TMDA Chapter News

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LTC Physician Day Resolution Passes

The Senate has unanimously passed a concurrent resolution (S.Con.Res 52) making March 20 the National Day of Recognition of Long Term Care Physicians.

Sen. Saxby Chambliss (R-Ga.) sponsored the resolution that originated from the Georgia Medical Directors Association (GMDA) and became AMDA policy "National Day of Recognition for Long Term Care Physicians in Honor of Dr. William Dodd."

"It is appropriate for Long Term Care Physician's Day to be on Dr. Billy Dodd's birthday," said former GMDA executive director Perry Kemp. "He was a community physician who recognized that residents of nursing homes were patients with complex medical problems. This recognition day will encourage the other team members in our nursing facilities to celebrate their physicians' contributions."

—Excerpt from Caring for the Ages

News from CMS on New Home Health Face-to-Face Encounter Requirement

A new Medicare home health law goes into effect on January 1, 2011 that affirms the role of the physician as the person who orders home health care based on personal examination of the patient. Effective in January, a physician who certifies a patient as eligible for Medicare home health services must see the patient. The law also allows the requirement to be satisfied if a non-physician practitioner (NPP) sees the patient, when the NPP is working for or in collaboration with the physician.

As part of the certification form itself, or as an addendum to it, the physician must document that the physician or NPP saw the patient, and document how the patient's clinical condition supports a homebound status and need for skilled services. The face-to-face encounter must occur

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Meet the 2011 TMDA Board of Directors

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Can State Chapters Tweet Their Way to Success?

Social networking sites such as Twitter, Facebook, and Linkedin offer new opportunities for State chapters and their members to communicate, promote meetings and other activities, and attract young physicians. However, some physicians are hesitant about jumping into the social networking pool. John Morley, MB, BCh, editor of the *Journal of the American Medical Directors Association (JAMDA)*, understands this. "I'm fairly typical of my generation. We don't feel comfortable doing this. My daughter pushed me and got me started on Facebook. Then she urged to post my column there," he says.

Now a Facebook regular, Dr. Morley says, "It's a great communication tool, and it's an excellent way for State chapters to reach out to younger physicians who use this regularly." He notes that it also is an effective means for physicians to communicate with each other. "The chance to share information about what the state is doing when they come into the facility for surveys alone is worth its weight in gold," he suggests.

The key is for chapters just to get started. Don't expect immediate success, says Dr. Morley. "You have to build an audience. You have to send out messages that you think will be of interest to your targeted audiences, then you have to develop a following. Properly done, it can be very exciting," he says. While it is useful to post meeting notices, links to research and other articles, and clinical news, Dr. Morley notes that it also is advisable to include some conversational messages that encourage interaction and two-way communications.

Dr. Morley uses Facebook not only to post his column and links to articles; he also is making new contacts. "While I was hesitant at first to accept requests from complete strangers to be 'friends,' I've been able to broaden my visibility and connect with many people I wouldn't have otherwise. Now I accept requests from anyone who asks." He adds, "I'm selective about what I post, and the result has been positive."

Interested in volunteering for a TMDA committee?

Contact the TMDA office at 410-992-3136 or info@ltcdirect.org

Have you visited the TMDA web site lately?

Here's what you'll find at www.tmda.org:

- CME/CMD credit links
- Access to Clinical Practice Guidelines
- TMDA Board meeting minutes

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within the 90 days prior to the start of home health care, or within the 30 days after the start of care.

While the long-standing requirement for physicians to order and certify the need for home health remains unchanged, this new requirement assures that the physician's order is based on current knowledge of the patient's condition. In situations when a physician orders home health care for the patient based on a new condition that was not evident during a recent visit, the certifying physician or NPP must see the patient within 30 days after admission.

The new requirement includes several features to accommodate physician practice. In addition to allowing NPPs to conduct the face-to-face encounter, Medicare allows a physician who attended to the patient but does not follow the patient in the community, such as a hospitalist, to certify the need for home health care based on face to face contact with the patient in the hospital and establish and sign the plan of care. Medicare will also allow such physicians to certify the need for home health care based on their face to face contact with the patient, initiate the orders for home health services, and "hand off" the patient to his or her community-based physician to review and sign off on the plan of care. Finally, in rural areas, the law allows the face-to-face encounter to occur via telehealth, in an approved originating site.

Medicare home health plays a vital role in allowing patients to receive care at home as an alternative to extended hospital or nursing home care. Additional guidance has been made available at http://www.cms.gov/MLNMattersArticles/downloads/SE1038.pdf.

Medicare Payment Reform Addressed in Deficit Commission Report

Last week the National Commission on Fiscal Responsibility and Reform released its final report, "The Moment of Truth: Report of the National Commission on Fiscal Responsibility and Reform." The bipartisan Commission, co-chaired by former White House Chief of Staff Erskine Bowles and former Senator Alan Simpson (R-WY), was created by President Obama as a way to address fiscal challenges. The Commission was charged with identifying policies to improve the fiscal situation in the near future and to achieve fiscal sustainability over the long term. Specifically, the Commission was asked to propose recommendations designed to balance the budget by 2015.

The report addressed the importance of reforming the sustainable growth rate (SGR) and made several short-term and long-term recommendations including:

- Freezing Medicare Physician payments through 2013 and a one percent cut in 2014.
- Directing the Centers for Medicare and Medicaid Services (CMS) to develop an improved physician payment formula that encourages care coordination across multiple providers and settings and pays doctors based on quality instead of quantity of services by 2015.
- In order to maintain pressure on CMS to establish a new system and limit the costs of physician payments, the proposal would reinstate the SGR formula in 2015 (using 2014 spending as the base year) until CMS develops a revised physician payment system.

The report stated that these recommendations would cost about $22 billion less than simply continuing to freeze physician payments, and therefore would reduce the national deficit by that amount.

The report further recommends many other health savings ideas to offset the costs of the SGR fix and the lost receipts from repealing or reforming the CLASS Act, another recommendation from the report. These other recommendations include medical malpractice reform imposing statutory caps on punitive and non-economic damages, extending Medicaid drug rebate to dual eligibles in Part D, and increasing the ability of CMS to combat waste, fraud, and abuse. Other savings recommendations include strengthening the Independent Payment Advisory Board and reducing Medicare financial support for graduate medical education.

The report also recommends that CMS design and begin implementation of Medicare payment reform pilots, demonstrations, and programs as rapidly as possible and allow successful programs to be expanded without further congressional action. Some of those programs include accountable care organizations and bundling for post-acute care services. The Commission recommends utilizing the new Center for Medicare and Medicaid Innovation as a vehicle for accelerating these pilots.

In order for Congress to be required to take action on this report, the Commission needed 14 members to approve the report; however, they only received 11, though, it is likely that many of the proposals within this report will be considered important and relevant in the coming year.

To read the full report visit:
http://www.fiscalcommission.gov/news/moment-truth-report-national-commission-fiscal-responsibility-and-reform.

CPG Implementation Tool Kits

Most health care practitioners and organizations are aware of AMDA's clinical practice guidelines (CPGs). However, many need assistance to implement them in their facility. The implementation tool kits walk you through each step of implementing the specific CPG in your facility. The kits include template letters to the care team and family members informing them of your initiative; a letter to the attending physician along with an at-a-glance summary of physician responsibilities; a Task Assignment Grid to select care team members for performance of specific tasks within the CPG, a policies and procedures (P&P) document that list those P&Ps you will need to have in place in order to implement that specific guideline; a one-page check list for training staff on those P&Ps; a list of Quality Indicators for the specific CPG to use in your facility's QI process; and a laminated Measurement Tool for Clinical Practice Implementation that contains a suggested quantitative process and clinical outcomes measures related to implementation of the specific clinical practice guideline, to use pre- and post-implementation.

In addition, there are three sets of inservices on CD-ROM, one for practitioners, one for licensed nurses and, one for certified nursing assistants that cover the topic and that discipline's role with carrying out the steps in the guideline. The inservices come with their own book of slide notes so that anyone can present them. An instructor's manual and the CPG are also included in the kit. Also included is a CD-ROM with many of the tools available that can be customized. Each kit has other tools specific to the topic as well. Each tool kit is perfect for any facility that wishes to improve its care process and outcomes and is a "must have" for medical directors to demonstrate their compliance with Tag F501!

Purchase CPG Implementation Tool Kits online at http://amda.networkats.com/members_online/members/createorder.asp.

Wii Games Keep Seniors Moving

BALTIMORE – The Wii video-game system helped elderly players burn calories and become more active in a pilot study of 24 adults aged 66–78 years.

Group members burned 17–176 kcal during 30-minute games of Wii baseball, tennis, or team or individual bowling, Elizabeth Orsega-Smith, PhD, reported in a poster at the annual meeting of the American College of Sports Medicine.

The participants were enrolled at senior centers in Delaware. They were mostly women (87%) with an average age of 72 years. Participants were independent, community dwelling, and healthy but overweight – their mean body mass index was 32.67 kg/m2.

The participants wore accelerometers on their wrists during the games, and the researchers calculated caloric expenditure from the readings. Caloric expenditure were 22–114 kcal for baseball and 17–72 kcal for tennis. Caloric expenditure for team bowling was 18–89 kcal, but individual bowling burned 20–176 kcal.

"For the most part, the seniors were able to pick up the game pretty rapidly. They didn't really have much difficulty in grasping the concept of using the controller and the motions that it takes to bowl, play tennis, or play baseball," said Dr. Orsega-Smith said in an interview.

In addition to getting the players moving, the video games inspired some participants to return to real games. "There were a number of participants who may have bowled maybe 10, 15, even 20 years ago" and after the Wii sessions, began real-world bowling again at local alleys, said Dr. Orsega-Smith. In fact, for some participants who needed hip or knee replacements, "after doing the Wii bowling, they decided to go ahead and get those procedures done so they could [do real] bowling."

The researchers are analyzing other measures of physical activity and general well-being collected during a Wii bowling tournament that took place from September 2009 to May 2010. "We were able to get measures on their physical activity levels, psychosocial levels, self-esteem, social support, and quality of life," said Dr. Orsega-Smith, who is an associate professor in the department of health, nutrition, and exercise sciences at the University of Delaware, Newark.

Although the data are still being analyzed, some psychosocial aspects of the competition were apparent during the tournament, said Dr. Orsega-Smith. "They were able to gain social support from one another and were having a very enjoyable time. … Some of the individuals who had cognitive deficits were playing in groups, and because they were interacting in a group, the other individuals were able to help them be successful in playing the Wii – doing some type of activity besides just sitting there."

Rebecca Ferrini, MD, CMD, medical director of the Edgemoor long-term care facility in Santee, Calif., said, "We use the Wii at our facility and find that even patients with significant cognitive and physical disability enjoy playing it and watching others." She cautioned, however, that using the Wii is not without its burdens, including keeping the device charged, clean, functional, and all its component accounted for.

Dr. David Smith, MD, CMD, president of Geriatric Consultants of Central Texas in Brownwood, offered other reservations about the game machine in long-term care settings. He noted that the current study's outcomes were calories burned and weight loss.

The current study's authors "have jumped to a conclusion that this is a good thing, weight loss," he said. "I'm not sure this is proven – certainly not in long-term care and probably not in [community-dwelling] or assisted living populations either." Other possible benefits of the activity, such as muscle tone and sense of well-being need to be studied, said Dr. Smith.

In fact, the researchers intend to do additional tests. "What we're planning to do this summer is … to incorporate some functional tests of balance—chair stand tests, the Berg balance test, as well as the timed up and go test" said Dr. Orsega-Smith reported that she had no relevant financial conflict of interest.

—Excerpt from Caring for the Ages by Kerri Wachter

2011 Caring Canines Calendar

The 2011 Caring Canines calendar, now available for ordering, features photos showing the powerful roles dogs play in long term care facilities. The back cover is a black-and-white photo by famed photographer and AMDA member Jeffrey Levine, MD, CMD. The photo is a loving tribute to his dog, Parsley, and the role he has played in touching the lives of facility residents. As Dr. Levine said, "I brought Parsley to several nursing homes where I worked, and this photo is an accurate portrayal of how he would interact with residents. He would walk around the day room, and people would absolutely light up."

While trained therapy dogs can perform amazing feats, such as herding wanderers, even a common 'mutt' can have a major impact on residents and staff. As the calendar photos show, dogs play many roles—physical therapy aide, mood elevator, entertainer, and—perhaps most significant—friend. The calendar shows dogs of all sizes and breeds, but they share a common trait—they bring love, companionship, hope, and happiness to residents and staff alike.

The Caring Canines calendar is a perfect gift for colleagues, staff, family, and friends. And when you purchase calendars, you contribute to long term care research and education. The calendars are $16.95 each, with volume discounts available. Order yours at www.amdafoundation.org.

SAVE THE DATE

Long Term Care Medicine – 2011: Spring Training for a Winning Team

MARCH 24-27, 2011
Tampa, FL

AMDA Webinar: Weight Loss in Long Term Care

Unplanned weight loss is an ongoing challenge in long term care facilities. This two-part AMDA webinar series will address this issue. Set for January 27 and February 24 at 7 p.m. EST, the evidence-based programs will highlight key factors in a paradigm shift about the understanding of weight loss in this setting. It will include information on feeding and swallowing problems and management options. The program also will examine the physician's and the facility's regulatory and documentation responsibilities regarding weight loss, what triggers and red flags surveyors look for, and effective risk management strategies.

Michael Silverman, MD, CMD, the presenter for this program, is Medical Director for Douglas Hospice and co-author of the critically-acclaimed book, The Real Truth about Aging.

AMDA Core Curriculum on Medical Direction in Long Term Care

July 16–22, 2011: Lisle, IL

The goal of this comprehensive course is to create a stronger sense of the leadership role of the medical director and to provide opportunities to hone skills and interact with peers. The Core Curriculum guides participants through 20 critical areas of long term care management. Each topic builds on information shared and interactive exercises of the topics that precede to create a comprehensive and cohesive picture of medical direction in long term care.

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