

ADPH-HEALTH PROVIDER STANDARDS/AL MEDICAL DIRECTORS

ADVISORY BOARD MEETING

JANUARY 31, 2015

7:30 A.M.

Attendees:

Donald E. Williamson, M.D., State Health Officer
Walter T. Geary, M.D., Bureau Director and Medical Director, Health Provider Standards
Diane A. Mann, Liaison, ADPH Bureau of Health Provider Standards/ ALMDA
James B. Yates, M.D., Board Chairman
Jerry Harrison, M.D., President
Kendra Sheppard, M.D., President-Elect
J. Grier Stewart, M.D., Secretary-Treasurer
George Sutton, M.D.
David Barthold, M.D.
Henry Beeler, M.D.
Steve Furr, M.D.
Claire Hays, M.D.
Michael Reeves, M.D.
Katrina Magdon, ANHA
Sally Ebaugh, M.D.
Malcolm Brown, M.D.
Greg Hill, M.D.
Charles Nevels, M.D.
Dick Owens, M.D.

Dr. Geary welcomed everyone to the meeting. He opened with the discussion of the minutes from the last meeting of July 25, 2014. The minutes were approved as written.

Before addressing the posted agenda items, Dr. Geary mentioned the medication Lupron. He wanted to know if anyone had used it or heard of it being used as a treatment for early Alzheimer's disease. A recent news report noted that a General Practitioner from South Carolina was seeing a patient with prostate cancer and the patient's wife commented that his Alzheimer's had not deteriorated since the Lupron was started. The GP began to investigate this medicine's action in the brain. There is a national study on the relationship between Lupron and Alzheimer's. Dr. Geary provided a reprint of article for anyone who was interested.

The first agenda item discussed was the CMP (Civil Monetary Penalty) grant that was awarded in October called: "The Young Adult in Long Term Care." This is a multi-state collaboration between state survey agencies, the medical directors association in each state, the national medical directors association, and the Center for Medicare and Medicaid Services (CMS), to

provide funding for a program that will include in-state training programs for the entire nursing home community on special problems noted in nursing home residents between the ages of 30 to 65. In most states, the percentage of young adults in a Skilled Nursing Facility (SNF) is 14%; in Alabama it is 16%. People in this age group have unique problems which often present problems to the facility staff. An online training program will be developed for participating nursing home staff. Those completing the program will receive a certificate. A kick-off conference call is scheduled for next week. A lot of CMP money was granted for this project. There are about seven million dollars in CMP money available in Alabama. Dr. Geary again asked that the association or individuals consider developing a program relating to quality of care or quality of life for nursing home residents. Call him and he will send you an application.

Dr. Geary stated he added a discussion of a portable DNAR physician's order to the agenda, but noticed that there is also a presentation on this topic as part of the program for later today. The Alabama Medical Directors Association has been advocating the implementation of this for years. A statewide committee has been formed which includes representatives from most of the large hospital systems in Alabama. Their website is: www.AlabamaTOPP.org. The website is well done and contains a lot of information. You will hear more about this later today.

Dr. Harrison began a discussion about using a database developed by the Department of Public Health as a repository for a list of patients who have implemented a portable DNAR order. He suggested consideration of linking this as a parallel database to the current Prescription Drug Monitoring Program (PDMP) website. This would give physicians immediate access to the database. Dr. Williamson suggested that to accomplish this there should be a separate website authorized and permitted in legislation specifically for collecting and recording portable DNAR orders. There is a question on whether we should have our own database, or go with one of the existing national data bases. There is a question of the legality of accepting an out of state Physician Orders for Life-Sustaining Training (POLST) form in Alabama. It may cost a state as much as six thousand dollars to connect to a national database, so it would probably be better to develop our own database.

The next issue was mentioned in the Minutes from the last meeting. A question was brought up by Dr. Harrison concerning a follow-up from the last meeting about a customer survey feedback from surveys. Mia Sadler, State Program Director, and Lisa Pezent, Long Term Care Director, had shared with Dr. Geary that a survey had been done in the past. A survey issued in 2006-2007 asked three questions:

- 1) Were you given the opportunity to ask questions and find out why the deficient practice was cited?
- 2) Did the surveyor communicate with you face to face?
- 3) Was the survey team courteous and professional?

This was given to administrators at the exit conference for several years, and the responses were always good. There was concern that since these were handed out at the end of each survey, the

answers were not anonymous and there may have been a bias in response. Eventually the survey was dropped, but we would be willing to ask other questions as a follow-up to the nursing home surveys. An anonymous survey was discussed. Dr. Williamson interjected that we would be happy to work with the Association on this. Dr. Geary asked Dr. Harrison to help him develop a survey. Our surveyors are supposed to be responsive and be professional during every survey. There was a discussion on documentation of sensitive information in the medical record and the importance of reviewing the record carefully before speaking to the survey team about a resident's care and treatment. The surveyors are supposed to be accommodating in their schedule when interviewing the physician. Dr. Harrison stated he had sent Dr. Geary and Dr. Williamson a letter on how professionally a survey team had performed in one of his facilities. Dr. Hill said the opportunity to comment is necessary and needs to be made available. Dr. Geary said that we are the first to admit that we are not perfect, we do make mistakes. We do our best to correct errors when they are recognized. We do ask the management from SNFs to provide written comments for the Department to do a formal investigation of the survey process. We do not ever take retribution against any facility or individual for complaining. Dr. Williamson also voiced his willingness to review survey findings in an attempt to get things right. Dr. Geary encouraged the members to call him and voice any concerns they may have. The Department does take concerns seriously.

The last issue came from Dr. Clare Hays concerning the Alabama Quality Assurance Foundation Hospital Re-Admission Project. Twenty-three nursing homes are involved in the project. The data from CMS reviewers indicate the project is going well. The data from Alabama is better than that from the matched controls. The project participants are still seeing that too many congestive heart failure patients are still being sent out to the hospital. A major study problem is the issue of getting staff to weigh a patient every day and notify the physician of rapid weight gain – even in her nursing home where there is a lot of stress on this. Nursing homes seem to be so obsessed and concerned with weight loss to the point of not having concern about weight gain. These patients can be managed in the nursing homes if recognized early and CMS expects these folks to be managed in the SNF. Other problems leading to admissions are infections, Pneumonia, UTI, etc.... There is no argument about admission for sepsis. But the question is, could the early signs of infection have been noted and the admission avoided? The next big issue is fractures. There are too many falls and fractures and too many homes using approaches such as alarms that do not prevent falls and may contribute to falls. Finally, the problems with dementia and behavioral symptoms leading to hospitalization are very difficult to resolve. Some homes are making great progress while some others are not. It is hard for caregivers to see these residents as “persons.” Allowing these residents to live lives and pursue activities which are at odds with the “norm” rather than forcing them to adhere to the task oriented system to which the SNF adheres is a challenge. Families’ insistence on hospitalization plays a part in hospitalization. This seems to be a marker of poor confidence in the nursing staff’s ability to handle problems in the SNF. We have tried to improve the confidence of the LPN charge nurse in dealing with residents and families. Other physicians commented on the nursing interaction with residents, families, and the

physician. It takes a lot of training to teach and communicate with families, other nurses and patients. If the nurse sounds scared on the phone call, they are probably not competent to care for the resident in the facility. If the family loses confidence in staff in the first 48 hours, everything seems to go downhill. There is a lot of work now on shift to shift hand-off, especially on the late shifts. There are two years left in the project and improvement is anticipated.

There was a discussion about lack of discharge summaries from the hospitals. There were concerns of inappropriate hospital discharges with significant abnormal laboratory results. Dr. Hays suggested that the hospitals were unlikely to change this and it seems to be the responsibility of the nursing home to deal with sicker patients, abnormal labs, no discharge summary. Dr. Sheppard stated that they receive many discharges late in the evening. Dr. Hays reported that CMS asked about interfacing nursing home and hospital EHR (Electronic Health Records) systems. The hospitals will allow nursing home physicians to access the hospital records – they must ask for a sign-on code. Dr. Sutton will not allow admissions without a dictated discharge summary. Infirmary Health Care will not allow discharge to a nursing home without a dictated discharge summary. It was noted that the competition for Medicare Part A patients is fierce. Dr. Geary suggested that we ask the hospital association to attend a future ALMDA/ADPH Advisory Board meeting. This might be Ms. Rosemary Blackmon. Dr. Harrison suggested asking members of the Alabama Board of Pharmacy also to help the patients who are admitted from the hospital get the pain medication they need immediately on admission. Dr. Williamson noted that providing controlled medications requires reporting to PDMP. Dr. Harrison asked if the time for a minimal number of doses or days for supply of medication was 24 or 48 hours. Everyone was in agreement that we should invite a representative from the Board of Pharmacy. Dr. Hays made the announcement the national PBS (Public Broadcasting System) will be in Birmingham at UAB next week looking for a nursing home with a fair number of obese, middle aged residents. They are doing a story on the effects of obesity in the Long Term Care setting. They want comments from physicians on how they deal with obese patients in nursing homes. Dr. Harrison said he thought PBS would not want to talk to him so “I guess I won’t be calling them then.” There was a brief discussion of planned vs. unplanned weight loss in the nursing home.

Dr. Geary mentioned recent CMS recalibration of the Quality Indicators which may change the “star rating” of nursing homes on the CMS web page: “Nursing Home Compare.” Katrina Magdon shared there is a webinar on Quality Indicators this Wednesday. This will go over the five star rating calculations.

There was then a detailed discussion of medication use in the nursing home, especially as this relates to the use and reduction of psychotropic medications in the nursing home. Dr. Hays made the point that just reducing psychotropic medications without good training of the staff in alternative behavioral management will result in failure and frequent discharge to a geri-psych facility.

Dr. Williamson discussed the interest of the Alabama legislature in ways that Medicaid can save money in hospital and nursing home and several recommendations were made by the members present.

The meeting was adjourned. The next meeting will be held at the Sandestin Golf and Beach Resort, July 31, 2015, 7:30 a.m.