FMDA Journal Club

March 31, 2021
Christian Bergman, MD, CMD – Special Guest
Diane Sanders-Cepeda, DO, CMD – Host
Agenda

• State of the State
• COVID-19 and Advocacy
• Open Discussion
COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

Global Cases

30,394,189

Cases by Country/Region/Sovereignty

US
12,658,109
Brazil
12,149,335
India
4,646,025
France
4,494,234
Russia
4,355,867
United Kingdom
3,561,012
Italy
3,277,880
Turkey
3,275,819
Spain
2,818,630
Germany
2,397,731
Colombia
2,332,765
Argentina


and Melinda Gates Foundation, and George Annenberg Foundation. Resources drawn from CDC, Global and
Florida’s COVID-19 Data and Surveillance Dashboard

Total Cases 2,052,441

Cumulative Data for Florida Residents:
Positive Residents 2,014,354
Resident Hospitalizations 84,973

Florida Resident Deaths 33,338
Non-Resident Deaths 645

Data updated Daily
Comparison of counties is not possible because case data are not adjusted by population.

Click here to access and download data
COVID in LTC

Last Updated: 3/29/2021 4:25:34 PM

COVID Positive Residents (SNF & ALF)

COVID Positive Staff (SNF & ALF)

Data from AHCA ESS (Emergency Status System)

COVID positive residents and staff in Intermediate Care Facilities are not included in the bar chart totals. The data presented are reported by individual facilities and reporting errors may occur.
COVID-19 and Advocacy:
- Advocacy for the PALTC Clinician

Christian Bergman, MD, CMD
Assistant Professor, Virginia Commonwealth University; Vice-Chair of the Transitions of Care subcommittee, AMDA
Disclosures

• I have no relevant financial disclosures.
• I work for Virginia Commonwealth University (VCU), the VCU Health System, and MCV Physicians.
• The opinions expressed in this presentation are my own professional views.
Learning Objectives

By the end of the presentation, participants will be able to:

1. Better understand methods and ways of engaging in advocacy.
2. Access tools necessary to effectively engage in public policy.
3. Distinguish between advocacy and lobbying.
4. Engage with media in a best practice manner while focusing on delivering a concise message.
5. Network with colleagues and build a network of PALTC “change agents.”
Why Advocate?

PA/LTC Resident

Industry (AHCA, Leading Age, ...)

Academic Institutions

State Regulatory Bodies (DOH/OLC, DSS)

State Health Department

Medical Directors (AMDA, State organization)

LTC Ombudsman Office

PA/LTC Resident

Industry (AHCA, Leading Age, ...)

LTC Ombudsman Office

State Regulatory Bodies (DOH/OLC, DSS)

Medical Directors (AMDA, State organization)

State Health Department

Academic Institutions
How?
My Journey

The “Friday Calls”

• April 2020 – establishment of Virginia COVID-19 LTC Task Force

• May 1, 2020 – establishment of AMDA State Task Force Collaboration:

  Goal: “To help foster a collaborative effort within AMDA to quickly share best practices in PA/LTC (including ALF, SNF, LTC) with key stakeholders focusing on public policy, advocacy, strategic planning, and communication around COVID-19 in PA/LTC.”

  - Public policy/advocacy: SWOT analysis, where can “we” amplify our voice, “missing pieces”, is this the opportunity to highlight the long-standing disparities in NH compared to other sectors of healthcare? If not now, when is the right time?
  - Strategic planning: PPE, testing, staffing, what is the key message?
My Journey, continued

The “Friday Calls”

• May – June 2020: Public Policy Playbook
• June – August 2020: Visitation Guidance, Phased Reopening
• August – November 2020: Testing, Antigen Use
• November 2020 – January 2021: Vaccine Education
• January 2021 – now: mAb, Vaccine Strategies, Strike Teams
My Journey, continued

AMDA State Task Force Collaboration (58 members, 28 states, weekly calls May 2020 – now)
AMDA State Task Force Collaboration

Accomplishments

• Public Policy Playbook (statistics, talking points, interacting with media, writing op-eds, sample letters, samples cases, positive stories)
• Joint Statement on COVID-19 Priorities in PA/LTC
• Position Statement on Antigen Testing in Asymptomatic Post-Acute and Long-Term Care Healthcare Staff
• Statement on the Fair and Equitable Distribution of a Safe and Effective COVID-19 Vaccine to Post-Acute and Long-Term Care Staff and Residents
• State Resource Tracker
• Forum for Discussion of Active Issues (PPE, isolation/cohorting, testing options, vaccine, etc.)
• Professional Networking
• Fostering Local, Regional, State, and National Relationships Between Key Stakeholders
Public Policy Playbook

1. Descriptive Statistics for PA/LTC
2. Talking Points
3. Tips on Interacting with Media and Writing Op-Ed Pieces
4. Letter to State Agency or Governor Template
5. Tips on Working with State Government
6. Case Examples
7. Nursing Home Heroes, Positive Stories
Best Practice for Public Policy / Advocacy

• Know the state (history of regulations, prior relationships with industry/associations)
• Don’t make assumptions
• Ask open ended questions
• Refrain from negative comments
• Keep track of key contacts
• Ask to be on key committees / workgroups
• Always include resident and clinician perspectives
Advocacy vs. Lobbying

“Without advocacy, we wouldn’t have seatbelt laws, safe drinking water, and nutrition labeling.”

“All lobbying contains some form of advocacy but not all advocacy is lobbying”

Advocacy Terminology

**Health Advocacy:** “The processes by which the actions of individuals or groups attempt to bring about social and/or organizational change on behalf of a particular health goal, program, interest, or population.”

**Lobbying:** “Any attempt to influence specific legislation.”

**Grassroots Lobbying:** “Any attempt to influence the public or segment of the public to take action on specific legislation.”

**Electioneering:** “Any attempt to influence an election.”

1) 2000 Joint Committee on Health Education and Promotion Terminology, 2002, p. 3
Perceived Barriers:

- lack of time, other priorities, frustration with the process, lack of money/other resources, policy makers’ attitudes/values, lack of access to key individuals, can’t be involved due to employment, confronting others with opposing viewpoints/large funds/influence, lack of support, takes too long to see a difference, and probably won’t make a difference.
Fear of Employment-Related Repercussions

“An individual, acting as a private citizen, may engage in health advocacy, including lobbying, grassroots lobbying, and/or electioneering. It is your right as a citizen to vote and advocate based on your own political paradigms, however, some employers may be displeased if you publicly advocate for a position antithetical to the interests of the agency, organization, or business.”

What to do:

- Government employees: prohibited from engaging in advocacy efforts during work time or using government resources.
- Non-profit and individuals representing non-profit organizations: must be aware of state and federal rules related to direct lobbying, grassroots lobbying, and electioneering.
Advocacy 101

Importance of employee-employer relationship
• Emphasize your opinions are personal
• Do not use official title
• Be mindful that you are speaking as a citizen/constituent
• Use personal letterhead, personal email account, home computer
• Keep your employer informed of all your activities

Advocacy as member of professional association
• May jeopardize non-profit status of organization if views expressed as if those of the organization. See IRS and state rules regarding lobbying for non-profit
• Only mention your position in association when acting in an authorized role
• Keep the executive director and/or advocacy committee chair informed and supply copies of any material used for advocacy

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<thead>
<tr>
<th>Strategy</th>
<th>Good</th>
<th>Better</th>
<th>Best</th>
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<tbody>
<tr>
<td>Voting behavior</td>
<td>Register and vote</td>
<td>Encourage others to register and vote</td>
<td>Register others to vote</td>
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<tr>
<td>Elecitonnering</td>
<td>Contribute to the campaign of a candidate friendly to public health and health education</td>
<td>Campaign for a candidate friendly to public health and health education</td>
<td>Run for office or seek a political appointment</td>
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<td>Direct lobbying</td>
<td>Contact a policy maker</td>
<td>Meet with your policy makers</td>
<td>Develop ongoing relationships with your policy makers and their staff</td>
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<td>Integrate grassroots lobbying into direct lobbying activities</td>
<td>Start a petition drive to advocate a specific policy in your local community</td>
<td>Get on the agenda for a meeting of a policy-making body and provide testimony</td>
<td>Organize a community coalition to enact changes that influence health</td>
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<tr>
<td>Use the Internet</td>
<td>Use the Internet to access information related to health issues</td>
<td>Build a Web page that calls attention to a specific health issue, policy, or legislative proposal</td>
<td>Teach others to use the Internet for advocacy activities</td>
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<td>Media advocacy: Newspaper letters to the editor and op-ed articles</td>
<td>Write a letter to the editor</td>
<td>Write an op-ed piece</td>
<td>Teach others to write letters and op-ed pieces for media advocacy</td>
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<td>Media advocacy: Acting as a resource person</td>
<td>Respond to requests by members of the media for health-related information</td>
<td>Issue a news release</td>
<td>Develop and maintain ongoing relationships with the media personnel</td>
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Writing an Op Ed

• Why are you writing it?
  • Passion, education, audience, or change?
• Who would want to publish it?
  • Lots of places! (local newspaper, magazines, blogs, etc.)
• What can I write about?
  • Anything! BUT be timely, slightly controversial
• How to write?
  • Seek advice. Brief, focus on one topic, have firm opinion

Courtesy of Dan Haimowitz, AMDA Advocacy Presentation, PALTC21
Interacting with Media

• Single message; don’t stray from message
• Be capable of “telling” your message in different ways
• Don’t be afraid to be a little provocative but be CONSISTENT
• Key sound bites
• If on television:
  • Thank reporter/interviewer by name
  • Don’t overthink things
  • Be yourself!

Courtesy of Michael Wasserman, AMDA Advocacy Presentation, PALTC21
Advocacy Beyond COVID-19

Next Steps

• Form a coalition within PA/LTC
• Join an AMDA Committee
• Developing relationships with policymakers
• Help to write state and national bills
• Network locally, regionally, and nationally
• Expand outside the walls of the nursing home
• Phone a friend
AMDA Advocacy in Action

1. Write A Letter
   - Stop Medicare Cuts
     Urge Congress to Stop Medicare Cuts for SNF/AL Visits
     [TAKE ACTION]
   - Urge Congress to Make PALTC a Priority in Next COVID-19 Stimulus Package
     Congress is working on another stimulus package to help during the pandemic. Please urge them to not lose.
     [TAKE ACTION]

2. Legislation Tracker

3. Find Your Elected Officials

Join Society members in supporting important issues affecting post-acute and long-term care patients and professionals.
AMDA Policy Snapshot

SOCIETY PUBLICATIONS

- Caring for the Ages
- Clinical Alerts
- PALTC Policy Snapshot
- JAMDA
- Navigating PALTC
- Spotlight Blog
- Weekly Round-Up

PUBLICATIONS

Members only publications are marked with a lock icon.

Filter By: Policy Snapshot, Topic

Society Advocates to Extend Medicare Sequester Moratorium
Policy Snapshot
February 18, 2021

The Society joined the American Medical Association and others in calling on Congress to pass legislation that would extend the congressionally enacted moratorium on Medicare sequester cuts through the duration of the public health emergency (PHE).

Biden Nominates New CMS Administrator
Policy Snapshot
February 19, 2021

Last week, President Biden nominated Chequita Brooks-Labien as the new CMS Administrator. She served in the Obama administration as a senior CMS official as managing director at Manatt Health. Currently, CMS is...

February 19, 2021

Policy Snapshot

Society Advocates to Extend Medicare Sequester Moratorium

The Society joined the American Medical Association and others in calling on Congress to pass legislation that would extend the congressionally enacted moratorium on Medicare sequester cuts during the duration of the public health emergency (PHE).

The groups urged Congress to pass H.R. 315, the “Medicare Sequester Exemption Act,” that would extend the current Medicare sequester moratorium for the duration of the PHE. The COVID-19 pandemic, along with the ongoing pandemic bill passed at the end of the year, suspended the sequester until April. However, this legislation is needed to ensure a 2% cut does not take effect at any point this year. The Society has been advocating to ensure PALTC services do not take a cut given the devastating impact such a cut would have on millions of American seniors.

Click here to read the entire letter.
Click here to urge Congress to pass H.R. 315.
New AMDA Subcommittee

AMDA State Based Policy and Advocacy

**Purpose:**
To enhance ongoing national post-acute and long-term care (PALTC) public policy, advocacy, strategic planning, and communication goals on a state and local level by encouraging and facilitating state-based advocacy efforts among AMDA members, and by developing effective partnerships with key local and regional stakeholders.

To support AMDA Key Objectives as outlined in the Strategic Plan Framework:

1. Support and develop AMDA state chapters (Domain II)
2. Nurture existing and develop new organizational alliances to promote the unique nature of PALTC medicine (Domain II & III)
3. Advocate for regulatory and legislative initiatives that support optimal care delivery in PALTC (Domain IV)
4. Support and participate in key policy coalitions (Domain IV)
5. Raise visibility and improve understanding of federal PALTC policy among AMDA members and Chapters, as well as external stakeholders (Domain IV)
Thank You!

COVID-19 and Advocacy:
- Advocacy for the PALTC Clinician

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Open Discussion
This meeting has been recorded and will be available at [www.fmda.org/journalclub.php](http://www.fmda.org/journalclub.php)