


Pennsylvania's Association
for Long-Term Care
Medicine

Public Policy Updates

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 Co-Chairs Public Policy Committee
 PMDA
 October 21, 2011

Public Policy Update Agenda


- Introduction
- Update Preventable Serious Adverse Events
- New Developments
 - Corporate Practice of Medicine
 - Home Health Certification Forms
 - AMA-AMDA Collaboration
 - PMDA Supports Mandatory HCW Immunization



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Public Policy Update Agenda

- Updates on Ongoing Issues
 - POLST FAQ – D
 - Enforcement of F 334 in PA Updates
 - CDC NQF
 - Enforcement of CRNP Countersignature Update
- Panel Discussion



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Public Policy Committee Members

Ken Brubaker, Co-Chair	David Nace, Co-Chair
John Benner	Greg Mokrynski
Judith Black	Adaora Okolui-Umeweni
Dave Fuchs	Lou Piccoli
Pan Fenstermacher	Barbara Reall
Dan Haimowitz	Ann Shemo
James Hammett	Bruce Silver
Steven Handler	Zach Simpson
Lisa Lynn Hengen	Mugabe Walker (Fellow)
Tom Lawrence	Joan Weinryb
Albert Lum (Fellow)	Joel Yeagher


Thanks !



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Corporate Practice of Medicine (CPM)


- Several states acting to remove bans on CPM
- AMA has had long standing opposition to CPM
 - Dating back to early part of 20th Century
- AMDA formed a CPM Workgroup to explore issues
 - Is this a concern to AMDA members
 - What actions should we support



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Corporate Practice of Medicine (CPM)

- Arrangement between a facility and a physician, physician practice, or group of physicians, in which there is a direct financial incentive provided for the care of patients in the long term care facility.
- Such an arrangement has the potential to influence medical decision making, possibly improving or hindering the care provided to residents.
- Because care can be influenced, potential conflicts of interest may arise.



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Corporate Practice of Medicine (CPM)

- ▶ CPM concept has changed over the past century

Changes in Physician Culture 1910 to 2010	
20 th Century Physician	21 st Century Physician
Accumulate Knowledge	Acquire & Use Knowledge
Individual Scholarly Work	Interdisciplinary Research Teams
Autonomous	Collaborative
Cooperative	Share Accountability
Individual Achievement	Interdisciplinary Teams
Solo Experts (MD Centered)	Coordination of Care (Patient Centered)

Morrison et al. Team Training of Medical Students in the 21st Century: Would Flexner Approve? Academic Medicine 2010;85(2):254-259



Corporate Practice of Medicine (CPM)

- ▶ **Benefits**
 - ▶ Improved collaboration
 - ▶ Advance the patient centered focus
 - ▶ Potential for reduction in healthcare costs
- ▶ **Risks**
 - ▶ Increased fragmentation
 - ▶ Risk of facility focused care
 - ▶ Potential for perverse incentives
- ▶ **Next Steps**
 - ▶ PMDA Member input on issue
 - ▶ AMDA Workgroup to meet Nov



Home Health Certifications

- ▶ CMS Requirement for Home Health Agencies (HHA) to obtain written documentation of a face-to-face encounter with a patient in order to initiate home health care.
 - ▶ The certifying physician must provide the documentation
 - ▶ The HHA is responsible for collecting the information
- ▶ Variety of forms being used, no standardization



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Home Health Certifications

- ▶ **PMDA Actions**
 - ▶ PMDA has sample form on website www.pamda.org
 - ▶ Task Force to review requirement and form

Mentorship Program Project



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AMA-AMDA Relationship

- ▶ AMA & AMDA have enjoyed an effective partnership
 - ▶ Participation in the Relative Value Scale Update Committee (RUC)
 - ▶ Committee that establishes values for E&M Codes
 - ▶ Participation in the AMA-House of Delegates
- ▶ AMDA collaboration with AMA has resulted in a decade of successes, such as:
 - ▶ Improved reimbursement for LTC visits
 - ▶ Avoidance of Part B cuts year after year
 - ▶ Numerous successful policy advocacy for LTC issues

AMA - AMDA Relationship

- ▶ Subspecialty Groups must maintain a certain number of AMA members among their groups
- ▶ AMA re-evaluating subspecialty groups
 - ▶ AGS and AMDA both have lower AMA members than required
 - ▶ AMDA about 200 short
 - ▶ AMDA Delegate Position in Jeopardy


AMA Membership Critical to AMDA, PMDA and Your LTC Practice

Let AMDA know if you are joining new or renewing a lapsed membership so we can make sure to count you!

Healthcare Worker (HCW) Influenza Immunization

What is PMDA's Position on HCW Influenza Immunization?

- ▶ PMDA strongly supports the AMDA position on HCW immunization
- ▶ March 2011, AMDA HOD passes Position Statement J11




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AMDA Position Statement J11

AMDA supports a mandatory annual influenza vaccination for every long-term health care worker who has direct patient contact unless a medical contraindication or religious objection exists.


AMDA recommends that medical directors and other practitioners encourage caregivers (both professional health care workers and family caregivers) to obtain these vaccinations.



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AMDA Position Statement

AMDA recommends that vaccinations be made available and offered at no cost to staff working in long-term care settings.




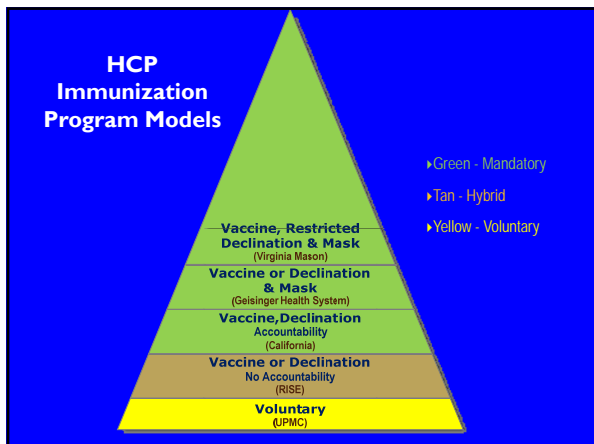
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Health System Barriers to HCW Immunization Leadership Commitment

Questions for 2011

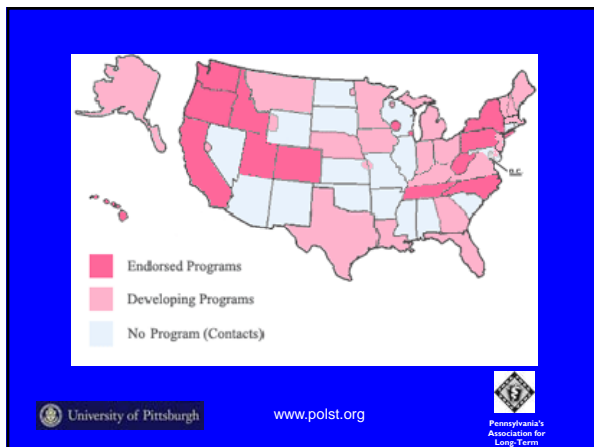
- ▶ 1) How do we effectively implement influenza immunization programs for HCP in all LTC facilities?
- ▶ 2) What are the key strategies that facilitate **accountability** for results?





POLST in PA

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Pennsylvania Orders for Life-Sustaining Treatment (POLST)

A. CARDIORESPIRATORY RESUSCITATION (CPR): Patient has no prior DNR in setting.

B. MEDICAL INTERVENTIONS: Patient has prior DNR in setting.

C. LIMITED ADDITIONAL INTERVENTIONS: Includes care described above. Use medical treatment of fluids and other measures as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation.

D. FULL TREATMENT: Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardiopulmonary resuscitation.

E. ADVANCE DIRECTIVES: Includes sections for Artificially Administered Nutrition, Hydration, and End-of-Life Care.

POLST in PA

- ▶ PA DOH adopted POLST October 2010
 - ▶ Patient Life Sustaining Wishes Committee
- ▶ HAP POLST Project
 - ▶ Collaboration with DOH and other stakeholders
 - ▶ PMDA project member

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POLST

- ▶ Facilities using POLST program had
 - ▶ More orders reflecting life sustaining treatment
 - ▶ 98% (POLST programs) versus 16% (usual care)
- ▶ Less likely to receive aggressive interventions including hospitalization & ED visits

University of Pittsburgh

Hickman SE, et al. J Am Geriatr Soc 58:1241-1248, 2010.

POLST in PA

- ▶ Extensive resources available on UPMC Aging Institute's website
<http://aging.upmc.com/professionals/resources-polst.htm>
- ▶ FAQ sheet
- ▶ Sample policies
- ▶ Implementation checklist
- ▶ Presentations from HAP POLST project



Directions for POLST Completion

- ▶ The POLST *must* be completed by a healthcare professional
- ▶ Review patient's advance directive (if available) at the time of POLST completion
- ▶ The POLST *must* be signed by a physician (CRNP, PA) to be valid
- ▶ The patient/surrogate and the person completing any part of the POLST *should* sign where indicated

What are the requirements for a POLST form?

- ▶ The POLST form at a minimum must include the patient name, resuscitation orders (Section A) and signature of a physician, physician assistant or certified registered nurse practitioner (Section E). *Sections B, C and D are optional.*
- ▶ While strongly recommended, the patient/surrogate signature may not be obtainable at the time of POLST completion. This **DOES NOT INVALIDATE** the POLST form.



Patient/Surrogate Signature Clarification

- ▶ It may not be possible to obtain patient/surrogate signatures in a timely fashion. Waiting for patient/surrogate signature could result in failure to follow the patient's/surrogate's verbally expressed wishes.
- ▶ Various court rulings have made it clear that patients may refuse treatments they do not wish AND such declarations do not have to be in writing.



Patient/Surrogate Signature Clarification

- ▶ Healthcare workers are obligated to follow verbal declarations of patient's advance care wishes.



Can a Nursing Home Accept a POLST Form Completed by an Outside Physician?

YES

- ▶ Facilities should establish policies to accept POLST forms from outside sources
- ▶ The goal of POLST is to create a **PORTABLE** form
- ▶ POLST forms should be **reviewed** at time of transfer



PMDA and POLST

- ▶ PMDA is working with the DOH and the DPW to re-establish the Patient Life Sustaining Wishes Committee
- ▶ Provide ongoing review of the use of POLST
- ▶ Help in clarification of questions that arise in the use of POLST



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F 334 Update



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F 334 Update

- ▶ PMDA notified that some surveyors have been stating that F 334 requires:
 - ▶ Written consent of resident or family for influenza vaccine
 - ▶ A specific physician order
 - ▶ Signature of resident or family attesting receipt of education

▶ **F334 Does Not Require Any of These**



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F 334 Update

- ▶ PMDA clarified with PA DOH
 - ▶ Information was posted on PMDA and DOH influenza website
- ▶ CMS allows influenza and pneumococcal vaccines to be given by a physician approved standing order policy and removed requirement for physician orders (Federal Register 2003)



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CDC / NQF Participation



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NQF Quality Measure on Healthcare Worker Immunization

- ▶ CDC created HCW Influenza Immunization rate quality indicator (QI)
 - ▶ Accepted by NQF
 - ▶ Testing of QI completed
- ▶ PA is one of 4 test states
- ▶ QI Submitted to NQF for approval
- ▶ Measure to be required by CMS for hospitals



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211.7 Countersignature of CRNP Documents

2011 Update



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Myth

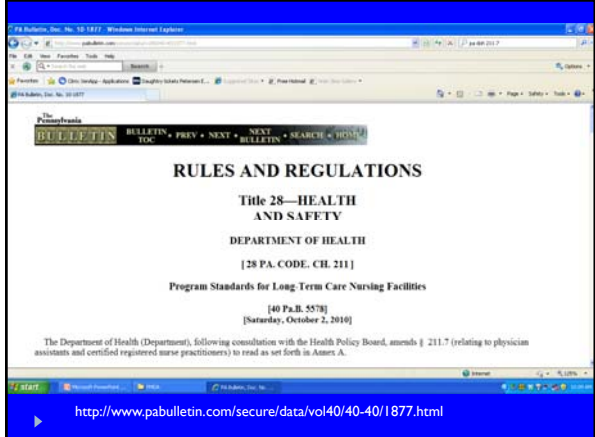
- Nurse Practitioner notes and orders must be co-signed by physician within 7 days in nursing facilities

► FALSE

- (Actually came from surveyor at a facility October 5, 2011)


211.7 Countersignature of CRNP Documents

- 211.7 (c) Revised October 2, 2010
- Published Oct 2, 2010 PA Bulletin
<http://www.pabulletin.com/secure/data/vol40/40-40/1877.html>
- Posted to Facility Message Board October 5, 2010



Old Version of 211.7


- (c) Physician assistants' and certified registered nurse practitioners' documentation on the resident's record shall be countersigned by the supervising physician within 7 days with an original signature and date by the licensed physician. This includes progress notes, physical examination reports, treatments, medications and any other notation made by the physician assistant or certified registered nurse practitioner.



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New Version of 211.7

- (c) Physician assistants' documentation on the resident's record shall be countersigned by the supervising physician within 7 days with an original signature and date by the licensed physician. This includes progress notes, physical examination reports, treatments, medications and any other notation made by the physician assistant.



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Questions?

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