ALERT: See CMS-related news and updates on pages 4,7,8,14, and 16.

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

Volume 23, Number 2
Summer 2016

WINNER 2013 APEX AWARDS FOR PUBLICATION EXCELLENCE

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

Quality Advocacy Coalition Summit Drives New Statewide Initiatives

By Matthew Reese, Sr. Manager of Association Services, FMDA

There has been a shift in the way health care is being delivered in the post-acute and long-term care (PA/LTC) setting that has necessitated collaboration between like-minded organizations to develop strategies to improve quality of care and enhance patient outcomes. FMDA is committed to supporting existing statewide quality initiatives and taking a leadership role in new initiatives that will appropriate proper resources to make these efforts a reality.

Ongoing statewide coalition efforts include the passage of POLST legislation in Florida; reducing the use of antipsychotics in patients with dementia; enhancing communication between care settings, including transitions in care and medication reconciliation, reducing avoidable re-admissions to the hospital; and having timely discussions with patients and families on what to expect from chronic illness progression and palliative care options. From these current projects, new coalitions can be developed between stakeholders. It is the goal of FMDA to be a driving force behind these new efforts to address unmet quality improvement needs.

FQAC Chair Dr. Steve Selznick recognizes Scott Petersen with Allergan for his exemplary service to FMDA as co-chair of its Industry Advisory Board in 2014 and 2015.

FMDA established its Quality Advocacy Coalition (FQAC) as a way to provide key stakeholders a forum to develop strategies to accomplish goals set forth by industry leaders representing organizations from acute care, sub-acute care, PA/LTC; major pharmaceutical manufacturers; professional membership and trade associations; providers; and academia. The FQAC summit was born as a result of this new direction.

Chair Steven Selznick, DO, CMD, sees "FMDA's Quality Advocacy Coalition, or FQAC, as a forum that encompasses the group's mission of developing 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 PA/LTC continuum."

This year's summit was held in Orlando on April 19. Selznick, along with Co-Chair Rick Foley, PharmD, led the discussion with representatives from the Agency for Health Care Administration; Allergan; Astellas Pharma; Boehringer-Ingelheim; CFP Physicians Group; Law Firm of Chaires, Brooderson, & Guerrero; Florida Association Directors of Nursing Administration; Florida Chapter of the American Society of Consultant Pharmacists; Florida Council on Aging; Florida Chapters of the Gerontological Advanced Practice Nurses Association; Florida Hospice & Palliative Care Association, Florida Hospital Association; FMDA – The Florida Society for Post-Acute & Long-Term Care Medicine; Florida Osteopathic Medical Association; Health Services Advisory Group; Opis

Continued on page 12

25th Anniversary Conference

DISNEY'S GRAND FLORIDIAN RESORT & SPA

Save the Date!

October 13-16, 2016

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

Walt Disney World® Resort

Best Care Practices
In The Geriatrics Continuum

See You at the 2016 Conference

Best Care Practices in the Geriatrics Continuum 2016 is FMDA - The Florida Society for Post-Acute and Long-Term Care Medicine's (FMDA) 25th Anniversary Conference, held in collaboration with the Florida Chapters of Gerontological Advanced Practice Nurses Association, National Association of Directors of Nursing Administration, and Florida Geriatrics Society.

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

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

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

www.fmda.org

PRESIDENT
Leonard Hock Jr., DO, MACOI, CMD
Delray Beach
(561) 714-1531
lhock@trustbridge.com

CHAIRMAN OF THE BOARD
John Symeonides, MD, FAAFP, CMD
Palm Coast
(386) 283-5654 • Fax: (386) 246-7597
jsymeonides@yahoo.com

VICE PRESIDENT
Rhonda L. Randall, DO
Orlando
(407) 758-4573 • Fax: (407) 823-8989
RhondaDO@Reagan.com

IMMEDIATE PAST-PRESIDENT
Robert G. Kaplan, MD, FACP, CMD
Longwood
(407) 862-7054 • Fax: (407) 862-0563
rgk.md@aol.com

SECRETARY/TREASURER
Michael G. Foley, MD, CMD
Crestview
(850) 682-6143 • Fax: (850) 682-0227
docireland1@aol.com

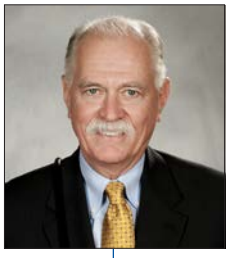
DIRECTORS
Marva Edwards-Marshall, DNP, ARBP-BC
Palm Bay
Elizabeth Hames, DO
Fort Lauderdale
Gregory James, DO, MPH, CMD
Tampa
Michelle Lewis, MSN, ARNP, FNP, GNP
Cocoa
Claudia Marcelo, DO
Oakland Park
John Potomski Jr., DO, CMD
Melbourne
Angel Tafur, MD, CMD
The Villages

FMDA Quality Advisory Coalition
Steven Selznick, DO, CMD; Chair
Rick Foley, PharmD, CGP; Co-Chair

Executive Director
Ian Cordes, MBA, NHA
400 Executive Center Drive, Suite 208
West Palm Beach, FL 33401
(561) 689-6321 • Fax: (561) 689-6324
icordes@bellsouth.net

From the President

We are the nucleus for advocacy, education, and clinical care in PA/LTC.



Membership is growing, and the FMDA has never seen as much diversity, with practitioners from a variety of disciplines serving in leadership positions. FMDA is becoming the nucleus for providing advocacy, education, and clinical care in the post-acute and long-term care continuum (PA/LTC). We are gaining national recognition as a strong and relied-upon resource among collaborating organizations such as Health Services Advisory Group, the Agency for Health Care Administration, Florida Health Care Association, and Florida Hospital Association, among others.

FMDA has developed and will continue to develop powerful leaders and mentors to improve quality of care and drive better patient outcomes in the post-acute and long-term care setting. This energy is the force behind the association and we will use this momentum to engage industry thought leaders as we move forward into 2016 and beyond.

Through collaboration with other like-minded organizations, FMDA is taking a leadership role on a number of state-wide quality initiatives. There is a growing need to solve common challenges or break barriers with strategic industry partners. FMDA will strive to create a formal workgroup to discuss care transitions issues, including the possibility of developing a statewide medication reconciliation form or process. The importance of better communication between acute and post-acute care facilities cannot be overstated. This is one of many initiatives that FMDA will focus on, in addition to reducing re-admissions to the hospital from the skilled nursing facility, the reduction of antipsychotics in nursing home patients with dementia, and implementing discussions in the facility on chronic care illness and palliative care options, including hospice. These are some of the key issues facing health care providers in the state of Florida.

Around this time of year, every year, we are promoting one of the best PA/LTC conferences in the country — Best Care Practices in the Geriatrics Continuum. We will be celebrating the 25th anniversary of the conference this year and it will be held at Disney's *Grand Floridian* Resort October 13-16. The theme for this year's conference is ***Navigating Successfully into a New Frontier: Post-Acute and Long Term Care***.

FMDA's annual program is designed to provide a review and update of major geriatric conditions, illnesses, and risks found in nursing home and hospice patients, residents of assisted living facilities, and seniors living at home. Topics include a wide range of clinical and administrative talks and will feature an annual forum with national leaders

Continued on page 17

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


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

Editor's Corner: Update on Proposed VBP

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

In 2015, the U.S. Department of Health & Human Services (HHS) created goals and payment models based on quality of patient care — a transition from a volume-based model to a value-based model. This initiative will fundamentally change the way facilities and providers are reimbursed, and many new value-based purchasing (VBP) program models have been created. An overarching goal of this reorganization is to tie 85% of all Medicare payments to quality or value as of 2016, and 90% by 2018.

The 2014 Protecting Access to Medicare Act was passed by Congress, which created a VBP program for skilled nursing facilities. As of 2018, 2% of SNF Medicare payments will be withheld, of which 50-70% will be redistributed to facilities with the highest quality performance scores. The performance score will be based on a 30-day all-cause/condition re-admission standard.

On April 27, proposed rules for implementing the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) were released by the Centers for Medicare and Medicaid Services (CMS). Beginning in 2019, MACRA will significantly change Medicare's physician payment system. There will be integration of quality-based payments programs, such as the Physician Quality Reporting System (PQRS), the Value Modifier Program (VM), and the Medicare Electronic Health Record (EHR) Incentive Program, into one framework. The proposed Quality Payment Program includes two pathways for physician payment: the **Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs)**.

"It's gratifying to know that our hard work in educating CMS about the nuances of our care setting has resulted in some movement to ensure that our members won't be penalized for choosing to work with this ill, vulnerable, complex population."

The MIPS bases physician reimbursement on performance measures of prior care provision. Physician payments will be increased or decreased according to a composite performance score. In 2019, adjustments will be a maximum of 4% and will reflect performance in 2017. Adjustments will increase over time, with a maximum of 9% in 2022. As summarized in Clough and McClellan's May 23 article in JAMA Network, *Implementing MACRA: Implications for Physicians and for Physician Leadership*, there are four components of the MIPS composite performance score:

1) **Quality** (50%)* – reporting of at least 6 quality measures, including 1 outcome measure

2) **Resource Use** (10%)* – total annual cost of care or care episodes calculated by CMS from claims data

3) **Advancing Care Information** (25%) – strategies to improve practice data flow (not strictly EHR)

4) **Clinical Practice Improvement Activity** (15%) – clinician activities such as provision of 24-hour access, telehealth, registry participation

*The weighted percentage of the Quality component will decrease to 30% by 2021, and Resource Use will increase to 30%.

Advanced Alternative Payment Models (APMs) require physicians to be accountable for quality and expenditures, bearing "more than nominal risk." Benchmarks for quality performance would focus on quality and cost of care for populations attributed to an accountable care organization (ACO). Performance standards will be established by CMS at the level of these ACOs or according to the cost for certain special medical conditions, such as cancer and renal failure.

It is projected by many sources that physicians in most specialties will initially take part in the MIPS, rather than in

Table of Contents

APMs. Clough and McClellan's article encourages specialty societies to develop improved utilization and quality measures, and stresses that effective models of care will require collaborative efforts across multiple specialties.

AMDA reviewers are assessing and commenting on the proposed MACRA rule, which is a 962-page document, available at **http://federalregister.gov/a/2016-10032 and FDsys.gov**. AMDA's website highlights positive elements that are particularly important to PA/LTC providers, including rules that:

- *Exclude services billed under CPT codes 99304-99318 when the claim includes the POS 31 (SNF, meaning a resident receiving skilled post-acute services) modifier from the definition of primary care services for MIPS under the Resource Use Criteria category.*
- *MIPS-eligible clinicians (no longer eligible professionals) who lack control over the EHR technology in their practice locations (e.g., surgeons using ambulatory surgery centers or a physician treating patients in a nursing home who does not have any other vested interest in the facility, and may have no influence or control over the health IT decisions of that facility) would need to submit an application demonstrating that a majority, 50 percent or more, of their outpatient encounters occur in locations where they have no control over the health IT decision of the facility, and request their advancing care information performance category score be reweighted to zero.*

Also featured on AMDA's site are the concerns that the society has raised regarding proposed rulings — such as attributing equality of total cost of care for SNF patients, as compared to the outpatient setting — that would create an unfair reimbursement system. AMDA continues to review and comment on current meaningful use requirements that could penalize physicians who provide care in SNFs. AMDA's Public Policy Committee Chair, Karl Steinberg, MD, CMD, was recently quoted about the society's contributions to the proposed rulings, "It's gratifying to know that our hard work in educating CMS about the nuances of our care setting has resulted in some movement to ensure that our members won't be penalized for choosing to work with this ill, vulnerable, complex population."

The document is open for public comment through **June 27, 2016**, at **http://www.regulations.gov**. FMDA encourages your thoughts and viewpoints!

For more information, see:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html

AMDA's website, **http://www.paltc.org**

Clough, JD and McClellan, M. Implementing MACRA: Implications for Physicians and for Physician Leadership. *JAMA*. Published online May 23, 2016.

AMDA Releases Competencies Curriculum

AMDA has defined competencies for the practice of PA/LTC medicine so that attending physicians, medical directors, advanced practice nurses, and geriatric fellows who practice in this setting can effectively provide their patients with quality care. The Competencies Curriculum for PA/LTC Medicine is an online educational program to support the competencies and disseminate education on cornerstones of knowledge needed to practice as an attending physician in PA/LTC.

"It correlates to the basic 26 Core Competencies developed and promulgated by AMDA in March 2013 and may serve as an integral component of the body of knowledge utilized in the development of a certification credential for attending physicians," said Dr. Robert Kaplan, past president of FMDA; chair, AMDA's Core Curriculum Faculty; and vice-chair of the American Board of PA/LTC Medicine. "It is distinct from the traditional Core Curriculum, which is a mandated curriculum for those attempting to certify as medical directors," Kaplan added.

For information about the competencies curriculum, go to: **http://www.paltc.org/competencies-curriculum-post-acute-and-long-term-care-medicine**.

Leaders Energize New Council of Presidents

FMDA recently held the inaugural meeting of its Council of Presidents — composed of past presidents of our organization. Past Presidents Dr. Jim Lett, Dr. Bob Kaplan, Dr. Morris Kutner, Dr. John Symeonides, and Executive Director Ian Cordes met telephonically to discuss the formation and direction of the new council.

Past presidents, through membership in the council of Presidents, will serve as a resource to the FMDA board in matters concerning FMDA and PA/LTC medicine. The immediate past president is being proposed to serve as chair of the council. The council will meet no less than once a year, either by conference call or in person at the annual Best Care Practices in the Geriatrics Continuum conference.

The council will convene to discuss a variety of strategic questions. They will also develop leadership-level surveys and polls to gather information about initiatives the association is considering and to take the temperature of the leadership on issues that have come up nationally.

Initial goals of the council are to examine the value of FMDA membership; provide recommendations, counsel, and vision; offer innovation ideas; explore opportunities for growth; and serve as an independent resource to the current board and membership on pressing matters and important issues, providing new perspectives when updating the association's strategic plan and feedback concerning FMDA's annual conference every October.

The council also discussed a possible role in building a Leadership Academy, where future FMDA leaders can develop skills to succeed as board members and stakeholders of the organization.

The next meeting of FMDA's Council of Presidents will be scheduled in August, allowing enough time before Best Care Practices in the Geriatrics Continuum 2016.

FMDA News from Around the State

Congratulations, Dr. David LeVine!


Caring for the Ages
In This Issue
Medical Director of the Year Loves the Art of Geriatrics

Congratulations to FMDA Member Dr. David LeVine, winner of AMDA's 2016 Medical Director of the Year Award.

Read the AMDA article — *Medical Director of the Year Loves the Art of Geriatrics* by Joanne Kaldy, found in ***Caring for the Ages***, Volume 17 • Issue 4 * April 2016 — please use the link: **http://dx.doi.org/10.1016/j.carage.2016.03.001**.

Dr. LeVine (holding the award) surrounded by his family.

Older Americans Act Reauthorized

On April 19, 2016, President Obama signed the Older Americans Act Reauthorization Act of 2016 into law, reaffirming our nation's commitment to the health and well-being of older adults. Last July, the President called on Congress to reauthorize this important legislation as part of his remarks at the White House Conference on Aging.

For more than 50 years, the Older Americans Act has helped people live the lives they want, with the people they choose, throughout their lives. Through the aging services network, it has helped older adults continue to work, play, and volunteer in their communities, to the great benefit of all. Because of the Older Americans Act, neighborhoods and organizations across the country are able to continue to draw upon the wealth of knowledge that comes only with life experience.

The OAA underpins a promise to preserve the right to live independently, with dignity, making everyday decisions according to our individual preferences and goals across our lifespan. This promise is more important than ever. In a few short years, more than 77 million people will be over the age of 60, and more than 34 million people — mostly family and friends — will be supporting a loved one who is over 60. These numbers will continue to grow for the next several decades.

The OAA affects everyone — older adults, people who help support them, and all of us who hope to one day grow old. Senior advocacy groups are delighted to see its reauthorization and grateful for the country's renewed commitment to preserving the rights of all people.

FMDA Hosts Florida Chapter Reception at AMDA's Annual Conference

Thanks to the generous sponsorship of Avanir, The Florida Chapter Reception was held on March 18 during AMDA's Annual Conference in Kissimmee.

This is always a really nice gathering and was attended by more than 80 members and friends of FMDA. During the reception, FMDA presented AMDA Foundation president Dr. Paul Katz with a $3,000 check from FMDA to support Florida participants of AMDA's Futures Program.

FMDA President Dr. Leonard Hock (left) presents AMDA Foundation President Dr. Paul Katz, and AMDA Executive Director Christopher Laxton with a check for $3,000.

HB 1241 Provides Prescribing Authority for ARNPs/PAs

HB 1241 was passed during the 2016 Legislative Session and provides authority for an advanced registered nurse practitioner (ARNP) to order any medication for administration to a patient in a hospital, ambulatory surgical center, nursing home, or mobile surgical facility within the framework of an established protocol. Physician assistants (PA) may also order any medication for administration to the supervising physician's patient in a nursing home with their supervising physician's delegation.

A supervising physician may authorize a PA and ARNP to order controlled substances for administration to a patient in a hospital, ambulatory surgical center, nursing home, or

mobile surgical facility.

In addition, the bill expands the Florida's Emergency Treatment and Recovery Act which allows pharmacists to dispense emergency opioid antagonists to individuals based upon a non-patient-specific standing order issued for auto injection delivery systems or intranasal application delivery systems if they are appropriately labeled with instructions for use.

These provisions will become effective **July 1, 2016**.

To view the text, use this link:
http://www.myfloridahouse.gov/Sections/Documents/loaddoc.aspx?FileName=_h1241er.docx&DocumentType=Bill&BillNumber=1241&Session=2016

Florida Improves National Ranking from 39th to 26th

We are pleased to share the following information regarding the Partnership to Individualize Dementia Care in Nursing Homes issued by the Health Services Advisory Group. Florida is now ranked 26 of 51. This is the first time Florida has moved significantly since the partnership started in 2012. Thanks to the hard work of so many, there has been a decrease of 28.8% of long-stay nursing home residents receiving an antipsychotic medication, to a national prevalence of 17.0% in 2015, Quarter 4. Please review and feel free to share with your colleagues.

Additionally, here are the recently released National Partnership Update Reports that can be accessed via the following link: **https://www.cms.gov/Medicare/Provider-Enrollment-and-CertificationSurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-16-28.pdf** or by visiting the National Partnership website at: **https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes.html**.

"Pressure Injury" is New Terminology

In April 2016, the National Pressure Ulcer Advisory Panel (NPUAP) announced a change in terminology from *pressure ulcer* to *pressure injury* and updated the stages of pressure injury. Use this link to read the full article:
http://www.npuap.org/national-pressure-ulcer-advisory-panel-npuap-announces-a-change-in-terminology-from-pressure-ulcer-to-pressure-injury-and-updates-the-stages-of-pressure-injury/

FMDA Joins Statewide Workforce Initiative

FMDA was recently invited to join Florida Healthcare Workforce, a statewide initiative. As a result, FMDA President Dr. Leonard Hock joined their Leadership Council and Executive Director Ian Cordes has joined their Professional Advisory Resource Group.

Its purpose is for Florida's healthcare providers to serve as the primary point of contact for statewide healthcare workforce data and predictive trends to facilitate policy and strategy development.

Here is the mission of Florida Healthcare Workforce: Florida's Healthcare Workforce Leadership Council identifies current and future demand, supply, and gaps for a quality workforce in the state in order to meet the needs of healthcare employers.

For information, visit: **www.FLHealthcare Workforce.org**.

FMDA Expanding Special Interest Groups

FMDA has had a Hospice Section for many years. Now, it is expanding with separate special interest groups (SIGs) for assisted living, rehab. medicine, hospital medicine, home care, etc. There will be an organizational meeting to discuss our members' level of interest during the annual conference in October. In the meantime, if you have any comments or would like more information, contact **Ian Cordes** at **(561) 689-6321**, or email **icordes@bellsouth.net**.

Current List of Lifetime Members

Dr. Gregory James, chair of the Membership Committee, and the officers and directors of FMDA salute our Lifetime members:

Owen A. Barruw, MD; Patches B. Bryan, RN, MHA, LNHA; Ian Levy Chua, MD; Marigel Constantiner, RPh; Moustafa Eldick, MD; F. Michael Gloth III, MD, CMD; Jackie Hagman, ARNP; Gregory James, DO, CMD; Bernard Jasmin, MD, CMD; John Pirrello, MD; Brian Robare, CNHA; George Sabates, MD, CMD; Dennis Stone, MD; John Symeonides, MD, CMD; Hugh Thomas, DO, CMD

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

2016 PQRS GPRO Registration Open through June 30, 2016

Groups of two or more eligible professionals (EPs) can avoid the -2.0% CY 2018 Physician Quality Reporting System (PQRS) payment adjustment by meeting the satisfactory reporting criteria through the 2016 PQRS Group Reporting Option (GPRO). The Physician Value - PQRS (PV-PQRS) Registration System is now open through June 30 for groups to select a GPRO reporting mechanism:

• Qualified PQRS Registry • Electronic Reporting using Certified Electronic Health Record Technology (CEHRT) • Web Interface (for groups with 25 or more EPs only) • Qualified Clinical Data Registry (QCDR) • Consumer Assessment of Health Providers and Systems (CAHPS) for PQRS Survey via a CMS-certified Survey Vendor (in addition to another GPRO reporting mechanism)

Avoiding the CY 2018 PQRS payment adjustment by satisfactorily reporting via PQRS GPRO is one of the ways groups can avoid the automatic downward payment adjustment under

Continued on the next page

FMDA News from Around the State

Continued from previous page

the Value Modifier (-2.0% or -4.0% depending on the size and composition of the group) and qualify for adjustments based on performance in CY 2018. Alternatively, groups that choose not to report via the PQRS GPRO in 2016 must ensure that the EPs in the group participate in the PQRS as individuals in 2016 and at least 50 percent of the EPs meet the criteria to avoid the CY 2018 PQRS payment adjustment.

For more information, the PQRS GPRO Registration webpage is at: **https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html**.

Progress Report Newsletter is Digital

We have transitioned to a digital-only edition and we are asking all our members if they prefer that a printed version be mailed to them instead of a digital version via email. Please send your request for a printed newsletter to **Ian Cordes** at **icordes@bellsouth.net**.

Medicare Providers Must Revalidate

CMS has established a requirement for all enrolled providers/suppliers to revalidate their Medicare enrollment information under new enrollment screening criteria. CMS has completed its initial round of revalidations and will be resuming regular revalidation cycles in accordance with 42 CFR §424.515. In an effort to streamline the revalidation process and reduce provider/supplier burden, CMS has implemented several revalidation processing improvements.

For more information, see MLN Matters® Number: SE1605 or review the March 2016 Revalidation Cycle 2 MLN Connects Call.

When Must I Revalidate? Revalidations are due on the last day of the month (i.e., June 30, 2016, July 31, 2016, August 31, 2016). You are expected to submit your revalidation application by this date. Generally, this due date will remain with you throughout subsequent revalidation cycles.

Due dates are posted on **Data.CMS.gov/revalidation** — which lists all currently enrolled providers/suppliers and their revalidation due date.

What Happens if I Don't Revalidate? Submit a complete revalidation application by your due date, and respond on time to all related requests from your MAC to avoid:

https://www.cms.gov/medicare/provider-enrollment-and-certification/medicareprovidersupenroll/revalidations.html

https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2016-03-01-Enrollment.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1605.pdf.

Florida Chapter Reception at AMDA's Annual Conference

From left: Julie Moss, Amy Osborn, and Dr. Deidre Woods

From left: Dr. Noureen Akbar, Dr. Kenya Rivas, Dr. Marla Trapp, and Dr. Maria Gonzalez

From left: Dr. Angel Tafur, Dr. Paul Katz, Dr. Kevin O'Neil, and Dr. John Symeonides

Reggie Washington with Avanir

Dr. Gregory James and part of the team from OptumCare Florida

FMDA to Celebrate its 25th Anniversary at Best Care Practices in the Geriatrics Continuum 2016

— Conference features robust educational opportunities, includes collaboration from multiple national societies

FMDA is excited to announce that planning for its 25th Anniversary Annual Best Care Practices in the Geriatrics Continuum Conference, Oct. 13-16, 2016, is well under way. The educational program is designed to provide a review and update of major geriatric diseases, illnesses, and risks found in nursing home and hospice patients, residents of assisted living facilities, and seniors living at home. Topics include a wide range of clinical and administrative talks and will feature an annual forum with national leaders. This forum has been a highlight of the conference each year, and provides an opportunity for industry thought-leaders to discuss challenges and difficulties facing their organizations in the long-term care and post-acute (PA/LTC) continuum. The theme for this year's conference is ***Navigating Successfully into a New Frontier: PA/LTC***.

Best Care Practices 2016 is planning a four-hour preconference workshop titled "Developing Skills for Quality Assurance Improvement (QAPI) in Long-Term Care for the Interdisciplinary Team," on its pre-conference day, Thursday, Oct. 13, with Dallas Nelson, MD, CMD, and Suzanne Gillespie, MD, RD, CMD. The workshop will focus on QAPI for the interdisciplinary team, and will cover the recent changes to QAPI, which significantly expand the level and scope of facility improvement activities, including systematic data-driven quality improvement methodologies to sustain and improve the quality of care and quality of life of nursing home residents. The session will be structured around those elements and equip nursing home leaders with core skills for designing their own QAPI programs and developing QAPI skills in their interdisciplinary teams with an emphasis on the knowledge and skills needed to use a systematic approach to analyze, initiate, implement, and monitor evidence-based performance improvement projects.

In addition to this exciting workshop, the conference will feature proposed topics such as a Medicare billing and coding update, management of heart failure, conflicted surrogate syndrome, an authoritative AGS Beers List update, update on diabetes treatment and new medications, antibiotic stewardship, regulatory update for clinicians, movement disorders, acute renal failure, CMS 5-Star SNF Reporting, motivational interviewing, journal articles review, and many more dynamic sessions designed for those with an interest in PA/LTC medicine.

FMDA President Leonard Hock, DO, CMD, MACOI, HMDC, is impressed by the number of high-level lectures and quality speakers that are presenting this year.

"Playing on the theme of this year's conference, ***Navigating Successfully into a New Frontier: PA/LTC***, there is much change in the world of post-acute and long-term care medicine, with a lot of focus on CMS' reimbursement models and how practitioners will be compensated in the future," Dr. Hock said. "A lot of uncertainty lies with the bundled payments for care improvement initiative (BPCI) in which organizations will enter into payment arrangements that include financial and performance accountability for episodes of care. We are entering a new frontier in PA/LTC medicine and we must be prepared with the requisite knowledge to handle these changes and provide the best care for our residents."

"We are entering a new frontier in PA/LTC medicine and we must be prepared with the requisite knowledge to handle these changes and provide the best care for our residents."

The 25th Anniversary BCP Conference will be held at Disney's ***Grand Floridian*** Resort Oct. 13-16. The group rate is available three-days pre- and three-days post-conference, and reservations may be made by visiting **www.bestcarepractices.org** or by calling **(407) 939-4686**.

Best Care Practices in the Geriatrics Continuum is joint-provided by FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine and AMDA – The Society for Post-Acute and Long-Term Care Medicine, and held in collaboration with the Florida Chapters of Gerontological Advanced Practice Nurses Association, National Association of Directors of Nursing Administration, and Florida Geriatrics Society.

The conference is designed to educate physicians, physician assistants, consultant pharmacists, nurse practitioners, directors of nursing in LTC, registered nurses, senior care pharmacists, and long-term care administrators, as well as geriatricians, hospice physicians, primary care and home care physicians, physicians considering becoming long-term care or home care medical directors, and others with an interest in PA/LTC medicine. The faculty includes national and regional authorities in the fields of PA/LTC and geriatric medicine, medical direction, as well as senior care pharmacology.

www.bestcarepractices.org

Best Care Practices™
In The Geriatrics Continuum
Oct. 13-16 2016
Disney's *Grand Floridian* Resort

Early-bird DEADLINE is Sept. 9, 2016

2016 REGISTRATION FORM

Yes, I would like to register now!

Registration – Choose 1

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

Single-Day

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

Optional

Pre-conference Day: October 13

- ☐ AMDA Workshop: QAPI for the Interdisciplinary Team in SNFs $125

Note (for 10/13): No additional charges apply for any hosted Product Theaters on Thursday ..... N/C

- ☐ 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 $75

***FULL REGISTRATION:** Fees include attendance at all educational sessions, receptions, planned meals, and Trade Show admission, from Friday, Oct. 14, through Sunday, Oct. 16, 2016. Sessions on Thursday, Oct. 13, are extra.

* **Pharmacists:** FMDA member rate applies to FULL REGISTRATION fee when joining the **Allied Health Professional Relations Committee** or **AHPRC**. See the second option above: New/Renewing FMDA Members.

Name: _____ Title: _____ License # _____ State ____

Facility Name/Affiliation: _____ Specialty _____

Mailing Address: _____

City: _____ State/ZIP: _____ Phone: _____

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

Please make check payable to "Best Care Practices" and mail to: 400 Executive Center Drive, Suite 208, West Palm Beach, FL 33401

Our credit card charges are processed by PayPal — PayPal accounts are not required — You may pay as a guest.

Credit Card Information: ❑ MasterCard ❑ VISA ❑ American Express ❑ Discover

Name on Card: _____ Card Number: _____

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

Billing Address: _____

Signature: _____ Date: _____ Amount: $ _____

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

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

There will be a $50 administration fee for all written cancellation requests received on or prior to Sept. 22, 2016. There will be no refunds after Sept. 22, 2016. There is a $35 charge for all returned checks.

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

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

2016 Registration Form

Journal Club a "Virtual" Success Story

FMDA's new "virtual" Journal Club has now met twice to discuss articles from *JAMA Internal Medicine* and *Annals of Internal Medicine*. The first meeting of FMDA's new "virtual" Journal Club met on Monday, May 16, and reviewed three articles from *JAMA Internal Medicine*. The titles included, Safety and Benefit of Discontinuing Statin Therapy in the Setting of Advanced Life-Limiting Illness: A Randomized Clinical Trial; Hip Fracture: A Trigger for Palliative Care in Vulnerable Older Adults; and Survival and Functional Outcomes After Hip Fracture Among Nursing Home Residents.

"Safety and Benefit of Discontinuing Statin Therapy in the Setting of Advanced Life-Limiting Illness: A Randomized Clinical Trial" suggests that stopping statin medication therapy is safe and may be associated with benefits including improved QOL, use of fewer non-statin medications, and a corresponding reduction in medication costs. Thoughtful patient-provider discussions regarding the uncertain benefit and potential decrement in QOL associated with statin continuation in this setting are warranted.

The next article, "Hip Fracture: A Trigger for Palliative Care in Vulnerable Older Adults," determined that hip fracture has a tremendously deleterious impact on the survival and functional outcomes of the residents of long-term nursing homes. A palliative care approach is highly appropriate and should be initiated at the onset of hip fracture in the clinical care of this most vulnerable subset of older adults.

The third article, also dealing with hip fracture, titled "Survival and Functional Outcomes After Hip Fracture Among Nursing Home Residents," concluded that survival and functional outcomes are poor after hip fracture among nursing home residents, particularly for patients receiving non-operative management, the oldest old, and patients with multiple comorbidities and advanced cognitive impairment. Care planning should incorporate appropriate prognostic information related to outcomes in this population.

The two articles discussed during the meeting on Wednesday, June 15, were Importation, Antibiotics, and Clostridium difficile Infection in Veteran Long-Term Care - A Multilevel Case–Control Study; and Effect of Dextromethorphan-Quinidine on Agitation in Patients with Alzheimer Disease Dementia – A Randomized Clinical Trial.

Co-chairs Dr. Marianne Novelli and Dr. Diane Sanders-Cepeda led another robust discussion on these two articles. The conclusions and relevance of each article was again a focal point of the 30-minute conference call. The conclusions from each article are presented below.

The first article concerning the use of antibiotics in clostridium difficile infection in veteran long-term care (LTC) was a study intended to look at the comprehensive picture of individual regional factors that affect C. difficile incidence. Participants in the study were LTC residents. It was concluded that only 25% of the variation in regional C. difficile incidence in LTC remained unexplained, after importation from acute care facilities and antibiotic use were accounted for, which suggests that improved infection control and antimicrobial stewardship may help reduce the incidence of C. difficile in LTC settings.

The second article that was reviewed looked at the efficacy, safety, and tolerability of dextromethorphan hydrobromide-quinidine sulfate for Alzheimer disease-related agitation. In this preliminary 10-week, phase 2 randomized clinical trial of patients with probable Alzheimer disease, combination dextromethorphan-quinidine demonstrated clinically relevant efficacy for agitation and was generally well tolerated. Many patients exhibited improved outcomes from taking the placebo and this remains unexplained. It was determined that these preliminary findings require confirmation in additional clinical trials with longer treatment duration.

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

FMDA's Journal Club helps you stay current with the latest evidence-based clinical information relevant to post-acute and long-term care medicine. Journal Club participants will share in reviewing articles that are interesting, provide relevant takeaways, and highlight best practices. It will be an effective way to gain new knowledge.

Each Journal Club meeting is scheduled for 30 minutes, once a month, via conference call, and is hosted by rotating club members with staff assistance. During these meetings the group will critically analyze recent literature using evidence-based medicine principles, including: patient preferences, clinician expertise, and scientific findings, each weighted equally. We quickly review two to three papers and present highlights and takeaways in a concise, high-yield manner. Each paper is reviewed in 10-15 minutes, and discussion is encouraged. We look forward to your interest and participation.

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

The Journal Club's next meeting will provide a comprehensive clinical review of two to three new articles and is scheduled for **Wednesday, July 13,** at **12 p.m. ET**.

For more information about participating in FMDA's members-only Journal Club, watch your inbox for the FMDA Communiqué email which will provide the needed information about the conference call access numbers.

Quality Advocacy Coalition Summit Drives New Statewide Initiatives

Continued from page 1

Management; OPTUM; Pioneer Network; UnitedHealthcare Retiree Solutions; and University of South Florida.

Lively discussions took place over the four-hour summit that focused on key issues and grassroots efforts currently ongoing in the state of Florida.

Ian Cordes, executive director of FMDA, offered the following: "The FQAC Summit is the natural transformation to a more fine-tuned focus on quality care and improvement of patient outcomes. Specifically, how can we work together as collaborating organizations to improve the quality of care for our frail adults and seniors residing in post-acute and long-term care facilities across the state? Regardless of how high quality patient or resident care may be, there is always room for continuous improvement.

"There has been a major shift and transition in the way that health care for seniors is and will be provided," Cordes continued. "There are new models from managed long-term care to bundled value-based payments. Clearly, we cannot ignore the impact that reimbursement has on outcomes. So, perhaps one question we need to answer is: What intelligence should we have in order to stay ahead of the curve?"

FMDA President Dr. Leonard Hock added, "The post-acute and long-term care settings have power. Money is power. With the new data-driven reimbursement models, we will see CMS follow the money from the hospital, to the SNF, to the rehab center. Where is the most money being spent? Post-acute and long-term care will become a bigger player in health care and our role as providers will only increase in importance."

Communication between acute and post-acute facilities was discussed. It needs to be better. Universal forms should be developed that follow the patient from one health care setting to another. Physicians, pharmacists, hospitalists, and other providers also need to have direct discussions concerning medication reconciliation.

Foley, a consultant pharmacist and FQAC co-chair, explained, "It's the pharmacist's job to bring light to a patient or resident's medication regime. What medications are the patient on and are they necessary? This is extremely important because one bad decision can follow you." Everyone needs to be on the same page when it comes to transitions in care.

It is clear that communication between acute, sub-acute, post-acute, and long-term care settings needs to improve. Hospital and skilled nursing facility leaders need to work together for better patient outcomes, to reduce re-admissions to the hospital, and to lower the use of antipsychotics in patients with dementia. Dialogues with patients and families concerning chronic care illnesses and appropriate palliative care options, including hospice, need to be prioritized. There are statewide initiatives that focus on these issues with models that are showing success. Support of these ongoing initiatives and the pursuit of new quality initiative teams should be a primary focus.

Amy Osborn, executive director of Health Services Advisory Group, Florida's Quality Improvement Organization, believes there may not be a need for "new" quality initiative teams because the current infrastructure already exists. "A structure is already in place that could share and spread promising best care practices with community coalitions on re-admissions,"

Continued on next page

STAND UP AND BE COUNTED

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

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

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

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

Quality Advocacy Coalition Summit Drives New Statewide Initiatives

Continued from previous page

Osborn said. "FQAC participants can take specific topics and develop a needs-assessment, which interested stakeholders could use to come together, prioritize, and then tackle from a statewide perspective. A focus group could be developed from the summit to work on specific statewide needs to assist with several issues and/or gaps identified by the group," she added.

The next challenge for the stakeholders of the FQAC summit is to work together to support existing statewide initiatives and pursue a quality initiative project to improve patient outcomes and institute best practices. The most effective way for FMDA to initiate change is to become involved in an ongoing coalition and help at a grassroots level. Some of this is already being accomplished with plans for FMDA to take a leadership role with assistance from collaborating organizations.

Prior to 2016, the FQAC meeting was known as FMDA's Industry Advisory Board (IAB). The IAB was established in 1999 as a way for FMDA and other interested organizations to enhance lines of communication and work together to develop solutions for common problems. Membership was limited to a select few pharma and non-pharma companies.

Front row: *Rita D'Aoust, PhD, ACNP; Associate Dean; Principal Investigator, GWEP; University of South Florida, College of Nursing Jo Ann Fisher, FNP-BC; Past-President, FL-GAPNA (Gerontological Advanced Practice Nurses Association); Tracy Howard, Account Manager, Senior Care, Boehringer Ingelheim Pharmaceuticals; Cathy Lieblich, MA; Director of Network Relations, Pioneer Network; Julie A. Moss, BS; Associate Director, Health Services Advisory Group; Amy Osborn, NHA, PMP; Executive Director; Health Services Advisory Group; Molly McKinstry, Deputy Secretary, Agency for Health Care Administration; Rhonda L. Randall, DO; Chief Medical Officer, UnitedHealthcare Retiree Solutions; Vice President, FMDA; Julia Dennis, Vice President of Strategic Partnerships, Opis*

Back row: *Brad Kile, PhD; Executive Director, FL Chapter American Society of Consultant Pharmacists; Matthew Reese, BS; Senior Manager of Association Services, FMDA; Kathryn Hyer, PhD, MPP; Professor; Director, Florida Policy Exchange Center on Aging; Associate Director, School of Aging Studies; College of Behavioral and Community Sciences, University of South Florida; John Maddox, Corporate Account Director, Astellas Pharma; David J. Reis, MBA; Sr. National Account Director, Senior Care, Boehringer Ingelheim Pharmaceuticals; FQAC Chair Steven Selznick, DO, CMD; Founder, CFP Physicians Group in Casselberry, FL; Scott M. Petersen, CMR, Allergan; FQAC Co-chair Rick Foley, PharmD, CPh, CGP; President, FL Chapter American Society of Consultant Pharmacists; Kelly Hidde, Chief Operating Officer, CFP Physicians Group; John Symeonides, MD, CMD; Chairman of the Board, FMDA; Paul A. Ledford, CAE, DPL; President & CEO, Florida Hospice & Palliative Care Association; Angel Tafur, MD, CMD; Chair, CME/Education Committee, FMDA; Gregory A. Chaires, Esq., Board Certified in Health Law, Chaires, Brooderson & Guerrero; Robert Kaplan, MD, CMD; Immediate Past-President, FMDA*

Missing: *Jean Nelson, RN-BC, BSHCA; President, Florida Assn. Directors of Nursing Administration; Colette Vallee, Director of Programs & Advocacy, Florida Council on Aging; Kim Streit, FACHE, MBA, MHS; Vice President, Florida Hospital Association Healthcare Research and Information; Leonard Hock, DO, MACOI, CMD, HMDC; President, FMDA; Chair, American Academy of Hospice and Palliative Medicine's Long-Term Care and Geriatrics SIG; Ian L. Cordes, MBA, NHA, FACHCA; Executive Director, FMDA*

Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting EHR Measure

— FMDA Responds to CMS Call for Public Comment

The Centers for Medicare & Medicaid Services (CMS) has posted specifications and additional information pertaining to a draft electronic version of a new Electronic Health Record (EHR) measure: Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting. This material may be found on the CMS Measures Management System (MMS) Website:
https://lists.qualitynet.org/t/435242/7413897/33/5/

CMS had invited public comment from hospital stakeholders and organizations, for which the deadline was May 15, 2016.

Diane Sanders-Cepeda, DO, who is FMDA's liaison to Florida's Partnership to Individualize Dementia Care in Florida Nursing Homes, prepared the following response to CMS on behalf of FMDA.

In response to the question — Are there any unintended consequences of this measure?

With the introduction of any new clinical quality measures, there will be a tendency to find alternative means to circumvent the proposal. Given that antipsychotics and anxiolytics are both used to control behaviors in the inpatient setting, this could result in an increase in anxiolytic utilization. This unfortunate and expected consequence has to be combatted with intense education, as many of the behaviors that are often encountered in this age population are a direct result of being in an inpatient setting.

In response to the question — Age range and whether it should be expanded to include all adults?

It is appropriate to target the age population of 65 and older as antipsychotics are often utilized (and over-utilized) in this age population to control behaviors and treat delirium.

Inclusion of all adults would unfortunately not be appropriate as many younger adults are being managed for psychiatric conditions or acute delirium, and this would skew any data this measure would be collecting. Furthermore, adults in the inpatient psychiatric setting should not be included in this measure.

In response to the question — Are there other patients who should be removed from the denominator?

It is agreeable to exclude all patients with FDA-approved indications for the use of antipsychotics.

In response to the question — Are there antipsychotic medications that should not be included in the measure?

All antipsychotics should be included in the measure.

In response to the question regarding Numerator exclusions:

It is important that initially we include patients who lack an FDA-approved indication for use of the antipsychotic and are documented to be a threat to themselves or others. Unfortunately, many of the behaviors we are using antipsychotics for are subjective to the person reporting the behavior. Therefore, there needs to be caution before excluding these patients.

OVERALL

1. Antipsychotics are often over-utilized in the hospitalized geriatric patient. Unfortunately, most hospitals are ill equipped to meet the needs of the senior patient. We have had the benefit of having an increased number of acute care of the elderly units developed in hospitals, but the high patient-to-nursing ratio and overburdened inpatient clinical providers counteracts these developments. This problem then leads to a high percentage of patients being transferred to skilled nursing facilities on antipsychotics that are used to control behaviors and act as chemical restraints.

2. This measure will serve to educate the hospital administration and clinical providers of the vastness and severity of the problem.

3. This measure will demonstrate that our approach to the elderly hospitalized patient is often based on the comfort of the staff and not on the treatment of the patient, which represents a tremendous gap in quality. Furthermore, this measure can show that there is a true lack of antipsychotic stewardship in the hospital as most of these patients are prescribed these medications even when the observed behavior has dissipated. Finally, this measure will result in a change in prescribing behavior by the clinical providers given that there will be oversight.

4. This measure will cause hospitals, clinical providers, nursing staff, and pharmacists to reconsider how we are using antipsychotics and truly individualize the care of the patient while inpatient — that in itself is the beginning of patient-centered care.

FMDA Membership Application

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

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

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

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

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

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

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

Name:_____ Title:_____

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

Facility Name/Affiliation_____

Organization:_____

Mailing Address:_____

City:_____ State:_____ ZIP:_____

Daytime Phone: (___)_____ Fax:_____

E-mail Address:_____

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

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

❒ b. Allied Health Professional Relations Committee

❒ d. Students

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

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

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

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

Total Amount Enclosed: $_____

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

(561) 689-6321 | Fax: (561) 689-6324 | www.fmda.org | www.bestcarepractices.org

CMS Proposes Rule to Improve Health Equity and Care Quality in Hospitals

— Proposed rule prohibits discrimination, improves infection control, and reduces antibiotic overuse. Comment period ends August 15, 2016.

On June 13, the Centers for Medicare & Medicaid Services (CMS) proposed new standards to improve the quality of care and advance health equity in our nation's hospitals. The proposal applies to the 6,228 hospitals and critical access hospitals that participate in Medicare or Medicaid.

The rule proposes to reduce overuse of antibiotics and implement comprehensive requirements for infection prevention. CMS estimates that these new requirements could save hospitals up to $284 million annually, while also improving care and potentially saving lives. The proposed rule builds on the Department of Health and Human Services (HHS) quality initiatives, including the National Quality Strategy, the Center for Disease Control's strategy to combat antibiotic-resistance bacteria, and the Partnership for Patients.

"Working with tools provided by the Affordable Care Act, hospitals have taken significant steps to improve safety and quality in the past several years. Already, efforts to reduce health care-associated infections have resulted in reducing health care costs by nearly $20 billion and saving 87,000 lives," said Kate Goodrich, MD, MHS, director, Center for Clinical Standards & Quality, CMS.

"This proposal further supports hospitals' safety and quality efforts by requiring all Medicare and Medicaid hospitals to have designated leaders in charge of specialized programs to prevent infections, improve antibiotic use, and follow nationally recognized guidelines," Goodrich added.

The proposed rule also advances protections for traditionally underserved and often excluded populations based on race, color, religion, national origin, sex (including gender identity), age, disability, or sexual orientation.

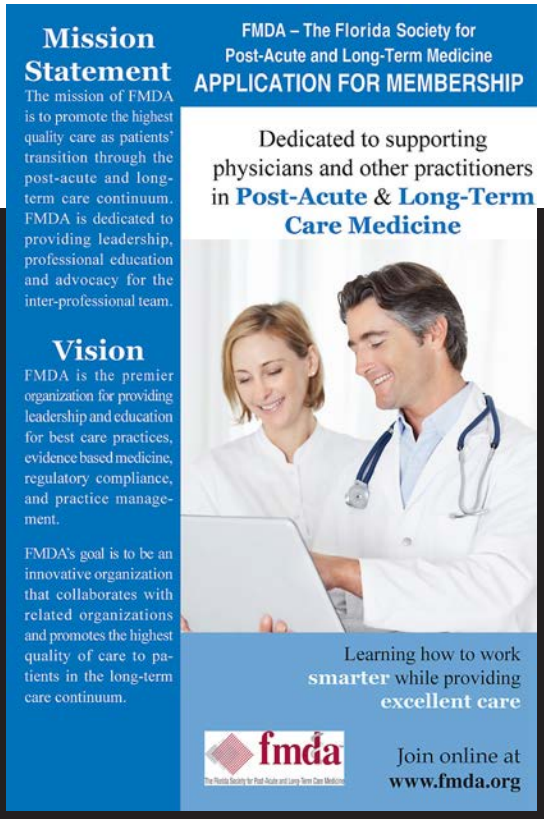
"This rule marks the first time that CMS has proposed explicitly to prohibit hospitals that accept Medicare and Medicaid from discriminating against patients," said Cara James, PhD, director of the CMS Office of Minority Health. "We know that barriers still remain in accessing quality care for communities that have been traditionally excluded or underserved. This proposal reinforces the principle that access to needed health services should not be blocked because of discriminatory practices."

The proposed rule also requires critical access hospitals, which are hospitals located in rural areas, to implement and maintain a Quality Assessment and Performance Improvement (QAPI) program. This program monitors and improves a hospital's care by collecting data to identify opportunities for improvement and develop corrective plans. Other hospitals participating in Medicare or Medicaid already maintain these types of programs.

To learn more about the proposed rule, please visit: **https://www.federalregister.gov/public-inspection**. CMS looks forward to feedback on the proposal and will accept comments until **August 15, 2016**.

Comments may be submitted electronically through the e-Regulation website at: **https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/eRulemaking/index.html?redirect=/eRulemaking**.

A fact sheet on this proposed rule is available here: **https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-13.html**.



Career-oriented Programming:

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

President's Report

Continued from page 3

from AMDA – The Society for Post-Acute and Long-Term Care Medicine, and the Gerontological Advanced Practice Nurses Association. This annual forum has been a highlight of the conference each year, and provides an opportunity for industry thought-leaders to discuss challenges and difficulties facing their organizations in the post-acute and long-term care continuum.

FMDA has always taken much pride in the fact that we provide continuing education credit to not only physicians and medical directors, but advanced practice nurses, pharmacists, physician assistants, and nursing home administrators. FMDA is a trusted resource in providing education to multiple disciplines and helping to create a diverse core of future leaders in health care. FMDA is the largest AMDA chapter in the country and is the most significant advocacy group for care of the frail and elderly population in the state of Florida.

In addition to the annual program in October, FMDA is again partnering with Florida State University College of Medicine, Department of Geriatrics, and Florida Association Directors of Nursing Administration for the Second Annual Advances in Post-Acute and Long-Term Care Symposium, which will be held August 26 in Tallahassee. This regional day-long conference will look at a variety of clinical and regulatory topics in the post-acute and long-term care continuum of medicine. Continuing education credits will be offered to physicians and medical directors, advanced practice nurses, nurses, administrators, and social workers.

FMDA is in the beginning stages of developing and coordinating a strategic planning session. Details of this meeting will be determined and distributed at a later date. Please be on the lookout for this innovative and noteworthy session that will help guide the association into the future.

In keeping with the vision of FMDA, we strive to become the premier organization for providing leadership and education for best care practices, evidence-based medicine, regulatory compliance, and practice management. FMDA's goal is to become a model organization that collaborates with related organizations and promotes the highest quality of care to patients in the post-acute and long-term care continuum.

FMDA is a leader and should be known as the center of quality care for the PA/LTC patient.

Respectfully yours,

Leonard Hock, DO, CMD, MACOI, HMDC
President, FMDA

FMDA Call for Poster Submissions

— Submissions from physicians, pharmacists, PAs, and nurse practitioners now accepted online.

FMDA is hosting its 13th Annual Poster Session during the Best Care Practices Conference, Oct. 13-16, 2016. The first 10 applicants who are accepted by the review committee will receive complimentary registration to the 2016 conference (one applicant per poster presentation will be considered).

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

The first 10 applicants who are accepted by the review committee will receive complimentary registration to FMDA's 25th anniversary conference.

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

Submission of a proposal is a commitment by at least one author to be present at the designated times to discuss the information in the poster with symposium participants.

We have arranged the schedule so that there is no overlap between educational sessions and poster exhibit times. The primary presenter listed on the proposal will be informed of its status no later than Sept. 16, 2016. Guidelines for presentation and preparation of visual material will be sent to the primary presenter upon acceptance.

Authors whose abstracts are accepted for presentation at the symposium will have their abstracts submitted for publication in the *Journal of the American Medical Directors Association (JAMDA)*.

To learn more, or to submit a proposal, go to **www.fmda.org**, or call **Matt Reese**, senior manager of association services, at **(561) 689-6321**.

2016 Poster Sessions

Disney's *Grand Floridian Resort*
Lake Buena Vista, Fla.

Schedule*

POSTER SET-UP

FRIDAY, Oct. 14, 11 a.m.-1 p.m.

POSTER VIEWING

FRIDAY, Oct. 14
1-2:30 p.m.; 5:15-7:15 p.m.

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

POSTER TEAR-DOWN

SATURDAY, Oct. 15
12:30-4:15 p.m.

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

Drug Might Help Treat Sepsis

By Tianna Hicklin, PhD; NIH Research Matters

AT A GLANCE

- A DNA enzyme called Top1 plays a key role in turning on genes that cause inflammation in mouse and human cells in response to pathogens.
- A drug blocking this enzyme rescued mice from lethal inflammatory responses, suggesting a potential treatment for sepsis.

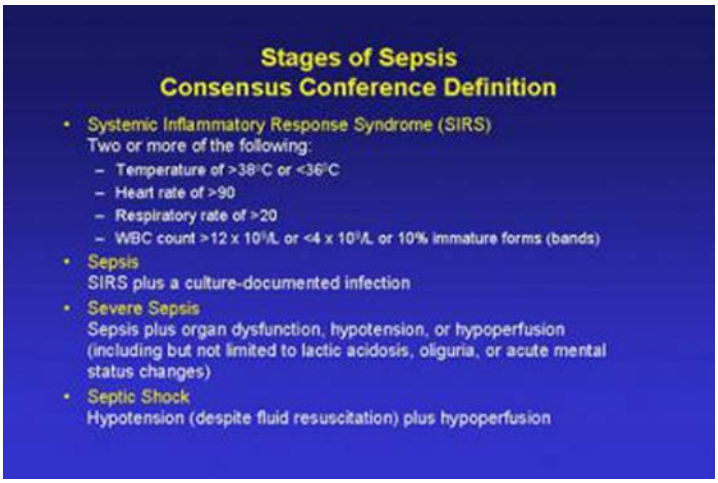
Sepsis is a life-threatening condition in which the body launches a massive immune response to an infection. It can be triggered by different types of microbes (such as viruses and bacteria). To combat infections, the body turns on antimicrobial genes that cause the production and release of inflammatory chemicals into the affected site and bloodstream. This response is essential for the body's protection, but its over-activation can cause widespread and exaggerated inflammation that can result in tissue damage, organ failure, and sometimes death.

A team of scientists led by Dr. Ivan Marazzi at the Icahn School of Medicine at Mount Sinai investigated antimicrobial gene activation during infection to better understand the body's immune response to microbes. The research was funded in part by NIH's National Institute of Allergy and Infectious Diseases (NIAID). Results appeared online on April 28, 2016, in *Science*.

The researchers exposed mouse and human cells infected with flu viruses to various chemicals that block gene activation. By looking at the expression of genes known to be turned on during viral infection, they observed that one chemical, camptothecin (CPT), reduced virus-induced gene activation. CPT blocks a DNA enzyme called topoisomerase 1 (Top1). Genetic depletion of Top1 in flu virus-infected cells reduced the expression of 84 genes — predominantly genes that are specifically induced in response to infection.

Another drug that's similar to CPT and also blocks Top1, topotecan (TPT), prevented the activation of antimicrobial genes in human cells infected with either bacteria or Ebola virus. The researchers mapped the genomic distribution of TPT and found that TPT sits near regions of DNA that turn on antimicrobial genes, called promoters. Top1 is reduced at such sites when TPT is present.

The scientists administered CPT to mice with severe inflammatory responses. They found that 70% to 94% of mice treated with the drug were rescued from a lethal reaction caused by either infection with the bacteria Staphylococcus aureus, co-infection with both a flu virus and Staphylococcus aureus, or acute liver failure. Together, the results suggest that drugs that inhibit Top1 may help control dangerous inflammatory responses.



Stages of sepsis based on American College of Chest Physicians/ Society of Critical Care Medicine Consensus Panel guidelines

Our findings suggest a therapeutic usage of Top 1 inhibition for the treatment of severe and sometimes lethal inflammatory conditions in people affected by sepsis, pandemics, and many congenital deficiencies associated with acute inflammatory episodes — what is known as a cytokine, or inflammatory, storm..."

"Our findings suggest a therapeutic usage of Top1 inhibition for the treatment of severe and sometimes lethal inflammatory conditions in people affected by sepsis, pandemics, and many congenital deficiencies associated with acute inflammatory episodes — what is known as a cytokine, or inflammatory, storm," says Marazzi.

Drugs that are similar to CPT, such as TPT, are already FDA-approved as anticancer agents. More studies are needed to test whether they would be useful for treating sepsis.

NIH Research Matters is a weekly update of NIH research highlights reviewed by NIH's experts. It is published by the Office of Communications and Public Liaison in the NIH Office of the Director and published in FMDA's ***Progress Report*** with permission from NIH.

fmda
The Florida Society for Post-Acute and Long-Term Care Medicine
400 Executive Center Drive, Suite 208
West Palm Beach, FL 33401
(561) 689-6321 • Fax: (561) 689-6324
www.fmda.org • www.bestcarepractices.org

Visit www.fmda.org

Like us and follow us on Facebook and visit us on LinkedIn Today!

FMDA's *Progress Report* **Summer 2016**

Best Care Practices
In The Geriatrics Continuum

Another Magical Conference at Disney's *Grand Floridian* Resort