



**fmda**<sup>TM</sup>  
Dedicated To Florida Long Term Care Medicine

# Progress Report

*Expanded Digital Version*



*Serving Physicians, Nurse Practitioners, and Physician Assistants  
Practicing in Florida's Postacute Care Continuum*

## Editor's Corner

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

**T**his pre-conference digital issue of *Progress Report* is coming to you during an important month for older adults worldwide. The International Day of Older Persons (IDOP) is celebrated each year on October 1 to recognize the contributions of older persons and to examine issues affecting all facets of their lives. The theme of this year's commemoration is "Leaving No One Behind: Promoting a Society for All."



The United Nations, through the World Health Organization and the UN Non-Governmental Organization (NGO) Committee on Aging, first organized this event in 1991, and it now marks its 24<sup>th</sup> consecutive year. It carries forward the initiatives of the United Nations' 1982 Vienna International Plan of Action on Aging, 1991 Principles for Older Persons, and 2002 Madrid International Plan of Action on Aging — all of which respond to opportunities and challenges for an aging population in the 21<sup>st</sup> century and call for the development of a society that takes into account persons of all ages. IDOP activities include meetings and media activities promoting public awareness on topics such as inter-generational cooperation, provision of adequate healthcare to older adults, social and environmental issues, and the inclusion of older adults in the workforce. Internationally, the population over the age of 60 is projected to reach 1.4 billion by the year 2030.

The United Nations NGO Committee will officially celebrate IDOP on October 9, 2014, in New York. This year's program of speakers is sponsored by the governments of Argentina, El Salvador, Slovenia, South Africa, and Thailand. The NGO Committee, in a recent press release, states that on October 9, IDOP will "celebrate older persons as resources, not as burdens on their societies. It will share some of the success stories of the impact of aging and what we can learn from them."

Objectives of the 2014 UN IDOP meeting include highlighting the core principles of the NGO Committee's Post-2015 development agenda on aging. The first phase of this agenda has been the creation of "The World We Want 2015," an open, online e-consultation forum for policy makers, government officials, UN staff, member stakeholders, and civil society to exchange ideas, experiences, and viewpoints related to the needs and inequalities older adults face worldwide. There is a lack

of data representing older adults — in terms of human rights standards, poverty, food, security, health, and access to jobs and assets. The overall goal of the post-2015 development agenda is to give governments a theoretical framework for creating a society for successful aging. To join the UN e-consultation, go to [www.worldwewant2015.org](http://www.worldwewant2015.org).

FMDA's vision statement aligns well with these international goals and objectives centered on older adults — with its goal to be 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 long-term care continuum. What an excellent time for FMDA's Best Care Practices in the Geriatrics Continuum conference, Future Directions: Transforming Long-Term Care, beginning with a pre-conference day of programming on October 16, 2014. The agenda includes expert and dynamic interprofessional speakers, with an educational program that is sure to inspire the exchange of ideas and innovations in our approach to care.

Hope to see you in Orlando!



Dedicated To Florida Long Term Care Medicine

## Florida Medical Directors Association

Serving medical directors in Florida's postacute, subacute, skilled care, home care, hospice, and assisted living facilities.

[www.fmda.org](http://www.fmda.org)

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## From the President



As Fall is upon us, FMDA's Best Care Practices in the Geriatrics Continuum 2014 (BCP) is right around the corner. Once again, our CME/Education Committee has formulated an outstanding program. The event will be held at the *Grand Floridian Resort*, one of Disney's elite properties.

Each year, one of the more popular sessions is "A Conversation with Our National Leaders," and this year's version should again prove to be most engaging. Participants include Dr. Len Gelman, AMDA President; Sharon Clackum, PharmD, ASCP President-Elect; and Rachel Pryor, Senior Policy Advisor with the U.S. Senate Special Committee on Aging, chaired by Florida Sen. Bill Nelson. You are welcome to forward questions for the panel via e-mail prior to the conference.

I'm also particularly excited about this year's pre-conference optional sessions on Thursday, Oct. 16: "**Hospice Section: Complex Illness Management = Advanced Care**" in the morning, and a focus on "**Caring for Younger Adults in the Long-Term Care Setting — Utilizing AMDA's Toolkit**" in the afternoon.

This year our membership meeting, scheduled for 7:45 a.m. on Friday, Oct. 17, will be our most important in recent years, with several key items up for discussion. In the footsteps of AMDA's bylaws changes this past Spring, your FMDA Board has approved extension of Full Membership privileges to advance practice nurses and physician assistants.

In addition, governance has been addressed by allowing a maximum of two (2) voting Board seats concomitantly for this provider group.



Similar to AMDA, a name change proposal to FMDA - the Society for Post-Acute/Long-Term Care Medicine was passed. In addition, time permitting, I hope to facilitate a brief discussion to solicit feedback related to our position

statement introduced earlier this year mandating minimum training standards for medical directors of PA/LTC facilities in Florida. Plans are in place for gauging our membership's position on these proposals via a pre-conference poll. I invite all stakeholders to attend this important session and engage in what promises to be lively discussion.

Regarding that matter, we are moving forward on several fronts. Legal opinion has been solicited to vet this proposal from a legal perspective. In addition, we will solicit FMA support, perhaps in the form of a resolution to its House of Delegates during the July 2015 session. To engender national support, exploration is under way to present this position statement as a resolution to the AMDA House of Delegates at the March 2015 session.

And finally, to further whet your appetite, the Board has raised the question of whether FMDA should lead a statewide initiative promoting quality in our PA/LTC arena. Stakeholders would include fellow practitioners, nursing, advocacy groups, regulators, politicians, providers, and others. More to come.

These are truly exciting times in PA/LTC. As always, I encourage your input, involvement, ideas, and advice.

Thanks very much, and see you at the conference!

Robert Kaplan, MD, FACP, CMD

FMDA *Progress Report* has a circulation of more than 1,100 physicians, physician assistants, nurse practitioners, 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](mailto:ian.cordes@fmda.org).

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# FMDA’s Annual Best Care Practices in the Geriatrics Continuum 2014 – The Premier LTC Medicine Conference

— Underlying Theme Is Future Directions: Transforming Long-Term Care

By Matthew Reese, Education and Communications Manager

**F**MDA is very excited about Best Care Practices in the Geriatrics Continuum (BCP) 2014, its 23<sup>rd</sup> Annual Conference taking place at Disney’s *Grand Floridian* Resort, Oct. 16-19 in Orlando. It will feature an outstanding line-up of top-notch educational programming and faculty designed to teach and incorporate best care practices in the field of post-acute and long-term care (PA/LTC) medicine. This nationally recognized conference is intended for health care practitioners who have an interest in geriatrics. The underlying theme for the 2014 BCP Conference is Future Directions: Transforming Long-Term Care. See the schedule of events on page 8 for details.

Some exciting advance programming will be featured on Thursday, Oct. 16, which is the pre-conference day. We are hosting three (3) optional and separate one-hour sessions under the umbrella of “Hospice Section: Complex Illness Management = Advanced Care.” This includes sessions on “History, Regulations, and Compliance,” “Hospice Non-Cancer Diagnosis (Eligibility, Adult Failure to Thrive),” and “Withdrawal of Life Support (e.g., PEG, dialysis, vent, auto-internal cardiac defib., etc.)”

This will be followed by a Product Theater Lunch Program (non-CME/CPE/CE) hosted by Boehringer Ingelheim. Afterwards, **Rebecca Ferrini, MD, MPH, CMD**; Medical Director, Edgemore DP SNF, San Diego, CA; and **Polly Weaver, BS**; Chief of Field Operations, Division of Health Quality Assurance, Florida’s Agency for Health Care Administration, Tallahassee, FL, will head up a three-hour session about the “Challenges of Caring for Younger Adults in the Long-Term Care Setting: Utilizing AMDA’s Toolkit.”

We are delighted to welcome **Dr. Ferrini** to the conference — she was chair of AMDA’s workgroup that developed the Toolkit.

Best Care Practices 2014 features an extraordinary array of high-level programming with nationally known speakers covering a wide variety of topics in the areas of geriatrics and PA/LTC. In addition to the main program, the president of AMDA – The Society for Post-Acute Long-Term Care Medicine, **Leonard Gelman, MD, CMD**, will present during the National Leaders Forum, and also on his topic of expertise, Medicare Billing and Coding. During the National Leaders Forum, **Dr. Gelman** will be joined by **Sharon Clackham, PharmD**, President Elect of the American Society of Consultant Pharmacists.

**Dr. Leonard Hock**, FMDA’s Conference Program Chair, is very excited about the theme of this year’s conference and how strongly it fits into the current picture of long-term care and geriatrics.

“As long-term medicine transitions into the future, practitioners need to be aware of all the changes heading our way and how to properly prepare for them,” said Dr. Hock. “If we can provide practitioners with the knowledge and skills to properly prepare for health care change, they will be better equipped to effectively transition into the future.”

## Mobile Conference App

**P**lease download our custom mobile application designed for use on smart phones, tablets, Apple devices, and personal computers. The app is intended to better connect people with the association and give members a helpful resource that they can use on-the-go. It contains many useful features, as well as tabs for this annual conference, including the handouts. The app is available as a free download from iTunes and Android stores by searching for “FMDA.”

Handouts will be available at [www.bestcarepractices.org](http://www.bestcarepractices.org), so you may print them without charge before you get to the conference. CDs of the handouts will NOT be provided. If you prefer, for an extra charge of \$55, you may order a set of handouts when you pre-register, and they will be ready for you when you arrive at the conference. However, please be aware that we cannot ensure the availability of every PowerPoint presentation or handout for every session.

You can follow FMDA at [www.fmda.org](http://www.fmda.org) and [www.bestcarepractices.org](http://www.bestcarepractices.org). Visit us on LinkedIn and “Like” and “Follow” us on Facebook today!



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# FMDA News from Around the State

## The Presser Law Firm Sponsors Town Meeting & Dinner Program in Boca Raton

FMDA hosted a highly successful Town Meeting & Dinner on August 22, 2014, in Boca Raton. We wish to thank our sponsor, The Presser Law Firm, for sponsoring the reception as well as our guest speaker, Hillel L. Presser, Esq., MBA; president, The Presser Law Firm, P.A. Mr. Presser provided a very interesting and insightful overview of asset protection and some of the strategies used.



Hillel Presser

## New Landmark POLST Study

In case you missed this in our last issue, on June 9, 2014, a landmark study, with the largest research to date on the POLST paradigm, was published by the *Journal of the American Geriatrics Society (JAGS)* comparing what people select as POLST orders and the location of where they die. The study, titled Association between Physician Orders for Life-Sustaining Treatment for Scope of Treatment and In-Hospital Death in Oregon, demonstrates that POLST orders for those with serious illness or frailty are honored.

The National POLST Office also published a press release, a dedicated webpage for the article, and other information on their website. To view the study and to find out more, please visit [www.polst.org](http://www.polst.org).

## Welcome New Lifetime Memberships

Dr. Gregory James, chair of the Membership Committee, and the officers and directors of FMDA welcome our newest Lifetime Members: **Jackie Hagman, ARNP; Brian Robare, CNHA; and George Sabates, MD, CMD.** They join:

### Current Lifetime Members

**Owen A. Barrow, MD**  
**Ian Levy Chua, MD**  
**Marigel Constantiner, RPh**  
**Moustafa Eldick, MD**  
**F. Michael Gloth III, MD, CMD**  
**Bernard Jasmin, MD, CMD**  
**John Pirrello, MD**  
**Dennis Stone, MD**  
**Hugh Thomas, DO, FAAFP, 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 **Mary Cay Swenson**, membership services manager, at (561) 689-6321.

## Supporting Young Physicians, Medical and Health Care Students

FMDA takes an active role in outreach efforts to residents, interns, fellows, young-career physicians, as well as advance practice nurse, pharmacist, physician assistant, and nursing students with an interest in long-term care.

Help us to continue to provide much-needed financial support to FMDA's Careers in LTC Program, student scholarships, and AMDA's Futures Program. We kindly ask that you make a contribution in the amount of your choosing when you join and/or renew your membership. You may also make an annual contribution online at [www.fmda.org](http://www.fmda.org).

In addition, we are hosting a silent auction in the exhibit hall during our annual conference. All proceeds of this silent auction benefit FMDA's Careers in Long-Term Care Program, AMDA's Futures Program, and the student rate for Best Care Practices conferences.

FMDA is now accepting items to be auctioned at the conference. If you have an interest or question, please contact the business office.

## Technology Readiness Committee

Karl Dhana, MD, CMD, chairs this committee and is reaching out to all our members for their input.

What is the role that medical directors play in utilizing technologies in the skilled nursing facility, hospice, etc.? There are so many new technologies available, from call bells, patient tracking systems, EMRs, heart monitors, and so on. We could and should become the technology experts for long-term care — driving change and innovation.

Dr. Dhana would like to gather a group of people who have had experience with utilizing technologies in the SNF, ILF, and ALF settings. Just imagine our members being the go-to experts for technology advice in skilled nursing facilities. He bets some of you already are. If you have an interest in joining this committee, please contact the staff in the office or at the registration counter during the annual conference.

## Hospice Section

Dr. Leonard Hock chairs the Hospice Section, which was established in 2011 with the support of Dr. Rhonda Randall and the board. They have met as a group during FMDA's last two annual conferences and they will be expanding their activities as the Section continues to grow. There are a number of end-of-life-related topics during the Best Care Practices in the Geriatrics Continuum 2014. In addition, the Section will meet **12:50-1:15 p.m. on Thursday, Oct. 16.**

If you are interested in participating, or have any questions, please contact **Matt Reese** at [mattr@fmda.org](mailto:mattr@fmda.org).

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## Pivotal Annual Membership Meeting Slated for Friday, Oct. 17, in Lake Buena Vista

FMDA President Dr. Robert Kaplan encourages every FMDA member to attend the upcoming annual meeting. It is scheduled 7:45-8:30 a.m., Friday, Oct. 17, in Salon 2, at the convention center at Disney's *Grand Floridian* Resort. Anyone driving over should park in the complimentary self-park area outside the Convention Center.

A number of exciting issues and topics will be discussed that may require a change to our bylaws. In fact, the membership was recently sent an online survey to gauge their support. Here are the key issues:

**1. Possible Name Change:** Keeping in line with AMDA's recent name change, do you think FMDA should also make a similar name change to: FMDA – The Society for Post-Acute and Long-Term Care Medicine?

**2. Possible Membership Eligibility Changes:** FMDA's proposed name change reflects the increasing prominence of post-acute care (PAC) in the LTC continuum, and the longstanding presence of attending physicians and other practitioners in FMDA's membership in addition to medical directors.

Should FMDA expand membership definitions so that advance practice nurses and physician assistants become full voting members? This would allow them to participate fully in the life of the organization, to serve on and chair FMDA committees, and to vote in all elections.

**3. Minimum Training for Medical Directors:** In the interest of the highest quality of care for residents in the post-acute/long-term care (PA/LTC) continuum, the FMDA board of directors recently approved a position statement regarding the need for minimum training standards for medical directors of skilled nursing facilities in Florida.

Physicians and others providing medical care to residents of PA/LTC facilities must possess a unique set of knowledge and skills. This includes understanding the principles and practice of geriatric medicine, drug prescribing for older, vulnerable patients, familiarity with pertinent regulations governing PA/LTC facilities, understanding systems of care delivery, and the ability to work effectively as part of an interdisciplinary team. Likewise, in PA/LTC facilities providing care to non-elderly residents (children, young and middle-aged adults with lifelong disabilities), an intimate understanding of the special needs of this population, and the skill set to meet those needs, is vital.

Do you support an effort by FMDA to move forward with this initiative and establish a process in which we start to define what minimum training might mean?

**4. Mandatory Credentialing in SNFs for all Physicians and Consultants in Florida:** This is our newest issue — Considering an effort to establish a standard of minimal credentials to be required in order to enter a long-term care facility as a medical professional with the intent of billing.

*Continued on page 6*

**PROBLEM:** Medicare has listed Deep Vein Thrombosis as a “never” event.

**SOLUTION:** Vascular compression equipment available for inexpensive short term rental from **VASCULAR PRN<sup>SM</sup>**

- ◆ Daily rental, no minimums!
- ◆ Overnight delivery to all 50 states available if needed.
- ◆ Wide selection of equipment in stock to suit varying patient needs.
- ◆ Modality is non-invasive and has NO side effects as do blood thinners such as Warfarin, Apixaban, etc.
- ◆ New equipment available for purchase if required.

See what the Centers for Medicare & Medicaid Services has to say on the subject:

*Centers for Medicare & Medicaid Services:*

*"Use of compression with a DVT pump can lessen the patient's chances of developing DVT and PE. The combination of DVT and PE following surgery is one of eight hospital-acquired conditions for which The Centers for Medicare & Medicaid Services (CMS) no longer provides payment. According to government statistics, DVT and PE may be responsible for more than 100,000 deaths each year". 1, 2*

1. Centers for Disease Control and Prevention website. Are You At Risk For Deep Vein Thrombosis? Available at: <http://cdc.gov/features/thrombosis>. Accessed April 10, 2013.
2. Centers for Medicare and Medicaid Services website. Hospital-Acquired Conditions (Present on Admission Indicator). [https://www.cms.gov/HospitalAcqCond/06\\_Hospital-Acquired\\_Conditions.asp#TopOfPage](https://www.cms.gov/HospitalAcqCond/06_Hospital-Acquired_Conditions.asp#TopOfPage). Accessed April 10, 2013.



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## FMDA News from Around the State

Continued from page 5

The LTC environment should not be open for just anybody who claims specialty physician credentials in order to bill. Wouldn't it be in the patients and facilities best interest if proof of training and experience was required in the LTC environment prior to consulting, treating, or doing procedures?

The lowest level of credentialing could consist of a government photo ID (like a driver's license), proof of medical licensure and medical malpractice insurance, or appropriate approved waiver. If prescriptions are to be recommended or prescribed, then a DEA number should also be required.

### DEA Makes Changes to the Controlled Substances Act

The Drug Enforcement Administration (DEA) recently made changes to the Controlled Substances Act (CSA) drug schedule. DEA issued a final rule in August rescheduling hydrocodone combination products to Schedule II. The final rule will be published in the Federal Register and the new regulation goes into effect 45 days from the date of publication. DEA published the proposed rule in February and the American Society of Consultant Pharmacists submitted comments opposing its addition to Schedule II, citing potential patient access barriers.

According to Pamela B. Johnson, Pharmacy Director, PharMerica-Largo, as a Scheduled II (C-II) control drug, the pharmacy is restricted to taking a 3-day emergency supply verbal order from the physician

### Optum CarePlus / Complex Population Management

[www.optum.com/careplusstory](http://www.optum.com/careplusstory)



For more information, please contact:

Thomas W. Moore  
Florida Market Director  
813-494-6514

[thomas.w.moore@optum.com](mailto:thomas.w.moore@optum.com)

for which a hard copy must be received within seven (7) days, and after that 3-day emergency supply is used, the pharmacy must have a hard copy prescription to dispense any additional hydrocodone. Reclassifying hydrocodone products to C-II will certainly create many issues for LTC residents, physicians and nursing home administrators.

FMDA urges its members to reach out to the consultant pharmacists they work with to identify patients with chronic pain being treated with hydrocodone combination products in anticipation of meeting new CSA compliance requirements. Let FMDA's business office know if your patients start to experience any delays in receiving the pain medications that have been prescribed for them.

### Sailing Away with FMDA

In celebration of FMDA's 25<sup>th</sup> anniversary, FMDA is considering hosting a 4-day, 3-night Royal Caribbean cruise leaving from Port Canaveral in late January 2016. The berths would start at \$179 (\$375 with taxes and gratuities) and the two ports would be Nassau and CocoCay. Let us know if you would attend this cruise if we offered four to eight hours of approved CMEs/CMDs/CEs credits for your profession. For information, contact Matt Reese at the office.

### 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 **Matt Reese** at [mattr@fmda.org](mailto:mattr@fmda.org). Watch for our post-convention issue!

### Annual Conference Programming Update

We wanted to share the following program updates with you.

The Saturday morning session "Conversation With Our National Leaders" has added a new speaker to complement AMDA's Dr. Leonard Gelman and ASCP's Dr. Sharon Clackum — it's Rachel Pryor, Senior Policy Advisor for the U.S. Senate Special Committee on Aging.

Please note that the original session on infectious disease and infection control on Saturday, Oct. 18, was replaced with a movement disorders update with Dr. H. Murray Todd.

There is a last-minute speaker change on Sunday with Dr. Simone Minto-Pennant putting her own twist on "Preventing Prescribing Cascades."

Also, if you have questions for any of our conference speakers, please forward them to the office by email or via our mobile app.

### Optional Pre-conference Day: Thursday, Oct. 16

It's not too late to sign up for these sessions, including:

#### **Hospice Section: Complex Illness Management = Advanced Care**

8:30-9:30 a.m. *Hospice Essentials: History, Regulations & Compliance*

9:40-10:40 a.m. *Hospice Non-Cancer Diagnosis: Eligibility, Adult Failure to Thrive*

10:50-11:50 a.m. *Withdrawal of Life Support: PEG Tubes, Dialysis, Ventilators, Auto-Internal Cardiac Defib., etc.* (103)

#### **11:50 a.m.-12:50 p.m. Product Theater Lunch** (Non-CME/CE)

*Lung Function, COPD Exacerbations, and Spiriva® HandiHaler®*  
Hosted by Boehringer Ingelheim

1:30-4:45 p.m. *Caring for Younger Adults in the Long-Term Care Setting – Utilizing AMDA's Toolkit* (104)

# Thank You Conference Supporters!

We wish to thank the following organizations for their non-educational support for our annual conference:

## Gold-Level Support

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*Sunovion Pharmaceuticals*

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*TrustBridge Health*

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*Alpha Bridge Connections* — Name Badge Holders  
*Greystone Healthcare Management* — Continental Breakfast in the Exhibit Hall on Saturday  
*TrustBridge Health* — Tote Bags

FMDA wishes to thank the following companies for their support throughout the past year:

Town Meeting on March 21, 2014, in Daytona Beach  
 Reception & Dinner Program Sponsor  
 — *Avanir Pharmaceuticals*

Town Meeting on August 22, 2014, in Boca Raton  
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<u>TIMES</u>	<u>EVENT</u>	<u>LOCATION</u>
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## Thursday, Oct. 16 — Pre-Conference Session

7:30 a.m.-5 p.m. Registration & Information . . . . . Convention Center Registration Counter

### PRE-CONFERENCE SESSIONS: Hospice Section: Complex Illness Management = Advanced Care

8:30-9:30 a.m.	101 – <b>Hospice Essentials: History, Regulations, and Compliance</b> . . . . .	St. Augustine AB
9:40-10:40 a.m.	102 – <b>Hospice Non-Cancer Diagnosis: Eligibility, Adult Failure to Thrive.</b> . . . . .	St. Augustine AB
10:50-11:50 a.m.	103 – <b>Withdrawal of Life Support: PEG Tubes, Dialysis, Ventilators, Auto-Internal Cardiac Defib., etc.</b> . . . . .	St. Augustine AB
11:50 a.m.-12:50 p.m.	Product Theater Lunch Program (non-CME/CPE/CE). . . . .	Salons 1&2
	<b>Lung Function, COPD Exacerbations, and Spiriva® HandiHaler® Hosted by Boehringer Ingelheim</b>	
12:50-1:15 p.m.	<b>Hospice Section Meeting</b> . . . . .	Salon 3

### OPTIONAL PRE-CONFERENCE WORKSHOP

1:30-4:45 p.m.	104 – <b>Caring for Younger Adults in the Long-Term Care Setting – Utilizing AMDA's Toolkit</b> . . . . .	St. Augustine C
6:30-7:30 p.m.	Product Theater Dinner Program (non-CME/CPE/CE). . . . .	Salons 7&8
	<b>Exploring Maintenance Nebulization as a Component of COPD Care Hosted by Sunovion Pharmaceuticals</b>	

## Friday, October 17

7:30 a.m.-6 p.m.	Registration & Information . . . . .	Convention Center Registration Counter
8-8:30 a.m.	Light Continental Breakfast . . . . .	Salons 4&5
7:45-8:30 a.m.	FMDA Annual Membership Meeting . . . . .	Salon 2
8:30-9:30 a.m.	105 – <b>Future Directions: Transforming Long-Term Care</b> . . . . .	Salons 4&5
9:45-10:45 a.m.	106 – <b>Keynote: The Future of Geriatrics and Long-Term Care.</b> . . . . .	Salons 4&5
10:55-11:55 a.m.	107 – <b>Weight Management in the Elderly: Nuances of Aging and Cardiovascular Disease</b> . . . . .	Salons 4&5
12-1 p.m.	Product Theater Lunch Program (non-CME/CPE/CE) . . . . .	Salons 6-9
	<b>Closing the Hepatitis C Virus Diagnosis Gap Hosted by AbbVie</b>	
1-2:30 p.m.	Trade Show, Poster Presentations, and Silent Auction Open . . . . .	St. Augustine Hall
2:35-3:35 p.m.	108 – <b>Regulatory &amp; Survey Update for Clinicians and Providers in LTC</b> . . . . .	Salons 4&5
3:45-5:15 p.m.	109 – <b>Managing Depression &amp; Mood Disorders – A Panel Discussion</b> . . . . .	Salons 4&5
5:15-7 p.m.	Welcome Reception for Trade Show, Poster Presentations, and Silent Auction . . . . .	St. Augustine Hall
7:15-8:45 p.m.	Product Theater Dinner Program (non-CME/CPE/CE). . . . .	Salons 7&8
	<b>Welcome to Aptiom® (eslicarbazepine acetate) Hosted by Sunovion Pharmaceuticals</b>	

## Saturday, October 18

7:30 a.m.-6 p.m.	Registration & Information . . . . .	Convention Center Registration Counter
8-8:30 a.m.	Continental Breakfast in Exhibit Hall with Trade Show, Poster Presentations, and Silent Auction . . . . .	St. Augustine Hall
9-10:30 a.m.	110 – <b>A Conversation with Our National Leaders</b> . . . . .	Salons 4&5
10:30-11:30 a.m.	111 – <b>Public Policy Update</b> . . . . .	Salons 4&5
11:30 a.m.-12:30 p.m.	Break in Exhibit Hall with Trade Show, Poster Presentations, and Silent Auction. . . . .	St. Augustine Hall
12:30-2:15 p.m.	Annual Luncheon and Awards . . . . .	Salons 6-9
	<b>112 – Rethinking Dementia Care: A Person-Centered Approach to Behavioral Expressions</b>	
2:15-3:15 p.m.	113 – <u>Concurrent Session:</u> <b>Core Aspects of Medicare Billing &amp; Coding</b> . . . . .	Salons 1-3
2:15-3:15 p.m.	114 – <u>Concurrent Session:</u> <b>An Update on the Future of POLST</b> . . . . .	Salons 4&5
3:30-4:30 p.m.	115 – <b>Dysphagia Treatment Options with Roundtable Case Studies</b> . . . . .	Salons 4&5
4:40-5:40 p.m.	116 – <b>Update on Movement Disorders</b> . . . . .	Salons 4&5
5:45-6:30 p.m.	Florida Chapters of GAPNA Membership Meeting . . . . .	Salons 4&5
6:30-7:30 p.m.	Presidents' Wine & Cheese and FMDA's Industry Advisory Board Reception . . . . .	Whitehall

## Sunday, October 19

7:30 a.m.-12:30 p.m.	Registration & Information . . . . .	Convention Center Registration Counter
7:30-8 a.m.	Light Continental Breakfast . . . . .	Salons 4&5
7:45-8:45 a.m.	117 – <b>Diabetes Mellitus – An Evidence-Based Update</b> . . . . .	Salons 4&5
8:50-9:50 a.m.	118 – <b>How(L) About Vitamin D</b> . . . . .	Salons 4&5
9:55-10:55 a.m.	119 – <b>Preventing Prescribing Cascades</b> . . . . .	Salons 4&5
11 a.m.-12 p.m.	120 – <b>Advanced Illness: What is it? How Do You Know Who has it? and, What Can You Do About it?</b> . . . . .	Salons 4&5
12:10 p.m.	END OF CONFERENCE: Announcements, Door Prizes, etc. . . . .	Salons 4&5

*– Please note that the speakers and topics for this meeting are subject to change without notice.*



# The Younger Adult in the Long-Term Care Setting — Utilizing AMDA's Toolkit

1:30-4:45 p.m., Thursday, October 16 • Disney's Grand Floridian Resort

**OVERVIEW:** For this workshop, we define younger as those aged 18 to 64 years. The last national nursing home survey sponsored by the CDC in 2008 estimated that nearly 12% of nursing home residents are younger than 65 years. Younger adults are differentiated from their older counterparts in more ways than merely age. Compared with older residents, younger adults in LTC have: 1. More diagnoses related to mental retardation and developmental disabilities, 2. A higher prevalence of hemiplegia and quadriplegia, especially related to trauma, 3. An increased prevalence of chronic and neurological disorders, such as Huntington's disease (HD), muscular dystrophy (MS), Amyotrophic lateral sclerosis (ALS), cerebrovascular accident, Alzheimer's disease, Parkinson's disease, peripheral vascular disease, and cardiac diseases, 4. Psychiatric diagnoses at significantly higher levels, and 5. More likely to have residential histories of prior stays in psychiatric facilities

In general, the younger residents of LTC fall into three groups on the basis of the etiology of their illnesses and disabilities, which require different approaches by LTC staff. The main categories of younger adults are those with 1. Illnesses from capricious fate, including chronic, progressive, psychiatric, or neurologic illnesses such as MS, HD, ALS, or schizophrenia that they have been coping with for years; 2. Illness and possibly institutionalization from birth or childhood; or 3. A sudden onset of physical problems related to injury (such as a traumatic brain injury), misfortune, or lifestyle choices.

AMDA's *The Younger Adult in the Long-Term Care Setting Information Toolkit* addresses questions that must be considered by LTC organizations in the care of younger adults, including the following: 1. What are the care needs and goals of care for these patients? 2. How will these residents' psychological, social, psychiatric, sexual, and other basic human needs be met? 3. How do facilities assist younger residents in coping with the possibility of spending 30, 40, or even 50 years or more of their life in a nursing home? and 4. What activities does the facility offer specifically for younger adults?

**SPEAKERS:** We are very fortunate to feature our wonderful experts, including Rebecca Ferrini, MD, MPH, CMD, Medical Director, Edgemoor DP SNF, San Diego, CA, and chair of the AMDA workgroup that developed this toolkit; Polly Weaver, BS, Chief of Field Operations, Division of Health Quality Assurance, Florida's Agency for Health Care Administration, Tallahassee, FL; and Diane Sanders-Cepeda, DO, Associate Medical Director, Optum Florida.

**TARGET AUDIENCE:** Physicians • PAs • Pharmacists • Advance Practice Nurses • Nurses • QIO Managers • Directors of Nursing • Long-Term Care Administrators

The toolkit is designed for use by all professionals of the interdisciplinary team, including practitioners and medical directors, social workers, nurse clinicians and administrators, psychologists, and recreational and rehabilitation professionals, and aims to be practical rather than theoretical. The toolkit also addresses problem-solving methodology that can be applied to other populations and concerns within the LTC field.

**SPACE IS LIMITED:** This workshop is optional and not included in your full registration fee. The purchase of the AMDA toolkit is optional as well.

**COURSE OBJECTIVES:** To provide members of the health care interprofessional team with valuable tools to utilize in their treatment of the patient and caregiver of the ADRD patient.

After this session participants will be able to:

1. Describe common medical conditions affecting younger residents and psychosocial correlation of these conditions
2. Identify risks that may be associated with younger residents
3. Develop a care plan to address psychosocial issues of younger residents, including activity and risk-management components
4. Understand the impact and obligation of a directed plan of care
5. Evaluate case studies specific to the younger adult population in LTC
6. Implement strategies used in AMDA's Toolkit in daily practice

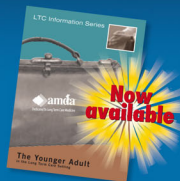
**Are you prepared to provide quality care to  
*The Younger Adult* in LTC?**

▶ AMDA has developed a new product to assist your entire team in providing care to this challenging population.

LTC is no longer synonymous with "geriatric care." In the past 10 years, adults aged 31 to 64 have been the **fastest growing population** in nursing homes.

Younger adults create different medical challenges for LTC practitioners; in addition to trying to meet their unique physical, social and psychological needs while being integrated with a geriatric population.

AMDA's new *The Younger Adult in the Long Term Care Setting Information Series* tool kit is designed for use by all professionals of the interdisciplinary team, addressing problem solving methodology that aims to be practical rather than theoretical. The tool kit addresses questions that must be considered by LTC organizations in the care of younger adults.





# 2014 REGISTRATION FORM

Yes, I would like to register now!

Registration — Choose one only!

- Paid-up FMDA, NADONA, FL-GAPNA, and/or FGS members (Full registration\*) ..... \$345
- Pharmacists: Special rate for pharmacists who have attended BCP in the last 5 years (Full registration\*) ..... \$345
- New/renewing FMDA members (Full registration\*)..... \$420  
(includes \$75 for annual dues for Regular and Professional Affiliate members)
- Non-member Physicians, Nurse Practitioners, Physician Assistants, and RNs (Full registration\*) ..... \$475
- Non-member Nursing Home and ALF Administrators (Full registration\*) ..... \$475
- Non-member Nurse Practitioners, Physician Assistants, and RNs (Full registration\*)..... \$475
- Unlicensed registrants (Full registration\* includes Organizational Affiliate Membership) ..... \$549
- Nurse Practitioners, Physician Assistants, and RNs, members of FMDA (Full registration\*)..... \$345
- Nurse Practitioners, Physician Assistants, and RNs (Full registration\* for new/renewing FMDA members)..... \$420
- Physician Fellows, Interns, and Residents in geriatrics, family practice, or internal medicine (Full registration\*)... \$75
- Students: Medical, PAs, NPs, nurses, pharmacists, and NHA/ALF administrators (Full registration\*)..... \$75
- "Friday-only Registration" (includes all sessions and Trade Show) ..... \$195
- "Saturday-only Registration" (includes all sessions and Trade Show)..... \$195
- "Sunday-only Registration" (includes breakfast, educational sessions, and contact hours)..... \$125

Options

- ★ Pre-conference (10/16): **Hospice Section: Complex Illness Management = Advanced Care (\$35 each) ... \$90 (all 3)**
  - Hospice Essentials (#101)  Hospice Non-cancer Diagnosis (#102)  Withdrawal of Life Support (#103)
- ★ Pre-conference Workshop (10/16): **Caring for Younger Adults in the LTC Setting: Utilizing AMDA's Toolkit (#104)**
  - Registration Only = \$50  AMDA Toolkit only = \$85 (plus shipping and handling)  Workshop with AMDA Toolkit = \$120
- 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 ..... \$55

\*FULL REGISTRATION: Fees include attendance at all educational sessions starting with #105, receptions, planned meals, and trade show admission, from Friday, Oct. 17, through Sunday, Oct. 19, 2014, except for the pre-conference courses (#101-104) on Thursday, Oct. 16, which are extra.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Facility Name/Affiliation: \_\_\_\_\_

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

1. MEMBERS: I am a member of \_\_\_ FMDA, \_\_\_ FL-GAPNA, \_\_\_ NADONA, or \_\_\_ FGS. 2. \_\_\_ Yes, I would like to make a special meal request, so please contact me. 3. **New FMDA members:** What is the name of the FMDA member who referred you? \_\_\_\_\_
4. \_\_\_ Yes, I am a 1<sup>st</sup>-time attendee. 5. 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! 6. **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 Oct. 3, 2014. There will be no refunds after Oct. 3, 2014. There is a \$35 charge for all returned checks.  
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# FMDA Issues Position Statement on Medical Director Education and Quality of Care

By Robert G. Kaplan, MD, FACP, CMD, President; and Ian L. Cordes, Executive Director, FMDA

**I**n the interest of the highest quality of care for residents in the post acute/long-term care (PA/LTC) continuum, the FMDA board of directors recently approved a position statement regarding the need for minimum training standards for medical directors of skilled nursing facilities in Florida.

FMDA President Dr. Robert Kaplan presented this new position statement to the 50-plus members of the board of directors of the Florida Health Care Association. He was received positively with some questions and concerns. FHCA is the largest trade association representing the owners and operators of nursing homes in Florida.

Physicians and others providing medical care to residents of PA/LTC facilities must possess a unique set of knowledge and skills. This includes understanding the principles and practice of geriatric medicine, drug prescribing for older, vulnerable patients, familiarity with pertinent regulations governing PA/LTC facilities, understanding systems of care delivery, and the ability to work effectively as part of an interdisciplinary team. Likewise, in PA/LTC facilities providing care to non-elderly residents (children, young and middle-aged adults with lifelong disabilities), an intimate understanding of the special needs of this population, and the skill set to meet those needs, is vital.

## BACKGROUND

- **1991** – American Medical Directors Association’s medical director certification credential was formalized, attesting to the completion of specific educational requirements, both clinical and management, in conjunction with qualifying experience.

- **2003** – An article published in *JAMDA* (*Journal of the American Medical Directors Association*) demonstrated, via survey of medical directors and administrators, that requiring medical director training makes a positive difference in the quality of medical direction provided — specifically, improved relationship between medical director and administrator, including increased time spent by the medical director reviewing care provided.

- **2009** – Another *JAMDA* article demonstrated that the presence of a certified medical director (CMD) improves care quality (multiple F Tags reviewed) by approximately 15% compared with facilities without a certified medical director.

- The increased complexity of care in PA/LTC today requires an enhanced skill set and a higher level of commitment.

- As a result of the Affordable Care Act, the transformation of quality assurance (QA) programs in facilities will incorporate QAPI (Quality Assurance Performance Improvement), with soon-to-come

formal implementation. Medical directors need to be appropriately educated and actively engaged in their facility’s QA program.

- Medical directors must play an integral role in care transitions, enabling the facility to achieve performance targets while developing enduring successful relationships with the local acute care arena.

- In the past several years, there has been an influx/migration of hospitalists into the PA/LTC arena both as attending physicians and medical directors. Historically, and by virtue of their specialty training, this discipline has not accumulated the knowledge and/or acquired the skill set necessary to provide optimum care in this very unique care setting, i.e., the PA-LTC continuum.

## FMDA POSITION STATEMENT

- Today, with an ever-increasing complexity of care offered to residents in the PA/LTC setting, the medical director must acquire an adequate fund of knowledge and possess the unique skill set to optimally perform the functions and tasks mandated by this position.

- Current evidence-based literature demonstrates that the presence of a medical director with additional training is an independent predictor of improved quality in the PA/LTC setting.

- FMDA encourages PA/LTC facilities, administrators, owners, and operators to support the medical director in carrying out his or her various professional roles and responsibilities, including providing support, encouragement, and opportunities for medical directors to seek and obtain continuing professional education in medical direction and PA/LTC medicine.

- Therefore, to fulfill any potential knowledge gap, the Florida Medical Directors Association (FMDA) proposes that medical directors in Florida PA/LTC facilities be required, within one (1) year of assuming the medical director position, to initiate formal training and activity on an educational track with content comparable to that of the AMDA Core Curriculum, with completion within three (3) years.

*Thank You!*

We wish to thank the following organizations for hosting non-CME/CPE/CE/CEU sessions during our annual program:

**PRODUCT THEATER LUNCHEON — Thursday, Oct. 16**  
*Lung Function, COPD Exacerbations, and Spiriva® HandiHaler®*  
— Hosted by **Boehringer Ingelheim**

**PRODUCT THEATER DINNER — Thursday, Oct. 16**  
*Exploring Maintenance Nebulization as a Component of COPD Care*  
— Hosted by **Sunovion Pharmaceuticals**

**PRODUCT THEATER LUNCHEON — Friday, Oct. 17**  
*Closing the Hepatitis C Virus Diagnosis Gap*  
— Hosted by **AbbVie**

**PRODUCT THEATER DINNER — Friday, Oct. 17**  
*Welcome To Aptiom® (eslicarbazepine acetate)*  
— Hosted by **Sunovion Pharmaceuticals**

### FMDA’s Annual Membership Meeting

Please join us 7:45-8:30 a.m., **Friday, Oct. 17, 2014**, in **Salon 2** at **Disney’s Grand Floridian** Resort in Lake Buena Vista. We have very important business to discuss, including the makeup of our membership, perhaps an organizational name change, and also an FMDA effort to establish minimum training standards for medical directors in Florida’s SNFs. Your input is vital to our success. See you there!

# STAND UP AND BE COUNTED



We invite each member to become more involved in the Florida Medical Directors Association (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. Robert Kaplan**, president ([rgk.md@aol.com](mailto:rgk.md@aol.com)); or **Ian Cordes**, executive director, at **(561) 689-6321** or [ian.cordes@fmda.org](mailto:ian.cordes@fmda.org).

## FMDA MEMBERSHIP APPLICATION

There are three classes of dues-paying FMDA members. **A. Regular membership:** Every medical director or attending physician of a long-term care medical facility or organization in the state of Florida and neighboring states shall be eligible for regular membership in FMDA. Members in this classification shall be entitled to a vote, shall be eligible to be a member of the Board of Directors and to hold office. **B. Affiliate members:** Composed of two categories, Affiliates may be any individual or organization in the medical, regulatory, or political fields of long-term care and wishing to promote the affairs of FMDA. **There are two subcategories, which include:** **B1. Professional Affiliate members:** This category is composed of physician assistants and nurse practitioners. Professional Affiliate members have all FMDA privileges and are eligible to hold office and vote for candidates within this membership category; and **B2. Organizational Affiliate members** includes vendors, other professionals, and organizations. Members shall have all FMDA privileges except shall not be eligible to vote nor hold elected office and may be appointed by the Board of Directors to serve on FMDA committees. **C. Allied Health Professional Relations Committee:** Health care practitioners who provide essential services to patients in the postacute setting are eligible to join, including dental professionals, podiatrists, opticians, psychiatrists, senior care pharmacists, psychologists, etc. Committee members are non-voting and may be appointed by the Board of Directors to serve on other FMDA committees.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Facility Name/Affiliation: \_\_\_\_\_

Organization's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

- A. Regular Membership for Physicians**     **B1. Professional Affiliate members** for physician assistants and nurse practitioners  
 **C. Allied Health Professional Relations Committee.** Dues:  1-year (\$75); or  2-year (\$125); or  3-year (\$190); or  Lifetime (\$750)

**B2. Organizational Affiliate members** are \$325 per year.

Voluntary \$50 contribution to support FMDA's Careers in LTC program, student scholarships, and AMDA's Futures Program    \$ 50  
Total Amount Enclosed    \$ \_\_\_\_\_

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*Please share this information with a colleague who would benefit from membership in FMDA! FMDA is a not-for-profit corporation. Its federal tax identification number is 59-3079300.*

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- Autonomy, with support teams;
- Exposure to a broad range of medical specialists and progressive philosophy.



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– Faustino Gonzalez, MD, FACP, FAAHPM  
Chief Medical Officer

**To be qualified, candidates must have the knowledge of the principles and practice of primary medical care and the ability to:**

- control symptoms associated with terminal illness;
- work collaboratively with other physicians to implement the hospice program;
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