



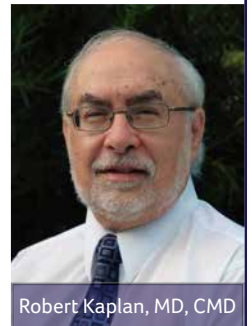
# Progress Report



Serving Physicians, Nurse Practitioners, and Physician Assistants  
Practicing in Florida's Post-Acute Care Continuum

## Letter from the President

Once again, our Best Care Practices in the Geriatrics Continuum 2014 (BCP) conference in October was extremely successful with greater than 240 attendees and participation by several prominent AMDA leaders, including President Dr. Len Gelman, and Executive Director Chris Laxton. As in the past, reviews were strongly positive. I'd like to personally extend congratulations and huge thanks to our CME Committee, headed by Dr. Leonard Hock, VP, for their tireless efforts, and a special acknowledgment to our administrative staff, headed by Executive Director Ian Cordes, for its exemplary service with BCP. FMDA also remains very appreciative of the ongoing support from our collaborative organizations and industry. Simply put, BCP continues to rank as one of the premier annual educational offerings by any AMDA state chapter. We look forward to BCP 2015 at Disney's *Yacht Club*, and I am excited to announce new leadership with Dr. Angel Tafur assuming the CME/Education Committee Chair position and Dr. Claudia Marcelo as Vice Chair of the CME/Education Committee and Program Director. I look forward to their guidance and innovative ideas for 2015.



Robert Kaplan, MD, CMD

For FMDA, 2015 promises to be equally exciting and busy. We have crafted two resolutions for presentation at the annual AMDA House of Delegates session in March, in Louisville, Kentucky. One involves a requirement for additional training for medical directors in the post-acute/long-term care (PA/LTC) arena, and the other a mandate for basic formal credentialing for all providers (physicians and non-physician practitioners practicing in PA/LTC and assisted living facilities [ALFs]). See page 12 for details.

In addition, amendments to our current bylaws regarding a formal name change, membership, and governance has been put up for membership approval. As discussed at our annual membership meeting last October, one amendment proposes a formal organizational name change, following in AMDA's footsteps, from FMDA to FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine. Another amendment consists of granting full membership privileges to advance practice nurses (APNs) and physician assistants (PAs), and the other refers to governance (Board composition), allowing a maximum of 2 voting seats to APNs/PAs. I strongly encourage all members to voice your opinion and exercise your vote on these key issues.

And speaking of membership, our Membership Committee, chaired by Dr. Greg James, is always looking for and receptive to input concerning innovative ideas to grow our ranks. Apropos, an ongoing discussion is occurring regarding alteration of our current Town Meeting format, to hopefully consistently increase participation. Stay tuned.

Finally, I offer an ongoing invitation to you, our membership, to become involved with FMDA, if not already doing so. I applaud the energy and enthusiasm of Drs. Tafur and Marcelo for their willingness to assume key positions and invite others to join in as well, via committee appointments, etc. After all, this is your organization, so perhaps consider lending a hand in shaping current policy, while ensuring a strong viable future for FMDA. I value your input and suggestions and we look forward to hearing from you.

Robert Kaplan, MD, FACP, CMD  
President

### YOU'RE INVITED TO ATTEND!

#### Mark Your Calendar!

On March 20, 2015, FMDA will be hosting the Florida Chapter Reception at AMDA from 6:30 to 7:30 p.m. in Salon 7 (second level) of the Marriott Louisville Downtown. This reception is generously sponsored this year by Sanofi. Please drop by.

FMDA's next Town Meeting Reception & Dinner Program is being held on Friday, April 24, 2015, at the DoubleTree Orlando Downtown, 60 South Ivanhoe Boulevard, Orlando, FL 32804. The Welcome Reception starts at 5:30 followed by the Town Meeting & Dinner Program from 7 to 9 p.m. The special guest speaker is Gregory Chaires, Esq.; Chaires, Brooderson & Guerrero. Please RSVP by Friday, April 10, 2015, to Cindi Taylor at (561) 689-6321, or [cindicorecare@bellsouth.net](mailto:cindicorecare@bellsouth.net).

We look forward to seeing you at both FMDA events.



Dedicated To Florida Long Term Care Medicine

**Florida Medical Directors Association**

Serving Physicians, Nurse Practitioners, and Physician Assistants Practicing in Florida's Post-Acute Care Continuum

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

**PRESIDENT**

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

**VICE PRESIDENT**

Leonard Hock Jr., DO, MACOI, CMD  
Boca Raton  
(561) 714-1531  
lhock@trustbridge.com

**IMMEDIATE PAST PRESIDENT**

John Symeonides, MD, FAAFP, CMD  
Palm Coast  
(386) 283-5654 • Fax: (386) 246-7597  
symeonides@yahoo.com

**SECRETARY/ TREASURER**

Rhonda L. Randall, DO  
Orlando  
(407) 758-4573 • Fax: (407) 823-8989  
rhondado@raegan.com

**Chairman of the Board**

Hugh W. Thomas, DO, FAAFP, CMD  
Casselberry  
(407) 831-5252 • Fax: (407) 831-3765  
hwthomas2000@gmail.com

**DIRECTORS**

Karl Dhana, MD, CMD  
West Palm Beach

Michael G. Foley, MD, CMD  
Crestview

Daniel Fortier, MD, FACP, CMD  
West Palm Beach

Claudia Marcelo, DO  
Fort Lauderdale

Naushira Pandya, MD, CMD  
Fort Lauderdale

John Potomski Jr., DO, CMD  
Melbourne

Carl Suchar, DO, CMD  
Clearwater

**DIRECTOR REPRESENTING NPs/PAs**

Michelle Lewis, ARNP  
Cocoa

**CHAIRMAN, FMDA INDUSTRY ADVISORY BOARD**

Steven Selznick, DO, CMD  
Casselberry  
(407) 831-5252 • (407) 831-3765

**EXECUTIVE DIRECTOR**

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

**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

**Increasing Efforts to Promote Choosing Wisely**

Recently, the American Board of Internal Medicine (ABIM) Foundation received a \$4.2 million grant from the Robert Wood Johnson Foundation (RWJF) to expand the scope of its Choosing Wisely® campaign. The increased funding will be channeled toward creating partnerships between physician organizations, multi-stakeholder groups, and health care delivery systems. Health systems, hospitals, and medical groups will be encouraged to engage with regional health organizations and physician-led groups.



Elizabeth Hames, DO

Health care providers in the post-acute and long-term care arena treat a heterogeneous population of complex patients. As we all know, tailoring care that meets these individuals' specific medical needs and personal preferences, while remaining cost effective, can be a daunting prospect. In many situations, less can be more. In 2012, the ABIM Foundation began the Choosing Wisely® campaign as an initiative to educate providers and patients about potentially unnecessary (and sometimes harmful) medical testing and interventions. Its aim is to engage health care providers, patients, and their caregivers in a conversation about what is truly needed. An early and open dialogue can help to ensure provision of the right care at the right time.

Since 2012, more than 60 medical specialty societies have constructed lists of specific, evidence-based recommendations regarding overused or inappropriate tests or procedures within their specialty. These lists are not meant to dictate management, but rather to stimulate conversations between provider and patient about care appropriate to their individual situation. Drexel University has developed a set of online interactive instructional modules for healthcare providers, which can be accessed at [www.choosingwisely.org](http://www.choosingwisely.org). Additionally, *Consumer Reports* has created a set of patient materials, also available on the main website. Some consensus recommendations from providers involved in the care of older adults in the post-acute and long-term care environment include:

**From AMDA:**

- 1 - Don't insert percutaneous feeding tubes in individuals with advanced dementia. Instead, offer oral assisted feedings.
- 2 - Don't use sliding scale insulin (SSI) for long-term diabetes management for individuals residing in the nursing home.
- 3 - Don't obtain a urine culture unless there are clear signs and symptoms that localize to the urinary tract.
- 4 - Don't prescribe antipsychotic medications for behavioral and psychological symptoms of dementia (BPSD) in individuals with dementia without an assessment for an underlying cause of the behavior.
- 5 - Don't routinely prescribe lipid-lowering medications in individuals with a limited life expectancy.

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 email your material to [icordes@bellsouth.net](mailto:icordes@bellsouth.net).

Any statements of fact or opinion expressed here are the sole responsibility of the authors, copyright © 2000-2015. All rights reserved. No portion of this newsletter may be reproduced without written permission from FMDA.

**Additional recommendations from the AGS, AAHPM, and AAN:**

- 1 - Don't prescribe cholinesterase inhibitors for dementia without periodic assessment for perceived cognitive benefits and adverse gastrointestinal effects.
- 2 - Don't recommend screening for breast or colorectal cancer, nor prostate cancer (with the PSA test), without considering life expectancy and the risks of testing, over-diagnosis, and over-treatment.
- 3 - Avoid using prescription appetite stimulants or high-calorie supplements for treatment of anorexia or cachexia in older adults; instead, optimize social supports, provide feeding assistance, and clarify patient goals and expectations.
- 4 - Don't prescribe a medication without conducting a drug regimen review.
- 5 - Don't let older adults lay in bed or only get up to a chair during their hospital stay.
- 6 - Don't wake the patient for routine care unless the patient's condition or care specifically requires it.
- 7 - Don't place or maintain a urinary catheter in a patient unless there is a specific indication to do so.
- 8 - Don't use physical restraints with an older hospitalized patient.
- 9 - Don't delay palliative care for a patient with serious illness who has physical, psychological, social, or spiritual distress because they are pursuing disease-directed treatment.
- 10 - Don't leave an implantable cardioverter-defibrillator (ICD) activated when it is inconsistent with the patient/family goals of care.
- 11 - Don't recommend more than a single fraction of palliative radiation for an uncomplicated painful bone metastasis.
- 12 - Don't use topical lorazepam (Ativan), diphenhydramine (Benadryl), haloperidol (Haldol), ("ABH") gel for nausea.

With the current expansion of funding, seven grantees will be chosen to work on three or more areas of overuse or waste

previously documented by the specialty societies' Choosing Wisely® lists. Specifically, all grantees will target prevention of inappropriate antibiotic prescribing in the setting of viral infection plus two additional recommendations from the Choosing Wisely® lists. Grant applications are being accepted until March 20, 2015.

According to John Lumpkin, MD, Senior Vice President and Director of the Health Care Group at RWJF, "There is a growing conversation in America about how we can improve health care quality and reduce overuse. Physicians play a leading role in these conversations, and we look forward to seeing how these projects will help advance the Choosing Wisely® campaign."

**Dr. Leonard Hock Elected to National Hospice Leadership Position**

FMDA is pleased to announce that its vice president, Leonard Hock, DO, MACOI, CMD, has been named Chair-Elect of the American Academy of Hospice and Palliative Medicine's Long-Term Care and Geriatrics SIG (special interest group).

The Long-Term Care SIG and its leadership promote educational and research initiatives in hospice and palliative care in long-term care settings, coordinate with other professional and trade associations with shared interests, and provide advocacy to ensure long-term care patients access to quality hospice and palliative care.

The community of hospice and palliative care providers that are also geriatric specialists is an essential resource to the field of palliative medicine. These specialists offer expertise in caring for growing numbers of geriatric patients confronted with complicated interactions of multiple diseases, polypharmacy, and numerous transitions in care sites. The Geriatrics SIG creates opportunities for hospice and palliative providers caring for geriatric patients to network, share expertise, and advocate for a potentially underserved and vulnerable population.

**Table of Contents**

Letter from the President..... 1  
 Editor's Corner..... 2-3  
 FMDA News..... 3-5  
 Call for Poster Submissions..... 6  
 Best Care Practices 2014 Review and Photos..... 7-10  
 Proposed Bylaw Amendments..... 12-13  
 Call for Presentations..... 14  
 Save the Date!..... 15

**Certified Sterile Compounding**

HIGH-QUALITY COMPOUNDS • FREE SHIPPING

- HORMONE REPLACEMENT THERAPY (BHRT)- for men and women
- UROLOGICAL ED TREATMENTS- Bi-Mix, Tri-Mix, Quad-Mix inj
- AUTOLOGOUS EYE DROPS- Plasma eye drops
- PAIN RELIEF GELS- for sport injuries, chronic pain
- WEIGHT LOSS- Methylcobalamin, Lipotropic inj



Gene Windom, Pharm.D., R.Ph.  
Pharmacist/Owner



12302 ROPER BLVD., STE. 106-107  
CLERMONT, FL 34711  
(352) 243-6340

## Dr. Katz Is Coming to FSU

A dozen years after becoming one of only four U.S. medical schools to devote an entire academic department to geriatric medicine, the Florida State University College of Medicine is naming a new chair for that department.

Paul Katz, currently vice president of medical services and chief of staff for Baycrest Geriatric Health Care System in Toronto, Canada, will replace Kenneth Brummel-Smith in May. Brummel-Smith has served as the first and only chair of the department since the school's founding.

Brummel-Smith will continue in his role until Katz's arrival, and then will remain on the faculty, focusing on teaching, research, and advocacy in aging-related issues.

"I am very pleased that Dr. Katz is joining us to help us further our mission of training future physicians who will be responsive to and understand the needs of the aging patient," said J. Fogarty, FSU College of Medicine dean.

"With his clinical and teaching skills, national reputation for excellence, and superb academic credentials, he is the perfect person to lead our geriatrics department into the future."

Brummel-Smith arrived as a past president of the American Geriatrics Society, and Katz brings outstanding qualifications to the position as well.

Among other achievements, he is past president of the American Medical Directors Association, the national association of professionals practicing long-term care medicine committed to the continuous improvement of patient care.

Katz, a widely published author and noted speaker on aging issues, also is a professor in the Department of Medicine at the University of Toronto. He previously served as chief of the Division of Geriatrics/Aging at the University of Rochester School of Medicine, and for 16 years was medical director at Monroe Community Hospital, a highly regarded academic nursing home in Rochester, NY.

"I feel incredibly fortunate to have the opportunity to work with the stellar faculty that comprise the Department of Geriatrics and help build upon their many great accomplishments," Katz said. "FSU is truly unique in recognizing the importance of geriatrics to the well-being of society as a whole. The university not only demonstrates how young physicians can successfully be taught the core principles of geriatrics, but, importantly, how such knowledge is translated into high-quality care at the bedside.

"I am looking forward to being part of this process as well as further integrating the Department of Geriatrics into the community."

Katz also spent five years as chief of staff for research at the Canandaigua Veterans Administration Medical Center and Rochester VA Clinic.

He graduated with an MD from the University of Michigan, where he was a member of Alpha Omega Alpha Medical Honor Society, and completed a geriatric medicine fellowship from SUNY Buffalo at the VA Medical Center in Buffalo, NY.

Katz is coeditor of the textbook *Practice of Geriatrics and Psychiatry in Long-Term Care* and is a senior editor for the

Springer Series *Advances in Long-Term Care*. One of his coeditors is Marshall Kapp, director of Florida State's Center for Innovative Collaboration in Medicine and Law.

"I've known Paul for 30 years," Kapp said. "Through his scholarship, organizational leadership, and example he has been and continues to be a key figure in the national education of medical students and physicians to care competently and compassionately for older people, especially in the long-term care context."

Katz is co-lead investigator on a \$3 million grant from the Ontario Ministry of Health and Long-Term Care to create a new nursing home-focused Centre for Learning, Research and Innovation. He also previously held grants totaling more than \$6 million from the National Institutes of Health, the U.S. Veterans Administration, and the Health Resource Service Administration.



Dr. Paul Katz

## CMS News: Update on Surveyor Guidance for Advance Directives, Dementia Care, and Other Topics

By Matthew B. Reese, Senior Manager of Association Services

The Centers for Medicare & Medicaid Services (CMS) has recently updated surveyor guidance for dementia care, advance directives, and other topics. These changes reflect efforts to increase communication between surveyors and staff members to ensure proper protocol is followed.

Provided in the new update, CMS advocates that nursing home surveyors question staff members to ensure that residents' care is aligned with their advance directives, according to a manual update recently released by the Centers for Medicare & Medicaid Services. The document includes revised guidance for more than 20 F-Tags, including those related to dementia care, restraints, and nasogastric tubes.

The section on F-155, related to advance directives and experimental research, is one of the most heavily revised. It includes updated investigative protocols, which advise surveyors to question how a facility determines whether a resident has an advance directive, how it follows these directives, and whether it periodically reassesses them.

All the changes are to Appendix PP of the State Operations Manual, and reflect guidance that has been issued via Survey & Certification memoranda between fiscal year 2003 and May 2014, according to the document summary. The new and revised material was effective as of November 26, 2014.

Please visit <http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html> to access the complete 226-page document.

# FMDA Submits Two Resolutions to AMDA's HoD

*FMDA submitted these two resolutions to AMDA's House of Delegates and both were accepted. FMDA President Dr. Robert Kaplan will introduce them during the House of Delegates meeting on Saturday, March 21, in Louisville, KY.*

## Resolution E15: Minimum Credentials for the Practice of Post-Acute and Long-Term Care Medicine

**Introduced by: Florida Medical Directors Association**

**Introduced on: March 21, 2015**

WHEREAS, the Long-Term Care (LTC) continuum is and has been the center of care for the frail and the elderly;

AND WHEREAS, the importance of quality and cost (Value-based Care) in the Long-Term Care continuum is increasingly being recognized by the Centers for Medicare & Medicaid Services (CMS) and medical providers;

AND WHEREAS, at many LTC facilities (e.g., Nursing Homes and/or Assisted Living), no credentials are necessary for a physician and/or non-physician practitioner to enter and provide potentially billable medical services and devices without regard to medical necessity;

AND WHEREAS, patients should be protected from services that may not be medically necessary, but have the potential to significantly compromise their quality of care;

AND WHEREAS, it is AMDA – The Society for Post-Acute and Long-Term Care Medicine (AMDA)'s goal to promote integrity and the highest quality of care to residents in the LTC continuum.

THEREFORE BE IT RESOLVED that a standard of minimum credentials shall be required to provide primary care and consultative services in a long-term care facility, i.e., e.g., driver's license, proof of medical licensure, malpractice insurance, and DEA certificate.

FISCAL NOTE: Low impact. If passed, and subject to Board review, AMDA will include this among its other national advocacy priorities and promote it to its State Chapters for state-level advocacy.

## Resolution D15: Requirement for Supplemental Medical Director Training for Minimum Educational Standards for Medical Directors

**Introduced by: Florida Medical Directors Association**

**Introduced on: March 21, 2015**

WHEREAS, it is well established that physician Medical Directors in Post-Acute and Long-Term Care (PA/LTC) must possess an adequate fund of knowledge and unique skill set to optimally perform the functions and tasks mandated by this position;

AND WHEREAS, there exists evidence-based literature (JAMDA, 2009) demonstrating that the presence of a Medical Director with additional training (certified) improves care quality by approximately 15 percent;

AND WHEREAS, in the past several years there has been an influx/migration of other specialties (e.g., Hospitalists) into the PA/LTC arena serving in the role of Medical Director, often without any formal supplemental training;

AND WHEREAS, it is AMDA's fundamental goal to promote the highest quality of care to residents in the PA/LTC setting.

THEREFORE BE IT RESOLVED that AMDA – The Society for Post-Acute and Long-Term Care Medicine supports potential individual State initiatives to mandate additional training for physicians minimum educational standards for physicians to serve in the role of Medical Director.

FISCAL NOTE: Low impact. AMDA and ABPLM (formerly AMDCP) have articulated in their respective strategic plans (and thus annual budgets) objectives to strengthen the role of the trained and certified Medical Director. AMDA will continue to work with its State Chapters and nationally to advance these objectives.

Please 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."

## FMDA Call for Poster Submissions

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

FMDA is hosting its 12<sup>th</sup> Annual Poster Session during the Best Care Practices Conference, Oct. 22-25, 2015. The first 10 applicants who are accepted by the review committee will receive complimentary registration to the 2015 conference (only one applicant per poster presentation will be considered).

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

**The first  
10 applicants  
who are accepted  
by the review committee  
will receive  
complimentary registration  
to FMDA's  
24<sup>th</sup> Anniversary Program.**

All poster abstract proposals must be submitted online at [www.fmda.org](http://www.fmda.org). All submissions that are complete and follow the Criteria for Acceptance of Posters will be considered and reviewed based on the content contained within the proposal.

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

there is no overlap between educational sessions and poster exhibit times. The primary presenter listed on the proposal will be informed of its status no later than Sept. 18, 2015. Guidelines for presentation and preparation of visual material will be sent to the primary presenter upon acceptance.

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

To learn more, or to submit a proposal, go to [www.fmda.org](http://www.fmda.org), or call Matt Reese, education manager, at (561) 689-6321.

### 2015 Poster Sessions Disney's Yacht & Beach Club Resort Lake Buena Vista, Fla.

#### Schedule\*

##### POSTER SET-UP

FRIDAY, Oct. 23, 11 a.m.-1 p.m.

##### POSTER VIEWING

FRIDAY, Oct. 23

1-2:30 p.m.; 5:15-7:15 p.m.

SATURDAY, Oct. 24

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

##### POSTER TEAR-DOWN

SATURDAY, Oct. 24

12:30-4:15 p.m.

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

# FMDA Hosted Successful 2014 Best Care Practices Conference

– 11<sup>th</sup> Annual Poster Award winners announced

Florida Medical Directors Association (FMDA) and President Dr. Robert Kaplan are extremely pleased with the outcome of the recent Best Care Practices in the Geriatrics Continuum conference, held this past October. The renowned geriatrics conference gathered together more than 240 physicians, nurse practitioners, pharmacists, nurses, and administrators at Disney’s *Grand Floridian* Resort. Excellent accommodations, amazing speakers, and a focused clinical theme, “Future Directions: Transforming Long-Term Care,” were highlights of the conference.

The conference featured an outstanding presence from AMDA - The Society for Post-Acute and Long-Term Care Medicine, FMDA’s national affiliate. Best Care Practices was honored to have AMDA President Dr. Leonard Gelman, AMDA President-Elect, and FMDA Director Dr. Naushira Pandya speak on Friday and Saturday of the conference. AMDA Past-President Dr. Charles Crecelius, AMDA Executive Director Christopher Laxton, and AMDA’s Director of Public Policy Alex Bardakh, were also in attendance.

A major focus of the conference each year is the National Leaders Forum which featured Dr. Gelman, Sharon Clackum, PharmD, President Elect of the American Society of Consultant Pharmacists, and Rachel Pryor, Senior Advisor to the U.S. Senate Special Committee on Aging in Washington, DC, who spoke about

their respective organizations and what challenges they faced. This is a very important session every year and brings up great talking points that impact the continuum of long-term care in clinical, administrative, and legislative areas.

FMDA President Dr. Robert Kaplan is delighted with the growing success of Best Care Practices and the level of support received year after year from our collaborating organizations. “As the president of FMDA, we are very grateful for our successful collaboration with numerous long-term care organizations across the state. FMDA will continue to work hard to provide high-quality education for those practicing in long-term care and working for our nation’s elderly population.”

Lastly, during the Annual Awards Luncheon, winners of the 11<sup>th</sup> Annual Posters Session were honored. Katherine Hypes, ARNP, was named the 1<sup>st</sup> place winner for her study on video games as therapy in the skilled nursing facility. Dr. Pandya, who chaired the Poster Review Committee, was impressed with the number of quality submissions.

For more information about Best Care Practices in the Geriatrics Continuum 2015, taking place at Disney’s *Yacht & Beach Club* Resort October 22-25, 2015, please contact FMDA’s Senior Manager of Association Services, Matt Reese, at (561) 689-6321.

## 2014 Conference Photographs



From left: Polly Weaver, Agency for Health Care Administration; Rebecca Ferrini, MD, PhD, CMD; Robert Kaplan, MD, CMD, FMDA President; and Diane Sanders-Cepeda, DO, Associate Medical Director for Optum South Florida

Annual Membership Meeting: Dr. Hugh Thomas, FMDA Chairman of the Board; Dr. Leonard Hock, FMDA Vice President; and Dr. Rhonda Randall, FMDA Secretary/Treasurer, address conference attendees.





Left: Speaker Simone Minto-Pennant, PharmD, addresses attendees during her session on preventing prescribing cascades.



Right: Speaker Dr. Jeanne Wei during her session on weight management and cardiovascular disease in the elderly population



AMDA Executive Director Chris Laxton speaks to AMDA President-Elect Dr. Naushira Pandya.



From left: FMDA Vice President Dr. Leonard Hock, AMDA Past President Dr. Charles Creelius, and AMDA Executive Director Chris Laxton



Our Friends from FADONA from left: Reuben Bowie, RN; Susie Jensvold, RN; and current FADONA President Jean Nelson, RN



Violet Parker from Opis with her donated sculpture to benefit the silent auction, and Dr. George Sabates, who had the winning bid.



From left: Dr. Daniel Fortier, Dr. Renuka Siddharthan, FMDA Past President Dr. Carl Suchar, and FMDA Secretary/Treasurer Dr. Rhonda Randall.





Dr. H. Murray Todd during his presentation on movement disorders



Right: Dr. Kevin O'Neil speaks to attendees during his session on person-centered dementia care.



Above: Dr. David LeVine asks a question during an afternoon session.



Right: National leaders session with, from left: Rachel Pryor, MSW, Senior Policy Advisor, US Senate Special Committee on Aging; Sharon Clackum, PharmD, President-Elect, ASCP; and Dr. Leonard Gelman, AMDA President



Above: Classic sponsor, Optum, with their team of professionals during the trade show.

Below (from left) on pre-conference day: Dr. Brian Kiedrowski, FMDA Progress Report Editor Dr. Elizabeth Hames, FMDA Vice President Dr. Leonard Hock and speaker Dr. Joseph Shega.



# Thank you!

We wish to thank the following organizations for their non-educational support at Best Care Practices in the Geriatrics Continuum 2014:

## Gold-Level Support

AbbVie  
Boehringer Ingelheim  
Sunovion Pharmaceuticals

## Silver Grande Support

TrustBridge Health

## Bronze Grande Support

Forest Pharmaceuticals  
Optum Complex Population Management

***Alpha Bridge Connections*** - Name Badge Holders  
***Greystone Healthcare Management*** - Continental Breakfast in Exhibit Hall  
***TrustBridge Health*** - Tote Bags

### FMDA wishes to thank the following companies for their support throughout 2014:

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

*Town Meeting on August 22, 2014, in Boca Raton*  
*Reception & Dinner Program Sponsor - **The Presser Law Firm***

## 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

practitioners 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 in FMDA. Should you have any questions, please contact Dr. Robert Kaplan, president (rgk.md@aol.com); or Ian Cordes, executive director, at (561) 689-6321 or icordes@bellsouth.net.

**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.



601 South Falkenburg Road Suite 1-4, Tampa, Florida 33619  
tel 800-886-4331 • [www.VascularPRN.com](http://www.VascularPRN.com)



## 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. An Affiliate member has all FMDA privileges and are eligible to hold office and vote for candidates within this membership category. **There are two subcategories, which include: B1. Professional Affiliate members.** This category is composed of physician assistants and advanced registered nurse practitioners. Professional Affiliate members may be appointed by the Board of Directors to serve on FMDA committees; and **B2. Organizational Affiliate members** includes vendors, other professionals, and organizations. **C. Allied Health Professional Relations Committee:** Health care practitioners who provide essential services to patients in the post-acute 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  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 FMDA's Careers in LTC program, student scholarships, and AMDA's Futures Program \$ 50

Please make check payable to FMDA and mail to: Florida Medical Directors Association, 400 Executive Center Dr., Ste. 208 • West Palm, Beach, FL 33401

(561) 689-6321 • fax: (561) 689-6324 • [www.fmda.org](http://www.fmda.org) • E-mail: [ian.cordes@fmda.org](mailto:ian.cordes@fmda.org)



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.

Call the business office for multi-facility corporate rates.

## Proposed Bylaws Amendments

All members in good standing were mailed a packet with details about these proposals.  
If you have not voted yet, please do so now by emailing/faxing your ballot!



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)

#### PRESIDENT

**Robert G. Kaplan, MD, FACP, CMD**  
Longwood, Fla.  
(407) 862-7054 • Fax: (407) 862-0563  
[rgk.md@aol.com](mailto:rgk.md@aol.com)

#### VICE PRESIDENT

**Leonard Hock Jr., DO, MACOI, CMD**  
Boca Raton, Fla.  
(561) 714-1531  
[lhock@trustbridge.com](mailto:lhock@trustbridge.com)

#### IMMEDIATE PAST-PRESIDENT

**John Symeonides, MD, FAAFP, CMD**  
Palm Coast, Fla.  
(386) 283-5654 • Fax: (386) 246-7597  
[jsymeonides@yahoo.com](mailto:jsymeonides@yahoo.com)

#### SECRETARY/TREASURER

**Rhonda L. Randall, DO**  
Orlando, Fla.  
(407) 758-4573 • Fax: (407) 823-8989  
[RhondaDO@Reagan.com](mailto:RhondaDO@Reagan.com)

#### CHAIRMAN OF THE BOARD

**Hugh W. Thomas, DO, FAAFP, CMD**  
Casselberry, Fla.  
(407) 831-5252 • Fax: (407) 831-3765  
[Hwthomas2000@gmail.com](mailto:Hwthomas2000@gmail.com)

#### DIRECTORS

**Karl Dhana, MD, CMD**  
West Palm Beach

**Michael G. Foley, MD, CMD**  
Crestview

**Daniel Fortier, MD, FACP, CMD**  
West Palm Beach

**Claudia Marcelo, DO**  
Fort Lauderdale

**Naushira Pandya, MD, CMD**  
Fort Lauderdale

**John Potomski Jr., DO, CMD**  
Melbourne

**Carl Suchar, DO, CMD**  
Clearwater

#### DIRECTOR REPRESENTING NPs/PAs

**Michelle Lewis, ARNP**  
Cocoa

#### CHAIRMAN, FMDA INDUSTRY ADVISORY BOARD

**Steven Selznick, DO, CMD**  
Casselberry

## Proposed Bylaws Amendments — February 2015

Dear FMDA Members:

Florida Medical Directors Association, Inc. (FMDA), is considering a proposal for an amendment to the FMDA Bylaws that has come directly from the FMDA Board of Directors. This proposed amendment is the Board's response to two resolutions that have been discussed during board meetings throughout the past year as well as during our 2014 annual membership meeting. The first is "Consideration for Changing the Name of FMDA" and the second is "Proposal to Include Nurse Practitioners and Physician Assistants as Full Members of FMDA." These changes are intended to mirror what our national affiliate, AMDA, has done to broaden its impact across the continuum of post-acute and long-term care medicine.

Over the intervening months, the Board of Directors has had multiple discussions of these two possible changes, and we are now engaging FMDA membership in considering how to address these two resolutions. What follows is a summary of the Board's conclusions regarding both the issue of changing FMDA's name and of opening its membership and governance to nurse practitioners (NPs) and physician assistants (PAs).

### 1. Changing FMDA's Name

The Board's discussions revealed a tension between the value of preserving the existing "brand awareness" of FMDA among those stakeholders who know us, and the value of identifying a name that more fully describes our members and what they do. Disagreements on whether or not to change FMDA's name turned, for the most part, on these two values.

The Board's proposed solution, "FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine," accommodates both values. The name also reflects the increasing prominence of post-acute care in the long-term care continuum, and the longstanding presence of attending physicians and other practitioners in FMDA's membership, in addition to medical directors.

The proposed name also adopts the term "society" to describe FMDA, because the Board felt this was a more encompassing term, reflecting that we professionals are working together to pursue common interests and aims. Finally, the name includes "medicine" to bring a focus on what our members do, rather than only who we are.

### 2. Including Nurse Practitioners and Physician Assistants as General Members

In the Board's extensive discussions, in its own deliberations, as well as with past presidents, chapter members, and others, it became clear that, again, two somewhat competing values are strongly held by our members. First, there is wide consensus – near unanimity, in fact – that FMDA should find a way to be more inclusive in its membership structure. On the other hand, there is an equally strong desire among a broad swath of FMDA members that the organization should retain its physician leadership.

Continued on page 2

## Proposed Bylaws Amendments

### Proposed Bylaws Amendments — February 2015 — Page 2

FMDA, as a state chapter of AMDA, permits non-physician members to join and participate in chapter activities. FMDA's decision to change its name is a move toward broadening its membership. At this time, non-physicians will not serve as officers or president of the chapter's Board of Directors.

Accordingly, the Bylaws amendment proposes that NPs and PAs be granted general membership in FMDA. This permits them to participate fully in the life of the organization, and allows at any point in time a maximum of two (2) NPs or PAs to occupy a director's position on the Board. NPs and PAs shall serve on and chair committees, and participate according to conditions and requirements that FMDA has established.

However, the proposal limits the leadership of FMDA to physicians exclusively. All five (5) of FMDA's officers must be physicians. This retains physician leadership within FMDA, while still offering full general membership to NPs and PAs.

The Board recognizes that this is an incremental rather than a sweeping change in our membership and governance structure. However, it is a significant step toward a more inclusive FMDA — something most FMDA members have said they want. This is a change that should benefit FMDA by increasing its reach across the continuum of long-term care medicine.

#### **3. A Note on the Process**

FMDA membership should take note that the proposal to amend the Bylaws is presented here as an online vote to all current members in good standing. This is the best way to adopt all, some, or none of the proposed amendments.

It is important to point out that these amendments are neither mutually dependent nor mutually exclusive. For example, changing FMDA's name, while this will have a cascading effect on the language in other articles in the Bylaws, does not affect the question of changing the membership criteria, or Board participation. Further, changing the membership criteria does not necessarily affect the question of Board participation.

Therefore, the membership will be presented with the Bylaws amendment proposal using an online voting structure:

- 1. First, members will vote on Article I: Name*
- 2. Second, members will vote on Article III: Membership*
- 3. Third, members will vote on Articles IV: Board of Directors; and V: Officers*

As always we welcome any and all feedback that will help to inform the Board of Directors' deliberations on this important matter.

Yours Truly,

#### **FMDA's Executive Board**

Robert G. Kaplan, MD, FACP, CMD; President  
 Hugh W. Thomas, DO, FAAFP, CMD; Chairman of the Board  
 Leonard Hock, DO, MACOI, CMD; Vice President  
 Rhonda Randall, DO; Secretary/Treasurer  
 John G. Symeonides, MD, FAAFP, CMD; Immediate Past-President

**For more details regarding these Bylaws Amendments, please visit [www.fmda.org](http://www.fmda.org)**

## FMDA Call for Presentations

### Now Accepting Presentation Proposals for Best Care Practices in the Geriatrics Continuum 2015 Conference as well as the 12<sup>th</sup> Annual Call for Poster Presentations

FMDA is now accepting "Call for Speaker Presentations" for its Best Care Practices in the Geriatrics Continuum 2015 conference, October 22-25, 2015, at Disney's *Yacht & Beach Club* Resort in Lake Buena Vista. Presenters who wish to speak at the conference are invited to submit an online proposal with details about the intended presentation. Submissions should be based on FMDA's needs assessment with issues related to post-acute and long-term care and geriatrics. The submission deadline for all applicants is March 29, 2014, and a decision on accepted presentations will be made by May 31, 2014.

FMDA has launched its fifth "Call for Speaker Presentations," which falls into FMDA's mission of providing the highest quality education to health care practitioners in post-acute and long-term care. High-profile and relevant educational programs have always been the pinnacle of the annual conference. Attendees expect clinical topics to be strong, evidence-based lectures with cited references and administrative topics to be relevant to their setting and focused on current best care practices. It is the presentation review committee's intent that the best presentations incorporate attendee networking, case-discussion (Q&A), small groups, and take-home tools such as handouts, key points, guides, or quick tips. These types of presentations have been successful at Best Care Practices in the past and are highly encouraged.

This year is FMDA's 12<sup>th</sup> annual Poster Session, and as always, it will take place during trade show hours at the annual conference in October. All submissions that are complete and follow the Criteria for Acceptance of Posters will be considered and reviewed based on the content contained within the proposal. Submission of a proposal is a commitment by at least one author to be present at the designated times to discuss the information in the poster with symposium participants. The first 10 applicants who are accepted by the review committee will receive complimentary registration to the 2015 conference (only one applicant per poster presentation will be considered). Poster award winners will be announced during the Annual Awards Luncheon.

FMDA President Dr. Robert Kaplan remains very enthusiastic about the continued success of both the call for presentations and call for posters process.

"FMDA is committed to providing quality, unbiased education to our health care professionals working in post-acute, long-term care, and geriatrics. The unique process of accepting calls for presentations has only strengthened the quality of our annual conference," said Dr. Kaplan. "FMDA is very eager to evaluate this year's crop of poster submissions, to add to our already stellar program."

To learn more about FMDA's "Call for Presentations" or "Call for Posters," or to submit a proposal, go to [www.bestcarepractices.org](http://www.bestcarepractices.org). Ian Cordes, FMDA executive director, can be reached at (561) 689-6321.

### FMDA Thanks its Lifetime Members

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



Mark Faison, President  
[mfaison@flhealthnet.com](mailto:mfaison@flhealthnet.com)  
 850-766-4463  
[www.flhealthnet.com](http://www.flhealthnet.com)

**Florida HealthNet provides a telehealth network that is a user friendly and cost effective solution that helps you achieve:**

- Increased access to care
- Increased patient safety
- Enhanced care coordination
- Reduced costs
- Increased patient satisfaction
- Improved patient outcomes
- Business growth for providers
- Decreased costs

Please contact us and let us show you how Telemedicine can make a difference for you.



# Save the Date!

## October 22-25, 2015

***Disney's Yacht & Beach Club Resort***  
**Lake Buena Vista, Florida**

FMDA is proud to present to our members the location for the next Best Care Practices in the Geriatrics Continuum 2015! It will be the 24<sup>th</sup> annual program, held in collaboration with the Florida Chapters of Gerontological Advanced Practice Nurses' Association, the National Association of Directors of Nursing, and the Florida Geriatrics Society. See you at the conference!



**Florida Medical Director's Association**

400 Executive Center Drive, Suite 208

West Palm Beach, FL 33401

(561) 689-6321 | Fax: (561) 689-6324

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

Dedicated To Florida Long Term Care Medicine

PRSR STD  
U.S. POSTAGE  
PAID  
WEST PALM BCH FL  
PERMIT NO. 3591

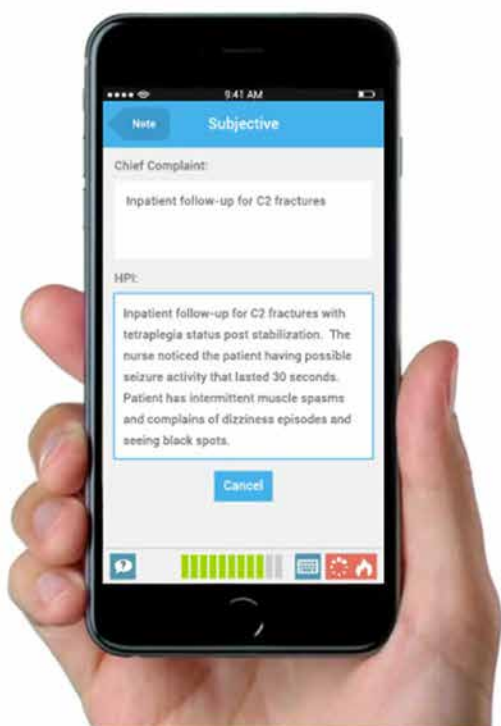
*"Like" us and follow us on Facebook and visit us on LinkedIn Today!*

**FMDA'S Progress Report**

**Winter 2015**



Use **MDLog** to dictate instant clinical notes with your iPhone, increasing your time with patients.



With **MDLog** you can instantly:

- ✓ Dictate Instant Clinical Notes
- ✓ Auto Submit to Billing
- ✓ eDeliver Clinical Notes to Facilities/Hospitals
- ✓ Eliminate Transcription Costs

**(800) 349-7001 | [MDOps.com](http://MDOps.com)**