’s national affiliate,” Kaplan concluded.



FMDA Leaders and FSU College of Medicine, Department of Geriatrics at forum on August 28, 2015 (from left): Leonard Hock, DO, MACOI, CMD, HMDC, FMDA President-Elect; Paul Katz, MD, CMD, Chair, Department of Geriatrics, Florida State University’s College of Medicine; Kenneth Brummel-Smith, MD, Immediate Past Chair, Department of Geriatrics, Florida State University’s College of Medicine; Claudia Marcelo, DO, Program Director, FMDA’s Best Care Practices in the Geriatrics Continuum 2015; Angel Tafur, MD, CMD, Chair, FMDA’s CME/Education Committee; John Symeonides, MD, CMD, FMDA’s Immediate Past-President; Robert Kaplan, MD, FACP, CMD, FMDA President; and Chris Mulrooney, PhD, Asst. Dean for Graduate Medical Education at FSU’s College of Medicine



The Florida Society for Post-Acute and Long-Term Care Medicine

*Serving Physicians, Nurse Practitioners,
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Long-Term Care Continuum*

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From the President's Desk

It's difficult to believe that two years have passed since I assumed the presidency in 2013, and that this will be my final column in that position. Initially, I'd like to convey to the FMDA membership my sincere appreciation for the honor and privilege of serving as your president. It has been a busy two years, and I would refer you to the separate piece in this *Progress Report*, "President's Year in Review," on pages 19-20, crafted by Ian Cordes, our Executive Director, for details of our organizational activities. Highlights include bylaws revision allowing expansion of full membership to nurse practitioners and physician assistants, name change to reflect our diverse membership and promotion of inclusivity, and another highly successful annual Best Care Practices (BCP) 2014.



Robert Kaplan, MD, CMD

In addition, I must give special mention to our recent most exciting collaborative effort with Florida State University in late August, sponsoring an extremely well attended educational activity preceded the prior evening by a diverse stakeholder think tank session with a focus on the development of a Long-Term Care Education Network. I was extremely proud of my accompanying colleagues, as FMDA had a prominent voice in this session. Special thanks to Dr. Paul Katz and Chris Mulrooney of FSU, who made this happen! In moving forward and attempting to re-vitalize our Town Hall meetings, this might well be the most favorable blueprint, i.e., partnering with another entity such as an academic center, with the inclusion of a CME activity, and separate dialogue session, which could include multiple stakeholder groups.

However, with every term comes its share of disappointments. Most prominent in this category for me was failure of our two resolutions: 1. Minimum Training for Medical Directors, and 2. Mandatory Basic Credentialing in SNFs for all medical professionals, at both the AMDA and FMA House of Delegates sessions. However, I do feel we successfully promoted a distinct awareness of these two issues. Of note, is that CMS has included physician credentialing as part of proposed revisions of requirements for participation. Know that FMDA is currently crafting its own response to CMS, addressing several different proposed rule modifications. In addition, I'm extremely proud of our FMDA position statement promoting minimum training for SNF medical directors in Florida. In this ever-changing landscape, with ACOs, value-based purchasing, and preferred providers, distinguishing oneself from the rest of the field would appear desirable.

All that said, BCP 2015 is literally upon us and, as in the past, promises to be one of the year's premier educational offerings in the PA/LTC setting. If you work in this setting, attendance should be a "no brainer." Many challenges lay ahead for FMDA as well. Membership retention and growth is, and must always remain a focus and priority. We must continue to enhance our value proposition to existing and prospective new members. One example could be implementation of a "Hotline," staffed by a rotation of FMDA leadership, or other volunteers, to address medical direction or clinically related questions on a 24/7/365 real-time basis.

In closing, I'd like to thank the Board, officers, and membership for their support, with distinct, huge, special gratitude to Ian, Matt, and all the FMDA staff. Finally, I'd be remiss in not extending a special "merci" to my wife, Fabienne, for her continued support and willingness to share me throughout my career and, more than ever before, during the past two years. As usual, I'm always available for your questions, comments, and input.

Hope to see you at BCP. Enjoy!

Robert Kaplan, MD, FACP, CMD

Stand Up & Be Counted!

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 practitioners in post-acute and 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. Robert Kaplan, president (rgk.md@aol.com); or Ian Cordes, executive director, at (561) 689-6321 or icordes@bellsouth.net.

Roadmap to Quality: Ahead of the Curve

Another Outstanding Optional Preconference Lineup on Thursday, Oct. 22, 2015!

We are offering the three (3) mandatory licensure renewal courses — the only LIVE courses currently listed on CEBroker.com. This is followed by a 3-hour, state-of-the-technology risk management workshop on Electronic Health Records and Electronic Medical Records from a panel of experts.

Florida Mandatory Licensure Renewal Courses

- 8-9 a.m. 101: **Update on HIV/AIDS** ◀ Cathy Robinson-Pickett, BS; HIV Educator and Advocate; Co-Founder, Friends-Together, Inc., Lakeland, FL
- 9:05-11:05 a.m. 102: **Domestic Violence** ◀ Cathy Robinson-Pickett, BS; Certified Domestic Violence Trainer
- 11:10 a.m.-12:10 p.m. 103: **Preventing Medical Errors: Part I** ◀ Cathy Robinson-Pickett, BS; Co-Founder, Friends-Together, Inc., Lakeland, FL; Nova Southeastern Area Health Education Center Board member
- 12:15-1:15 p.m. 104: **Product Theater Lunch Program** (non-CME/CPE/CE) — Sponsored by **Boehringer-Ingelheim**
Introducing a New Option in COPD Care: Improving Lung Function with Maintenance Therapy for COPD
◀ Thomas William O'Brien, MD, Pulmonology Disease Specialists, Kissimmee, FL
- 1:20-2:20 p.m. 103 Continued: **Preventing Medical Errors: Part II** ◀ Cathy Robinson-Pickett, BS

PRE-CONFERENCE Workshop

- 2:30-5:45 p.m. 105: **The Pitfalls of EHRs: Risk Management and Challenges Presented for LTPAC Medical Practices and LTPAC Facility EHRs**
- ◀ Rod Baird, MS; Founder and President, Geriatric Practice Management
 - ◀ Greg Chaires, Esq.; Managing Partner/Attorney at Law, Chaires, Brooderson & Guerrero
 - ◀ Denise Wassenaar, RN, MS, LNHA; Chief Clinical Officer, MatrixCare



Sign up onsite for these product theater dinners on Thursday.

- 6:30-7:45 p.m. **Product Theater Dinner Program** (non-CME/CPE/CE) — Sponsored by **Sunovion Pharmaceuticals**
Welcome to Aptiom® (eslicarbazepine acetate) ◀ Speaker: Dana Saffel, PharmD
- 6:30-7:45 p.m. **Product Theater Dinner Program** (non-CME/CPE/CE) — Sponsored by **Actavis**
Supporting Patients in Moderate to Severe States of Alzheimer's Disease: A New Treatment Option
◀ Speaker: Stephen H. Selznick, DO, CMD

See registration form on page 13 for more information!



Download our 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. It contains many useful features, as well as tabs for this annual conference, including the handouts. The app is available as a free download from iTunes and Android stores by searching for "FMDA."

Editor's Corner

By Elizabeth Hames, DO, Assistant Professor, Department of Geriatrics, Assistant Program Director, Geriatric Medicine Fellowship, Broward Heath/NSU-COM; Editor, Progress Report

Marking the 50th anniversary of Medicare, Medicaid, the Older Americans Act (OAA), and the 80th anniversary of the SSA, the White House Conference on Aging (WHCoA) took place throughout 2015. This national effort brought the concerns of older adults into the spotlight and aimed to help shape the decade ahead. The WHCoA has been held every 10–15 years since 1961, and was initially created to identify and promote actions to improve the quality of life of older adults. This program has had significant influence on the development of aging policy, as well as being instrumental in facilitating key improvements to Medicare, Medicaid, SSA, and OAA.



Elizabeth Hames, DO

This year's events used web tools and social media to engage as many older adults as possible in dialogue. Goals included construction of a framework of issues and concerns most important to older adults, caregivers, and/or family members. Information and input was gathered nationally beginning in early in 2015. Live and virtual listening sessions and meetings with stakeholders, as well as regional forums, were highlights of the program. The goals of the five regional forums were to bring together a community — including older adults, caregivers, advocates, experts, and local leaders. Dynamic conversations occurred at these five events — in Arizona, Florida, Massachusetts, Ohio, and the state of Washington. Participants from the community were encouraged to ask questions via online tools, and were encouraged to participate in “listening parties” in their local area.

Some common themes discussed in multiple regional forums and through online exchange included:

- 1) Retirement security
- 2) Healthy aging (medical concerns, community support,

housing)

- 3) Long-term services and supports
- 4) Elder justice (prevention of financial exploitation and other forms of abuse and neglect)

Policy briefs were created for each of the above areas and discussion questions were posted online for open comment. There was not a formal delegation process for the program. Rather, invitees to the regional forums represented multiple sectors influencing aging adults. Selected attendees to the final session at the White House in July 2015 represented a diverse group of experts and stakeholders. FMDA's Dr. Naushira Pandya, President of AMDA, was an invited participant to the White House event and the regional forum in Tampa, FL.

A summary of key announcements created during the 2015 WHCoA include:

1) Facilitating state efforts to provide workplace-based retirement savings opportunities. Proposals at the state and federal levels include requiring or encouraging employers to enroll workers in an IRA or 401(k)-type plan.

2) A comprehensive website, <http://www.Aging.gov>, was launched, housing a wide array of information and links to access federal, state, and local services and resources for older adults. Long-term care, health services, and elder justice are foci on this site.

3) Modernizing federal rules that affect long-term care, healthy aging, and elder justice:

a. New CMS focus on updating quality and safety requirements for facilities in the post-acute and long-term care spectrum — with stated goals of quality improvement, a person-centered approach to care, and improved resident safety. This will create a large amount of dialogue with and among members of our field, as ideas continue to emerge.

b. The USDA proposed improved access to better nutrition for adults over 65 and those are homebound and/or have intellectual and developmental disabilities. The Supplemental Nutrition Assistance Program (SNAP) would allow benefits for these individuals to have home food delivery.

c. The U.S. Department of Justice will launch the Victims of Crime Act (VOCA) at the end of 2015 with revised victim assistance guidelines. VOCA funds will be used to support legal services and social services to older adult victims of any type of abuse.

d. HUD has reaffirmed its priority of supporting equal access for older adults for HUD-assisted and HUD-insured housing.

4) Utilizing technology to support older adults by making federal data sets with relevance to aging more accessible and user friendly at <http://www.Data.gov>.

The momentum of an open dialogue continues, and the

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structure of caring for older adults is rapidly evolving, with post-acute and long-term care in a central role. What a great time to extend the conversation this month at FMDA's Best Care Practices Roadmap to Quality: Ahead of the Curve!

The month of May was first given this designation in 1963 by President John F. Kennedy and the National Council of Senior Citizens. This is a time to acknowledge the contributions of older persons in the United States, and is marked by community events throughout the nation. Marking the 50th anniversary of the Older Americans Act, this year's theme is "Get into the Act." There is a focus on the involvement and empowerment of older adults in their health care decision-making and in disease prevention through wellness education and activities. Increasing participation in community events, whether in an independent living situation, or in a post-acute / long-term care environment, is encouraged. The prevention of elder abuse is also an initiative of this year's educational events.

The Older Americans Act (OAA) of 1965 was the first federal legislation for the formalized provision of services to older adults. The OAA created the National Aging Network, which includes the Administration on Aging (AOA), State Units on Aging, and Area Agencies on Aging (AAA), which support Aging and Disability Resource Centers — ADRCs.

The funding for local organizations is based on the percent of the population over the age of 60 in the defined geographic area. Some of the central goals of these federal-, state-, and community-based programs include health promotion and disease prevention through education and outreach. Nutrition is a core paradigm, as evidenced by networks of congregate meal sites and home meal delivery programs in most communities. Advocacy for elder rights is carried out through the Vulnerable Elders Protection Program, Long-Term Care Ombudsman Program, Senior Community Service Employment Program, and National Family Caregiver Support Program.

The OAA is overdue for reauthorization by Congress. The National Council on Aging (NCOA, a charitable organization that provides a national voice for older adults by dealing with service providers and policymakers) began a week of advocacy on May 18, to promote the OAA reauthorization. Stay informed at www.ncoa.gov. A week of The Reauthorization Act of 2015 includes bills that address economic need and security for older adults through research, education, and outreach. A call for evidence-based health promo-

tion and disease prevention initiatives is a part of the draft. Stronger elder justice programs and more provision of legal services to this sector are also goals of the revised OAA.

Conversations reflecting these goals continue at the local, state, and national level. The White House Conference on Aging, through regional forums and online dialogue, is a platform for innovation in healthy aging, long-term services and supports, elder justice, and retirement security. Join the experience at www.whitehouseconferenceonaging.gov. FMDA's Dr. Naushira Pandya, current president of AMDA, recently spoke at the WHCoA forum in Tampa, FL, and attended a reception at the White House.

FMDA, as the Florida Society for Post-Acute and Long-Term Care Medicine, will continue to bring you current policy and practice updates during this dynamic time.

FMDA Salutes its Lifetime Members

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FMDA **Progress Report** has a circulation of more than 1,100 physicians, physician assistants, nurse practitioners, directors of nursing, administrators, and other Post-Acute & LTC professionals. **Progress Report** is a trademark of FMDA. **Progress Report** editor Elizabeth Hames, DO, welcomes letters, original articles, and photos. If you would like to contribute to this newsletter, please email your material to icordes@bellsouth.net.

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**Florida Medicaid, a Division of the Agency for Health Care Administration,
Issued Two Important Health Care Alerts on October 1**

Medical Certification for Medicaid Long-Term Care Services 2and Patient Transfer Form AHCA 5000-3008 (October 2015)

Effective October 1, 2015, this new 3008 form must be signed by a Florida-licensed physician or Florida-licensed advanced registered nurse practitioner, and returned to the local CARES office

The Medical Certification for Nursing Facility/Home and Community-Based Services form (AHCA MedServ-3008 form, May 2009), commonly known as the 3008, has been revised and incorporated into Rule 59G-1.045, Florida Administrative Code. In addition to extensive updates to the form itself, the 3008 has a new name and a new form number. The revised 3008 is called the Medical Certification for Medicaid Long-Term Care Services and Patient Transfer Form (AHCA Form 5000-3008, October 2015). **Use of the AHCA MedServ-3008 should have been discontinued on October 1.**

Effective October 1, the AHCA Form 5000-3008 replaces the AHCA MedServ-3008. The revised 3008 is available on the Department of Elder Affairs' web page (http://elderaffairs.state.fl.us/doea/cares_3008ppp.php) and on the Florida Medicaid Web Portal Provider Forms (http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_ProviderSupport/Provider_ProviderSupport_Forms/tabId/52/Default.aspx) webpage.

A training presentation on how to complete the revised 3008 is accessible on the Florida Medicaid Provider Training e-Library

Previous Training Materials web page at http://ahca.myflorida.com/Medicaid/e-library/previous_training.shtml.

The AHCA 5000-3008 form is used by the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program to determine medical eligibility for Medicaid Waiver programs. This form must be signed by a Florida-licensed physician or Florida-licensed advanced registered nurse practitioner.

As of October 1, the CARES Program will only accept the revised Medical Certification for Medicaid Long-Term Care Services and Patient Transfer Form – AHCA 5000-3008 (October 2015), as incorporated into Rule 59G-1.045, Florida Administrative Code.

Also, there is “Additional Information for Nursing Facilities and Hospitals” when submitting a 3008 to CARES on behalf of a client, i.e., Informed Consent.

Sample forms may be found on **pages 7-8**.



The Charles E. Schmidt College of Medicine at Florida Atlantic University is seeking an outstanding faculty member at the rank of Assistant, Associate or Full Professor of Clinical Biomedical Science. This position is intended for faculty with major effort in teaching and service in Geriatric Medicine and Palliative Care.

Qualifications: M.D. or D.O. from an accredited institution and credentials that merit appointment at the rank of assistant professor or higher, and board certification or eligibility in Geriatric Medicine.

**For more information and to apply
Visit: <https://jobs.fau.edu> (Position #970681)**

Florida Atlantic University is an equal opportunity/affirmative action institution and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veterans status or any other characteristic protected by law. Individuals with disabilities, requiring accommodation, please call 561-297-3057. 711.


Mission Statement
The mission of FMDA 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
FMDA is 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 be an innovative organization that collaborates with related organizations and promotes the highest quality of care to patients in the long-term care continuum.

FMDA – The Florida Society for Post-Acute and Long-Term Medicine
APPLICATION FOR MEMBERSHIP

Dedicated to supporting physicians and other practitioners in **Post-Acute & Long-Term Care Medicine**



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CAREER-ORIENTED PROGRAMMING:

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!

Effective October 1, 2015, this new, 2-page 3008 form must be signed by a Florida-licensed physician or Florida-licensed advanced registered nurse practitioner.

MEDICAL CERTIFICATION FOR MEDICAID LONG-TERM CARE SERVICES AND PATIENT TRANSFER FORM

Patient Name: _____

DOB: _____

<p>A. PATIENT INFORMATION</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Hispanic Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other: _____ Language: <input type="checkbox"/> English <input type="checkbox"/> Other: _____</p> <p>B. SIGHT HEARING</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Impaired <input type="checkbox"/> Normal <input type="checkbox"/> Impaired <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Hearing Aid L R</p> <p>C. DECISION MAKING CAPACITY (PATIENT): <input type="checkbox"/> Capable to make healthcare decisions <input type="checkbox"/> Requires a surrogate</p> <p>D. EMERGENCY CONTACT</p> <p>Name: _____ Name: _____ Phone: _____ Phone: _____</p> <p>E. MEDICAL CONDITION / RECENT HOSPITAL STAY</p> <p>Primary Dx at discharge: Reason for transfer (Brief Summary): Surgical procedures performed during stay: <input type="checkbox"/> None</p> <p>Other diagnoses: _____</p> <p>F. INFECTION CONTROL ISSUES</p> <p>PPD Status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not known Screening date: _____ Associated Infections/resistant organisms: <input type="checkbox"/> MRSA Site: _____ <input type="checkbox"/> VRE Site: _____ <input type="checkbox"/> ESBL Site: _____ <input type="checkbox"/> MIDRO Site: _____ <input type="checkbox"/> C-Diff Site: _____ <input type="checkbox"/> Other: Site: _____</p> <p>Isolation Precautions: <input type="checkbox"/> None <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne</p> <p>G. PATIENT RISK ALERTS</p> <p><input type="checkbox"/> None Known <input type="checkbox"/> Harm to self <input type="checkbox"/> Difficulty swallowing <input type="checkbox"/> Elopement <input type="checkbox"/> Harm to others <input type="checkbox"/> Seizures <input type="checkbox"/> Pressure Ulcers <input type="checkbox"/> Falls <input type="checkbox"/> Other: _____</p> <p>RESTRAINTS: <input type="checkbox"/> Yes <input type="checkbox"/> No Types: _____</p> <p>Reasons for use: _____</p> <p>ALLERGIES: <input type="checkbox"/> None Known <input type="checkbox"/> Yes, List below: Latex Allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No Dye Allergy/Reaction: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>H. ADVANCE CARE PLANNING</p> <p>Please ATTACH any relevant documentation:</p> <p>Advance Directive <input type="checkbox"/> Yes <input type="checkbox"/> No Living Will <input type="checkbox"/> Yes <input type="checkbox"/> No DO NOT Resuscitate (DNR) <input type="checkbox"/> Yes <input type="checkbox"/> No DO NOT Intubate <input type="checkbox"/> Yes <input type="checkbox"/> No DO NOT Hospitalize <input type="checkbox"/> Yes <input type="checkbox"/> No No Artificial Feeding <input type="checkbox"/> Yes <input type="checkbox"/> No Hospice <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I. TRANSFERRED FROM</p> <p>Facility Name: _____ Date: _____ Unit: _____ Phone: _____ Fax: _____ Discharge Nurse: _____ Phone: _____ Admit Date: _____ Discharge Date: _____ Admit Time: _____ Discharge Time: _____</p> <p>J. TRANSFERRED TO</p> <p>Facility Name: _____ Address 1: _____ Address 2: _____ Phone: _____ Fax: _____</p> <p>K. PHYSICIAN CONTACTS</p> <p>Primary Care Name: _____ Phone: _____ Hospitalist Name: _____ Phone: _____</p> <p>L. TIME SENSITIVE CONDITION SPECIFIC INFORMATION</p> <p>Medication due near time of transfer / list last time administered Script sent for controlled substances (attached): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Anticoagulants Date: _____ Time: _____ <input type="checkbox"/> Antibiotics Date: _____ Time: _____ <input type="checkbox"/> Insulin Date: _____ Time: _____ <input type="checkbox"/> Other: Date: _____ Time: _____</p> <p>Has CHF diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes; new/worsened CHF present on admission? <input type="checkbox"/> Yes <input type="checkbox"/> No Last echocardiogram: Date: _____ LVEF %</p> <p>On a proton pump inhibitor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it for: <input type="checkbox"/> In-hospital prophylaxis and can be discontinued <input type="checkbox"/> Specific diagnosis: _____</p> <p>On one or more antibiotics? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify reason(s): _____</p> <p>Any critical lab or diagnostic test pending at the time of discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____</p> <p>M. PAIN ASSESSMENT:</p> <p>Pain Level (between 0 - 10): _____ Last administered: Date: _____ Time: _____</p> <p>N. FOLLOWING REPORTS ATTACHED</p> <p><input type="checkbox"/> Physicians Orders <input type="checkbox"/> Treatment Orders <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Includes Wound Care <input type="checkbox"/> Medication Reconciliation <input type="checkbox"/> Lab reports <input type="checkbox"/> Discharge Medication List <input type="checkbox"/> X-ray <input type="checkbox"/> EKG <input type="checkbox"/> PASRR Forms <input type="checkbox"/> CT Scan <input type="checkbox"/> MRI <input type="checkbox"/> Social and Behavioral History</p> <p>ALL MEDICATIONS: (MAY ATTACH LIST)</p>
---	---

Use of the AHCA MedServ-3008 should have been discontinued on October 1.

AHCA 5000-3008, revised October 2015. (incorporated by reference in Rule 59G-1.045, F.A.C.)

Effective October 1, 2015, this new, 2-page 3008 form must be signed by a Florida-licensed physician or Florida-licensed advanced registered nurse practitioner.

MEDICAL CERTIFICATION FOR MEDICAID LONG-TERM CARE SERVICES AND PATIENT TRANSFER FORM

Patient Name: _____

DOB: _____

O. VITAL SIGNS

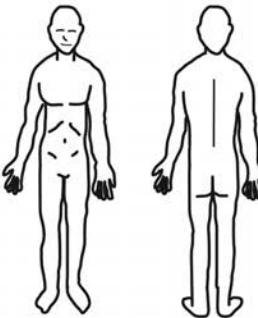
Date: _____ Time Taken: _____

HT: _____ WT: _____

Temp: _____ BP: _____

HR: _____ RR: _____ SpO2: _____

T. SKIN CARE - STAGE & ASSESSMENT



Pressure Ulcers
(Indicate stage and location(s) of lesions using corresponding number:
1.
2.
3.

List any other lesions or wounds: _____

P. PATIENT HEALTH STATUS

Bladder: Continent Incontinent
 Ostomy Catheter Type: _____ date inserted: _____
 Foley Catheter: Yes No If yes, date inserted: _____

Indications for use:
 Urinary retention due to: _____
 Monitoring intake and output
 Skin Condition: _____
 Other: _____

Attempt to remove catheter made in hospital? Yes No
 Date Removed: _____

Bowel: Continent Incontinent Ostomy

Date of Last BM: _____

U. MENTAL / COGNITIVE STATUS AT TRANSFER

Alert, oriented, follows instructions
 Alert, disoriented, but can follow simple instructions
 Alert, disoriented, and cannot follow simple instructions
 Not Alert

Immunization status:
 Influenza: Yes No Date: _____
 Pneumococcal: Yes No Date: _____

V. TREATMENT DEVICES

Heparin Lock - Date changed: _____
 IV / PICC / Portacath Access - Date inserted: _____
 Type: _____
 Internal Cardiac Defibrillator Pacemaker
 Wound Vac
 Other: _____

Respiratory - Delivery Device: CPAP BiPAP
 Nebulizer Other: _____ Nasal Cannula
 Mask: Type _____
 Oxygen - liters: _____% PRN Continuous
 Trach Size: _____ Type: _____
 Ventilator Settings: _____
 Suction

Q. NUTRITION / HYDRATION

Dietary Instructions: _____

Tube Feeding: G-tube J-tube PEG
 Insertion Date: _____

Supplements (type): TPN Other Supplements: _____

Eating: Self Assistance Difficulty Swallowing

W. PERSONAL ITEMS

Artificial Eye Prosthetic Walker
 Contacts Cane Other
 Eyeglasses Crutches
 Dentures Hearing Aids
 U L Partial L R

R. TREATMENTS AND FREQUENCY

PT - Frequency: _____

OT - Frequency: _____

Speech - Frequency: _____

Dialysis - Frequency: _____

X. COMMENTS (Optional)

Signature: _____

Printed Name: _____

S. PHYSICAL FUNCTION

Ambulation:
 Not ambulatory
 Ambulates independently
 Ambulates with assistance
 Ambulates with assistive device

Transfer:
 Self
 Assistance
 1 Assistant
 2 Assistants

Devices:
 Wheelchair (type): _____
 Appliances:
 Prosthesis:
 Lifting Device:

Weight-bearing:
 Left:
 Full Partial None
 Right:
 Full Partial None

Y. PHYSICIAN CERTIFICATION

I certify the individual requires nursing facility (NF) services.
 The individual received care for this condition during hospitalization.
 I certify the individual is in need of Medicaid Waiver Services in lieu of nursing facility placement.

Rehab Potential (check one)
 Good Fair Poor

Effective date of medical condition _____

Physician/ARNP Signature: _____ Date: _____

Printed Physician/ARNP Name & Title: _____ Phone Number: _____

Person completing form: _____ Phone Number: _____ Date: _____

Use of the AHCA MedServ-3008 should have been discontinued on October 1.

AHCA Form 5000-3008, revised October 2015 (incorporated by reference in Rule 59G-1.045, F.A.C.)

Is My Patient Suffering from PBA?

Many patients we treat with multiple chronic conditions and severe disability exhibit many symptoms from living with these conditions, such as depression, stress, and the overall burden of coping with daily life. These patients contend each day with striving to gain as much function as possible in order to achieve independent living, however defined by the individual. When treating these complex patients, it is sometimes challenging to pinpoint and treat some of the secondary symptoms they are experiencing. Specifically, patients with a diagnosis of certain neurologic disorders, such as traumatic brain injury (TBI), Alzheimer’s disease or other dementias, stroke or TIAs, multiple sclerosis (MS), Parkinson’s disease, or amyotrophic lateral sclerosis (ALS), may exhibit uncontrollable episodes of laughing, crying, or both that are either exaggerated or contradictory to the context in which they occur. These symptoms may look like depression or other psychiatric disorders, but may be a treatable condition called PseudoBulbar Affect, or PBA. The clinical impact of PBA can be severe, with persistent symptoms that can be disabling to patients and may significantly impact quality of life for patients and caregivers.

Many patients have never heard of PseudoBulbar Affect (PBA) and have trouble describing the episodes to their health care provider. However, nearly two million Americans with underlying neurologic conditions or brain injuries are estimated to suffer from these uncontrollable outbursts of crying or laughing.

PBA is a neurologic condition in which people are prone to sudden, unexpected and often inordinate episodes of crying or laughing.^{1,3} People with TBI, stroke, Parkinson’s disease, multiple sclerosis, amyotrophic lateral sclerosis, or various dementias are more likely to exhibit these symptoms.^{2,4-7} While the condition has been largely misunderstood and mis-attributed to psychiatric disorders,^{8,9} current research suggests that specific types of injuries and disease may interrupt brain functions which normally control emotions, which can lead to PBA.^{6,10}

PBA and depression may co-occur, however. Table 1 demonstrates distinctions in diagnosis.

PBA is disconcerting for those with the condition and those around them.¹¹⁻¹³ People with PBA cannot understand why they are displaying emotions in contrast to their actual feelings and their family and caregivers are dismayed by apparent evidence of distress or callousness or by the intensity of the event. If you have a patient exhibiting what you think may be PBA, please access www.pbafacts.com for more information about treatment options.

References:

1. Parvizi J, Arciniegas DB, Bernardini GL, et al. Diagnosis and management of pathological laughter and crying. *Mayo Clin Proc.* Nov 2006;81(11):1482-1486.

2. Wortzel HS, Oster TJ, Anderson CA, Arciniegas DB. Pathological laughing and crying: epidemiology, pathophysiology and treatment. *CNS Drugs.* 2008;22(7):531-545.

3. Ahmed A, Simmons Z. Pseudobulbar affect: prevalence and management. *Therapeutics and Clinical Risk Management.* 2013;9:483-489.

4. Schiffer R, Pope LE. Review of pseudobulbar affect including a novel and potential therapy. *J Neuropsychiatry Clin Neurosci.* Fall 2005;17(4):447-454.

5. Starkstein SE, Migliorelli R, Teson A, et al. Prevalence and clinical correlates of pathological affective display in Alzheimer’s disease. *J Neurol Neurosurg Psychiatry.* Jul 1995;59(1):55-60.

6. Kim JS, Choi-Kwon S. Poststroke depression and emotional incontinence: correlation with lesion location. *Neurology.* May 9 2000;54(9):1805-1810.

7. Tateno A, Jorge RE, Robinson RG. Pathological laughing and crying following traumatic brain injury. *J Neuropsychiatry Clin Neurosci.* Fall 2004;16(4):426-434.

8. King RR, Reiss JP. The epidemiology and pathophysiology of pseudobulbar affect and its association with neurodegeneration. *Degener Neurol Neuromuscul Dis.* 2013;3:23-31.

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10. Parvizi J, Coburn K, Shillcutt S, Coffey CE, Lauterbach E, Mendez M. Neuroanatomy of pathological laughing and crying: a report of the American Neuropsychiatric Association Committee on Research. *The Journal of Neuropsychiatry and Clinical Neurosciences.* 2009;21(1):75-87.

11. PBA is different from depression. Retrieved December 16, 2014, from <https://www.pbafacts.com/pba-vs-depression>.

12. Work SS, Colamonic JA, Bradley WG, Kaye RE. Pseudobulbar affect: an under-recognized and under-treated neurological disorder. *Advances in Therapy.* Jul 2011;28(7):586-601.

13. Brooks BR, Crumacker D, Fellus J, Kantor D, Kaye RE. PRISM: a novel research tool to assess the prevalence of pseudobulbar affect symptoms across neurological conditions. *PLoS one.* 2013;8(8):e72232.

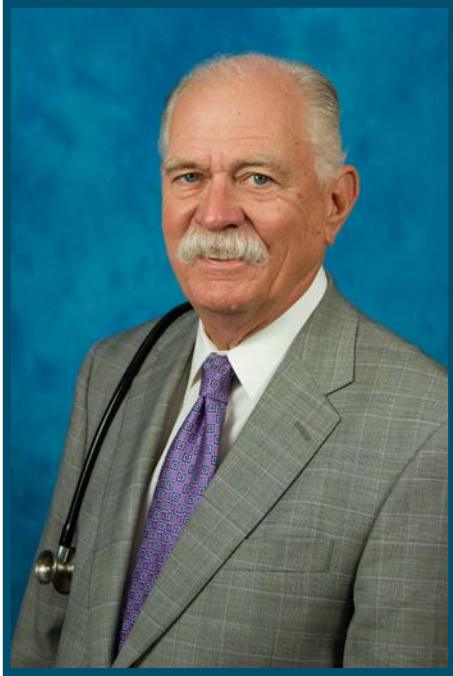
14. Dark FL, McGrath JJ, Ron MA. Pathological laughing and crying. *Aust N Z J Psychiatry.* Aug 1996;30(4):472-479.

Table 1. Contrast of Clinical Characteristics in PBA and Depression.¹¹

Clinical Characteristics	PBA	Depression
Emotional expression	Crying, laughing, or both	Crying
Underlying neurologic conditions	Neurologic disease or brain injury always present	May or may not have underlying neurologic disorder
Episoded length of time	Seconds to minutes; brief	Weeks to months; on-going mood
Ability to control episodes	Uncontrollable	May be moderated or controlled
Emotional experience	Exaggerated or does not match feelings inside	Emotions match mood of sadness inside
Accompanying thoughts	Outbursts have no specific link to underlying thoughts	Worthlessness, hopelessness, thoughts of death

TrustBridge

Health



Congratulations!

Leonard R. Hock, Jr., DO, MACOI, CMD
Chief Medical Officer of Harbor Palliative Care
and Advanced Illness Management

*For the distinguished honor of being
elected President of the FMDA—
The Florida Society for Post-Acute
and Long-Term Care Medicine*



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FMDA Membership Application

There are multiple classes of membership in the Association: general, student, retired, lifetime, and affiliate. All members of this organization will be encouraged to be members of the national association, AMDA – The Society for Post-Acute and Long-Term Care Medicine.

a. General: Membership in FMDA may be granted to any physician who holds the position of medical director, or a physician, advanced practice nurse, or physician assistant who has an interest in or who provides medical services in full or in part in PA/LTC. Members in this classification shall be entitled to a vote and the eligibility to be a member of the Board of Directors.

i. Retired: Includes physicians, advanced practice nurses, and physician assistants who are fully retired.

ii. Lifetime: Includes physicians, advanced practice nurses, and physician assistants who continue to work and are not retired.

b. Allied Health Professional Relations Committee: Health care practitioners who provide essential services to patients in the PA/LTC setting are eligible to join, including consultant pharmacists, senior care pharmacists, dental professionals, podiatrists, opticians, psychologists, therapists (PT/OT/ST), etc. Committee members are non-voting and may be appointed by the Board of Directors to serve on other FMDA committees.

c. Organizational Affiliates: Organizations in the medical, regulatory, or political fields of PA/LTC wishing to promote the affairs of FMDA. They include vendors, other professionals, and organizations.

d. Students: Student membership is available to physicians/PAs/NPs-in-training, including interns, residents, fellows, and to premedical students and any person engaged in graduate medical/NP/PA education in the U.S. Student members shall have all FMDA privileges except they shall not be eligible to vote or hold office.

Name: _____ Title: _____

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

Facility Name/Affiliation _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: (____) _____ Fax: _____

E-mail Address: _____

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

a. General Membership for Physicians, Advance Practice Nurses, and Physician Assistants.

b. Allied Health Professional Relations Committee

d. Students

Dues: 1-year (\$75); or 2-year (\$125); or 3-year (\$190); or Lifetime (\$750)

c. Organizational Affiliate members are \$325 per year.



Voluntary contribution to support FMDA's Careers in LTC program, student scholarships, and AMDA's Futures Program. \$ _____

Total Amount Enclosed: \$ _____

Make checks payable to: FMDA, 400 Executive Center Drive Suite, 208, West Palm Beach, FL 33401

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FMDA's Annual Best Care Practices in the Geriatrics Continuum 2015 – Roadmap to Quality: Ahead of the Curve

— Conference theme focuses on quality care and advancing PA/ LTC medicine
By Matthew Reese, Senior Manager of Association Services

FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine is hosting Best Care Practices in the Geriatrics Continuum (BCP) 2015, its 24th annual conference, taking place at *Disney's Yacht & Beach Club*, October 22-25 in Orlando. It will feature an outstanding line-up of top-notch educational programming and faculty designed to facilitate best practices in the care and application of long-term care medicine. This nationally recognized conference is intended for health care practitioners who have an interest in geriatrics. The underlying theme for this year's conference is Roadmap to Quality: Ahead of the Curve. With health care evolving so rapidly, especially the landscape of long-term care, practitioners must do what they can to stay ahead of the curve.

This year's Best Care Practices features an astonishing array of high-level programming with nationally known speakers covering a wide variety of topics in the areas of geriatrics and long-term care. Aside from the main program, the president of AMDA – The Society for Post-Acute and Long-Term Care Medicine, Naushira Pandya, MD, CMD, and the president of the American Academy of Hospice & Palliative Medicine, Christine Richie, MD, MSPH, will present during the National Leaders Forum. This highly anticipated program focuses on the challenges facing each of our related organizations and what lies ahead.

Dr. Robert Kaplan, FMDA's president, is very excited about the theme of this year's conference and how strongly it fits into the current picture of long-term care and geriatrics, and the association's overall vision.

"As long-term medicine and health care delivery hurtles into the future, practitioners should be prepared for what lies ahead," said Dr. Kaplan. "By focusing on the delivery of quality care and staying 'ahead of the curve,' practitioners will be able to provide sound and compassionate care to their residents."

This year's conference is being held at the splendid Disney's *Yacht & Beach Club* Resort, with an idyllic location just minutes from Disney attractions. Delight in the formal grace of a grand New England-style yacht club at this lakeside hotel. Relax in the inviting elegance of a plush lobby replete with nautical touches, explore the whimsical Stormalong Bay, and rent a variety of watercraft from Bayside Marina. Sharing many amenities with its pastel-toned sister, Disney's *Beach Club* Resort, Disney's *Yacht Club* Resort is walking distance to Epcot and a convenient boat ride to Disney's Hollywood Studios.

If you would like more information on the conference itself or making reservations at the hotel, please visit www.bestcarepractices.org, or call Matt Reese, Senior Manager of Association Services, at (561) 689-6321.



Conference Ambassadors Wanted!



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 2015 conference. This year's conference will be at Disney's *Yacht & Beach Club* Resort in Lake Buena Vista, Oct. 22-25.

Being an Ambassador is actually pretty light duty, says FMDA President Robert Kaplan, 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. Kaplan. 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 emails and mail for the complete conference brochure and registration form, call the office at (561) 689-6321, or visit www.bestcarepractices.org.



2015 REGISTRATION FORM

Yes, I would like to register now!

Registration — Choose one only!	<input type="checkbox"/> Paid-up members: Full registration* (choose one) <input type="radio"/> FMDA, <input type="radio"/> NADONA, <input type="radio"/> FL-GAPNA, and <input type="radio"/> FGS	\$355
	<input type="checkbox"/> New/renewing FMDA members: Full registration* (includes \$75 for annual dues for General and AHPRC members)	\$430
	<input type="checkbox"/> Pharmacists Full registration* : Join the Allied Health Professional Relations Committee/AHPRC for member rate	\$355
	<input type="checkbox"/> Non-member Practitioners: Full registration*	\$485
	<input type="checkbox"/> Unlicensed registrants: Full registration* includes Organizational Affiliate Membership	\$555
	<input type="checkbox"/> Physician Fellows, Interns, and Residents in geriatrics, family practice, or internal medicine (Full registration*)	\$95
	<input type="checkbox"/> Full-Time Students: MD/DO/PA/NP/RN/PharmD/RPh/NHA & ALF administrator (Full registration*)	\$95
	<input type="checkbox"/> Friday-only Registration: Includes all sessions, CMEs/CEs/CPEs, Trade Show, scheduled meals, product theaters, and reception	\$200
	<input type="checkbox"/> Saturday-only Registration: Includes all sessions, CMEs/CEs/CPEs, Trade Show, scheduled meals, and reception	\$200
	<input type="checkbox"/> Sunday-only Registration: Includes breakfast, educational sessions, and contact hours	\$120
Optional	Pre-conference Day: October 22	
	Florida Mandatory Licensure Update Courses	\$40 each
	<input type="checkbox"/> HIV/AIDS Update (#101) <input type="checkbox"/> Domestic Violence (#102) <input type="checkbox"/> Preventing Medical Errors (#103)	
	<input type="checkbox"/> All three (3) Florida Mandatory Licensure Update Courses	\$100
	<input type="checkbox"/> Workshop: Using EHRs to Manage Risk & Improve Quality in Long-Term Care (#105)	\$95
	Note (10/22): No Additional charges for Product Theaters #104, #106, and #107 on Thursday	N/C
	<input type="checkbox"/> One-day Trade Show Pass (not intended for vendors)	\$60
	<input type="checkbox"/> Handouts: A set of handouts will be ready for you when you arrive at the conference	\$60

***FULL REGISTRATION:** Fees include attendance at all educational sessions, receptions, planned meals, and Trade Show admission, from Friday, Oct. 23, through Sunday, Oct. 25, 2015. Sessions on Thursday, Oct. 22, are extra.

Name: _____ Title: _____ License # _____ State _____

Facility Name/Affiliation: _____

Mailing Address: _____

City: _____ State/ZIP: _____ Phone: _____

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

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Name on Card: _____ Card Number: _____

Expiration Date: _____ Security code from the front or back of card: _____

Billing Address: _____

Signature: _____ Date: _____ Amount: \$ _____

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. 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.**

Effective date is Sept. 21, 2015. There will be a \$50 administration fee for all written cancellation requests received on or prior to Oct. 2, 2015. There will be no refunds after Oct. 2, 2015. There is a \$35 charge for all returned checks.
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FMDA is a not-for-profit corporation. Its federal tax identification number is 59-3079300.

President's Year in Review

— Robert G. Kaplan, MD, FACP, CMD

MISSION STATEMENT: The mission of FMDA is to promote the highest quality care as patients transition through the long-term care continuum. FMDA is dedicated to providing leadership, professional education, and advocacy for the inter-professional team.

VISION STATEMENT: FMDA will reach out to all post-acute and long-term care professionals through dissemination of information and access to resources. FMDA will 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 long-term care continuum.

1. Florida Partnership to Individualize Dementia Care in Florida Nursing Homes

- a. In July 2015, Dr. Robert Kaplan, FMDA's president, along with our executive director, Ian Cordes, attended the Joint Annual Breakfast Meeting for FL LANE (Local Area Network for Excellence), Florida Partnership to Individualize Dementia Care in Nursing Homes, Florida Advancing Excellence, QIO, Pioneer Network, and FHCA Quality Foundation. This was hosted by Florida Health Care Association during its annual convention. Ian presented an FMDA overview and update to the group that covered our bylaws and name change, 15th Anniversary IAB meeting, FSU and Health Services Advisory Group (HSAG) collaborations, annual conference, quality initiatives, etc.
- b. FMDA continues to seek ways to be as impactful as possible in all its interactions with stakeholder groups, as we are committed to supporting the efforts of the Florida Partnership and expanding our collaborative partnerships across the state.
- c. We are very excited to be partnering with HSAG on a unique invitation-only roundtable discussion program that was held during our annual conference. The goal was to identify best practices in providing individualized care to residents with dementia in nursing homes. This will include identifying strategies to reduce the use of antipsychotics, with the ultimate goal of sharing our results statewide.

2. Progress Report

- a. Dr. Hugh Thomas, chairman of the board, stepped up in 2014 to pen a series called "Lessons Learned." Thanks, Hugh, for sharing your expertise and personal insights!
- b. Dr. Elizabeth Hames still reigns as editor! Thanks, Elizabeth, for doing such a great job.

3. Town Meetings

- a. FMDA held a very successful Town Meeting & Dinner on April 24 in downtown Orlando, sponsored by our generous vendors. The expert speaker during the dinner was attorney Greg Chaires, who provided an excellent presentation on the Risks of EMRs/EHRs. More than 70 attended.
- b. On Aug. 28, FMDA and FSU's College of Medicine, Department of Geriatrics, sponsored three (3) hours of CME/CMD/CE-approved educational programming, titled, "Advances in Post-Acute and Long-Term Care," featuring lectures from Kenneth Brummel-Smith, MD, Charlotte Edwards Maguire Professor

of Geriatrics at FSU; Paul R. Katz, MD, CMD, Chair, Department of Geriatrics, FSU College of Medicine; and Polly Weaver, Assistant Deputy Secretary, Agency for Health Care Administration. We hosted more than 65 physicians, nurses, and nursing home administrators, some traveling from as far as Fort Lauderdale and Niceville. This was followed by a networking luncheon.

4. Industry Advisory Board Meeting

This past April, FMDA hosted its 15th Annual Industry Advisory Board Meeting, with representation from Florida Health Care Association (FHCA), LeadingAge Florida, Florida Pioneer Network (FPN), Florida Assisted Living Federation of America (FALFA), Florida Association Directors of Nursing Administration (FADONA), FL Chapter of the American Society of Consultant Pharmacists, Florida Council on Aging, FL Chapters of GAPNA, HSAG, Agency for Health Care Administration, Florida Osteopathic Medical Association, Optum, Greystone HC Management, UnitedHealthcare, plus pharmaceutical manufacturers Astellas Pharma, Boehringer Ingelheim, Sanofi, and Novartis. This is significant in light of our focus at the end of the meeting on Florida's progress to reduce the use of antipsychotics for residents with dementia in nursing homes.

5. FMDA and FSU Join Forces

With a focus on "Developing a Long-Term Care Education Network," Florida State University's College of Medicine, Department of Geriatrics, and FMDA sponsored an invitation-only event for LTC stakeholders on Aug. 27 in Tallahassee.

Representation included the faculty of FSU's Department of Geriatrics and FMDA's leadership, as well as those from Florida Health Care Association, LeadingAge Florida, Florida Pioneer Network, Florida Assisted Living Federation of America, Florida Association Directors of Nursing Administration, and University of South Florida. Discussions resulted in some innovative ideas to promote communication and PA/LTC education in Florida.

6. FMDA Bylaws Change Establishes New Organizational Name

- a. In the footsteps of AMDA's bylaws changes in 2014, the FMDA board recommended extension of Full Membership privileges to advance practice nurses and physician assistants to allow them to participate fully in the life of the organization, to serve on and chair FMDA committees, to occupy a limited number of board seats, and to vote in all elections. A vote of the membership in March 2015 approved these changes by a super majority of our members. Thank you!
- b. Keeping in line with AMDA's name change, a name change proposal to FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine was also overwhelmingly approved by the membership. This change reflects the increasing prominence of post-acute care (PAC) in the LTC continuum, and the longstanding presence of attending physicians and other practitioners in FMDA's membership, in addition to medical directors. These changes allow FMDA to expand its reach and be more inclusive.
- c. **RESULTS:** 95% of FMDA members approved the proposed name change and 93% approved the proposed membership change to the bylaws.

7. FMDA at AMDA Annual Conference:

- a. On March 20, 2015, FMDA hosted the Florida Chapter Reception at AMDA in Louisville. Thanks to Sanofi for sponsoring this reception.
- b. FMDA manned a booth and promoted membership and our annual conference.

8. FMDA Position Statements on Medical Director Education and Quality of Care

Introduced in early 2014, we have since been very active promoting the two issues we will highlight here.

- a. Minimum Training for Medical Directors
 - i. In the interest of the highest quality of care for residents in the post-acute/long-term care (PA/LTC) continuum, the FMDA board of directors approved a position statement regarding the need for minimum training standards for medical directors of skilled nursing facilities in Florida.
 - ii. Physicians and others providing medical care to residents of PA/LTC facilities must possess a unique set of knowledge and skills. This includes understanding the principles and practice of geriatric medicine, drug prescribing for older, vulnerable patients, familiarity with pertinent regulations governing PA/LTC facilities, understanding systems of care delivery, and the ability to work effectively as part of an interdisciplinary team. Likewise, in PA/LTC facilities providing care to non-elderly residents (children, young and middle-aged adults with lifelong disabilities), an intimate understanding of the special needs of this population, and the skill set to meet those needs, is vital.
 - iii. In May 2014, Dr. Kaplan presented FMDA's position statement to the 50-plus members of the board of directors of the Florida Health Care Association and was received positively, with some questions and concerns. FHCA is the largest trade association representing the owners and operators of nursing homes in Florida.
 - iv. FMDA also reached out to the Florida Agency for Health Care Administration to gain their support in 2014.
- b. Mandatory Credentialing in SNFs for all Physicians and Consultants in Florida

FMDA has proposed the establishment of a standard of minimum credentials to be required in order to enter a long-term care facility as a medical professional. The LTC environment should not be open for just anyone who claims specialty physician credentials in order to bill. The lowest level of credentialing could consist of a government photo ID (e.g., driver's license), proof of medical licensure and medical malpractice insurance, or appropriate approved waiver. If prescriptions are to be recommended or prescribed, a DEA number should also be required. A new rule similar to this effort was recently included in CMS' proposed new conditions of participation for SNFs.
- c. House of Delegates: AMDA and FMA

We submitted our resolutions to both AMDA and FMA and Dr. Kaplan presented and defended both at AMDA's House of Delegates session in March in Louisville, and in July at the Florida Medical Association's House of Delegates.

Neither passed, but FMDA did receive some excellent positive exposure.

9. National Impact: FMDA is very well represented nationally at AMDA and beyond.

- a. **Dr. Naushira Pandya**, a long-time member of FMDA's board of directors, is now president of AMDA — the first president from Florida in about 20 years. We are very proud of her accomplishments.
- b. FMDA member **Dr. Kevin O'Neil** is Chief Medical Officer for Brookdale Senior Living. A member of the board of directors of AMDA, he also serves as chair of AMDA's Assisted Living Committee.
- c. FMDA's vice president, **Dr. Leonard Hock**, is chair-elect of the American Academy of Hospice and Palliative Medicine's Long-Term Care and Geriatrics SIG (special interest group).
- d. **Dr. Paul Katz**, formerly vice president of medical services and chief of staff for Baycrest Geriatric Health Care System in Toronto, replaced Dr. Kenneth Brummel-Smith in May as chair at Florida State University College of Medicine's Geriatrics Department. **Dr. Brummel-Smith** remains an integral part of FSU's Department of Geriatrics; Dr. Katz is a past president of AMDA and current president of the AMDA Foundation.
- e. **Dr. Robert Kaplan** is a member the American Board of Post-Acute and Long-Term Care Medicine (ABPLM), currently serving as vice-chair. He is also chair of ABPLM's Value of Certification Workgroup, chair of AMDA's Faculty for the Core Curriculum, liaison from ABPLM to the AMDA board of directors, and sits on the AMDA Education Committee.
- f. FMDA director **Dr. Karl Dhana** has been appointed to the ABPLM Attending Physician Steering Committee, charged with development of an eventual Certification Credential for Physicians practicing in the PA/LTC setting.
- g. **Ian Cordes**, our executive director, is on the editorial advisory board of AMDA's official newspaper, *Caring for the Ages*.

10. Best Care Practices in the Geriatrics Continuum 2015, FMDA's 24th Annual Conference

- a. We applaud the leadership of Dr. Angel Tafur, CME/Education Committee chair for 2014-2015; as well as Dr. Claudia Marcelo, vice chair of the CME/Education Committee and program director, for planning this year's Best Care Practices conference.
- b. This Year's Theme — Roadmap to Quality: Ahead of the Curve.
- c. A Conversation with Our National Leaders: Participants include Naushira Pandya, MD, CMD, president, AMDA; Christine Ritchie, MD, MSPH, president, AAHPM; and Thom as Cornwell, MD, president, AAHCM. I will have the honor to moderate this panel discussion.

11. Best Care Practices in the Geriatrics Continuum 2016, FMDA's 25th Anniversary Conference

- a. The conference will be returning to Disney's *Grand Floridian* Resort, its flagship hotel, Oct. 13-16, 2016.
- b. Dr. Angel Tafur and Dr. Claudia Marcelo will be returning in their roles as CME/Education Committee chair and vice chair and program director, respectively, for the 2016 Best Care Practices conference.

— Thank you for allowing me to serve FMDA as its president these past two years.

FMDA's Annual Membership Meeting

Agenda

Friday, Oct. 23, 2015 — 7:45–8:30 a.m.

Salon I • Disney's Yacht and Beach Club Resort, Lake Buena Vista, FL

- 1. Welcome Remarks:** President Robert G. Kaplan, MD, FACP, CMD
- 2. Meeting Minutes:** Approval of minutes from last year's annual meeting, which was held on Friday, Oct. 17, 2014.
- 3. Treasurer's Report:** Rhonda Randall, DO
- 4. President's Annual Update:** Robert G. Kaplan, MD, FACP, CMD
- 5. Governance and Bylaws Report:** Robert G. Kaplan, MD, FACP, CMD
- 6. Legislative Report:** John Potomski, DO, CMD; Committee Chair
- 7. Hospice Section:** Leonard Hock, DO, MACOI, CMD
- 8. Election of Officers and Directors:** Hugh W. Thomas, DO, FAAFP, CMD; Chair, Nominations Committee
- 9. Announcements:** Robert G. Kaplan, MD, FACP, CMD
 - a. We are seeking delegates and alternates from the Florida Chapter to represent us at AMDA's 39th Annual Conference in Orlando, March 17-20, 2016. All delegates and alternates must be voting members of AMDA.
— See the volunteer sign-up sheet in your packet.
 - b. Are there any Florida resolutions we want to present to AMDA's House of Delegates in March 2016?
 - c. Would any FMDA members like to be nominated for an elected national position, or serve on an AMDA committee?
 - d. Our next local Town Meeting is being planned for February 2016.
Look for your invitation in the mail or your e-mail inbox.
- 10. New Business / Questions and Answers**
- 11. Adjournment**

2015 Elections for General Members of FMDA.

Sample Ballot

Voting deadline for FMDA's bi-annual elections: Elections will take place during the Annual Membership meeting on Friday, Oct. 23, 7:45-8:45 a.m. Obtain your official ballot at the the Annual Membership Meeting & Elections where elections will take place. Results will be announced prior to the swearing-in ceremonies to be held during the Annual Awards Luncheon, 12:40-1:40 p.m. in Asbury Hall. Please see each candidate's bios on page 17-19.

The slate of officers and directors for the upcoming elections includes:

- o Vice President: Rhonda L. Randall, DO
Write-in Candidate: _____
- o Secretary/Treasurer: Michael Foley, MD, CMD
Write-in Candidate: _____
- o Director: Marva Edwards-Marshall, DNP, ARNP-BC
- o Director: Elizabeth Hames, DO, MA
- o Director: DO, MPH, CMD, FACOFP
- o Director: Michelle A. Lewis, MSN, ARNP, FNP, GNP
- o Director: Claudia Marcelo, DO, CMD
- o Director: John Potomski, DO, CMD
- o Director: Angel Tafur, MD, CMD
Write-in Candidate: _____
Write-in Candidate: _____
Write-in Candidate: _____



Attention Physicians, Advance Practice Nurses, and Physician Assistants: If you are not sure of your FMDA membership status, please inquire at the registration counter. All eligible candidates must complete an FMDA "Conflict of Interest Declaration" form (copies are available at the registration counter).

Chairman of the Board: Per FMDA's bylaws, the office of the Chairman of the Board will be held by the Immediate Past-President. As a result, John Symeondies, DO, CMD, will be Chairman of the Board of Directors for 2015-2017.



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2015 Elections for General Members of FMDA: Candidate Biographies

Vice President / President-Elect

Rhonda L. Randall, DO

Rhonda L. Randall, DO, is the Executive Vice President and Chief Medical Officer of UnitedHealthcare Retiree Solutions. Dr. Randall collaborates with U.S. employers and to our largest retiree customers who are looking for quality, cost-effective, long-term solutions to retiree health benefits. She also leads the clinical strategy development for this business to improve quality outcomes, ensure affordability and improve retiree health and well-being. Additionally, Dr. Randall supports the clinical strategy for UnitedHealth Group through her work in the corporate office of Medical Affairs as well as serving as a senior advisor to the UnitedHealth Foundation.

After joining UnitedHealthcare in 2003 as an associate medical director for Evercare of Florida, Dr. Randall expanded her responsibilities within the organization, first at the state and then the national level. In 2004, she became the medical director of community programs for Evercare of Florida, serving the state's frail elderly and disabled populations through Medicare Special Needs Plans and Long-Term Care Medicaid plans. She was later promoted to national medical director of Evercare. In 2008, Dr. Randall transitioned to UnitedHealthcare Medicare & Retirement, serving first as chief medical officer for the Northeast region, later concurrently as vice president and senior medical director of medical management as well as deputy chief medical officer of Evercare Hospice and Palliative Care. From 2010 to 2013 served as the business' chief medical officer.

Following the 2003 passage of the Medicare Modernization Act that created the Part D prescription drug program, Dr. Randall was instrumental in developing UnitedHealthcare's first Part D plans. She is a two-time recipient of UnitedHealthcare Medicare & Retirement innovation awards, some of the business' highest honors, first in 2005 for her participation in a workgroup for disaster planning and again in 2006 for her participation in a clinical workgroup that developed a model of care for people with advanced illness and end-of-life needs.

Dr. Randall is a fellowship-trained geriatrician and is board-certified in family practice. Her background includes years of practice in hospice and palliative medicine. She has served as volunteer clinical faculty in geriatrics for Florida Hospital's Residency program and Florida State University College of Medicine. Dr. Randall has published papers on stroke, Alzheimer's disease, polypharmacy and normal pressure hydrocephalus. She has been a champion for Florida's frail elders in the public policy arena, working with policymakers to expand long-term care home and community-based services. She has also collaborated with state agencies to update regulations to allow seniors who are eligible for both Medicare and Medicaid to receive hospice services from the comfort of their homes as an alternative to a nursing home. She is a member of the Florida coalition on Physicians Orders for Life-Sustaining Treatment as well as the national Coalition to Transform Advanced Care.

In addition to being actively involved in several national professional organizations, Dr. Randall currently serves as Secretary/Treasurer and in the recent past as a board member, chair of the program committee, chair of the hospice sub-section and chair of the education committee of FMDA. She was honored with an award from FMDA in 2010 for her leadership on the development of the chapter's strategic plan. Dr. Randall has also served on the First Coast Carrier Advisory Committee and a member of the house of delegate as well as the nominating committee for the American Medical Director's Association. She is a board member for St. Charles Borromeo Catholic School in Orlando.

Dr. Randall earned a bachelor's degree in biology from Saint Vincent College in Latrobe, PA, and was honored in 2011 as one of the college's Alumni of Distinction. She earned her medical degree from the Philadelphia College of Osteopathic Medicine. Dr. Randall completed her internship, residency, chief residency and fellowship at Florida Hospital in Orlando.

Secretary/Treasurer

Michael G. Foley, MD, CMD

Michael "Gil" Foley is a practicing internal medicine physician from Niceville. He has been in practice in Crestview, where he has been a staff physician at North Okaloosa Medical Center since 1978. He received his medical degree from University College Cork, Cork, Ireland, where he was born and raised. He completed his internship and residency in Internal Medicine from the University of Florida in the Pensacola Educational Program in 1978.

Dr. Foley was appointed Medical Director of the North Okaloosa Medical Center rural health system in 1994 and served as Physician Advisor at North Okaloosa Medical Center beginning in 1997, as well as being the Regional Physician Advisor for Community Health Systems in Nashville from 1997 to 2008. He began his role as Chief Medical Officer of North Okaloosa Medical Center in 2005 and is still serving his community in that role.

Dr. Foley has been caring for geriatric patients since he began his practice in 1978 and has been involved in nursing facilities at all levels. He has been the medical director for several nursing facilities and home health agencies in his area and is currently serving in that capacity at Shoal Creek Rehabilitation Center in Crestview. He is a certified medical director by AMDA, Diplomate of the American Board of Quality Assurance and Utilization Review, a certified wound care physician, and certified in hyperbaric medicine. He is an active participant in the FMDA and AMDA.

Dr. Foley is committed to his practice in geriatrics and recognizes the valuable role of nursing facilities in our communities. Thank you for your consideration.

Directors

Marva Edwards-Marshall, DNP, ARNP-BC

Marva Edwards-Marshall is a Clinical Services Manager with Optum/UnitedHealth Care. Before this appointment she was an Adult Nurse Practitioner at Osler Medical in Melbourne, FL, specializing in Geriatrics, and an Assistant Professor of Nursing at Brevard Community College in Palm Bay in the Associate Degree Nursing program. She is also an instructor at Florida College of Health Sciences in the RN-BSN online program.

Dr. Edwards-Marshall earned her Bachelor of Science in nursing, Master of Science in nursing, and Doctor of Nursing Practice degrees from the University of Central Florida with specialization as an Adult Nurse Practitioner. Dr. Edwards-Marshall is certified by the American Nurse Credentialing Center as an Adult Nurse Practitioner. She has a certificate in Clinical Nursing Education from the University of Miami. She is a member of Space Coast Clinicians organization, Florida Medical Directors Association, Florida Geriatric Advanced Practice Nurse Association (FL-GAPNA), and National League of Nurses; she currently is immediate past-president of FL-GAPNA.

Dr. Edwards-Marshall is actively involved in community health education locally and internationally. She has conducted health fairs, health screening, and health education at local churches and community centers, as well as internationally in Tobago, Carriacou, and Belize.

Elizabeth Hames, DO, MA

Elizabeth Hames, DO, MA, is an assistant professor in the Department of Geriatrics at Nova Southeastern University College of Osteopathic Medicine. She joined the NSU-COM faculty in 2013. Dr. Hames is the Interim Program Director for the NSU-COM / Broward Health Geriatric Medicine Fellowship. She is a member of FMDA's Education and Communication Committees, and editor of FMDA's *Progress Report*. Dr. Hames serves on AMDA's Clinical Practice Committee and is currently completing her CMD training through the AMDA Core Curriculum Program. Her research interests include applications of geographic information systems to populations of socially and medically vulnerable older adults, and analysis of patterns of aging in place.

2015 Elections for General Members of FMDA: Candidate Biographies

Gregory James, DO, MPH, CMD, FACOFP – Distinguished

Dr. James is the Senior Medical Director for Optum Care (formerly known as Evercare). This position has medical and quality oversight responsibility for Long-Term Care Nursing Home Patients for United Health Group's Medicare Advantage Plan in the state of Florida.

He was the founding director of the Family Practice Residency Program at St. Petersburg General Hospital in St. Petersburg, FL, and held that position for five years. He was the Director of the Sun Coast Hospital Residency for eight years prior to that.

Dr. James received his Doctor of Osteopathic Medicine (DO) in 1988, as well as his Masters in Public Health (MPH) in 1997, from Nova Southeastern University/College of Osteopathic Medicine in Ft. Lauderdale, FL. He served NSU/COM as Alumni President in 2007, and was voted the Alumnus of the year in 2004. That same year he was also a finalist for the outstanding Alumnus Award for all of NSU.

Dr. James completed a three-year residency in Family Medicine at Sun Coast Hospital in Largo, FL. He is a recent Past-President of the Florida Osteopathic Medical Association (FOMA). This organization represents over 5,000 Osteopathic Physicians (DOs), in the state of Florida.

Dr. James is a director and officer (Treasurer), for the American Osteopathic Board of Family Physicians (AOBFP), the certification board for all osteopathic family physicians. He currently serves the American Osteopathic Association (AOA) as a Florida member of the annual House of Delegates for the last 15 years. He has served on the AOAs Council on Post-Doctoral Training (COPT) and Commission on Osteopathic College Accreditation (COCA). In 2006, he was voted Educator of the Year by the Florida Society of the ACOFP; and in 2013, the Educator of the Year for the National ACOFP. Dr. James has been recognized for several years by the AOA as one of the Mentors of the Year. At Sun Coast Hospital, he received the Outstanding Clinical Instructor Award three times and the Outstanding Lecturer Award twice. Dr. James is a Distinguished Fellow for the ACOFP.

Dr. James is the Membership Chairman for the Florida Medical Directors Association (FMDA), a divisional society for the American Medical Directors Association (AMDA). He was a finalist for the Medical Director of the Year for National AMDA in March 2014.

Dr. James is certified and recertified in Family Medicine and Geriatrics, by the AOBFP. He is also certified and recertified in Long-Term Care for Nursing Facilities, by AMDA.

Michelle A. Lewis, MSN, ARNP, FNP, GNP

Michelle Lewis has over 20 years of nursing experience. Her work experience ranges from a staff nurse in acute care and nursing homes to an advanced registered nurse practitioner specializing in geriatrics. Other experience includes diabetic education and teaching med tech classes. She attended the University of Central Florida, where she earned a Master's degree in nursing. As a nurse practitioner, Michelle has worked exclusively in geriatrics. For the past 18 months, Michelle has worked for Optum. She has been diligently working the Optum treat-in-place model. Michelle holds national nurse practitioner certifications in both Geriatrics and Family.

Her passion is improving the lives of older adults. She also enjoys precepting nurse practitioner students and mentoring the nurses at the skilled nursing facilities. Michelle has provided dementia education to families during a dementia support group at one of the facilities. Because of her hard work and dedication to her field, Michelle was given a Team Player of the Year award. She currently serves as Treasure for Florida Chapter of GAPNA and is on the CME committee for Florida Medical Directors Association. For the past two years, Michelle has also served as an NP director for FMDA.

In her spare time, Michelle frequently volunteers at her children's schools. She also is in charge of the youth ministry at her church. Michelle tries to spend as much time as possible with her husband and two children, ages 15 and 7.

Claudia Marcello, DO, CMD

Board certified in Family and Geriatric Medicine, Dr. Marcello has a heart for seniors. She is a clinical instructor in geriatrics at NOVA, FSU, and UCF. In August of 2012, she accepted a position working for Life Care Physician Services, LLC, a company that is dedicated to serving the medical needs of individuals living in nursing homes, including Life Care Center at Inverrary located in Ft. Lauderdale, FL. She also serves as medical director of The Bridges at Inverrary, an ALF. As part of the Life Care Physician Services team, Dr. Marcello works alongside the nurses, dietitians, therapists, and the executive director to provide professional care to each of her patients. She is the only full-time on-site geriatrician at an SNF in Broward County. Previously, she worked as a concierge physician for The Medical Concierge and Florida Hospital Centra Care in Orlando.

Dr. Marcello graduated from the New York College of Osteopathic Medicine with her doctor of osteopathy degree. She completed her residency in family medicine at Florida Hospital East Orlando in June 2011 and her geriatric fellowship in June 2012.

Dr. Marcello is an active member of AMDA, representing Florida as a delegate. She is also a member of several osteopathic organizations including FOMA and BCOMA, looking for leadership roles in such organizations.

When she is not taking care of patients, Dr. Marcello enjoys traveling, bodybuilding and cross-fit training, as well as movies, music, and the theater. She also enjoys volunteering at events sponsored by Junior League Association of Greater Ft. Lauderdale.

John Potomski Jr., DO, CMD

John Potomski has been practicing geriatric medicine in Melbourne for the past 32 years. He is a certified medical director, and is a Diplomate of the National Board of Examiners of Osteopathic Physicians and Surgeons.

Dr. Potomski is chairman of the Brevard County Commission on Aging, as well as a medical expert in geriatrics and long-term care for the Florida Agency for Health Care Administration. He is also clinical adjunct faculty in geriatrics for the Rochester Institute of Technology Physicians Assistant Program. He has received numerous honors over the past 32 years, including the 2004 Distinguished Services Award by the Florida Academy of Osteopathy.

He is a former president of both the Florida Academy of Osteopathy and two-time past-president and former chairman of the board of FMDA. Currently, he is president of District 16 of the Florida Osteopathic Medical Association, and past president of the Brevard County Medical Society.

Dr. Potomski practices in numerous skilled nursing facilities and assisted living facilities in Brevard County, and serves as medical director at several of these facilities as well. He also practices at an outpatient Geriatric clinic and serves as Medical Director of Brevard Geriatrics.

Angel Tafur MD, CMD

Dr. Tafur is a board-certified Family Physician who graduated from Southern Illinois University. He is a solo practitioner with an office in the The Villages, FL, with medical privileges at Leesburg Regional Medical Center and The Villages Regional Hospital. He is a Certified Medical Director and member of the AMDA. He is CME-Education Committee Chairman for FMDA (2014-2015). Dr. Tafur is the medical director for Freedom Pointe, SNF in the The Villages and Chairman of Quality and Peer-review for Florida Inpatient Hospital co-management company, Board of Directors member for CFHA co-management company, and Finance Committee member for CHEA co-management company. He was Medical Staff Chief /Vice-Chief for TVRH 2005-2012, and is a physician mentor for health clinics and ARNPs (5) throughout Florida. Dr. Tafur is married to an ARNP with whom he shares a medical office and three beautiful children. He loves family weekends and soccer, bicycling, and flying.

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FMDA’s Progress Report

Fall 2015



Another Magical Conference at Disney! Roadmap to Quality: Ahead of the Curve

