



**fmda**<sup>TM</sup>  
Dedicated To Florida Long Term Care Medicine

# Progress Report

*Expanded Digital Version*



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

## FMDA Issues Position Statement on Medical Director Education and Quality of Care

By Robert G. Kaplan, MD, FACP, CMD; President, and Ian L. Cordes, Executive Director, FMDA

**I**n the interest of the highest quality of care for residents in the postacute/long-term care (PA/LTC) continuum, the FMDA board of directors recently approved a position statement regarding the need for minimum training standards for medical directors of skilled nursing facilities in Florida.

FMDA President Dr. Robert Kaplan presented this new position statement to the 50-plus members of the board of directors of the Florida Health Care Association. He was received positively with some questions and concerns. FHCA is the largest trade association representing the owners and operators of nursing homes in Florida.

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.

### BACKGROUND

- 1991 – American Medical Directors Association's medical director certification credential was formalized attesting to the completion of specific educational requirements, both clinical and management, in conjunction with qualifying experience.

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## FMDA's Annual Best Care Practices in the Geriatrics Continuum 2014 – The Premier LTC Medicine Conference

— Underlying Theme Is Future Directions: Transforming Long-Term Care

By Matthew Reese, Education and Communications Manager

**F**MDA is very excited about Best Care Practices in the Geriatrics Continuum (BCP) 2014, its 23<sup>rd</sup> Annual Conference taking place at Disney's *Grand Floridian* Resort, Oct. 16-19 in Orlando. It will feature an outstanding line-up of top-notch educational programming and faculty designed to teach and incorporate best care practices in the field of postacute and long-term care (PA/LTC) medicine. This nationally recognized conference is intended for health care practitioners who have an interest in geriatrics. The underlying theme for 2014 BCP Conference is Future Directions: Transforming

Long-Term Care. See the program on page 12 for details.

Some exciting, advanced programming will be featured on Thursday, Oct. 16, which is the pre-conference day. We are hosting three (3) optional and separate one-hour sessions under the umbrella of "Hospice Section: Complex Illness Management = Advanced Care." This includes sessions on "History, Regulations, and Compliance," "Hospice Non-Cancer Diagnosis (Eligibility, Adult Failure to Thrive)," and "Withdrawal of Life Support (e.g., PEG, dialysis, vent, auto-internal cardiac defib., etc.)."

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Dedicated To Florida Long Term Care Medicine

## Florida Medical Directors Association

Serving medical directors in Florida's postacute, subacute, skilled care, home care, hospice, and assisted living facilities.

[www.fmda.org](http://www.fmda.org)

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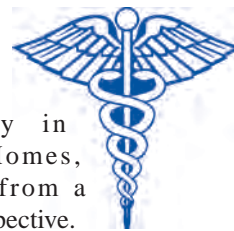
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## Letter from the President



**I**t's difficult to believe that summer is upon us. That said, it's been a very busy year to date.

One of the prime initiatives I stated early on as FMDA president was the development and implementation of a regulation (or statute), similar to Maryland, mandating minimum training standards for medical directors of postacute and long-term care (PA/LTC) facilities in Florida. As previously presented, there is evidence-based literature demonstrating enhanced care quality outcomes in facilities whose medical directors have this additional training.

In April, in collaboration with our executive director, Ian Cordes, a position statement outlining the basis for this initiative was crafted and passed initially by the Executive Committee, and subsequently the full Board.

On May 9, I presented this position statement at the board of directors meeting of the Florida Health Care Association. From there it was to go to their Judicial Committee for further review.

Overtures have already been placed with the Florida Agency for Health Care Administration (AHCA) to assist in driving this initiative. Plans are for further discussion regarding this proposal at the annual membership meeting at Best Care Practices (BCP) 2014 in October. Please forward us your thoughts. A copy of the position statement may be reviewed on page 1.

In late May, Dr. Diane Sanders-Cepeda and I participated in three sequential activities at the FMQAI (Florida Medical Quality Improvement Organization) headquarters in Tampa. Initially the Partnership to Improve Dementia Care in Nursing Homes (Dr. Sanders-Cepeda chairs the FMDA workgroup dedicated to this initiative), followed by the Pioneer Network Steering Committee, and finally a Florida AHCA culture change roundtable with multiple inter-disciplinary stakeholders participating in a lively discussion



on Sexuality in Nursing Homes, specifically from a regulatory perspective.

As many of you are aware, at this year's annual conference, AMDA's House of Delegates passed several key amendments, initially a

formal organizational name change — *AMDA-Society for Post Acute/Long-Term Care Medicine* — and expanded full membership to advance practice nurses and physician assistants with board membership possibilities.

Similarly, the FMDA board has initiated discussion concerning expansion of full membership to these disciplines. Likewise, this will most likely be a prime agenda item for discussion at the BCP 2014 membership meeting.

As a reminder, we hope many of you will be able to attend our next Town Meeting on Aug. 22 in Boca Raton. Details may be found on the website and on pages 4 and 16. This brings up the extremely important issue of growing FMDA membership. Each of us, in our daily work life, should consider oneself as an ambassador for this great organization. Apropos, please consider joining our membership committee and assisting Dr. Greg James, who has graciously accepted the chair position of this key committee.

In closing, reverting back to the fact that we are already into summer, that can mean only one thing — FMDA's BCP 2014 is right around the corner. Our CME/Education Committee, under the able leadership of Dr. Leonard Hock, has been extremely busy in the preparation of another stellar program. See pages 12 and 13 for more details and to take advantage of the early-bird registration rate.

As always, I encourage your input, involvement, ideas, and advice. Thanks very much, and have a great summer!

Robert Kaplan, MD, FACP, CMD

FMDA *Progress Report* has a circulation of more than 1,100 physicians, physician assistants, nurse practitioners, pharmacists, directors of nursing, administrators, and other LTC professionals. *Progress Report* is a trademark of FMDA. Editor Elizabeth Hames, DO, 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](mailto:ian.cordes@fmda.org).

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# Progress Report Welcomes New Editor

**I**t is a true honor to have the opportunity to edit FMDA's *Progress Report*. I have learned so much from this organization's excellent educational programs, having attended Best Care Practices conference annually since 2007 — first as a medical student at Nova Southeastern University- COM, and throughout my family medicine residency and geriatrics fellowship.



I recently attended a conference for geriatric fellowship program directors presented by the Association of Directors of Geriatric Academic Programs (ADGAP), which highlighted some key issues in the field. Two of those issues are themes that I would like to continue to emphasize as editor, including the central role of interprofessional collaboration in the care of older adults, and the continued need for promotion of specialized educational programs in geriatrics, postacute (PA), and long-term care (LTC) among all levels of trainees in health professions programs.

Many changes lie on the horizon for current and future PA/LTC providers in the currently evolving structure of health care reform. Care models are being redesigned for more integrated delivery, creating many opportunities for new partnerships. As an assistant professor at NSU- COM, I am fortunate to work with colleagues and trainees in the dynamic, interprofessional setting of the Health Professions Division. Having access to real-time communication with health care providers from multiple professions has been invaluable in the nursing home and the clinic. The *Progress Report* will emphasize contributions from authors representing all facets of patient care. We will be providing continued updates on innovations in policy and practice.

There remains a continuing challenge for geriatric academic programs to attract applicants to the discipline, with fellowships filling approximately 60 to 70 percent of their training slots overall in the last two years. Oversight of fellowship training programs in geriatrics is currently undergoing reorganization, with an emphasis on more continuous, competency-based assessment of trainees to be observed by measurable outcomes.

Particular attention is being focused on development of patient-centered, appropriate, and efficient practice styles during geriatric fellowship.

FMDA has lent its support to geriatric trainees through financial contribution to the American Medical Directors Association's Futures Program, an annual poster competition at the Best Care Practices conference, reduced conference registration fees, and with publication opportunities in the *Progress Report* for those in training.

The *Progress Report* will continue to be a platform for the exchange of ideas, information, and creative thinking among the members of our organization. I am very excited to be working with the readership and looking forward to sharing future issues with you.

Greetings!

Elizabeth Hames, DO; Assistant Professor, Department of Geriatrics; Assistant Program Director, Geriatric Medicine Fellowship, Nova Southeastern University College of Osteopathic Medicine, Fort Lauderdale

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## Stay Connected to FMDA and Each Other

**F**MDA rolled out its mobile app at the Best Care Practices in the Geriatrics Continuum 2013 conference. The app contains many exciting features and is available throughout the year. It may be downloaded for free in iTunes and Android stores, and will work on tablets and smartphones.

Please download the app today by searching for "Florida Medical Directors Association" or "FMDA."

You can follow FMDA at [www.fmda.org](http://www.fmda.org) and [www.bestcarepractices.org](http://www.bestcarepractices.org). Visit us on LinkedIn and "Like" and "Follow" us on Facebook today!



# FMDA News from Around the State

## Avanir Sponsors Town Meeting & Dinner Program in Daytona Beach

FMDA hosted a Town Meeting & Dinner on Friday, March 21, 2014, at the Daytona Beach Shores Resort. We wish to thank our Grand Sponsor, Avanir Pharmaceuticals, for sponsoring the reception as well as its generous support of the Town Meeting Dinner Program!



From left: Dr. Robert Kaplan; Dr. Hugh Thomas; Laurie DeCarlo with Avanir Pharmaceuticals; Dr. Ted Clontz; Dana Saffel, PharmD; Dr. John McDonough; Paul Lampach, Regional Business Manager, Avanir Pharmaceuticals; and Lauren Pickard and Greg Anderson with Avanir Pharmaceuticals

## Caring for the Ages Article Focuses on the Value in Experiencing Care and Life Transitions

An article written by FMDA Executive Director Ian Cordes was featured in the May 2014 issue of AMDA's *Caring for the Ages*. The piece draws from personal family experiences and how even someone with more than 30 years in long-term care can still be unprepared for certain life transitions, when it comes to decision-making and advance directives. Dealing with challenges with their patients, their relatives, and sometimes each other, a newfound appreciation and admiration can be had for what medical directors, attending physicians, nurse practitioners, and nursing home staff have to cope with – day in, day out. This article is a salute to you and may be viewed at [www.fmda.org](http://www.fmda.org).

*Caring*, as the newspaper is referred to, is known for its vast array of expert columns. The lineup ranges from monthly page advice for medical directors to half-page offerings on selected topics, many of which are written by members of the Editorial Advisory Board, like Cordes, who joined it in 2013. Board members are charged with the



responsibility of ensuring that articles are thought-provoking and encourage action among *Caring's* readers. The remainder of each issue features news articles by medical journalists on clinical or sociopolitical happenings relevant to LTC, highlights of studies in *JAMDA*, a monthly update by AMDA staff of news from the association, the "Board Room," which includes essays from board members, and occasional guest editorials. The finished product provides easily accessed yet informative reading for all members of the LTC disciplinary team.

## New Landmark POLST Study

On Monday, June 9, 2014, a landmark study, with the largest research to date on the POLST paradigm, was published by the *Journal of the American Geriatrics Society (JAGS)* comparing what people select as POLST orders and the location of where they die. The study, titled Association between Physician Orders for Life-Sustaining Treatment for Scope of Treatment and In-Hospital Death in Oregon, demonstrates that POLST orders for those with serious illness or frailty are honored.

The National POLST Office also published a press release, a dedicated webpage for the article, and other information on their website. To view the study and to find out more, please visit [www.polst.org](http://www.polst.org).

## Signup for Lifetime Memberships

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

## FMDA Thanks its Lifetime Members

Owen A. Barrow, MD  
 Ian Levy Chua, 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

## Next FMDA Town Meeting & Dinner is August 22, 2014, in Boca Raton

FMDA will hold its next Town Meeting & Dinner on Friday, Aug. 22, 2014, at **Maggiano's Little Italy, 21090 St. Andrews Blvd., Boca Raton, FL 33433**. We wish to thank **The Presser Law Firm** for sponsoring the Town Meeting Dinner Program!

The topic of the program is asset protection for the busy practitioner with expert, **Hillel L. Presser, Esq., MBA**, who will deliver a highly educational, interactive, and in-depth presentation on asset protection planning. The presentation is done in an easy-to-understand manner that allows the listeners to not only truly grasp

the concepts immediately, but enables them to implement the strategies the very next day. The presentation shows doctors and other practitioners how to protect their assets from lawyers, malpractice claims, creditors, foreclosure deficiencies, former or current spouses, children, relatives, and greedy lawsuit-obsessed citizens. While many people can make money, few know how to protect it. Key issues include, but are not limited to:

- Why your assets are in danger
- Due to the economy, why medical malpractice insurance is simply not enough anymore
- How to design an Asset Protection plan
- The 5 fatal mistakes to avoid
- The best Asset Protection tools and how to implement them immediately
- How to safely and legally protect every asset you own, from everyone, every time
- 8 keys to a good Asset Protection plan
- 3 maxims of Asset Protection
- Domestic vs. International Asset Protection

Audience members will be asked to interact and participate in exercises based on their specific assets as well as on their potential threats, liabilities, and creditors. Presser strives to provide on-the-spot beneficial feedback that allows individuals to instantly implement their newly found knowledge in their everyday life.

Medical directors, attending physicians, physician assistants, nurse practitioners, directors of nursing, nursing home administrators, and all health care practitioners with an interest in long-term care and geriatrics are invited to attend. Please watch for your email invitation, and RSVP to **Matt Reese** at [mattr@fmda.org](mailto:mattr@fmda.org) or by calling the business office at (561) 689-6321.

## Individualizing Dementia Care in Tampa Bay Nursing Homes

According to FMQAI, the Medicare Quality Improvement Organization for Florida, FMQAI and the University of South Florida's Policy Exchange Center on Aging launched a joint initiative in January 2014, Individualizing Dementia Care in Tampa Bay Nursing Homes Learning and Action Network.

Ten volunteer long-term care nursing facilities agreed to join in this collaborative effort to reduce the use of unnecessary antipsychotic medication in residents without an appropriate diagnosis, as defined by the Centers for Medicare & Medicaid Services. This project is a rapid-cycle, Quality Assurance and Performance Improvement (QAPI)-based program designed to foster improvement in an "all teach, all learn" Learning and Action Network (LAN) format.

The LAN aligns national nursing home quality initiatives and partnerships, such as the Advancing Excellence in America's Nursing Home Campaign, Partnership to Improve Dementia Care, and QAPI. In partnership with USF, the LAN also offers clinical subject matter expertise, training, and resources. As we near the end of the LAN, eight of the 10 participating facilities are showing marked improvement with their antipsychotic medication quality measure.

This formal collaborative came to an end on July 31, 2014. We look forward to hearing and sharing success stories from the LAN facilities.

## FMDA Call for Poster Presentations

FMDA is currently accepting applications for its 11<sup>th</sup> Annual Poster Session for Best Care Practices in the Geriatrics Continuum 2014, Oct. 16-19, 2014, at Disney's *Grand Floridian* Resort in Lake Buena Vista (Orlando). We invite you to visit FMDA's website to submit an online proposal. Submissions should be based on issues related to long-term care and geriatrics, or the health care field in general. There are two categories for poster submissions: Case Reports, and Studies and/or Research.

To learn more about FMDA's "Call for Posters," or to submit a proposal, go to [www.fmda.org](http://www.fmda.org). **Matt Reese**, the Communications Manager for FMDA, can be reached by telephone at (561) 689-6321. For more information, visit <http://www.bestcarepractices.org/call-presentations.html>.

## AMDA Annual Conference in Nashville

AMDA held its 37<sup>th</sup> Annual Symposium in Nashville, TN, Feb. 27-March 2, 2014. More than 50 Florida members attended.

**Florida Chapter Reception:** Thanks to the generous support of **Ted VanAnne** with Johnson & Johnson, FMDA hosted the Florida Chapter Reception at AMDA. During the reception, FMDA President Dr. Robert Kaplan and Chairman of the Board Dr. Hugh Thomas presented AMDA Foundation Chair Dr. Daniel Swagerty and AMDA Executive Director Chris Laxton with a \$3,000 check to benefit AMDA's Future's Program on behalf of FMDA and its members.



From left: FMDA President Dr. Robert Kaplan, AMDA Foundation President Dr. Daniel Swagerty, AMDA Executive Director Chris Laxton, and FMDA Chairman of the Board Dr. Hugh Thomas

## Call for Articles for Progress Report

FMDA is currently accepting articles for future issues of its award-winning publication, *Progress Report*. If you would like to submit an article, or get more information, please contact **Matt Reese** at [mattr@fmda.org](mailto:mattr@fmda.org). Watch for our pre-convention issue — it's due out in the Fall.

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## FMDA News from Around the State

Continued from page 5

### Annual Contributions

Help us to continue 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 when you join and/or renew your membership. You may also make an annual contribution online at [www.fmda.org](http://www.fmda.org).

### Dr. Kaplan is New Chair of AMDA's Core Curriculum in Medical Direction

FMDA President Robert Kaplan, MD, FACP, CMD, is the new chair of AMDA's Core Curriculum for Medical Direction. This is a great honor for Dr. Kaplan, who has participated in the Core Curriculum for more than 20 years, most recently as a faculty member. The Core program seeks to provide medical directors with the skills and training to be long-term care (LTC) leaders now and into the future.

The Core Curriculum guides participants through 22 critical areas of LTC management. Each topic builds on information shared and interactive exercises of the topics that precede to create a comprehensive and cohesive picture of medical direction in LTC. The Core Curriculum is presented in two parts, each reflecting elements of adult-learning practices. Part I of the Core Curriculum is a prerequisite for attending Part II.

The Core Curriculum is presented over the span of seven days — Saturday evening through Friday afternoon. Parts I and II of the course may be taken at different times if necessary to accommodate individual physicians' schedules. However, it is recommended that physicians take both parts of the course during the same week for the best possible learning experience.

Dr. Kaplan will be the first Core chair to oversee the course in an online format, and that is very exciting. "Part I of the Core Curriculum will be available online this summer. We have been working on this for some time, because we want to maintain the quality and integrity of the program while making it easier for interested practitioners to pursue and complete," Dr. Kaplan said. "This will enable participants to cut down on their travel expenses and spend less time away from their work and homes," he added.

Dr. Kaplan is excited about the role the Core plays in preparing physicians for their role as leaders in their facilities and in LTC management. It is more important than ever for medical directors to understand the significance of quality improvement initiatives and programs in today's LTC landscape. "The Core will equip our medical directors with the knowledge and skills to become effective leaders and improve quality of care," he concluded.

### 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 during the Best Care Practices in the Geriatrics Continuum 2014. In addition, the Section will meet **12:50-1:15 p.m.** on Thursday, Oct. 16.

If you are interested in participating, or have any questions, please contact **Matt Reese** at [mattr@fmda.org](mailto:mattr@fmda.org).

### Florida Medicaid Health Care Alert — Affordable Care Act Primary Care Fee Increase for Year 2014

In accordance with Section 1202 of the Patient Protection and Affordable Care Act (ACA), Florida Medicaid reimburses enhanced rates to eligible physician providers for primary care services provided to Medicaid eligible recipients. The fee increase is effective for dates of service from Jan. 1, 2013, through Dec. 31, 2014.

The Centers for Medicare and Medicaid Services has updated the rates that should be used for dates of service from Jan. 1, 2014, through Dec. 31, 2014. These rates have been uploaded into our claims processing system with an effective date of Jan. 1, 2014. Paid claims with a date of service on or after Jan. 1, 2014, will be reprocessed and paid in accordance with the new rates. The new rates can be accessed at <http://www.mymedicaid-florida.com/>.

### 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. For information, contact Matt Reese at the office.

### CMS has Reorganized the QIOs Around the Country

The Centers for Medicare & Medicaid Services (CMS) has restructured the Quality Improvement Organization (QIO) Program from its historical 53 contracts, in which each QIO performs both case review and quality improvement support for each state or territory, to a regional structure that separates case review activities and quality improvement initiatives.

In the new structure, FMQAI, which will now be called Health Services Advisory Group (HSAG), is pleased to announce it has been awarded the Quality Innovation Network QIO (QIN-QIO) contract for the state of Florida. QIN-QIOs will provide technical assistance to providers and the community on multiple, data-driven quality initiatives to improve patient safety, reduce harm, and improve clinical care at their local and regional levels.

Beneficiary and Family Centered Care QIOs (BFCC-QIOs) will handle quality of care reviews for complaints and appeals to ensure consistency in the review process while taking into consideration local factors important to beneficiaries and their families. All future Florida beneficiary quality review case work and appeals will be conducted by KEPRO.

Throughout this change, QIOs will continue to engage with, and have access to participating local communities and providers. CMS is aware that local communities consider QIOs to be trusted leaders and catalysts for improvements in Medicare; therefore it is critically important to preserve QIO's historic successes.

These changes went into effect on August 1, 2014. Here is the new contact information:

Florida QIN-QIO, Health Services Advisory Group  
Bayport Plaza, 3000 Bayport Drive, Suite 300, Tampa, FL 33607  
813-354-9111

Florida BFCC-QIO, KEPRO  
5201 W. Kennedy Blvd., Suite 900, Tampa, FL 33609  
Local Number: 813-280-8256; Toll Free Helpline: 844-455-8708  
Fax Number: 844-834-7129; TTY: 855-843-4776

For more information about the QIO Program changes, visit [www.QIOProgram.org](http://www.QIOProgram.org). Should you have any additional questions or need additional explanation please contact Julie Moss at 813-865-3125.

**FMDA Issues Position Statement on Medical Director Education and Quality of Care**  
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- **2003** – An article published in *JAMDA (Journal of the American Medical Directors Association)* demonstrated, via survey of medical directors and administrators, that requiring medical director training makes a positive difference in the quality of medical direction provided — specifically, improved relationship between medical director and administrator, including increased time spent by the medical director reviewing care provided.

- **2009** – Another *JAMDA* article demonstrated that the presence of a certified medical director (CMD) improves care quality (multiple F Tags reviewed) by approximately 15% compared with facilities without a certified medical director.

- The increased complexity of care in PA/LTC today requires an enhanced skill set and a higher level of commitment.

- As a result of the Affordable Care Act, the transformation of quality assurance (QA) programs in facilities will incorporate QAPI (Quality Assurance Performance Improvement), with soon-to-come formal implementation. Medical directors need to be appropriately educated and actively engaged in their facility’s QA program.

- Medical directors must play an integral role in care transitions, enabling the facility to achieve performance targets while developing enduring successful relationships with the local acute care arena.

- In the past several years, there has been an influx/migration of hospitalists into the PA/LTC arena both as attending physicians and medical directors. Historically, and by virtue of their specialty training, this discipline has not accumulated the knowledge and/or acquired the skill set necessary to provide optimum care in this very unique care setting, i.e., the PA-LTC continuum.

**FMDA POSITION STATEMENT**

- Today, with an ever-increasing complexity of care offered to residents in the PA/LTC setting, the medical director must acquire an adequate fund of knowledge and possess the unique skill set to optimally perform the functions and tasks mandated by this position.

- Current evidence-based literature demonstrates that the presence of a medical director with additional training is an independent predictor of improved quality in the PA/LTC setting.

- FMDA encourages PA/LTC facilities, administrators, owners, and operators to support the medical director in carrying out his or her various professional roles and responsibilities, including providing support, encouragement, and opportunities for medical directors to seek and obtain continuing professional education in medical direction and PA/LTC medicine.

- Therefore, to fulfill any potential knowledge gap, the Florida Medical Directors Association (FMDA) proposes that medical directors in Florida PA/LTC facilities be required, within one (1) year of assuming the medical director position, to initiate formal training and activity on an educational track with content comparable to that of the AMDA Core Curriculum, with completion within three (3) years.

**FMDA’s Annual Membership Meeting**

Please join us **8 to 8:30 a.m., Friday, Oct. 17, 2014**, at Disney’s *Grand Floridian* Resort in Lake Buena Vista. Although not an election year, we have important business to discuss, including the makeup of our membership and elected leadership, perhaps an organizational name change, and also an FMDA effort to establish minimum training standards for medical directors in Florida’s SNFs. Your input is vital to our success. See you there!

**FMDA’s Annual Best Care Practices in the Geriatrics Continuum 2014 – The Premier LTC Medicine Conference**  
*Continued from page 1*

This will be followed by a Product Theater Lunch Program (non-CME/CPE/CE) hosted by Boehringer Ingelheim. Afterwards, **Rebecca Ferrini, MD, MPH, CMD**; Medical Director, Edgemoor DP SNF, San Diego, CA; and **Polly Weaver, BS**; Chief of Field Operations, Division of Health Quality Assurance, Florida’s Agency for Health Care Administration, Tallahassee, FL, will head up a three-hour session about the “Challenges of Caring for Younger Adults in the Long-Term Care Setting: Utilizing AMDA’s Toolkit.”

We are delighted to welcome **Dr. Ferrini** to the conference — she was chair of AMDA’s workgroup that developed the Toolkit.

Best Care Practices 2014 features an extraordinary array of high-level programming with nationally known speakers covering a wide variety of topics in the areas of geriatrics and PA/LTC. In addition to the main program, the president of AMDA – The Society for Post-Acute Long-Term Care Medicine, **Leonard Gelman, MD, CMD**, will present during the National Leaders Forum, and also on his topic of expertise, Medicare Billing and Coding. During the National Leaders Forum, **Dr. Gelman** will be joined by **Sharon Clackham, PharmD**, President Elect of the American Society of Consultant Pharmacists.

**Dr. Leonard Hock**, FMDA’s Conference Program Chair, 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.

“As long-term medicine transitions into the future, practitioners need to be aware of all the changes heading our way and how to properly prepare for them,” said Dr. Hock. “If we can provide practitioners with the knowledge and skills to properly prepare for health care change, they will be better equipped to effectively transition into the future.”



**Save the Dates**

- ★ FMDA’s next Town Meeting will be held on Friday, August 22, in Boca Raton — See page 4 for details.
- ★ Best Care Practices in the Geriatrics Continuum 2014 will be held Oct. 16-19, 2014, at Disney’s *Grand Floridian* Resort — See pages 12 and 13.

For more information, go to [www.fmda.org](http://www.fmda.org).

# Lessons Learned

## — An Ongoing Series

By Hugh W. Thomas, DO, FAAFP, CMD; Chairman of the Board

**I** recently admitted an 83-year-old gentleman to one of my rehab units. Prior to his hospitalization he had lived on his own in a small house that he had owned for many years. He was widowed and his children all lived in other states. My patient had suffered an MI and had a tumultuous inpatient course. He spent five (5) days in the ICU and another week in the step-down unit prior to discharge to the skilled nursing facility. When I saw him two days later in the SNF I found a frail, sarcopenic man who was alert but appeared to be suffering from mild cognitive impairment, which later turned out to be mild Alzheimer's disease. His youngest daughter was present during the interview and exam and helped to establish some medical and social history. He apparently was without a living will, power of attorney, and do not resuscitate order.

My patient's hospital records revealed positive cardiac enzymes and cardiographic evidence of a lateral trans mural infarction. His echocardiogram showed an ejection fraction of 25% with moderate to severe mitral regurgitation. Serial chest roentgenograms revealed stable, albeit persistent, bilateral pleural effusions. His Serial BNP's only dropped to 1500 prior to discharge from the hospital. Renal functions and hemogram were not a concern.

I was able to sit down with the daughter at that point and give a pretty good prognosis. Her father was going to have a very stormy course. She was led to believe he would get a little rehab and return to his home and continue his previous existence. After our discussion she was quite distraught, but also thankful for our honesty. At that point she looked at me and asked, "Is Dad ready for hospice?"

This made me stop and think about how we do palliative care in our nursing homes. Realizing our patients come to our facilities to receive rehab and then return home, I began thinking about payer sources. We always want to be cognizant of the needs of our nursing facilities, after all, they make their living providing skilled services. We can't just turn everyone over to hospice, especially if we have other, better choices. And really, what is better for our fragile patient at this phase in their lives? This is where palliative care fits perfectly. Problem was, I was thoroughly unprepared to discuss our palliative program with my patient and his daughter.

So I took a brief primer on palliative care and enlightened myself. Now to those reading this who are palliative/pain medicine specialists this will be basic, but to some of us it is a subject seldom broached except to offer hospice as a choice to the chronically ill. Palliative care is about quality of life, no matter the disease. This quality is and should be the theme of all of our care, but especially during the



course of chronic or terminal illnesses. Palliative care can cover a spectrum of care. We can start palliative care early in a disease state and can progress to encompass hospice and end-of-life care. Some of the diseases we treat can have protracted courses (CHF, cancer, Alzheimer's disease, Multiple Sclerosis). The common denominator is that these diseases will end in the patient's death. It's how your patient reaches that end that is the point of all this. Some studies have actually shown that palliative care may extend a person's life, along with improving the quality. The key is a team approach with a real palliative program.

When I met with my patient's daughter after a couple weeks, she could see that he was going to have a rocky course and I suggested palliative care at that point. This particular facility had a palliative program in place. It had a catchy name. The problem was, the team was only vaguely in place and mainly consisted of whichever nurse

was taking care of that specific wing. The plan usually consisted of stopping most of the patients' medications and stopping all therapy due to the fatiguing nature of many forms of therapy. My patient did not receive any special psychological services or spiritual care and the care plan listed pain control as the main objective. Our in-house program was a failure! Unfortunately, the administrator and DON failed to understand the problem as I was seeing it. I was able to convince therapy to restart services at a level the patient could

tolerate, optimized his medications, and asked social services to arrange for a priest to visit the patient and counsel the family. I called hospice to discuss the case and they agreed to accept him even though he was not at end-of-life as of yet. We were able to continue some limited therapy and his condition stabilized for a short time.

My patient continued to slowly decline over the few months and did eventually succumb to his illness. I believe his death was as peaceful as possible. I was able to attend his services and heard from his family about how grateful they were to have their father achieved a good quality-of-life at the end of his.

### Lessons Learned:

- Palliative care is all about quality of life. I challenge every reader to spend a little time learning about palliative care and what it really means to you and your patient.
- Not all palliative care is the same. Look at what your facility offers then put it to the test. Ask who is on the team, what it means to your patient. If they don't do it correctly, hospice may be the best choice.
- Address palliative care needs early and often. Many times we wait until it is too late and end-of-life care is needed.

**After our discussion she was quite distraught, but also thankful for our honesty. At that point she looked at me and asked, "Is Dad ready for hospice?"**



# FMDA Hosts 14<sup>th</sup> Annual Industry Advisory Board Meeting



IAB Chairman Dr. Steven Selznick presents Jaynie Christenson with a plaque in appreciation of her co-chairmanship of the IAB for 2012 and 2013.

**14<sup>th</sup> Annual Industry Advisory Board Meeting. Front row** (from left): David J. Reis, MBA; Sr. National Account Director, Senior Care, Boehringer Ingelheim Pharmaceuticals; IAB Chair Steven Selznick, DO, CMD; Founder, CFP Physicians Group in Casselberry, Fla.; Scott M. Petersen, CMR; IAB Co-Chair, Senior Care, Forest Labs Institutional; John Potomski, DO, CMD; Past-President, FMDA; and Rhonda L. Randall, DO; Secretary/Treasurer, FMDA

**Back Row** (from left): Patches Bryan, RN, CDONA/LTC, MHA, LNHA, AQIS; Chief Executive Clinical Officer, Greystone Health Care Management; Beatrice Matthews, ARNP; President, Florida Gulf Coast GAPNA; Rick Foley, PharmD, CPh, CGP, FASCP, BCPP; Pharmacist, Omnicare Central Florida; President-Elect, FL Chapter American Society of Consultant Pharmacists; Amy Osborn, NHA; Director of Patient Safety & Care Transitions, FMQAI – Florida QIO; Kim Streit, FACHE, MBA, MHS; Vice President Healthcare Research and Information, Florida Hospital Association; Gregory A. Chaires, Esq.; Board Certified in Health Law, Chaires, Brooderson & Guerrero; Brian Stembridge, LTC Account Manager Jacksonville/Orlando, South Operating Unit, Novartis Pharmaceuticals; Tracy Howard, Account Manager, Senior Care, Boehringer Ingelheim Pharmaceuticals; Gregory James, DO, MPH, FSACFP; Medical Director, Optum Florida and President, Florida Osteopathic Medical Association; Ian L. Cordes, MBA, NHA, FACHCA; Executive Director, FMDA; John Maddox, Corporate Account Director, Astellas Pharma; Jaynie Christenson, BS, MT, ASCP; Regional Account Manager, LTC Integrated Managed Health Care, AbbVie; Robert Kaplan, MD, CMD; President, FMDA; Dennis Stone, MD, CMD; Medical Director, TridentUSA Mobile Clinical Services; Jean Nelson, RN-BC, BSHCA; President, Florida Association Directors of Nursing Administration/LTC; Matthew Reese, BS; Communications and Education Manager, FMDA; and Melanie Brown-Woofter, Director of Community Relations, Agency for Health Care Administration

**Missing:** Marva Edwards-Marshall, DNP, President-Elect, Florida-GAPNA (Gerontological Advanced Practice Nurses Association); and LuMarie Polivka-West, MS, Senior Director of Policy & Program Development, Florida Health Care Association (FHCA); President, Florida Council on Aging (FCOA)



## Conference Ambassadors Wanted



**D**

o you have some mileage in the business, some successes as well as scars? Then you have a lot to offer newcomers attending their first 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 2014 conference. This year's conference will be at Disney's *Grand Floridian Resort* in Lake Buena Vista, Oct. 16-19, 2014.

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 e-mails and the mail for the complete conference brochure and registration form, call the office at (561) 689-6321, or visit [www.bestcarepractices.org](http://www.bestcarepractices.org).

# SMMC 101: An Introduction to Florida's New Statewide Medicaid Managed Care Program

By Jamie R. Sowers, Outreach Coordinator, Florida Agency for Health Care Administration

**T**he Agency for Health Care Administration spent the better part of 2013 rolling out the first segment of Florida's Statewide Medicaid Managed Care (SMMC) Program. The Long-Term Care (LTC) program, which was designed to serve medically fragile children and adults living in nursing homes, assisted living facilities, hospices, or receiving long-term care services in a home-based setting, now covers approximately 90,000 recipients across the state. With the implementation of this subset of the SMMC program complete, the Agency is shifting its focus toward the second portion, referred to as the Managed Medical Assistance, or MMA, program.

Managed Medical Assistance differs from LTC in that it provides coverage for services that are typically considered to be acute care. However, most recipients enrolled in an LTC plan will also be required to enroll in a Managed Medical Assistance for their acute care services. Examples of these services include physician services, inpatient and outpatient hospital services, mental health services, and prescription drug coverage. Under the MMA program, the Agency will be transitioning from a traditional fee-for-service delivery system to one where managed care plans that are contracted to provide services in one or more of the existing Medicaid regions around the state. Providers will then seek authorization for services and bill directly to the MMA managed care plan(s) they choose to contract with for services rendered to covered recipients.

For individuals who are both Medicare and Medicaid eligible, there is no change to the Medicare benefits with the implementation of MMA. If Medicare has historically been the primary payer, it will continue to be the primary payer after the rollout of Statewide Medicaid Managed Care.

To ensure that providers are prepared for this transition, the Agency has created a central hub for information pertaining to the Statewide Medicaid Managed Care program. Providers who plan to participate in the Managed Medical Assistance program should bookmark the following URL: <http://ahca.myflorida.com/SMMC>.

The SMMC homepage provides links to help providers to sign up for program alerts via email, submit comments and questions, and access Frequently Asked Questions documents created for each program. The "News and Events" tab houses a calendar of events and training, which outlines upcoming webinars that cover topics relevant to MMA providers. There is also a dedicated tab for the Managed Medical Assistance program, which contains a rollout schedule, regional map, plan availability by region, and a list of representatives from each plan who can be contacted to discuss contracting options for providers.

The outreach efforts for the MMA program have already begun. The Agency, with the help of its choice counseling vendor, has sent

informational packets to eligible recipients in much of the Panhandle and Southwest Florida. Providers who have not been contacted by a managed care plan to provide MMA services are encouraged to use the website referenced above to contact representatives from one or more plans in their region to discuss contracting options.

The MMA program will go live starting with North Florida regions on May 1 and continuing rolling out around the state until the last regions went live on Aug. 1, 2014. Upon completion, the MMA program will affect nearly 85 percent of Florida's 3.5 million Medicaid recipients.

### MMA Implementation Schedule

Regions	2, 3, 4	5, 6, 8	10, 11	1, 7, 9
Go-Live Date	5/1/2014	6/1/2014	7/1/2014	8/1/2014

The Agency has also instituted continuity of care provisions for providers and managed care plans. These requirements will supplement the website and outreach efforts in ensuring a seamless transition from the current delivery system to Statewide Medicaid Managed Care:

- **Health care providers should not cancel appointments with current patients.** Health plans must honor any ongoing treatment that was authorized prior to the recipient's enrollment into the plan for up to 60 days after MMA starts in each region.

- **Providers will be paid.**

Providers should continue providing any services that were previously authorized, regardless of whether the provider is participating in the plan's network. Plans must pay for previously authorized services for up to 60 days after MMA starts in each region, and must pay providers at the rate previously received for up to 30 days.

- **Prescriptions will be honored.** Plans must allow recipients to continue to receive their prescriptions through their current provider for up to 60 days after MMA starts in their respective region, until their prescriptions can be transferred to a provider in the plan's network.

In summary, the Agency is making every effort to inform providers and recipients of the approaching changes to Florida's Medicaid program. We are offering multiple provider webinars, which can be found on the SMMC Calendar of Events or in a recorded format on the Agency's YouTube channel. Members of the FMDA may be particularly interested in two specific webinars: Managed Medical Assistance 101 ([http://bit.ly/MMA\\_101](http://bit.ly/MMA_101)) and LTC & MMA – Putting the Pieces Together ([http://bit.ly/LTC\\_MMA](http://bit.ly/LTC_MMA)). Any remaining questions should be addressed in the Frequently Asked Questions document available on the SMMC website, but providers may also submit questions directly to the Agency at [FLMedicaidManagedCare@ahca.myflorida.com](mailto:FLMedicaidManagedCare@ahca.myflorida.com).

**Facebook:** facebook.com/AHCAFlorida

**Twitter:** twitter.com/AHCA\_FL

**YouTube:** youtube.com/AHCAFlorida

**SlideShare:** slideshare.net/AHCAFlorida

**Upon completion, the MMA program will affect nearly 85 percent of Florida's 3.5 million Medicaid recipients.**

# STAND UP AND 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 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. Robert Kaplan**, president ([rgk.md@aol.com](mailto:rgk.md@aol.com)); or **Ian Cordes**, executive director, at **(561) 689-6321** or [ian.cordes@fmda.org](mailto:ian.cordes@fmda.org).

## 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    \$ \_\_\_\_\_

Make check payable to: Florida Medical Directors Association, 400 Executive Center Drive, Suite 208, West Palm Beach, FL 33401

(561) 689-6321 • Fax: (561) 689-6324 • [www.fmda.org](http://www.fmda.org) • [www.bestcarepractices.org](http://www.bestcarepractices.org)



*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.

# Annual Conference Schedule of Events

Underlying Theme for 2014 BCP Conference – Future Directions: Transforming LTC

Thursday, October 16

Hospice Section: Complex Illness Management = Advanced Care

## OPTIONAL PRECONFERENCE SESSIONS

8:30-9:30 a.m. *Hospice Essentials: History, Regulations, and Compliance* with **Brian Kiedrowski, MD, CMD**; Miami Jewish Health System

9:40-10:40 a.m. *Hospice Non-Cancer Diagnosis: Eligibility, Adult Failure to Thrive* with **Joseph W. Shega, MD**; Regional Medical Director VITAS Innovative Hospice Care

10:50-11:50 a.m. *Withdrawal of Life Support: PEG Tubes, Dialysis, Ventilators, Auto-internal Cardiac Defib., etc.* with **Leonard Hock, DO, CMD**; Chief Medical Office, Harbor Palliative Care & Illness Management a Division of TrustBridge

11:50 a.m.-12:50 p.m. Product Theater Lunch Program (non-CME/CPE/CE) hosted by **Boehringer Ingelheim**

12:50-1:15 p.m. Hospice Section Meeting

## 1:30-4:45 p.m. OPTIONAL PRECONFERENCE WORKSHOP

*Caring for Younger Adults in the Long-Term Care Setting – Utilizing AMDA's Toolkit* with **Rebecca Ferrini, MD, MPH, CMD**; Medical Director, Edgemoor DP SNF, San Diego, CA; **Polly Weaver, BS**; Chief of Field Operations, Division of Health Quality Assurance, Florida's Agency for Health Care Administration, Tallahassee, FL; and **Diane Sanders-Cepeda, DO**

Friday, October 17

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

8-8:30 a.m. FMDA Membership Meeting – Future Directions

8:30-9:30 a.m. *Future Directions: Transforming Long-Term Care* **Leonard Hock, DO, MACOI, CMD**; Chief Medical Office, Harbor Palliative Care & Illness Management a Division of TrustBridge

9:45-10:45 a.m. *Keynote: The Future of Geriatrics and Long-Term Care* **Richard G. Stefanacci, DO, MGH, MBA, AGSE, CMD**; Jefferson School of Population Health Thomas Jefferson University, Philadelphia, PA

10:55-11:55 a.m. *Weight Management in the Elderly: Nuances of Aging and Cardiovascular Disease* with **Jeanne Y. Wei, MD, PhD**; Executive Director, Reynolds Institute on Aging; Professor and Chairman, Reynolds Department of Geriatrics University of Arkansas for Medical Sciences

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

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

2:35-3:35 p.m. *Regulatory & Survey Update for Clinicians and Providers in LTC* with **Polly Weaver, BS**; Chief of Field Operations, Division of Health Quality Assurance, Florida's Agency for Health Care Administration, Tallahassee, FL

3:45-5:15 p.m. *Managing Depression and Mood Disorders – A Panel Discussion* with **Luis G. Allen, MD**; and **Dana Saffell, PharmD, CCP**; President/ CEO of PharmaCare Strategies and President, FL-ASCP

5:15-7 p.m. Welcome Reception for Trade Show, Poster Presentations, and Silent Auction – Sponsored by **Optum CarePlus**

Saturday, October 18

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

9-10:30 a.m. *A Conversation with Our National Leaders:*

AMDA President **Leonard Gelman, MD, CMD**, and  
ASCP President-Elect **Sharon Clackum, PharmD**



10:30-11:30 a.m. *Public Policy Lecture* with **Charles Crecelius, MD, PhD, FACP, CMD**; Clinical Instructor of Medicine and Geriatrics at Washington University School of Medicine, St Louis, MO; Past President, AMDA – The Society for Post-Acute and Long-Term Care Medicine; and **Alex Bardakh, MPP**, Senior Manager, Public Policy; AMDA – The Society for Post-Acute and Long-Term Care Medicine

## 12:30-2:15 p.m. ANNUAL AWARDS LUNCHEON

12:40-1:40 p.m. *Rethinking Dementia Care: A Person-Centered Approach to Behavioral Expressions* with **Kevin W. O'Neil, MD, FACP, CMD**; Chief Medical Officer, Brookdale Senior Living, and **Juliet Holt Klinger, MA**; VP of Dementia Care, Brookdale Senior Living

2:15-3:15 p.m. *Concurrent Sessions A: Core Aspects of Medicare Billing & Coding* with **Leonard Gelman, MD, CMD**; President, AMDA – The Society for Post-Acute and Long-Term Care Medicine

2:15-3:15 p.m. *Concurrent Sessions A: An Update on the Future of POLST* with **Kenneth Brummel-Smith, MD**; Health & Aging Policy Fellow, Charlotte Edwards Maguire Professor & Chair; Department of Geriatrics, Florida State University College of Medicine

3:30-4:30 p.m. *Dysphagia Treatment Options with Roundtable Case Studies* with **Cathy Pelletier, PhD** (Food Science), MS, CCC-SLP; Rehabilitation Manager, Charlestown Retirement Community, Catonsville, MD

4:40-5:40 p.m. *Advances in the Management of Infection Control & Infectious Disease in LTC* with **Beata Casanas, DO, FACP**; Assistant Professor, Division of Infectious Diseases and International Medicine, University of South Florida College of Medicine; Executive Medical Director of the Hillsborough County Health Department

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 19

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

7:45-8:45 a.m. *Diabetes Mellitus – An Evidence-Based Update* with **Naushira Pandya, MD, CMD, FACP**; Professor and Chair, Department of Geriatrics, Nova Southeastern University College of Osteopathic Medicine; Principal Investigator and Project Director, Geriatrics Education Center, NSU; President-Elect, AMDA – The Society for Post-Acute and Long-Term Care Medicine

8:50-9:50 a.m. *How (I) About Vitamin D* with **F. Michael Gloth, III, MD, AGSF, CMD**; Associate Professor of Medicine, Johns Hopkins University School of Medicine; CMO, Moorings Park Healthy Living, Naples, FL

9:55-10:55 a.m. *Preventing Prescribing Cascades* with **Rick Foley, PharmD, CPh, CGP, FASCP, BCPP**; Clinical Assistant Professor of Geriatrics, University of Florida College of Pharmacy; Consultant Pharmacist, Omnicare; President-Elect, FL-ASCP

11 a.m.-12 p.m. *Advanced Illness: What is it? How do you know who has it? And, what can you do about it?* with **Rhonda L. Randall, DO**; Chief Medical Officer, UnitedHealthcare Retiree Solutions

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



# Early-bird Deadline is Aug. 31, 2014

## 2014 REGISTRATION FORM

### Yes, I would like to register now!

www.bestcarepractices.org

2014 Registration Form

Registration — Choose one only!

Optional Events

- Paid-up FMDA, NADONA, FL-GAPNA, and/or FGS members (Full registration\*)..... \$315
- Pharmacists: Special rate for pharmacists who have attended BCP in the last 5 years (Full registration\*) ..... \$315
- New/renewing FMDA members (Full registration\*)..... \$390  
(includes \$75 for annual dues for Regular and Professional Affiliate members)
- Non-member Physicians, Nurse Practitioners, Physician Assistants, and RNs (Full registration\*) ..... \$445
- Non-member Nursing Home and ALF Administrators (Full registration\*) ..... \$445
- Non-member Nurse Practitioners, Physician Assistants, and RNs (Full registration\*)..... \$445
- Unlicensed registrants (Full registration\* includes Organizational Affiliate Membership) ..... \$549
- Nurse Practitioners, Physician Assistants, and RNs, members of FMDA (Full registration\*)..... \$315
- Nurse Practitioners, Physician Assistants, and RNs (Full registration\* for new/renewing FMDA members)..... \$390
- 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
- "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 (10/16): **Hospice Section: Complex Illness Management = Advanced Care (\$35 each) ... \$90 (all 3)**
  - Hospice Essentials (#101)  Hospice Non-cancer Diagnosis (#102)  Withdrawal of Life Support (#103)
- ★ Pre-conference Workshop (10/16): **Caring for Younger Adults in the LTC Setting: Utilizing AMDA's Toolkit (#104)**
  - Registration Only = \$50  AMDA Toolkit only = \$85 (plus shipping and handling)  Workshop with AMDA Toolkit = \$120
- 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..... \$55

\*FULL REGISTRATION: Fees include attendance at all educational sessions starting with #105, receptions, planned meals, and trade show admission, from Thursday, Oct. 16, through Sunday, Oct. 19, 2014, except for the pre-conference courses (#101-104) on Thursday, Oct. 16, 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, \_\_\_ FL-GAPNA, \_\_\_ NADONA, or \_\_\_ FGS. 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 1<sup>st</sup>-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, 2014. There will be no refunds after Oct. 3, 2014. 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.

# UPDATE: Florida Partnership to Individualize Dementia Care in Florida Nursing Homes

**U**necessary 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 the 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 ensure 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](http://www.fmda.org) for more information).

FMDA has taken a leadership role in this statewide initiative under the guidance of Dr. Diane Sanders-Cepeda. Dr. Sanders-Cepeda attended the May meeting of the Partnership in Tampa in May along with Dr. Robert Kaplan at the headquarters of FMQAI, Florida's designated Quality Improvement Organization.

In early July, President Dr. Robert Kaplan, Vice President Dr. Leonard Hock, and Membership Chair Dr. Gregory James (FOMA's Liaison to FMDA Board), 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).

Here is some recent utilization data that show modest improvements for Florida since 2011. When compared against other states' progress, there is much more that needs to be done in Florida.

## National Partnership to Individualize Dementia Care in Nursing Homes – Florida

New 2013Q4 data released April 14, 2014

	2011Q1-2013Q1	2011Q1-2013Q2	2011Q1-2013Q3	2011Q1-2013Q4
States > 15% reduction	11	15	21	28
States 10%–15% reduction	10	16	20	14
Florida % decreased	7.29%	9.68%	10.96%	13.3%
Florida ranked	35 of 51	37 of 51	37 of 51	37 of 51
<b>National Rate</b>	<b>21.71</b>	<b>21.14</b>	<b>20.75</b>	<b>20.30</b>
Florida rate	22.70	22.11	21.80	21.20
Highest rate in FL	80.6	74.4	68	69.6
FL NHs above 50%	13	6	5	4
FL NHs 40%–50%	30	38	27	28
FL NHs 30%–40%	92	86	77	88
FL NHs 20%–30%	247	197	146	225
FL NHs 10%–20%	245	255	305	267
FL NHs 0%–10%	59	48	62	56
FL NHs 0% or N/A	19	56	61	20

# FMDA Providing New Member Benefit for CE Broker Subscriptions

**F**MDA is excited to announce a brand-new partnership with CE Broker, the official continuing education tracking system for all Florida licensed health care providers, including physicians, PAs, NPs, etc. FMDA members will now receive a \$5 discount when subscribing to CE Broker’s Professional Account. The subscription lasts for one year and offers an easy-to-use system that helps you sort through complex CE requirements.

Beginning in 2013, the Department of Health, Medical Quality Assurance, started verifying a practitioner’s continuing education record in the electronic tracking system at the time of renewal. A CE Broker Professional Account will allow you to stay up-to-date on all of your continuing education requirements.

Here are some details of CE Broker’s Professional Account:

- Displays your renewal requirements for each biennium
- Shows you all courses reported to date

- Details what hours you have left to complete
- Sends reminders as expiration dates approach
- Helps you find courses to fulfill your requirements



To register for an account, go to [CEBroker.com](http://CEBroker.com) and subscribe or set up a 7-Day Free Trial Account and use the promotion code to apply your \$5 discount. Contact the FMDA office at **(561) 689-6321** or [info@fmda.org](mailto:info@fmda.org) to receive the promotion code. Make sure you apply the code during step 3 of 3 of the subscription process when asked, “Have a Promotion Code or Association Discount?”

FMDA hopes you will take full advantage of this partnership by using the CE Broker system to make certain you have fulfilled your requirements. For more information, please contact **Matt Reese** at the business office at **(561) 689-6321**.

**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**


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 become a model organization that collaborates with related organizations and promotes the highest quality of care to patients in the long-term care continuum.

Florida Medical Directors Association  
**APPLICATION FOR MEMBERSHIP**

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



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**These are the official online CareerCenters of the Florida Medical Directors Association, Florida Association Directors of Nursing Administration, and Florida Health Care Social Workers Association.**

**These CareerCenters are a treasured online resource designed to connect long-term care industry employers with the largest, most qualified audience of nurses, nurse administrators, directors of nursing, physician assistants, medical directors, social workers, social service designees, and directors of social services in Florida.**

**Job Seekers may post their résumés (it's FREE) — confidentially, if preferred — so employers can actively search for you.**

Let these CareerCenters help you make your next employment connection!

*Featured speaker at Town Meeting on Aug. 22 in Boca Raton!*

## Asset Protection Attorney Offers Medical Professionals Tips to Protect their Assets

By Hillel L. Presser, Esq., MBA; President, The Presser Law Firm, P.A.

**L**awsuits have become big business, especially since the economic downturn. They're a cheap way for people to make lots of money, often with an investment of just a few hours' time. Consider — the plaintiff may never even have to prove a thing; the prospect of spending hundreds of thousands of dollars in legal bills can scare a defendant into opting for a settlement without ever putting up a fight. Even if he or she did nothing wrong.

More than 100 million lawsuits are filed each year; one in three people will be sued in the next 12 months. No one's immune, but people with a lot of assets showing are especially vulnerable. If someone thinks you've got a lot to lose — and thus, they've got a lot to gain — you become a choice target. People who are less affluent are vulnerable in a different way: If a person with \$100,000 in assets gets sued for \$1 million, they'll be wiped out, whereas the person with \$5 million can survive a \$1 million lawsuit.

The time to protect your assets is before you get sued; it's much more enforceable, costs less and you'll have more options available.

Here are some tips to help guide you:

1. Inventory your wealth. Most people have a lot more than they think. Take stock of valuable domain names, telephone numbers, intellectual property, potential inheritances, and other non-liquid assets.

2. Convert non-exempt assets into exempt assets. State laws protect some personal assets from lawsuits and creditors. Those assets typically



include your primary residence; personal items such as furniture and clothing; pensions and retirement funds; and life insurance. Find out the exemptions for your state and convert non-exempt assets (i.e., cash) into exempt assets (i.e., life insurance).

3. Protect every asset from every creditor. There's no point in protecting your money if your business is exposed. There's no point in protecting your business if your house is exposed. There's no point in protecting your house if your boat is exposed. Protect everything! Your asset protection plan should hold up

whether your neighbor is suing you or the most powerful attorney downtown.

4. Don't rely solely on liability insurance. Buy as much insurance as you can; it's cheap and it helps you sleep at night. But realize that 70 percent of claims are not covered. Your coverage may be inadequate for a particular suit; your insurance company may go bankrupt. Having insurance and an asset protection plan is the belt and suspenders approach to hanging onto your pants.

5. Avoid fraudulent transfers. A fraudulent transfer occurs if your creditor doesn't get paid because you sold an asset to a person or entity for less than its fair market value when faced with a lawsuit. Such a transfer, done with the intent to hinder, delay, or defraud a creditor, can invalidate your entire asset protection plan.

*Continued on the next page*

## PEG “Yay or Nay”

By Divya Kumar, MS, RD, LD/N; Sodexo Clinical Nutrition Manager, Covenant Village of Florida

**S**everal studies have shown a correlation between weight loss, pressure ulcers, and neurological disease in the elderly. Dementia/Alzheimer's disease has been known to be one of the leading causes of death in the United States. The dementia disease progression involves functional impairment and cognitive decline. In the terminal stage, people are prone to experience, decreased desire to eat and an inability to chew or swallow. This may lead to unintended weight loss, malnutrition, frequent hospitalizations and sometimes death. Lack of adequate nutrition can also increase the potential for skin breakdown in the elderly.

A pressure ulcer occurs predominantly when there is decreased mobility, decreased awareness to reposition, decreased feeding ability, and fecal incontinence. These problems are commonly seen in nursing home residents who have advanced dementia. Due to progressive inability to meet nutritional needs orally and an increased prevalence of pressure ulcers, tube feeding has become an alternate form of nutrition in dementia. However, multiple systemic reviews state that tube feeding does not have a significant impact on healing ulcers. The osmolality of tube feeding may be associated with diarrhea which can potentially increase the risk of pressure ulcers<sup>1</sup>. Also, increased immobility may be a contributing factor towards skin breakdown<sup>2</sup>. The Cochrane review of enteral tube feeding in older people with dementia concluded that

there was insufficient evidence to state that enteral feed was beneficial to residents with dementia<sup>3</sup>. In support to this statement Teno et al, reported feeding tubes may be associated with an increased risk of developing a pressure ulcer. The study concludes that feeding tubes do not aid with the prevention or healing of a pressure ulcer<sup>4</sup>.

Clinicians in long-term care settings, often change the goals of care towards keeping residents comfortable in advanced dementia. This can be the premise to educate family members on the realistic understanding of clinical problems that are associated with terminal disease. The PEG tube may be considered an alternate support, preventative or a temporary form of nutrition. However, there is no conclusive evidence to state whether a PEG tube may prevent further weight loss, maintain skin integrity or improve functional status in patients with advanced Dementia/Alzheimer's. Hence it is the clinical discretion of the health care professional to create an individualized plan of care for the resident.

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# Florida SNF Adopts Oral Patient-Controlled Analgesia Device for Pain Management – First in the Nation

By Sharon Conley, MD, PhD, CPE; Chief Medical Officer, Avancen MOD Corporation

**B**ayView Healthcare’s Samantha R. Wilson Care Center, in St. Augustine recently adopted new technology to better serve its patients’ pain management needs. This new technology, an electronic oral patient-controlled analgesia (PCA) device, is used for patients capable of responsible, self-administration of oral pain medications in tab form. Although these devices are being used in acute care facilities around the country, BayView is the first long-term care (LTC) facility in the nation to adopt these devices for their skilled nursing patients admitted for rehabilitation.

Flagler Hospital (St. Augustine) has been using the oral PCA devices in their inpatient orthopedic surgery unit for more than two years. When BayView previously received Flagler Hospital patients for rehabilitation after orthopedic surgery, several patients remarked about their experience at Flagler Hospital using the bedside devices and asked if it would be possible to continue using them during their stay at BayView.

In February 2014, BayView evaluated the bedside devices to determine patient and nursing acceptance. Positive responses from patients and staff prompted the facility to integrate the devices into their protocols so patient-centered pain management care could be continued. Device use has been through cooperation between BayView and its pharmacy provider Pharmerica based in Jacksonville.

Cherri Harding, director of nursing at BayView, notes that, “Residents using the electronic oral PCA devices have better control of their pain during their rehabilitation stay and we see overall improvement in patient care.” Michelle Yorio Greenier, director of admissions, identifies orthopedic patients who are transitioning from Flagler Hospital to BayView, and ensures that these patients can continue to use the devices during their rehabilitation. “Working closely with Flagler Hospital provides a smooth transition for our patients. As a continuum of care, we find that the device enhances our patients’ experience and overall success,” said Ms. Yorio Greenier. Eligible patients referred from other acute care facilities for rehabilitation are also beginning to enjoy the convenience of the bedside oral PCA as more referring physicians are learning about the device and its benefits.

Currently, the pharmacy provider programs the devices with the clinician’s pain medication prescription, including the dose and time interval required between allowed doses, and loads the devices with the appropriate medication tray for use. Each device has a specific Radio Frequency Identification (RFID) wristband that is registered to the device and then assigned to the patient for his/her exclusive use. Once the programmed device is delivered to the facility, the staff nurse educates the eligible patient on how to use and attaches the unique RFID wristband to the patient. When the green light on the front panel of the device illuminates, the patient may access his

or her next dose of medication, using the RFID bracelet for device recognition. The device will not allow the patient to access the medication again until the desired time interval in hours has passed so that overdosing is prevented.

Pain management in post-acute care is gaining more focus with several ongoing initiatives and guidelines including the American Medical Directors Guidelines for Pain Management in Long-Term Care, the Nursing Home Quality Campaign, and the Nursing Home Quality Initiative (NHQI) with pain included as part of the Quality Initiative Data Set.

Although acute care hospitals are currently being awarded or penalized regarding patients’ satisfaction with pain management as part of the CMS Value Based Program, LTC facilities have not as of yet been subject to similar evaluations. The Quality Assurance and Performance Improvement Programs (QAPI) in LTC were mandated by the 2010 Affordable Care Act with ongoing pilot programs in progress in four states, including Florida. Anticipated final regulations are to be released in 2014 for all facilities to adopt QAPI programs. These programs will focus on approaches to improve the quality of patient care, including pain management, along with other improvement projects in the future.

“We know that continuing to improve pain management is becoming increasingly important as a quality issue for our facility and LTC in the future. Using technology like the oral PCA is part of our plan at BayView to improve pain management and patient satisfaction” said Dr. Larry Lake, CEO. Dr. Ernesto Carames, BayView’s medical director also sees the benefit in the device for his patients at BayView. “It provides a smooth continuum of pain relief — what else can one ask for?”

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## Asset Protection Attorney Offers Medical Professionals Tips to Protect their Assets *Continued from page 16*

6. Don’t title your assets solely to your spouse or to “straw men.” They may have more financial problems than you.

7. Protect with liens. What is a \$100,000 car worth if you owe \$95,000? What is a \$1 million house worth if you owe \$950,000? Take out lines of credit. Record mortgages against your property. Make all of your assets valueless. Become an unattractive candidate for a lawsuit.

8. Transfer your assets to a protective entity. The key to asset protection is to own nothing while controlling everything. Transfer any non exempt assets out of your name to protective entities such as trusts, LLC’s (limited liability companies), limited partnerships, etc.

9. Keep your plan up to date. Laws change every year. Have your plan reviewed yearly.

For more information on asset protection, estate planning, or to schedule a complimentary preliminary consultation with Attorney Presser, please call (561) 953-1050 or email [Info@AssetProtectionAttorneys.com](mailto:Info@AssetProtectionAttorneys.com).



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