FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine: An Overview

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 has close to **500** members, including 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 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.

ANNUAL MEETING: FMDA's 29th Annual Conference is to be held virtually Oct. 22-25, 2020.

Membership Benefits and Services:

FMDA promotes the education of its membership in issues pertaining to post-acute and long-term care (PA/LTC) medicine, with a special emphasis on scientific, legislative, regulatory, and Medicare and Medicaid reimbursement.

Membership in FMDA links you to physicians, advanced practice nurses, pharmacists, physicians assistants, and others who open 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 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 offer 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 Rico, and Canada.

• Convenient, online registration is available at <u>www.bestcarepractices.org</u>.

FMDA has a Hospice & Palliative Care Section and 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 (Zoom). The club critically analyzes recent literature using evidence-based medicine principles: patient preferences, clinician expertise, and scientific findings each weighted equally. Two to three papers are reviewed and take-aways are provided 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*.
- The official FMDA website is **www.fmda.org** with a dedicated conference website at **www.bestcarepractices.org**/.

- □ FMDA has its own online "CareerCenter" job board.
- Annual update on Medicare billing strategies provided at each annual conference.
- Discounted member registration fee for educational programs including the annual conference.

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 Houses of Delegates of AMDA and 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), CMS' 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 likeminded 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.

For the past three years, the FQAC and its coalition has played a leading role in a statewide collaborative focused on ways to reduce avoidable hospital readmissions.

SCIENTIFIC POSTER PRESENTATIONS

FMDA takes an active role in outreach efforts to residents, interns, fellows, and young-career physicians with an interest in postacute 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, we have been co-sponsoring Florida State University, College of Medicine's Department of Geriatrics' Annual PA/LTC Symposium, and we are exploring collaborative projects with other colleges of medicine and organizations.

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

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.

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 <u>www.polstfl.org</u>.



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