AMDA UPDATE

October 2010

AMDA Mission Statement

AMDA, the professional association of medical directors, attending physicians, and others practicing in the long term care continuum, is dedicated to excellence in patient care and provides education, advocacy, information, and professional development to promote the delivery of quality long term care medicine.

AMDA Membership

80% are Physicians
15% are Interdisciplinary Team Members
4% are Licensed Independent Practitioners
1% are Retired

Note: 28% of members have their dues paid by a corporation/chain.

Not Just Nursing Homes

1. Skilled Nursing Facilities – Free standing
2. Assisted Living
3. Hospice Care
4. Subacute/Post-acute
5. Home Care
6. LTCH/LTAC
7. CCRCs
8. Skilled Nursing Facilities – Hospitals
9. PACE (or other community based program)

Source: 2010 AMDA Biennial Demographic Survey

Where do our member practice

- Majority still work in NHs
  - decline since 2006 (down 7%)
  - since 2004 (down 18%)
- Majority work in more than one setting
- Continuing Care Retirement Communities (CCRCs) – up 9%;
- LTC hosptials/LT Acute Care – up 8%
- Assisted Living – up 3%; Hospice – up 2%; home care – up 3%

Profile of an AMDA Medical Director

- 79% of medical directors work part-time
- 88% also serve as attending physicians
- 55% of AMDA physician members are CMDs
- 45% of physicians maintain a private practice outside of LTC responsibilities
- Average age is 51-60

Source: 2010 AMDA Biennial Demographic Survey

Profile of an AMDA Medical Director

- 79% are board certified (primarily IM & FP)
- 35% have CAQ in geriatrics
- Average number of years in LTC practice: 16.8
- Average number of years as medical director in LTC: 14.1
- Average number of LTC facilities served: 1-2
- Average facility size: 100 beds per facility
- Average number of hours spent as medical director per facility: 6-10

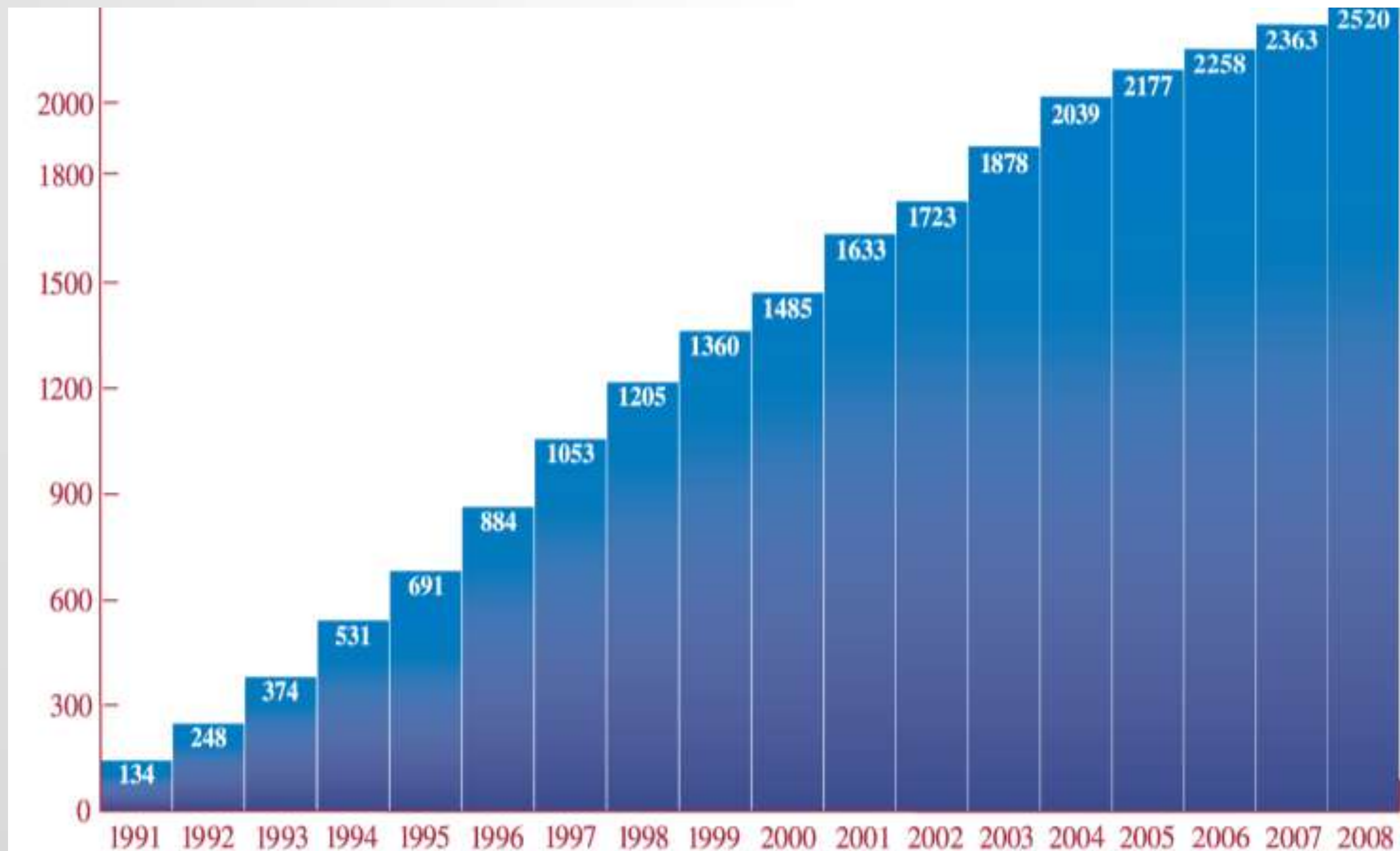
Source: 2010 AMDA Biennial Demographic Survey

The CMD

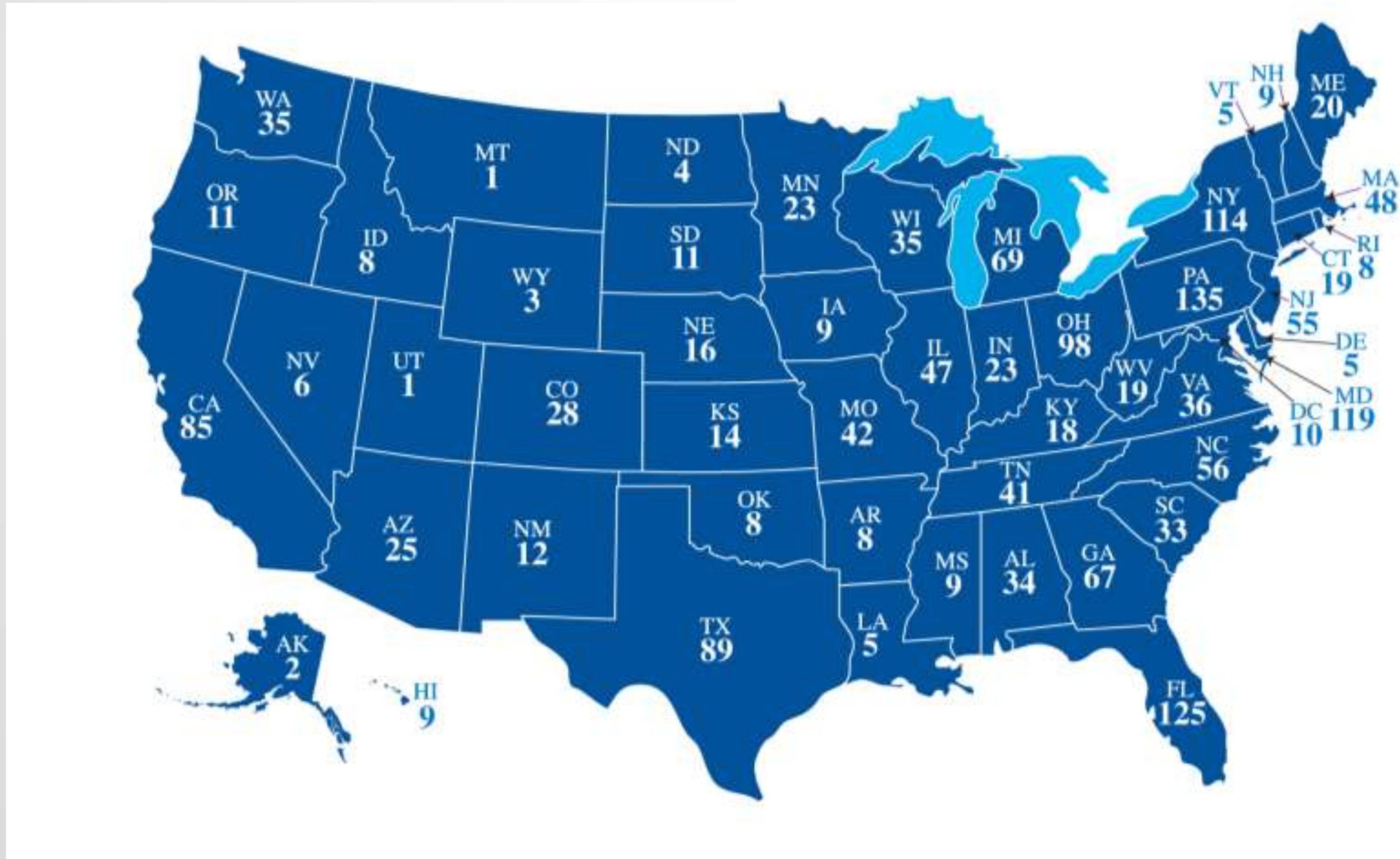
(Certified Medical Director in Long Term Care)

- Established in 1991
- Unique program recognizing dual clinical and administrative roles of medical directors, requiring competence in both
- Based upon experience & education
- Re-certification every six years

CMD Growth



CMDs Across the U.S.



Study Validates Positive Influence of CMD

- **The presence of a CMD in your facility improves care of your residents.**
- American Medical Directors Certification Program (AMDCP) publishes study on the impact of CMD influence in nursing home quality of care.
- *J Am Med Dir Assoc*. 2009; 10: 431–435

Study Data

- Data looked at F-tags most likely to be influenced by medical directors, including:
- restraint use
- pressure ulcers
- freedom from abuse
- weight loss and nutrition
- unnecessary drugs
- infection control

Study Findings

- Certified medical directors' quality performance on these and other F-tags were compared with nursing homes without a CMD presence and found a 15% improvement in quality of care in nursing homes that employed a CMD.

- Access the article at: http://www.jamda.com/article/PIIS1525861009001984/fulltext.

Partnering to Meet Member Needs

AMDA

Long Term Care Medicine
(Annual Conference)
AMDA Publications
Core Curriculum
Evidence Based Course
National Representation on Legislative and Regulatory Issues
AMDA Web Site
AMDA Mentoring Program
AMDA Foundation Futures Program
AMDA Foundation Research Network
CME Provider
House of Delegates
Job Board

Member Needs

Education/CME
Mentoring
Networking
Information
Tools and Products
Assistance with Legislative and Regulatory Issues
Professional Development
Research on LTC Issues

State Chapter

State Annual Meeting
Newsletter
Web Site
Interactions with State Surveyors, State Legislators, and Regulatory Agencies
Networking Locally
LTC Direct Services

Mentoring Pilot

- Benefit for Members
- Opportunity to Give Back
- Pilot Program
- Futures

2010 House of Delegates

- Actions Approved
  - ✓ *Policy*–PHRMA Regulations
  - ✓ *Policy* – Never-Events
  - ✓ *Policy*–Medical Liability Limits and Reform
  - ✓ *Policy*–Recognition of the "Nurse as Agent" of the Prescriber in Long Term Care Settings
  - ✓ *White Paper*–The Role of the Medical Director in Person-Directed Care
  - ✓ *White Paper*–Improving Care Transitions between the Nursing Facility and the Acute-Care Hospital Settings

Note: Go to www.amda.com/governance/papers.cfm to see the full text of the white papers and policy.

PHRMA Regulations

- **THEREFORE BE IT RESOLVED,** that AMDA support the Medical Professional Society Relationships with Industry Joint Statement of the American College of Radiology, American College of Emergency Physicians, American College of Cardiology, American College of Rheumatology and American Society of Plastic Surgeons;
- **AND BE IT FURTHER RESOLVED,** that AMDA work with like-minded organizations to strongly advocate for changes in the PhRMA guidelines that allow and encourage industry support of unbiased physician educational efforts;
- **AND BE IT FURTHER RESOLVED,** that AMDA work with its pharmaceutical industry board and other like-minded organizations to adjust PhRMA code recommendations that are not consistent with other American governmental and business practices.
- **Became Policy March 2010**

Never-Events

- **THEREFORE BE IT RESOLVED,** that AMDA establish a position paper in regards to stage 3 or 4 pressure ulcers and death associated with falls preventability in the long-term care setting;
- **AND BE IT FURTHER RESOLVED,** that AMDA recommend to state chapters that the use of the AMDA guidelines on Pressure Ulcers and Falls be used in order to follow a care process to be able to show when a pressure ulcer or fall was unavoidable;
- **AND BE IT FURTHER RESOLVED,** that AMDA express its concerns regarding preventability and the possibility of non-reimbursement for these conditions to Centers for Medicare & Medicaid Services.
- **Became Policy March 2010**

Medical Liability Limits and Reform

- **THEREFORE BE IT RESOLVED**, that AMDA re-affirms its position to continue to advocate for $250,000 caps on non-economic damages and $250,000 caps on punitive damages with a clear and convincing standard of proof to award punitive damages;
- **AND THEREFORE BE IT RESOLVED**, that AMDA continue to work with other stakeholders including the American Medical Association and Health Coalition on Liability and Access to support legislation that promotes alternative forms of liability reform, including but not limited to mediation, health courts, early compensation offers for medical injuries, certifications of merit, arbitration, apology legislation, and expert qualification.
- **Became Policy March 2010**

Recognition of the "Nurse as Agent" of the Prescriber in Long Term Care Settings

- **THEREFORE BE IT RESOLVED**, that AMDA confirm its support of American Medical Association policy D-360.993 entitled "Recognition of the 'Nurse as Agent' of the Prescriber in Long Term Care Settings" which states "Our AMA will urge the US Drug Enforcement [Administration] to amend its regulations to recognize nursing staff as agents of the prescriber/physician in long term care facilities. (Res. 222, A-09)";
- **AND BE IT RESOLVED**, that AMDA urge the U.S. Drug Enforcement Administration to use its interpretative authority to recognize nursing staff as agents of the prescriber/physician in long term care facilities;
- **AND BE IT FURTHER RESOLVED,** that AMDA support the efforts of the United States Senate Special Committee on Aging to pass the Long-Term Care Patients' Access to Medically Necessary Controlled Substances Act of 2009 and similar legislation.
- **Became Policy March 2010**

Advocacy: Reimbursement

- 2006: Surveyed and presented recommendations to the AMA Relative Value Update Committee (RUC) for increased physician work values for the nursing facility family of codes.
- 2010: Five Year Review of codes. AMDA, AAFP, and AGS will present recommendations to the RUC to re-evaluate the physician works for the discharge codes (99315-6).
- CMS will respond to the RUC recommendations in a proposed notice in the *Federal Register* in the spring of 2011.
- CMS will publish the agency's final decisions as part of the 2012 MPFS final rule. The changes would become effective January 1, 2012.
- See www.amda.com/advocacy/payment.cfm for more information and a table showing the impact of the work RVU changes for each of the codes.

Advocacy: Physician Quality Reporting Initiative

- Serve on the AMA's Physician Consortium for Performance Improvement, which submits measures for consideration in PQRI, a voluntary quality reporting program.
- Those who successfully report quality measures may earn a bonus payment, subject to a cap, of 1.5% of total allowed charges for covered Medicare physician fee schedule services.
- To view the measures or for more information regarding PQRI, please visit AMDA's PQRI website at www.cms.hhs.gov/pqri/.

Education

- **Core Curriculum on Medical Direction**
  - November 6-12, 2010 in Louisville, Kentucky
- **Evidence-Based Clinical Management & Leadership for Experienced Medical Directors and Attending Physicians**
  - October 1-3, 2010 in Arlington, Virginia
- **Institute for LTC Practice Improvement**
  TBD
- **Spring Training for a Winning Team Long Term Care Medicine - 2011 Golden Opportunities**
  - March 25-27, 2011 Tampa Florida

Clinical Practice Guidelines

- 23 CPGs Available
- 7 tool kits for implementing CPGs
- Updated CPGs in 2010:
  - Parkinson's Disease
  - COPD Management in LTC Setting
  - Altered Nutritional Status
  - Heart Failure
    - AMDA's CPGs are cited by CMS and in literature

- Transitions of Care Guidelines

Tool Kits and References

- Numerous Tool Kits and Teaching Kits Available
  - New Assisted Living Series
  - Long Term Care Information Series
    - Prepare your team and residents for flu season with the Immunization Tool Kit and the companion Immunization DVDs
  - Mental Health Resources
  - Practice Management Tools

AMDA Communications

- AMDA Reports – quarterly; members only
- JAMDA – 9x/year (J, F, M, M, J, J, S, O, N)
- Caring for the Ages – monthly; 44,000 subscribers
- Weekly Round Up – weekly e-newsletter
- Web site – updated weekly; average of 18,500 unique visitors per month
- **Twitter** – news bytes about AMDA activities
- **Facebook** – discussion boards and professional networking
- Online communities – AL is the 1st

AMDA Communications: Web site

Premium content and services are provided exclusively to current AMDA members:

- Ask the Expert
- Practitioner’s Toolbox
- Billing and Coding Guidance
- Liability Resources
- Mentoring Program

Partnership: The Key to Effectiveness

AMDA works with the state chapter to provide the total support you need to face today's legislative, regulatory and professional challenges.

AMDA provides information and tools for all members and represents the profession on a national level, while your State Chapter provides information, tools and representation to members on the local level.

Controlled Substances

- May 2009: AMDA and other long term care stakeholders met with Food and Drug Administration agents.
  - The only time that a pharmacist can dispense a Class II drug to a nursing home or hospice patient based upon a verbal order from a prescriber is when there is an “emergency situation.”

Controlled Substances

- FDA's interpretation of "emergency situation" should be consistent with CMS' interpretation of what constitutes quality of care with respect to pain management in the LTC setting.
- F-Tag 309, residents must be given rapid relief of "excruciating pain".

Controlled Substances

- December 2009: AMDA Past President Jonathan Musher, MD, CMD, took Senate Committee staff on a tour of a nursing facility.
- January 2010: Strategy Session with Physician Associations
  - The AMA, American Academy of Hospice and Palliative Medicine, AAFP, AGS, & AOA.

Controlled Substances

- February 2010: Response to Department of Justice (Dr.B letter to the DOJ)
  - All solutions are worth considering
    - changing the timeframe for delivering the hard copy of a fax, redefining what constitutes an emergency prescription, or developing process changes for business practices
- March 2010
  - Senate Special Committee on Aging listening session with Senator Herb Kohl
  - “The War on Drugs Meets the War on Pain: Nursing Home Reform Residents Caught in the Crossfire.”

Testimony: J. Musher

- “AMDA believes that nurses should be viewed as the agent of the provider. This would continue to allow the important dialogue between the physician and the nurse, which is essential for proper care and treatment. It also would allow for the necessary checks and balances regarding ordering, receiving, and administering controlled substances to the physicians under our care.”
- "As patients transition from the hospital to the nursing home, one area that can help improve the

Testimony: C. Phillips

- “The issue of timely access to appropriate medications, including scheduled narcotics for pain, is at the core of quality care for vulnerable persons in the nursing home setting. This recent discussion gave both AGS and AMDA the opportunity to frame this important challenge from the perspective of the impact to the patients we serve,” said Dr. Phillips. “It also allowed me to highlight the interdisciplinary aspect that is critical to effective pain management in the nursing home setting

AMA Concerns

- AMA Board Chair Rebecca Patchin, MD.
- "As patients transition from the hospital to the nursing home, one area that can help improve the quality of patient care and prevent costly hospital readmissions is timely access to urgently needed pain medications,"
- "The AMA is concerned that regulatory impediments are obstructing timely access to pain medication, which is bad for patients and bad for our health care system as we work to improve care coordination and reduce health care costs. The administration and Congress should quickly solve this problem so that patients do not have to suffer needlessly"

DEA Rule on E Prescribing

- The Drug Enforcement Administration (DEA) is revising its regulations to provide practitioners with the option of writing prescriptions for controlled substances electronically. The regulations will also permit pharmacies to receive, dispense, and archive these electronic prescriptions. These regulations are in addition to, not a replacement of, the existing rules.

DEA Rule on E Prescribing

- The regulations provide pharmacies, hospitals, and practitioners with the ability to use modern technology for controlled substance prescriptions while maintaining the closed system of controls on controlled substances dispensing; additionally, the regulations will reduce paperwork for DEA registrants who dispense controlled substances and have the potential to reduce prescription forgery.

DEA Rule on E Prescribing

- The regulations will also have the potential to reduce the number of prescription errors caused by illegible handwriting and misunderstood oral prescriptions. Moreover, they will help both pharmacies and hospitals to integrate prescription records into other medical records more directly, which may increase efficiency, and potentially reduce the amount of time patients spend waiting to have their prescriptions filled.

DEA Rule for E Prescribing : March 2010

- Aligning with AMDA's written testimony submitted through the Senate Special Committee on aging:
- one benefit of this approach is that it maintains the accepted facility workflow, including consultation between the nurse and the prescriber.
- Another is that it enables the facility to add necessary information to the prescription that the prescriber ordinarily does not know, such as the patient's unit/room/bed, medication times, and dispensing pharmacy.

AMDA Position Summary

- Nurse as the agent of the physician in the long term care setting

DEA October 6, 2010

- DEA states “where a DEA-registered individual practitioner has made a valid oral prescription for a controlled substance in Schedules III–V by conveying all the required prescription information to the practitioner’s agent, that agent may telephone the pharmacy and convey that prescription information to the pharmacist.”
- This does not apply to Schedule II controlled substances. The Statement adds: “An agent may not call in an oral prescription for a Schedule II controlled substance on behalf of a practitioner even in an emergency circumstance.”

DEA October 6, 2010

- Individual practitioners may choose to designate and authorize one or more persons at one or more locations within or outside their practice to act as their agent(s).
- Likewise, an individual may act as an authorized agent for multiple individual practitioners depending upon the circumstances.
- A sample agreement designating the agent of practitioner for communicating controlled substance prescriptions to pharmacies is provided in the Statement.

DEA October 6, 2010

- The DEA has specified two exceptions where a Schedule II controlled substance prescription sent by facsimile may serve as the original prescription.
- A practitioner or a practitioner's authorized agent can transmit a valid Schedule II controlled substance to a pharmacy via facsimile for patients enrolled in a hospice care program and residents of long-term care facilities.
- The authorized agent of the prescribing practitioner may transmit the practitioner-signed prescription via facsimile on behalf of the practitioner.

DEA October 6,2010

- http://edocket.access.gpo.gov/2010/pdf/2010-25136.pdf.

Transitions of Care

- CMS announced its first care transitions project. The goal of the project is to analyze how patients currently transitions between sites of care and to see what methods can be used to improve transitions.
- 14 communities working with local Quality Improvement Organizations. Providence, RI; Upper Capitol Region, NY; Western Pennsylvania, Southern New Jersey; Metro Atlanta East, GA; Miami, FL; Tuscaloosa, AL; Evansville, IN; Greater Lansing Area, Michigan; Baton Rouge, LO; North West Denver, CO; Harlingen, TX; Whatcom County, Washington.
- AMDA worked with CMS and QIO project leads to disseminate
- AMDA tools on care transitions to the local QIOs.
- AMDA state chapters in are actively involved with the local QIOs working on the project.

Transitions of Care

- AMDA Past-President James Lett II, MD, CMD, represents AMDA on the Physician Consortium for Performance Improvement Work Group developing care transitions quality measures.
- Measures are likely to be included in the Physician Quality Reporting Initiative (PQRI) in the future.
- AMDA's Public Policy Committee developed a white paper entitled *Improving Care Transitions between the Nursing Facility and Acute Care Hospital Settings*. It is to be voted on to adopt as AMDA policy at the House of Delegates meeting.
- This paper follows last year's AMDA White Paper entitled, *Improving Care Transitions from the Nursing Facility to a Community-Based Setting.*
- AMDA developed first public access Transitions of Care in the Long-Term Care Settings Clinical Practice Guideline.

Physician Order Sheet & Verbal Orders

- AMDA and AHCA released joint White Paper with new recommendations regarding the use of Physician Order Sheets and Verbal Orders in America's nursing homes.
- Overview of Relevant Issues
  - Care must be authorized.
  - Use of verbal orders is common.
  - Control over writing verbal orders is variable.
  - Orders have important implications and consequences.
- To read full paper: www.amda.com/managementtools

AMDA Work Group
Role of the Attending Physician and Advanced Practice Nurse

- Goal: to produce a position paper on the role of the attending physician & APN in LTC
- Convened Dec 1, 2008 with representatives of AMDA, GAPNA, AANP, ACP & AAFP
- Regular teleconferences and emails
- Reviewed variety literature on physician – APN interaction
- Developed concepts pertinent to long term care, centering on resident outcomes

Goals of the Position Paper

- Define supervision & collaboration in the context of long term care
- Clarify how to maximize the interaction between the physician and APN to best meet the clinical needs of patients
- Elaborate the skills and education of the physician – APN team needed to provide quality care
- Consider the diversity of physician – APN practice arrangements in LTC

New Federal Tags

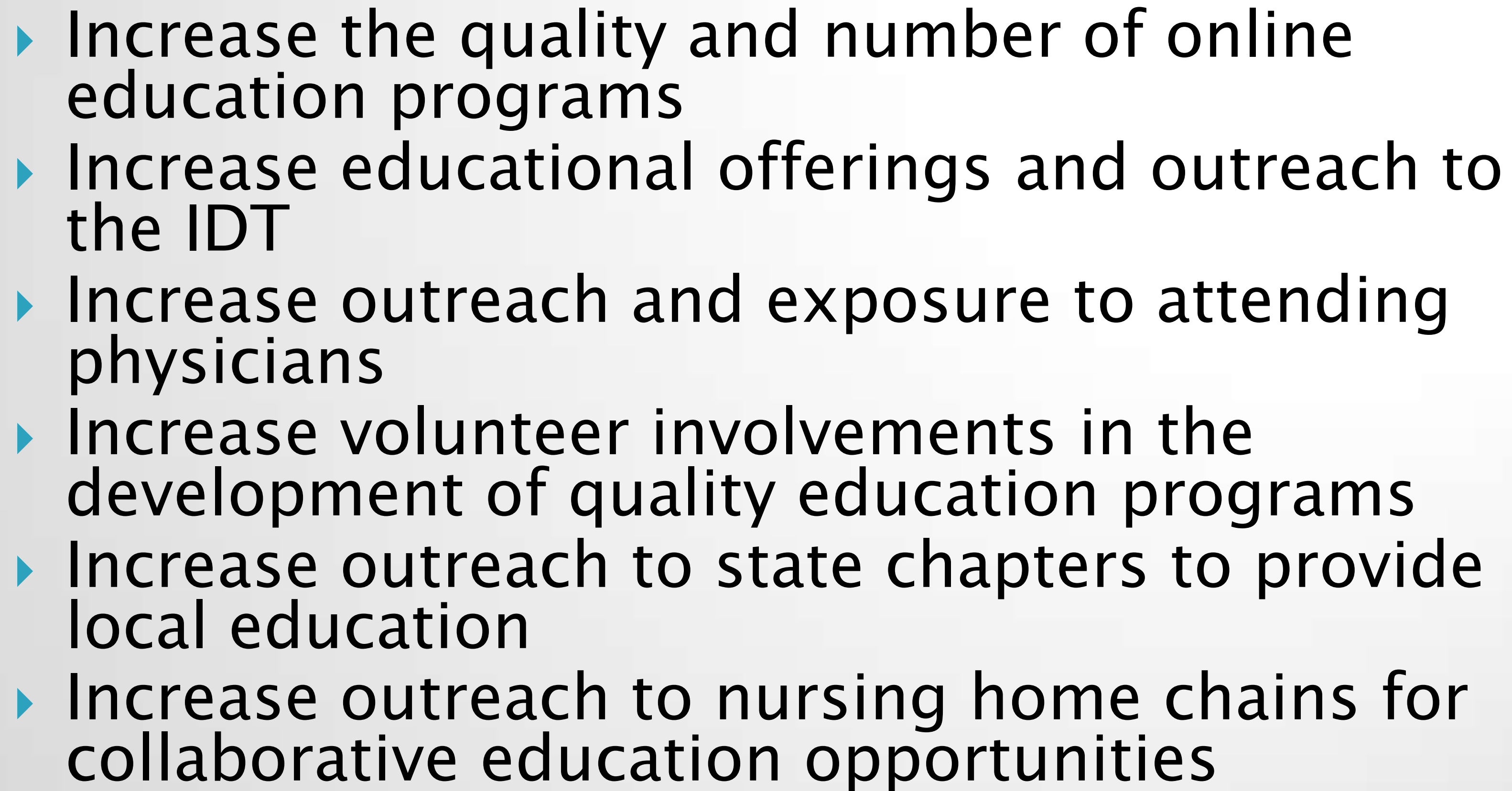
- Quality of Life and Environment
  - New Quality of Life and Environment Tags implemented June 2009
    - F172, F175, F241, F242, F246, F247, F252, F256, F371, F461, F463
  - New Tags cover:
    - Access and Visitation Rights
    - Rooming Rights
    - Dignity
    - Self-Determination and Participation
    - Accommodation of Needs
    - Environment
    - Sanitary Conditions
    - Residents Rooms
    - Resident Call Systems

New Federal Tags

- Infection Control (F441)
  - Implemented revised Tag (F441) September 2009
  - Tags F442, 443, 444, 445 deleted / moved to F441
  - Intent: facility develops, implements & maintains an Infection Prevention and Control Program to prevent, recognize, and control, to the extent possible, the onset and spread of infection within the facility.
- Revised Tags are available in AMDA's revised:

Synopsis of Federal Regulations in the Nursing Facility: Implication for Attending Physicians and Medical Directors

Education committee



IDT Advisory Board

- In 2008 an Interdisciplinary Advisory Board was established. Members from various organizations representing the long term care interdisciplinary team were invited to join.
- Policies affecting the interdisciplinary team are reviewed with the board for their input
- Clinical practice guideline updates are reviewed by the advisory board for their input

Long Term Care Direct

- For Profit subsidiary of AMDA
- Support state chapter growth through increased membership for states utilizing basic services
- Provide updated and accurate information through newsletters and website updates
- Generate income for state chapters through meeting registration, membership dues, CME, joint sponsorship and enduring materials

Long Term Care Direct

- Increase in quality and execution of State chapter meetings managed by LTC Direct
- Increase in exhibits and sponsorship support for state chapter meetings
- Strengthen ties with industry organizations to provide advisory boards

Committees and Workgroups

- Membership and Communications
- Clinical Affairs
  - CPG reviews, updates and development
- Ethics
- Program Committee
  - Sub committee of education
- Public Policy
  - Government affairs
- Finance