



THE FLORIDA SOCIETY
FOR POST-ACUTE AND
LONG-TERM
CARE MEDICINE

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Progress Report

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

Eduardo Diaz Is Winner of FMDA's Prestigious Quality Champion Award

FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine, President Dr. Angel Tafur, and Dr. Mark Beauchamp, chair, Quality Champion Award Committee, are very pleased to announce that Eduardo Diaz, MD, house physician at Life Care Center of Altamonte Springs, is the winner of the 2019 Quality Champion Award.

According to Dr. Mark Beauchamp, "This award recognizes the best of the best from clinicians whose skills, talents, expertise, commitment, and personal attributes encompass quality patient-centered care. It honors Florida-based clinicians who work day-in and day-out to serve the most-frail population in Florida's post-acute and long-term care continuum."

Dr. Tafur added, "Dr. Diaz embodies the highest standards of dedication, leadership, engagement, and innovation and is personified as a cornerstone in his respective field as well as within the facilities served.

"FMDA is very excited to provide this unique opportunity to recognize worthy colleagues who are committed to providing the best care in our continuum!" he concluded.

Nominator Steven Selznick, DO, CMD, described Dr. Diaz's qualifications in the most glowing terms, "As the in-house

physician at LCCA, Dr. Diaz evaluates his patients on a daily basis, based upon medical necessity. He takes his own call to ensure prompt and appropriate action to any changes in his patients' condition.

"Dr. Diaz was a paramedic-firefighter prior to going to medical school. He has always provided that same level of safety and awareness. During hurricanes, he even stays overnight at the facility," Selznick continued.

"Dr. Diaz is empathetic, compassionate, jovial, and maintains a 'whatever it takes' attitude. I have personally referred my friends and family members to be cared for by him during their rehabilitation needs," he added.

"We are very fortunate to have Dr. Diaz on our team," said Corina Cooper, Operations Manager, Life Care Physician Services, Cleveland, TN.

"He is a trusted leader among his peers and brings value to our physician services program. We,

too, are appreciative of his skills and expertise as well as his commitment to the residents of LCC of Altamonte Springs and agree that he is very deserving of the Quality Champion Award," she added.

For more information about FMDA's Quality Champion Award, please contact FMDA Executive Director Ian Cordes at (561) 689-6321 or ian.cordes@fmda.org.



Quality Champion Award winner Eduardo Diaz, MD (center), with Dr. Robert Kaplan, FMDA outgoing Chairman of the Board (left), and Dr. Mark Beauchamp, Chair, Quality Champion Award Committee



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Serving physicians, medical directors, advanced practice nurses, pharmacists, physician assistants, and nursing and nursing home administrators in Florida's post-acute, sub-acute, skilled care, home care, hospice, and assisted living facilities.

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From the President Angel Tafur, MD, CMD



FMDA is proud to serve as the premier organization for providing leadership and education for best care practices, evidence-based medicine, regulatory compliance, quality outcomes, and practice management in post-acute and long-term care (PA/LTC) in Florida. We have developed an effective network of related industry and professional groups that collaborate to promote the highest quality of care for our patients and residents. From housing the Florida POLST Paradigm, to leading the charge to reduce avoidable hospital readmissions, to being a leader in the Florida Partnership to Individualize Dementia Care in Florida Nursing Homes, to the Palliative Care Coalition for Florida, FMDA is out in front of the issues and supporting its members' priorities.

There is a lot for us to be proud of! With a strong membership, including 28 lifetime members, FMDA is the largest chapter of AMDA in the country. Perhaps, more importantly, we think we are one of AMDA's most active chapters from support of the futures program, to service on committees and in national leadership roles, to engagement in the House of Delegates. Our society enjoyed a banner year in 2019, and it is now my pleasure to serve as the new president of FMDA.

We offer our gratitude and congratulations to FMDA's 2019 CME-Education Committee for putting on another spectacular annual conference. With growing attendance and glowing course



evaluations, the Best Care Practices annual conference held at Loews Sapphire Falls Resort at Universal Orlando was a seamless flow of cutting-edge education, excellent peer-to-peer networking, and an energized Trade Show in the exhibit hall.

I would like to take a moment to thank the generous sponsors of our 28th Annual Conference, whose support is essential to the society's long-term vision (next page). Our sincerest thanks to Bronze Grande Sponsors: Optum and VITAS Healthcare; President's Wine & Cheese Reception: Consulate Health Care; Friday's Welcome Reception in Exhibit Hall and Poster Sessions: Optum; Conference Briefcases: United Apollo International; Saturday's Continental Breakfast in Exhibit Hall: VITAS Healthcare; FMDA mobile app annual sponsorship: UnitedHealthCare. We also thank Sunovion Pharmaceuticals for hosting two Product Theaters.

FMDA has developed, and will continue to develop, powerful leaders and mentors to improve quality of care and drive better patient outcomes. This energy is the force behind our society and we will use this momentum to engage industry thought-leaders as we move forward. To that end, I would like to introduce you to the following committee chairs:

Education: Dr. Kenya Rivas, Chair; and Dr. Angel Tafur, Vice Chair and Program Director; **Annual Conference Presentations & Poster**

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FMDA Progress Report has a circulation of more than 4,000 physicians, advanced practice nurses, physician assistants, consultant pharmacists, directors of nursing, administrators, and other PA/LTC professionals. Progress Report is a trademark of FMDA. Progress Report Editor Elizabeth Hames, DO, CMD, welcomes letters, original articles, and photos. If you would like to contribute to this newsletter, please email your article to ian.cordes@fmda.org.

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THE FLORIDA SOCIETY
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Best Care Practices in the Post-Acute and Long-Term Care Continuum 2019
Jointly Provided by FMDA & AMDA



Best Care
Practices
In the Post-Acute &
Long-Term Care Continuum

Health Maintenance in Post-Acute and Long-Term Care

Editor's Corner

By Elizabeth Hames, DO, CMD; Assistant Professor, Department of Geriatrics, NSU-COM; Associate Program Director, Geriatric Medicine Fellowship – Aventura Hospital; Editor, *Progress Report*; and Kenya Rivas, MD, CMD; Medical Director, National Post Acute Care Management, OPTUM

As the outgoing editor for *Progress Report*, I'd like to thank the readership for contributing their knowledge, ideas, and viewpoints for the past six years, and for making this such a fun job! My utmost thanks to **Ian Cordes** and staff, without whom this periodical could not happen.



The last article I would like to leave you with addresses some evidence-based approaches to health maintenance in post-acute and long-term care (PA/LTC). My friend and colleague Dr. Kenya Rivas and I think this is a core topic on the front lines of PA/LTC and note there is often a lack of evidence to guide all of us. This is where medicine becomes an art and we have the role of guiding person-centered, appropriate care that maximizes quality of life. So much more research is needed in this population, especially among the oldest-old. In the first half of the article, I address some perspectives about health maintenance in PA/LTC, lag time to benefit, and use of prognostication tools. Dr. Rivas then covers some very important health maintenance prevention goals in PA/LTC in the second half of the article.

In PA/LTC, function tends to predict mortality, and overall health status (co-morbidities, function, and cognition) tends to predict life expectancy. Prevention includes screening and interventions to reduce the risk of disease, sequelae of

disease, and functional decline. According to the *AMDA Health Maintenance Guideline*, prevention should improve physical or cognitive function, delay or decrease disability, optimize quality of life, and balance risks and benefits.¹

The *AMDA Health Maintenance Guideline* designed a "Goals of Care Decision-Making Matrix" to help providers categorize goals of care, address priorities, and frame discussion points. Longevity, function, and palliation are the three primary categories the PA/LTC providers should use as a template to select primary, secondary, and tertiary screening and prevention. Discussions can then emphasize benefits, risks, and appropriate next steps.

The concept of *lag time to benefit* was highlighted by Lee and Leipzig in *JAMA* in 2013.² Lag time to benefit, the time between preventative intervention and an improved health outcome, answers the question "when will this help?" There are a wide variety of lag time to benefit, such as six months for cardiovascular risk

reduction with statin therapy to fecal occult blood testing at 10.3 years. Life expectancy needs to be calculated carefully with a good tool (<http://eprognosis.ucsf.edu> is a source), any increased risks for adverse effects from a prevention need to be taken into account, and then lag time to benefit can be calculated. Lee and Leipzig suggest that many data trials need to be re-examined in terms of the geriatric population, and that lag time to benefit needs to be considered.

In summary, if lag time to benefit exceeds life expectancy, an intervention should generally not be recommended. If life expectancy exceeds lag time to benefit, an intervention should generally be recommended. If life expectancy and lag time to benefit are approximately equal, then patient preference should play a dominant role.

Most prognostication indices are for use in community-dwelling (Lee, Schonberg) or hospitalized (Walter) older adults, so they are really not applicable to persons in PA/LTC. The eprognosis site at UCSF (link mentioned above) is an excellent interactive collection that allows users to select site of the patient (inpatient, outpatient, PA/LTC), cognitive status,

This is where medicine becomes an art and we have the role of guiding person-centered, appropriate care that maximizes quality of life.

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Alliant Health Solutions Selected as Recipient of QIN-QIO Task Order 1 Award Under the 12th Statement of Work



The Centers for Medicare & Medicaid Services (CMS) awarded a five-year contract in November to Alliant Health Solutions (AHS) to serve as a Quality Innovation Network – Quality Improvement Organization (QIN-QIO) under the recently launched 12th Statement of Work.

QIN-QIOs serving under the 12th Statement of Work will provide targeted assistance to nursing homes and communities in small and rural practices, those serving the most vulnerable populations, and those in need of customized quality improvement. Through this body of work, CMS is focusing on results, protecting taxpayer dollars, and most importantly, ensuring the safety and quality of care delivered to every beneficiary.

The QIN-QIO contract tasks AHS to provide services to seven states including Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee.

“We are honored and humbled to be entrusted with such a large statement of work,” said Dennis White, President and CEO of Alliant Health Solutions. “Alliant has been engaged with CMS initiatives for many years to provide quality

improvement technical assistance. This opportunity enables AHS to deepen our existing footprint across the South by supporting beneficiaries and providers in other states and we are grateful that we can continue our mission to make health care better.”

Alliant Health Solutions will be responsible for improving quality in nursing homes, as well as small and rural communities and those serving vulnerable populations by:

- Improving Behavioral Health Outcomes – Including Opioid Misuse
- Increasing Patient Safety
- Increasing Chronic Disease Self-Management
- Increasing the Quality of Care Transitions
- Improving Nursing Home Quality

For more information and to learn how you can be a partner in this important work with Alliant Quality, please contact **Jeana Partington**, Program Director, at **(919) 745-4729**, or **Jeana.Partington@alliantquality.org**.

For more information on the Quality Innovation Networks – Quality Improvement Organizations, please visit www.cms.gov.

FMDA's Dynamic Mission & Vision Statements

Mission – *Describes the fundamental purpose of an organization, why it exists, and what it does to reach its vision.*

The mission of FMDA – The Society for Post-Acute and Long-Term Care Medicine is to promote the highest quality care as patients transition through the post-acute and long-term care continuum. FMDA is dedicated to providing leadership, professional education, and advocacy for the inter-professional team.

Vision – *Describes the desired future state of an organization in terms of its objectives. It is a long-term view.*

FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine will provide professional leadership to disseminate information and provide access to resources and experts.

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

FMDA 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.

FMDA Hosts Successful Best Care Practices Conference

— More than 230 post-acute and long-term care practitioners energized at conference

By Ian Cordes, Executive Director

FMDSA - The Florida Society for Post-Acute and Long-Term Care Medicine and newly installed president Dr. Angel Tafur are very pleased with the outcome of the recent Best Care Practices in the PA/LTC Continuum conference. The premiere PA/LTC conference provided a high-quality educational and networking experience to more than 230 physicians, advanced practice nurses, pharmacists, nurses, and administrators at Loews Sapphire Falls Resort at Universal Orlando. With a theme focusing on quality and future directions of health care, the conference offered many sessions that empowered PA/LTC practitioners to stay ahead of the curve and be prepared for what lies ahead.

This year's conference again featured a strong presence from AMDA - The Society for Post-Acute and Long-Term Care Medicine, FMDA's national affiliate. Four past-presidents of AMDA were in attendance, as well as current President Dr. Arif Nazir.

The keynote address, State of the State, was presented by Mary C. Mayhew, Secretary, Florida's Agency for Health Care Administration.

The highly anticipated National Leaders Forum featured Deborah Dunn, EdD, MSN, GNP-BC, ACNS-BC, GS-C; President, Gerontological Advanced Practice Nurses Association; Lisa Morris, RPh, BCGP, FASCP; President, American Society of

Consultant Pharmacists; and Arif Nazir, MD, FACP, CMD, AGSF; President, AMDA - The Society for Post-Acute and Long-Term Care Medicine. Moderated by Dr. Robert Kaplan, FMDA's Chairman of the Board, each was given an opportunity to present their respective organization's challenges and opportunities. The talk show panelist format provides great speaking points that impact the continuum of post-acute and long-term care in clinical, administrative, and legislative areas. This year the focus was on how collaborating and combining resources has the potential to strengthen how quality care is delivered across the country.

FMDA President Dr. Tafur is excited about the growing success of Best Care Practices and the level of support received year after year from collaborating organizations.

"As the president of FMDA, we are very grateful for our collaboration with

numerous post-acute and long-term care health care organizations across the nation. FMDA looks forward to continuing and growing relationships with other related organizations and medical schools in the state," said Tafur.

For more information about this year's Best Care Practices Conference taking place at Loews Sapphire Falls Resort at Universal Orlando, October 22-25, 2020, please contact FMDA at (561) 689-6321, www.fmda.org, or ian.cordes@fmda.org.



Special Keynote Speaker Mary C. Mayhew, secretary, Florida's Agency for Health Care Administration (left) with FMDA outgoing President Dr. Rhonda Randall



Ronald F. Giffler, MD, JD, President, Florida Medical Association (left) with outgoing FMDA Chairman of the Board Dr. Robert Kaplan



Preconvention Workshop Experts (from left): Pamela Scarborough, PT, DPT, MS, CWS; Director of Public Relations and Education, American Medical Technologies; Victoria A. Nalls, GNP-BC, CWS, ACHPN; Director of Education, Capital Caring; Member, AMDA's Clinical Practice Committee and NP/PA Advisory Council; Moderator Shark Bird, MD, CMD; Chair, Education Committee; Director, FMDA; and Melissa M. Bray, MD; Vohra Wound Physicians Fellow

Photo Highlights from the 2019 Annual Conference

National Leaders Forum

National Leaders Forum (from left):
 Lisa Morris, RPh, BCGP, FASCP; President,
 American Society of Consultant Pharmacists;
 Deborah Dunn, EdD, MSN, GNP-BC, ACNS-BC,
 GS-C; President, Gerontological Advanced
 Practice Nurses Association;
 Moderator Robert Kaplan, MD, CMD, FMDA's
 outgoing Chairman of the Board; and
 Arif Nazir, MD, FACP, CMD, AGSF; President,
 AMDA – The Society for Post-Acute and
 Long-Term Care Medicine



Kimberly Smoak (right), Bureau Chief of Field Operations, Division of Health Quality Assurance, Florida's Agency for Health Care Administration, with FMDA outgoing President Dr. Rhonda Randall

New FMDA President
 Dr. Angel Tafur (left)
 presents outgoing
 President Dr. Rhonda
 Randall with a plaque in
 appreciation of her
 service to FMDA.



President's Wine & Cheese Reception



Dr. Robert Kaplan (third from left) was honored by AMDA President Dr. Arif Nazir (not pictured) with an AMDA lifetime membership; (from left): Dr. Leonard Hock, Fabienne Kaplan, and Dr. Benjamin Kaplan.



Honored for their years of service to FMDA are (from left): Dr. Michael Foley, outgoing Secretary-Treasurer; Dr. Elizabeth Hames, outgoing editor of Progress Report; and outgoing directors Michelle Lewis and Dr. Marva Edwards-Marshall.

Wearable Medical Devices Give Abundant Data — and Risks

By Miranda Felde, MHA, CPHRM; VP, Patient Safety and Risk Management, The Doctors Company

Since 2013, the number of U.S. consumers tracking their health data with wearables has doubled.¹ And that number continues to rise: During the third quarter of 2018, the wearables market saw a nearly 60 percent increase in earnings over the prior year.²

Wearables are electronic devices worn on the body, often like a watch. Wearables can track patient data like heart rate, blood pressure, or blood glucose. They can also track activity level, e.g., counting steps.

Promoters of wearables say that they could provide physicians with abundant data when caring for patients with chronic health issues. They also predict that combining wearables and gamification — e.g., competing with family members to see who can “score” the most steps in a day — may lead to improved health and better health outcomes.

However, skeptics question whether gamification will really lead to healthier behaviors long-term. Questions abound about what to do with wearables’ data and how to protect it. Wearables bring promise, but also real risks for patient safety and physician liability.

Benefits of Wearables

Promoters believe wearables will drive the transition to intelligent care, whereby physicians have access to more data — in which they can identify actionable components. Florence Comite, MD, a New York endocrinologist who describes wearables as “almost like magic,” uses data from wearables to tailor her interventions for patients with chronic conditions.³

Wearables can help patients take action, too. In one recent study, diabetes patients using a wearable app showed randomized controlled trial results comparable or superior to patients taking diabetes medications.⁴

Advocates of such digital strategies hope that they will encourage healthy behaviors while requiring fewer office visits purely for monitoring purposes, thereby reducing health care costs while improving patient experience and engagement. For instance, David Rhew, MD, chief medical officer for Samsung, hopes that wearables can help patients move to the highest level of patient activation, Level 4.⁵

The Four Levels of Patient Activation

- Level 1: Predisposed to be passive. “My doctor is in charge of my health.”
- Level 2: Building knowledge and confidence. “I could be doing more.”
- Level 3: Taking action. “I’m part of my healthcare team.”
- Level 4: Maintaining behaviors, pushing further. “I’m my own advocate.”

Some apps promote healthy behaviors with gamification.⁶ For instance, a user might compete with family or friends to take the most steps each day, either informally or through an organized group. Harvard professor Ichiro Kawachi, PhD, wrote in *JAMA Internal Medicine* that this is “an opportunity for clinicians to turn health promotion into an engaging, fulfilling and fun activity.”⁷ Sponsors hope that such groups can promote accountability, responsibility, and mindfulness about activity

How can we tell when data
from wearables is accurate?
When it’s actionable?
When it’s secure?

and health conditions.

Skepticism about Wearables

It is too soon to say whether wearables will increase healthy behaviors and/or reduce office visits, thus lowering health care costs. Some studies have found that wearable devices have no advantage over other forms of goal tracking or social support in helping people meet their health and fitness goals.⁸ A 2016 study from the University of Pittsburgh, for instance, found that “young adults who used fitness trackers in the study lost less weight than those in a control group who self-reported their exercise and diet.”⁹

Risks of Wearables

Though each device has its pros and cons, all wearables generate concerns for physicians, including:

- Poor data quality: Data from wearables may or may not be reliable enough for medical use.¹⁰
- Data fixation: Patients may fixate on one number — steps per day, for instance — at the expense of other health variables, such as their diet, sleep habits, etc.
- Lack of interoperability with electronic health records (EHRs): If a wearable cannot stream data to the patient’s EHR, then how can the physician’s practice securely acquire the data?

Continued on next page

- Data saturation: Physicians receiving patient data from wearables risk being soaked by a data fire hose.¹¹ Physicians need a plan and a process to determine what measurements are relevant to a given patient.

- Unclear physician responsibilities for collecting, monitoring, and protecting data: HIPAA applies to patient data collected by physicians,¹² but differing state laws mean that a physician's specific responsibilities for monitoring and protecting patient data vary by location.

- Lack of data security — and liability for physicians: Wearables are subject to cyberattack. In addition to presenting obvious risks to patient safety, this may also present liability risks to physicians, who may be expected to notify patients of recalls issued for their wearables.¹³

Next Steps

As more and more physicians are accepting — or requesting — their patients' data from wearables, questions include: How can we tell when data from wearables is accurate? When it's actionable? When it's secure?

Certainly, physicians interacting with data from wearables should independently confirm that data before changing a patient's care, and should store data from wearables securely.

For help implementing remote patient monitoring in your practice, see the American Medical Association's [Digital Health Implementation Playbook](#).

(Endnotes)

¹ Donovan F. Despite patient privacy risks, more people use wearables for health. *Health IT Security*. October 1, 2018. <https://healthitsecurity.com/news/despite-patient-privacy-risks-more-people-use-wearables-for-health>. Accessed November 28, 2018.

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³ Eramo L. Do doctors care about your wearable data? *Future Health Index*. October 18, 2017. <https://www.futurehealthindex.com/2017/10/18/doctors-care-wearable-data/>. Accessed November 29, 2018.

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⁶ Spil T, Sunyaev A, Thiebes S, van Baalen R. The adoption of wearables for a healthy lifestyle: Can gamification help? 50th Hawaii International Conference on System Sciences. 2017 Jan 4-6; Waikoloa, HI. <https://pdfs.semanticscholar.org/dacd/744f57cf9551fe012884697e735a2a9cd3a8.pdf>. Accessed November 28, 2018.

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¹⁰ Piwek L, Ellis DA, Andrews S, Joinson A. The rise of consumer health wearables: Promises and barriers. *PLOS medicine*. February 2, 2016. <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001953>. Accessed November 28, 2018.

¹¹ Donovan F. How does HIPAA apply to wearable health technology? *Health IT Security*. July 24, 2018. <https://healthitsecurity.com/news/how-does-hipaa-apply-to-wearable-health-technology>. Accessed November 28, 2018.

¹² Ibid.

¹³ Carman SL, Umhofer RH. Wearable medical devices can raise issues for healthcare professionals. *Healthcare Analytics News*. October 30, 2018. <https://www.hcanews.com/news/wearable-medical-devices-can-raise-issues-for-healthcare-professionals>. Accessed November 28, 2018.

Mission Statement

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Vision

FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine will provide professional leadership to disseminate information and provide access to resources and experts. FMDA will further advance as the professional hub for education on best care practices, evidence-based medicine, regulatory compliance, and practice management. FMDA 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.

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

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CAREER-ORIENTED PROGRAMMING:

What do practitioners see as valuable? They can find clinical talks anywhere, but should they come to Best Care Practices for career guidance information, regulatory, and administrative talks? Why should physicians, NPs, pharmacists, PAs, nurse administrators, and nursing home administrators 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!

Editor's Corner: Health Maintenance in PA/LTC*Continued from page 4*

etc., and guides users to appropriate prognostic tools. There are a few validated tools for use with patients in PA/LTC:

1. Kaehr et al., 2015, FRAIL-NH – uses MDS data – a frailty tool that is included as a prognostication tool on the UCSF eprognosis site – identifies pre-frail and frail patients. If Score 7/14 or higher = frail. Screens for fatigue, PHQ-9 score, number of medications, weight loss, independence in feeding, prescribed diet, independence in dressing, and mode of ambulation.³

2. Mitchell et al., 2010, ADEPT – Advanced Dementia Prognostic Tool – a risk score that predicts survival of six months or less in patients with advanced dementia in PA/LTC. Superior predictive value than hospice eligibility criteria. Variables that predicted length of survival: length of stay, male gender, total functional dependence, bedfast, insufficient intake, bowel incontinence, BMI, weight loss, CHF diagnosis, dyspnea, and pressure ulcers.⁴

3. Porock et al., 2005, 2010 - Mortality Rating Index – uses MDS data – simplified revised version 2010 - probability of mortality within six months is accurately predicted. Significant risk factors include male gender, admission to SNF in last three months, decreased ADLs, decreased cognition, decreased appetite, cancer diagnosis, CHF diagnosis, and shortness of breath.⁵

4. Flacker and Kiely, 2003, and Flacker revised-Long Stay Index – used MDS data and a functional ability score derived from ADLs and locomotion. Probability of mortality at one year is accurately predicted. Significant risk factors include age over 88, male gender, low functional ability score, weight loss, low BMI, shortness of breath, and diagnosis of CHF.⁶

The *AMDA Health Maintenance Guideline* recommends creation of a health maintenance plan within 30 days of PA/LTC admission. Several process and outcome indicators can be measured over time for tracking quality. Morley and Abele outlined a template for a one-page visit note called “The Medicare Annual Wellness Visit in Nursing Homes” in *JAMDA* in 2016. This visit incorporates information from the MDS and some of Morley’s other screening tools for frailty, weight loss, cognition, and depression. According to the article, this could potentially be billed as a subsequent annual wellness

visit. The second half of the article now follows, and will summarize specific health maintenance goals in PA/LTC.

Health Maintenance Prevention Goals in PA/LTC

The profile of aging in the United States has changed over the last century. The average life expectancy at birth has increased from 47 years in 1900 to nearly 79 in 2014. By 2030, the percentage of the population over 65 years of age will exceed 20 percent, or over 70 million people.⁷

With the implementation of health maintenance measurements, deaths due to infection have decreased and chronic conditions like heart disease, cancer, and stroke have become the leading causes of death among those adults surviving into late life; 80 percent of them will have at least one and 50 percent at least two chronic conditions.⁷

Given the high prevalence of chronic medical conditions among older adults, preventive health maintenance measures to address these problems become increasingly important to maximize both the quantity and quality of life with the early detection and prevention of medical problems and complications.

Time to benefit varies greatly among preventive interventions and it should be taken into consideration when planning the intervention. Influenza vaccination and osteoporosis treatment both demonstrated reduction of risk for adverse events within one year.⁸⁻¹⁰ For breast and colon cancer screening, significant risk reduction is not seen for about five years, therefore it is important to value these factors in a patient with a life expectancy of five years, who would benefit from osteoporosis treatment but not screening for colon cancer.

The *AMDA Health Maintenance Guideline* recognizes the following steps for health maintenance preparation:

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 physicians, medical directors, advanced practices nurses, physician assistants, consultant pharmacists, nurse administrators, and administrators in post-acute and long-term care.

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

We look forward to your participation. Should you have any questions, please contact **Ian Cordes**, executive director, at **(561) 689-6321** or **ian.cordes@fmda.org**.



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1. Identify the patient's diagnoses and conditions at the time of admission.
2. Review the goals of care and advance directives.
3. Review existing plan of care.
4. Clarify the pertinence of potential preventive interventions for the patient.
5. Develop a preliminary individualized health maintenance plan.
6. Reach agreement on plan with the patient, family, and primary care physician.
7. Implement the patient's health maintenance plan.
8. Reassess the patient's health maintenance status.
9. Monitor facility's performance in implementing the interventions.¹⁰

Most impactful preventive care measurements for this population generally include vaccinations to prevent infectious diseases such as the flu; screening to detect problems such as high blood pressure, diabetes, or cancer; education on health information and how to make informed decisions.

Studies have shown that the benefits of influenza vaccination are greatest in the most fragile older adults. In addition to protecting against influenza infections, vaccination also protects patients of LTC facilities against influenza and pneumococcal pneumonia. The focus in the PA/LTC should be on primary prevention for the frail elderly.¹¹

Additional necessary elements for an effective medical screening test and intervention are:

- The target disease being screened should be common and should cause significant morbidity and mortality, *for example the flu vaccination.*
- The screening test should be accurate as well as reasonably tolerable for the resident, *for example screening for diabetes mellitus.*
- A positive result should allow for beneficial intervention during the asymptomatic phase of the disease, *for example screening for high blood pressure.*
- The test and curative treatment should be cost effective, *for example the flu vaccination.*

The clinical practice guidelines for health maintenance in long-term care strongly recommended that every LTC facility implements a system for documenting each patient's prognosis, values, goals and wishes, as well as any advance directives. Each facility is encouraged to develop a health maintenance protocol for each patient with individualized goals.

Halter, Ouslander, and Tinetti, in their work published in Hazzard's Geriatric Medicine & Gerontology in 2009, highlighted the following to be considered for cancer screening, when planning for health maintenance:¹²

- Life expectancy of more than five years
- Low number needed to screen (NNS)
- Low likelihood of finding clinically insignificant disease
- Low likelihood of complications from cancer treatment
- Low likelihood of adverse effects from additional testing

- Increased likelihood of gaining peace of mind

How do the cost and resource usage of the intervention compare with its potential benefit, which is preventing hospitalization? We should search for alternatives if available. The following are key examples:

Lung Cancer Screening: It has a potential reduction in mortality if asymptomatic early-stage malignancy is detected and treated. We should consider patient's comorbidities. Benefits may not outweigh risks if patient's life expectancy is less than 11 years. Number Needed to Screen (NNS) to prevent one lung cancer death was 320 among participants who completed one screening.

Breast Cancer Screening: Potential reduction in mortality if asymptomatic early-stage malignancy is detected and treated. Complications from false-positive test results are some of the involved risks. Consider patient's comorbidities. Benefits may not outweigh risks if patient's life expectancy is less than five years. NNS per lifetime to prevent one death for frail elders ranges from over 600 at age 70 to non-significance at age greater than 80.

Cervical Cancer Screening: High risk of false positive finding in women aged over 65. Both cervical cancer risk and screening yield decline steadily through middle age. American Cancer Society (ACS) advises stopping at age 70. United States Preventive Services Task Force (USPSTF) recommends against routinely screening over 65 if they have had adequate recent screening. NNS per lifetime to prevent one death for frail elders ranges from over 600 at age 70 to non-significance at age greater than 80.

Colon Cancer Screening: Reduction in cancer-specific mortality. Perforation is one of the biggest risks. Colonoscopy every 10 years for ages 50-75 years. At least seven years estimated life expectancy is recommended. NNS per lifetime to prevent one death for frail elders ranges from over 1,000 at age 70 to non-significance at age greater than 80.

Prostate Cancer Screening: Cost and discomfort of test is one of the main risks. ACS screening only for those with a 10-year life expectancy. USPSTF recommends for men aged 55 to 69 years, the decision to screen should be an individual one. *Grade C recommendation.* No screening is recommended in men aged 70 and older. *Grade D recommendation.* NNS of 1,410 to prevent one prostate cancer death at nine years.¹³

Influenza Vaccine: Recommended annually. According to the Centers for Disease Control and Prevention, the influenza vaccine may be only 30 to 40 percent effective against influenza-related respiratory illness among patients of LTC facilities; however, even among the frail elderly, the vaccine still provides substantial protection against severe outcomes, such as influenza-related hospitalization (effectiveness of 50 to 60 percent) and deaths (80 percent).¹⁴

The goal of care is to assess the individual in achieving his or her highest level of function and well-being, make the most

Continued on the next page

Editor's Corner: Health Maintenance in PA/LTC

Continued from page 11

appropriate resource utilization, to improve quality outcomes and reporting to government and other agencies.

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Lauren Tafur Appointed Editor of *Progress Report*



Outgoing Editor Elizabeth Hames, DO, CMD, is very pleased to welcome **Lauren Tafur, ARNP-BC**, as the new editor of ***Progress Report***.

Lauren Tafur obtained a master's degree in nursing from the University of Florida and is a board-certified family nurse practitioner. She sees patients in the office setting, as well as at skilled nursing and assisted living facilities.

She recently published a book that takes place in a SNF setting. Lauren also authors special-interest articles for a monthly newsletter for the Continuing Care Retirement Community on requested topics from residents and employees. She has been a member of FMDA's Education Committee for several years.



Lauren Tafur, ARNP-BC



FMDA Leadership Retreat

FMDA held a Leadership Retreat in January in Orlando.

2020 Leadership Retreat participants (from left, front row): Dr. Laurie Sheffield, Dr. Leonard Hock, Dr. Maria Gonzalez, Lauren Tafur, Dr. Elizabeth Hames, Ian Cordes, and Dr. Diane Sanders-Cepeda. Second row: AMDA Executive Director and retreat facilitator Christopher Laxton, Dr. Alfonso Gonzalez, Dr. Rhonda Randall, and Dr. Kenya Rivas. Back row: Dr. Angel Tafur, Dr. Mark Beauchamp, Dr. Joseph Shega, and Dr. John Symeonides.

From the President*Continued from page 2*

Presentations Review: Dr. F. Michael Gloth; **FMDA's Quality Advocacy Coalition (FQAC):** Co-Chairs Dr. Bernardo Reyes and Dr. Simone Minto-Pennant; **Fundraising:** Educational Grants, Sponsorships, and Donations — **VACANT**; **Government/Legislative Affairs:** Dr. John Potomski, Chair Emeritus; **Journal Club:** Dr. Diane Sanders-Cepeda; **Membership Development:** Dr. David LeVine; **Newsletter/Communications:** Lauren Tafur, ARNP, Editor, *Progress Report*; **Physicians Orders for Life-Sustaining Treatment (POLST):** Dr. Leonard Hock; **Technology Readiness:** Dr. Alfonso Gonzalez-Rodriguez

There has been a growing need to solve common challenges and break barriers with strategic industry partners. Through collaboration with other like-minded organizations, FMDA's Quality Advocacy Coalition was launched in 2016 as a statewide quality initiative — and the successor to our Industry Advisory Board. Under FMDA's lead, the initiative has been supported by Florida's Agency for Health Care Administration, Florida's QIO/QIN, FL Chapter American Society of Consultant Pharmacists, Florida Hospital Association, Florida Health Care Association, Florida College of Emergency Physicians, risk managers, hospitals, hospital systems, and nursing home providers, to name a few stakeholder groups.

The purpose of this initiative is to achieve a measurable statewide reduction in unnecessary acute episodes and their associated burdens on patients and families. While many readmissions are necessary, a lot are avoidable.

We believe the challenges facing health care in Florida require this statewide concerted effort to help achieve the triple aim of improving population health, patient care experience, and affordability of care. We believe the goals are attainable if we work together to produce significant improvements by targeting avoidable readmissions.

In 2019, the FQAC refined its focus to avoidable hospital readmissions due to sepsis. At this time, we are exploring a pilot project to investigate possible SNF protocols.

I want to share the news that Bernardo Reyes, MD, and Simone Minto-Pennant, PharmD, have accepted the FQAC co-chair positions. So, while they have big shoes to fill, we look forward to moving the needle in the right direction when it comes to reducing avoidable hospital readmissions due to sepsis.

Our thanks to outgoing Chair Dr. Stephen Selznick and Co-Chair Dr. Rick Foley. Dr. Selznick originally served as chair of FMDA's Industry Advisory Board (IAB), a position he held since 2011, and which he maintained as the IAB became the FQAC. Dr. Selznick was joined in 2016 by Co-Chair Dr. Rick Foley, just as the FQAC was being established.

Words alone cannot express how appreciative FMDA is at the herculean effort they both put into reimagining the Industry Advisory Board into the current FQAC. What an amazing transformation! We now have a long-sought after quality initiative that has elevated FMDA's reputation and

visibility statewide. Thank you so much!

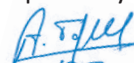
We are being told that it is unlikely that a specific POLST bill will be filed in 2020, and the strategy may be to add POLST legislation as an amendment to another bill. Unless we take steps to support POLST legislation in Florida, there are no guarantees that POLST will be honored when it is needed the most. As the home of Florida POLST, we need your help and support to educate and promote the virtues of POLST to Floridians, as follows:

1. Explain that a POLST form is not an advance directive, but it is a physician's order that ensures EMS and other healthcare professionals provide care consistent with a person's wishes.
2. Describe POLST as a portable, actionable medical order that helps ensure patient treatment wishes are known and honored and helps prevent initiation of unwanted extraordinary treatment.
3. Indicate that it should never be mandatory to complete a POLST form.
4. Illustrate that the process of completing a POLST form involves informed, shared decision-making between patients and health care professionals.
5. Explain that the shared decision-making conversation involves the patient discussing his/her values, beliefs, and goals for care, and the health care professional presents the patient's diagnosis, prognosis, and treatment alternatives, including the benefits and burdens of life-sustaining treatment.
6. Recommend that only patients with serious illnesses or frailty should have a completed POLST form.
7. Explain that a POLST form requires that "ordinary" measures to improve the patient's comfort, and food and fluid by mouth as tolerated, always be provided.
8. Discuss how POLST requires health care professionals be trained to conduct informed shared decision-making discussions with patients and families so that POLST forms are completed properly.
9. Emphasize that POLST is about how you want to live for the rest of your life.

Our 29th Annual Conference is going to be held Oct. 22-25, 2020, at Loews Sapphire Falls Resort at Universal Orlando — a very exciting, convenient, and affordable venue. We know our attendees are cost conscious and not only did this venue offer the best value, but we are certain you will really enjoy the convenient water taxis that will shuttle you comfortably to City Walk, Islands of Adventure, and Universal Studios Orlando from the Sapphire Falls Resort. See their video highlights on our website. Our Education Committee is already hard at work building another exceptional conference from the ground up for professionals in the PA/LTC continuum. We are accepting submissions for posters proposals for educational sessions at www.bestcarepractices.org.

Our members are invited and encouraged to get involved, become energized, and stay connected to the society. Not a member yet? Please join today at www.fmda.org.

Respectfully yours,



Angel Tafur, MD, CMD
President

FMDA News from Around the State

UnitedHealthCare Match

FMDA wishes to thank Dr. Diane Sanders-Cepeda and Dr. Laurie Sheffield for their generous and ongoing donations to FMDA as their designated beneficiary charity. Both work for UnitedHealthCare or its affiliate, Optum. We thank them for their much-needed support as well as UnitedHealthcare for matching their donations to FMDA, a 501(c)(3) charitable organization. Thank You!

Journal Club

The Journal Club is a learner-based community 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 its members stay current with the latest evidence-based clinical information relevant to PA/LTC medicine. Journal Club participants share in reviewing articles that are interesting, provide relevant takeaways, and highlight best practices. It has developed into a very effective way to gain new knowledge.

Chaired by **Dr. Diane Sanders-Cepeda**, 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 critically analyzes 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, and discussion is encouraged. We look forward to your interest and participation.

The next scheduled meeting is at **12:30 p.m., Feb. 19, 2020.**

POLST Workgroup Moving Forward

FMDA has been the home of Physician Orders for Life-Sustaining Treatment (POLST) Paradigm in the state of Florida since December 2017.

Chaired by **Dr. Leonard Hock**, the purpose of this POLST workgroup is to develop effective strategies for statewide educational programs, securing grants, fundraising, developing

educational and promotional tools, soliciting letters of support from stakeholder groups, lobbying to pass a POLST law in the Florida legislature, developing a coalition of stakeholders, and developing an overall coordinated strategy.

General information about POLST and future POLST events throughout the country may be found on the national POLST Paradigm website at <http://polst.org>.

Additional information about POLST may be found in this AARP article at <http://www.aarp.org/health/doctors-hospitals/info-04-2011/polst-04-11.html>.

Florida POLST has its own website at www.POLSTFL.org, where you can find a copy of the Florida POLST form.

If you would like to support Florida POLST, please call or email our executive director, Ian Cordes, at **(561) 689-6321**, or ian.cordes@fmda.org.

Progress Report Newsletter Is Digital

Since transitioning to a digital-only edition, we continue to ask our members if they prefer a printed version be mailed to them instead. Please send your requests for a printed newsletter to **Ian Cordes** at ian.cordes@fmda.org.

Call for Articles for Progress Report

FMDA is currently accepting articles for future issues of its award-winning publication, *Progress Report*. If you would like to submit an article or get more information, please contact **Ian Cordes** at ian.cordes@fmda.org.

FMDA Activities at AMDA Conference

In addition to organizing the Florida delegation and participating at AMDA's House of Delegates, FMDA invites its members to attend an FMDA Board Meeting from **10:30 a.m. to 12 p.m., Friday, April 3, 2020**, in Chicago.

In addition, FMDA is hosting the Florida Chapter Reception from **6:30 to 7 p.m., on Friday, April 3**, with generous support from Sunovion Pharmaceuticals.

For more information, please contact the business office at **(561) 689-6321**.



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



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Benefits of Membership

- Award-winning statewide newsletter, *Progress Report*
- Association website: www.fmda.org
- Nationally recognized annual conference, Best Care Practices in the Post-Acute and Long-Term Care Continuum (PA/LTC)
- Dedicated conference website: www.bestcarepractices.org
- Annual update on Medicare billing
- Discounted member registration fee for annual conference
- Convenient, online annual conference registration
- Networking with other PA/LTC practitioners statewide
- Networking and partnering with other post-acute trade and professional associations
- Advocacy in Tallahassee on behalf of the members of FMDA
- Advocacy in AMDA's House of Delegates
- Advocacy in Florida Medical Association's House of Delegates
- Liaise with Florida Osteopathic Medical Association
- Home of Florida POLST
- Free FMDA mobile app for iPhone and Android devices
- Support statewide initiatives to improve patient care and quality of life
- Join FMDA Quality Advocacy Coalition's statewide initiative to reduce avoidable hospital readmissions



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We hope to see you all there! Please visit BestCarePractices.org for updates!