

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

## 2019 FACT SHEET

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

**FMDA VISION STATEMENT:**

We will provide professional leadership to disseminate information and provide access to resources and experts.

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

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

**MEMBERSHIP:** FMDA maintains a database of more than **600** members and **4,000** total contacts. Our members are medical directors, attending physicians, advanced practice nurses, consultant pharmacists, physician assistants, director of nursing, and nursing home administrators of Florida skilled nursing facilities or nursing homes, hospices, CCRCs, etc.

**BACKGROUND:** FMDA was originally established in 1990, as the Florida Medical Directors Association. In 2015, following the lead of AMDA, its national affiliate, it changed its name to FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine. It was founded to help medical directors, attending physicians, physician assistants (PAs), advanced practice nurses, pharmacists, and other health care practitioners in post-acute and long-term care navigate their way through the continuum. FMDA is a **501(c)(3)**, non-profit medical society.

**GOVERNANCE:** The Board of Directors consists of the Chairman of the Board, Immediate Past-President, President, Vice President, Secretary-Treasurer, and seven other FMDA members. Each is elected for a two-year term and can be re-elected for another two-year term, except for the Immediate Past-President, President-Elect, and Chairman, who are not elected. All elections will take place at the annual meeting every two years. During a non-election year, elections will be held only for vacated offices due to unforeseen circumstances and will be good for the remaining term until the next election. Such an office will not count as a two-year term. All candidates for position as an officer must have been a physician board member within the last three years.

**AFFILIATIONS:** FMDA is the official state affiliate and the largest chapter of the Columbia, Maryland-based, **AMDA – The Society for Post-Acute and Long-Term Care Medicine**. We are also a Specialty Society of the **Florida Medical Association** (FMA), and liaise with the **Florida Osteopathic Medical Association** (FOMA).

Through the **American Board of Post-Acute and Long-Term Care Medicine** (ABPLM), AMDA's credentialing body, it sponsors a certification program in PA/LTC medical direction and offers a competency curriculum for attending physicians / ARNPs / PAs to enhance knowledge and skills in this ever-changing environment. ABPLM is chaired by **Robert Kaplan, MD, CMD; Chairman of the Board, FMDA**.

**ANNUAL MEETING:** FMDA's 28<sup>th</sup> Anniversary Conference is to be held **Oct. 24-27, 2019**, at **Loews Sapphire Falls Resort at Universal Orlando**.

**MEMBERSHIP CATEGORIES:** There are multiple classes of membership in the Association: general membership, honorary membership, student, retired, lifetime, and affiliate membership. All members of this organization are also encouraged to be members of the national association, AMDA – The Society for Post-Acute & 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, consultant pharmacist or physician assistant who has an interest in or who provides medical services in full or in part in post-acute and long-term care. 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, consultant pharmacists, and physician assistants who are fully retired.

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

b. **Organizational Affiliates:** Are organizations in the medical, regulatory, or political fields of long-term care wishing to promote the affairs of FMDA. They include vendors, other professionals, and organizations.

c. **Honorary** members can be proposed by any FMDA member and can be admitted by a vote of the Board of Directors during an annual meeting or by the executive committee at any time. Honorary members shall not be eligible to vote or hold office.

d. **Students:** Student membership is available to physicians-in-training, including interns, residents, fellows, and students enrolled in or on leave of absence from any LCME- or AOA-accredited or provisionally accredited North American allopathic or osteopathic training program. This category is also available to all American and foreign students who are in training at foreign medical institutions listed in the International Medical Education Directory (IMED) of the Educational Commission for Foreign Medical Graduates (ECFMG). It is also open to premedical students and any person engaged in graduate medical education in the U.S. Student members shall have all FMDA privileges except they shall not be eligible to vote or hold office.

**ANNUAL DUES:** General membership dues are \$90 annually; Organizational Affiliate member dues are \$325 annually. Corporate membership packages are available for groups of 5 or more. In 2012, we started offering multi-year memberships, including 2-year, 3-year, and Lifetime. We currently have 21 Lifetime members.

## Membership Benefits and Services:

- ✓ FMDA promotes the education of its membership in issues pertaining to post-acute and long-term care (PA/LTC), with a special emphasis on scientific, legislative, regulatory, and Medicare and Medicaid reimbursement.
- ✓ Membership in FMDA links you to physicians, advanced practice nurses, and PAs and opens dialogues for problem-solving and information sharing. Networking opens opportunities to become familiar with the activities of Florida practitioners and helps you build relationships with and gain support from our members.
- ✓ FMDA represents more than 600 medical directors, attending physicians, pharmacists, physician assistants, and advanced practice nurses in Florida's post-acute and long-term care continuum.
- ✓ As the scope of operation for post-acute care facilities continues to evolve and expand to accommodate an aging population, practitioners face many new and complex challenges. FMDA is the only organization in the state of Florida devoted to practitioners in all specialties practicing in skilled nursing units, sub-acute, hospice, home care, assisted living facilities, as well as in continuing care retirement communities.
- ✓ FMDA hosts a highly successful and nationally-recognized annual conference and trade show every October, which features the newest trends and challenges from some of the top long-term care experts in the country.
  - This annual educational program was one of the first conferences of its kind in the country to offers continuing education contact hours for physicians (MDs and DOs), physician assistants, advance practice nurses, clinical and consultant pharmacists, directors of nursing, licensed nurses, and nursing home administrators.
  - Due to its reputation for high-caliber conference programming, each year it attracts attendees from dozens of other states, Puerto Rica, and Canada.
  - Convenient, online registration is available at [www.bestcarepractices.org](http://www.bestcarepractices.org).
- ✓ FMDA has a Palliative Care Section and other special interest groups for rehabilitation, hospital medicine, home care, and assisted living.
- ✓ **FMDA's Journal Club:** Meetings are scheduled for 30-minutes, once a month, via conference call. The club critically analyzes recent literature using evidence-based medicine principles: patient preferences, clinician expertise, and scientific findings each weighted equally. We quickly review two to three papers and present highlights and take-aways in a concise, high-yield manner. Each paper is reviewed in 10-15 minutes, and discussions are encouraged.
- ✓ FMDA publishes a dynamic, statewide newsletter titled *Progress Report* — winner of the 2017 Apex Award for Publishing Excellence.
- ✓ The official FMDA website is [www.fmda.org](http://www.fmda.org) with a dedicated conference website at [www.bestcarepractices.org/](http://www.bestcarepractices.org/).
- ✓ FMDA has its own online "CareerCenter" job board.
- ✓ Annual update on Medicare billing strategies.
- ✓ Annual update on Medicare comparative performance reports for physicians practicing in post-acute care.
- ✓ Discounted member registration fee for educational programs — including the annual conference.
- ✓ Listing as an expert witness, upon request.
- ✓ Assistance in earning AMDA's medical director certification.

## ADVOCACY:

- ✓ Networking with acute, post-acute, and long-term care trade and professional associations.
- ✓ Advocacy in Tallahassee on behalf of FMDA members.
- ✓ Representation in the House of Delegates of AMDA.
- ✓ Representation in the House of Delegates of the Florida Medical Association.
- ✓ Providing testimony at public hearings, in front of the Florida Legislature, and in developing position statements regarding issues important to clinicians such as POLST (Physician Orders for Life Sustaining Treatments), the availability and

affordability of liability insurance, the Pill Mill Bill, “Granny Cams” in nursing homes, CMS’ proposed new rules of participation for SNFs, accountable care organizations, bundled payments, value based purchasing, and other hot-button issues.

- ✓ Designated liaisons with Florida Health Care Association and LeadingAge Florida on issues of mutual importance.
- ✓ **FMDA Quality Advocacy Coalition (FQAC):** This is a coalition of key statewide organizations hosted by FMDA and includes representation from major Florida-based stakeholders from provider, regulatory, academic, and professional organizations.

**Mission Statement:** The mission of the FMDA Quality Advocacy Coalition (FQAC) is to develop strategies with like-minded thought leaders to inspire innovation and proactive policies that enhance the quality of care and quality of life for residents in the post-acute and long-term care continuum. FQAC desires to build a vital statewide network of Coalition stakeholders to support this initiative.

In its 19<sup>th</sup> year, and the successor to FMDA’s Industry Advisory Board, FQAC is under the leadership of Chair Steven Selznick, DO, CMD; and Co-chair, Rick Foley, PharmD. For the past two years, the FQAC and its coalition has played a leading role in a statewide collaborative focused on ways to reduce avoidable hospital readmissions.

## **FLORIDA PARTNERSHIP TO INDIVIDUALIZE DEMENTIA CARE**

FMDA has been active in this ongoing state and national initiative. The latest National Partnership Quarterly Data Report released in October 2018, and a new late adopter report, shows that Florida has improved to 23 of 49 states and territories.

## **SCIENTIFIC POSTER PRESENTATIONS**

FMDA takes an active role in outreach efforts to residents, interns, fellows, and young-career physicians with an interest in post-acute and long-term care. It offers opportunities for medical students, interns, and residents in geriatrics, internal medicine, and family practice. In addition, advanced practice nurses, pharmacists, and physician-assistant students who are interested in practicing in post-acute and long-term care are eligible to participate.

## **CO-SPONSORING SYMPOSIUMS**

Just as we have co-sponsored geriatric symposia with Nova Southeastern University, College of Medicine’s Department of Geriatrics (Dr. Naushira Pandya, Chair), we have been co-sponsoring Florida State University, College of Medicine’s Department of Geriatrics’ (Dr. Paul Katz, Chair) Annual PA/LTC Symposium, and we are exploring joint-conferences and other collaborative projects with UCF’s College of Medicine.

## **ADVANCE CARE PLANNING, POLST, HOSPICE, PALLIATIVE CARE, ETC.**

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

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

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

Half of the United States has implemented POLST. Another 24 states are developing a POLST process. Florida is in that group. Since the early 2000s the Center for Innovative Collaboration of Medicine and Law (CICML) at the Florida State University College of Medicine has been serving as the organizer of the state POLST Task Force.

Since December 2017, FMDA has been the official home of Florida POLST – as recognized by the National POLST Paradigm. FMDA is now in the perfect position to engage stakeholders and move the process forward. It has a dedicated website at [www.polstfl.org](http://www.polstfl.org).

## **CAREERS IN LONG-TERM CARE AWARDS:**

FMDA takes an active role in outreach efforts to residents, interns, fellows, and young-career physicians with an interest in long-term care. It offers opportunities for eligible medical students, interns, and residents in geriatrics, internal medicine, and family

practice. In addition, advanced practice nurses, pharmacists, and physician-assistant students who are interested in practicing in post-acute and long-term care are eligible to apply.

## **FLORIDA'S LONG-TERM CARE DEMOGRAPHICS:**

Florida nursing homes are serving an increasingly diverse patient base and providing a greater variety of acute care and rehabilitative and convalescent services that cannot be delivered elsewhere. According to Florida's Agency for Health Care Administration (AHCA), there are approximately 683 licensed skilled nursing facilities in Florida with a total number of 83,587 beds. With an average statewide occupancy of 85 percent — 71,000 patients — and an average of eight (8) daily medications each, Florida is providing an estimated 568,000 prescriptions per day, or an average of 207,732,000 per year — and that is just in nursing homes. There are also 3,089 licensed assisted living facilities (ALFs) with 92,000 residents. Plus, there are 41 free-standing hospices and nearly 2,500 licensed home health care agencies.

### **Other Key Facts\***

- The median annual cost for a private room in a nursing home is \$94,900.
- The median annual cost for a semi-private room in a nursing home is \$81,395.
- The median annual cost for assisted living amounts to \$37,200.
- Nearly 40 percent of long-term care spending is paid for by private funds.
- Medicare, which covers rehabilitation services after an individual is discharged from a hospital, pays for 19 percent of all long-term care spending.
- Medicaid, which covers health care costs for low-income individuals, pays for 60 percent of all long-term care spending.
- Accounting for about 40 percent of total expenditures of nursing facilities, Medicaid's payments cover the care of more than half of all nursing home residents.
- Medicare patients have short rehabilitative stays — 33 days average.
- Medicaid and private-pay patients have long lengths of stay — 386 days average.

### **Economic Role of Long-Term Care Facilities in Florida\***

- Support an estimated \$20.2 billion of Florida's economy
- Contribute to nearly 259,250 jobs and support \$9.1 billion in labor income through employment of both direct caregivers and support staff (i.e., food service, maintenance, social workers)
- Generate \$2.3 billion in state and federal tax revenue
- Long-term care facilities contribute to other businesses through a ripple effect, with each nursing home job resulting in two additional jobs of added economic activity within a local community.

### **Future Needs for Long-Term Care\***

- By 2026, the population of Americans ages 65 and older will double to 71.5 million.
- By 2030, 57% of new residents will be ages 65 and older.
- There is a 50% projected increase in Alzheimer's cases by 2025.
- By 2020, 12 million older Americans will need long term health care.
- Among people turning 65 today, 69 percent will need some form of long-term care, whether in the community or in a residential care facility.

Source: Some of these demographics come from the Agency for Health Care Administration and Florida Health Care Association ([www.fhca.org](http://www.fhca.org)).



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