

**ADPH HEALTH PROVIDER STANDARDS
ALABAMA MEDICAL DIRECTORS'
ADVISORY COMMITTEE MEETING**

**July 29, 2016
7:30 A.M.**

**Sandestin Golf and Beach Resort
Terrace Room
Sandestin, FL**

Attendees:

Kendra Sheppard, M.D., M.S.P.H., C.M.D., President
J. Grier Stewart, M.D., President-elect
Steve Furr, M.D., C.M.D., Secretary/Treasurer
Thomas M. Miller, M.D., State Health Officer
Walter T. Geary, Jr., M.D., Assistant State Health Officer for Regulatory Affairs
Dennis Blair, Director, ADPH/BHPS
Lisa Pezent, Long Term Care Unit Director, ADPH/BHPS
Diane Mann, Liaison, ADPH/BHPS/ALMDA
Katrina Magdon, ANHA
George Sutton, M.D.
Richard Brockman, J.D., ANHA
Greg Hill, M.D., C.M.D.
James Yates, M.D., C.M.D.
Charles Nevels, M.D.
Jerry Harrison, M.D.
Donald Marshall, M.D., C.M.D.
Henry Beeler, M.D.
Sally Ebaugh, M.D., C.M.D.
Clare Hays, M.D., C.M.D.
Charlotte Wynn, C.R.N.P.
Dick Owens, M.D.
Joe Downs, M.D.
Louis DiValentin, M.D.
David MacRae, M.D.
Mark Traylor

Dr. Geary welcomed everyone to the meeting and introduced Dr. Thomas Miller, State Health Officer. Dr. Miller became Acting State Health Officer on November 1, 2015, after the departure of Dr. Williamson. He has been with the Alabama Department of Public Health for over 25 years. Dr. Miller received a Master of Public Health degree from the University of Alabama at Birmingham. He received his M.D. from the University of South Alabama in Mobile. During his career with the Department, Dr. Miller has been a leader in the Bureaus of Family Health Services, Clinical Laboratories, Communicable Disease, Home and Community

Services, Health Provider Standards and the Office of Radiation Control. Prior to becoming the State Health Officer, he has been in charge of home care services, maternal and child health, family planning, WIC, dental, lab testing, immunizations, TB, STD, HIV/AIDS, and epidemiology. Dr. Geary stated Dr. Miller has been very involved in the survey process and with what we do as a Bureau for approximately two years. Dr. Miller has also been very active in looking into the more serious deficiencies.

Dr. Geary also recognized Mr. O'Conner from the Alabama Nursing Home Association (ANHA), as well as the new Bureau Director for Health Provider Standards, Dennis Blair. Mr. Blair stated that he has been with the Department for 22 years. He has been with EMS, the Office of General Counsel (as a special investigator), WIC Program, and BHPS for 1 ½ years. He looks forward to working with the Committee. Dr. Geary added that Mr. Blair is a fully qualified EMT. We are happy to have him as part of our Bureau.

Dr. Geary stated there has been a reorganization of the Health Department and that he will be moving to the 15th floor of the RSA Tower. Dr. Geary will report to Dr. Miller and will be over three regulatory areas: Emergency Medical Services (EMS), Bureau of Health Provider Standards (BHPS), and Radiation Control. He will be still working closely with BHPS. However, Mr. Blair will be the organizer of this Committee moving forward.

Dr. Geary asked if everyone had a chance to look over the minutes and if there were any changes or additions that needed to be made. There were none. The minutes were accepted and approved as written.

Dr. Geary said following the last meeting, there was discussion about BHPS having a Newsletter. It could be used to share information on the survey process, anything that is new with the Bureau or Centers for Medicare & Medicaid Services (CMS) regulations. Mr. Blair distributed the Bureau's Newsletter. He stated the newsletter that was produced by EMS started out like this one and it has grown into about 15 pages. The first one has been mailed and the next one will be emailed and placed on the ADPH website. EMS sends out somewhere around 13,000. We welcome any articles, news, or questions from the Committee. This will be a way of sharing information so that everyone can be on the same page. Mr. Blair encouraged the Committee to send any questions, issues, and training information to him and he will make sure it gets in the Newsletter.

Every unit will be represented. The Newsletter will be sent to licensed facilities. Dr. Harrison asked if it would be sent to Medical Directors or just nursing homes. Dr. Geary responded that we send it to Charlotte Hays who sends it out to all Medical Directors. Dr. Harrison pointed out that not all Medical Directors are a member of the ALMDA organization. He thinks it would be beneficial to encourage Medical Directors to join so they could have information disseminated to them. Mr. Blair stated that the Bureau wanted everyone to be included.

Dr. Geary announced that there will be a local Alzheimer's Conference on Friday, August 12, 2016, by Dr. Power, Dementia Beyond Drugs. Dr. Joshua Freitas is speaking on the environment. This is a free conference for all nursing home staff and Medical Directors. There

will be a charge for others attending. Continuing education credit will be given with lunch included. The conference is funded through a grant.

Dr. Geary gave an update on the Portable DNAR rule and form. The Department's legal staff deserves a lot of credit for listening and working with us very closely. This rule and form should be presented for final adoption to the State Committee of Public Health at the August meeting. It will be final after 45 days of approval which means September of this year. This form is very simple to complete and it assures the receiving facility that the DNAR order is appropriate and needs to be followed. Dr. Geary encouraged the Committee to review the document while the comment period is still open. Comments may be sent by email or letter to Dr. Geary.

Dr. Hays discussed the next topic regarding the project to reduce hospital admissions for long term Skilled Nursing Facilities (SNF) residents. Dr. Hays reported that Alabama has been selected as one of the six states to receive funding from CMS for Phase II of the initiative to reduce hospitalization for SNF residents. It is a payment model. There are 46 nursing homes with three alternates. The exciting thing for Alabama is that we are testing a payment model to improve care in nursing homes. It pays facilities \$218 per day over what Medicare/Medicaid pays. It pays practitioners \$205 per day up to seven days for the treatment of pneumonia, dehydration, COPD, and CHF. One thing that was not evident is that CMS is looking at facilities' survey data along with ER visits, quality measures and hospitalization. Phase II will begin sometime between October 1 and November 1, 2016. Dr. Hays has been surprised by the reluctance from some staff. She feels it is a great opportunity. Dr. Hill asked what would be considered a timely fashion. Dr. Hays stated four hours.

Mr. Richard Brockman began the next agenda item, the update on Medicaid ICN. He has spoken with groups a number of times and the transformation that is taking place is a huge subset of what is being seen. One of the things CMS is looking at is measuring whether programs are successful. CMS is looking to see if the cost is less and is the quality better. These two things go hand and hand. The idea is how is this achieved by having a unified system. The unified system has to start with primary care physicians. It also has to include the practitioner. Red Bay totally uses their resources. They are very ready to take care of their residents. We have an integrated care network to deal with the long-term care population. Legislation has passed the integrated care network. One important fact is that 70% of admissions are discharged within 20 something days. These residents will be care managed regardless of where they are by the same group of care givers. The idea is that there will be a better outcome. All the care sites need to pull together to make a vibrant network.

Mr. Brockman said that his group does beta testing. The idea is by using special needs plans. We would be able to bring the fully integrated tool to the program in a way to have money to manage it. Right now the home communication service program is in need of social monitoring. Wound care staff go into homes and remind patients that it is time for their doctor's appointments. However, no one tells them they need to go to a doctor, which is a big difference. Intercepting with chronic flare-ups could be taken care of by LPNs/Practitioners that could track and trend in the homes. Right now the only option is 911. This needs to start with this Committee. Mr. Brockman wanted to bring this information to the attention of the Committee. Dr. Geary asked if Mr. Brockman had contacted any of the interagency counsels, like the

community coalitions. Mr. Brockman mentioned Triple A and that it would take everyone being involved because it is a cultural change.

Dr. Shepherd commented that the VA is ahead of the game on this issue. Ninety percent of Dr. Shepherd's patients have a problem with medication management. A lot of her patients get better care with medications with someone coming in their homes. Going to the homes is an eye opening experience. As far as the education piece, everyone needs to be educated on long term care. We should be asking if our nurses and therapists have some type of long term care component. They need to be exposed.

Mr. Brockman closed by saying they are in the idea stage. Barriers will have to be broken down. Dr. Hays commented that a lot of times doctors will not cover for one another. We have seen it many times. Patients have to be seen within 48 hours. Mr. Brockman added that is where a nurse practitioner would be helpful.

The next agenda item covered is the American Psychiatric Association Practice Guidelines. Dr. Geary introduced Dr. Nevels to discuss the American Psychiatric Association Practice Guidelines on antipsychotics and dementia. Dr. Nevels discussed how the guidelines were established and the testing and studies that needed to be done in order to create them. In discussing antipsychotics, he stated that the American Psychiatric Association (APA) has agreed that they need to do more studies about antipsychotics. The data is just not good. The studies are bad and not controlled. APA has developed guidelines based on the standards of all the different agencies that view and work with these issues. They engage all their people to set up standards for the studies and look back and evaluate these studies. Before guidelines can be developed, the background has to be taken into consideration, every study that was conducted, how it was analyzed, what data was in there. They look at placebos; was it valid, was it controlled. They also look at all different drugs, other data and a number of different things. There are ambiguities and inconsistencies.

When guidelines are created, they are trying to set the table for the research. None of the guidelines were suggested, they were a consensus of the experts and data. They also looked at the recommendations and what the studies behind them meant. Actually, none of them had a strong excellent support. Using or not using the antipsychotic drugs didn't matter. A lot of them have moderate levels and those are the ones that were helpful. In the first part they talked about assessment, none of those had any statement of strong support because they were not controlled studies. They were assessments. How do you assess people or rate their behavior to start with? They made suggestions, but it is not something that you can do in the average nursing home.

Things that did come out in the studies with a moderate degree of support, was that if you are going to use opportune antipsychotics, you need to look at what the symptoms are. Are they severe, dangerous, do they cause distress? Moderate levels are the ones that are helpful. A lot of times, different facilities do not want patients when they have behavior or are on antipsychotics. There are many Administrators, DONs and Medical Directors that will tell you they will not use any antipsychotics in their facility. There has to be some type of middle ground. You have to do things that are reasonable and consider the risk benefits. Dr. Nevels has seen patients on the antipsychotic drugs and they are still not any better. You have to question why are they still on

them. If patients aren't responding, then you need to go back and re-evaluate. There are good guidelines in the book that refer to looking at certain times of the day, looking at staff, etc., things of this nature may help in not having to use drugs.

Most of the time the only antipsychotic drug nursing homes have is Haldol in their emergency box. Dr. Geary commented that the reason is because this particular drug is cheap. The risk of it versus other drugs is high. Dr. Nevels commented that another point made was that they do not like long acting drugs such as Abilify. Dr. Geary commented that we are looking at antipsychotics and CMS creates a lot of pressure for us to look at those drugs. There has been a reduction across the state. We do view data from the nursing homes and when the doctor was called regarding these medications.

Dr. Geary commented that Lisa Pezent is attending the meeting today. Ms. Pezent is the Long Term Care Supervisor for BHPS. She attended to discuss the problems with surveys and inconsistencies of information that we get. Dr. Geary opened the discussion to the Committee to discuss any kind of inconsistencies and survey problems. Dr. MacRae stated that inconsistency is the keyword. He went on to say the only way to fix that is to identify individual problems. Facilities are not fond of reporting back to BHPS due to fear of retaliation. As long as a survey is not severely adversary, facilities just do what they can to get through the survey process. Dr. Hays commented that it makes it very hard, but we do some of those practices. In Dr. Hays' nursing homes they look at falls. She has heard extensively from other homes that they will not get rid of alarms because of fear of getting a bad survey. Dr. Geary asked if Administrators and owners still do not want to discuss these issues with ADPH. Dr. Hays commented that she could not convince facility staff to call the Department.

Dr. Sutton added that he has had different experiences regarding surveys. He tries to introduce himself to the team and tells them they want to cooperate with them on anything they need. He commented that surveyors have a tough job.

Dr. Harrison commented that the Committee meetings started because of the adversarial situations between nursing homes and ADPH. He has been involved in a survey when the team would not let him or the nursing home staff be apart of the discussion on deficiencies. If the goal is to make care better, they should be willing to hear our concerns. Communication is the key to achieve the goal of cooperativeness.

Dr. Geary commented that David Wright, CMS Director, stated that we are doing things just like we did 25 years ago and expecting different outcomes. New regulations are coming out this fall which will change a lot of the "F" tags. This will make it more difficult on everyone than it has been. It will be a tremendous learning curve. Dr. Geary reiterated that unprofessional behavior has to be reported to him, Dennis Blair, Lisa Pezent or Mia Sadler. We need to know what it is and who it is in order to take action. Surveyors will be made aware of this also. We want everyone to know we are interested and are responsive.

Dr. Hays asked Ms. Pezent what the expectation should be if the Medical Director is trying to discuss with a surveyor about an issue in the middle of the survey process. There are times when surveyors will not talk and they act secretive. Ms. Pezent stated that it depends on where they

are with their investigation. Sometimes they are not finished collecting evidence. Dr. Geary commented if facilities sometimes know what we are looking for, they will hide things, cover up, and staff up different shifts. Surveyors are taught to start with the patient and work up the chain of command. This helps to get whatever information that's needed. Ms. Pezent added that communication is the key. We are listening and serious about having a good relationship. We all have the same goal which is to take care of the patients.

Mr. Brockman mentioned a survey that he was involved in. He commented it is sometimes helpful to send in additional information. Others on the Committee agreed, it is a difficult process. Dr. Geary added that surveyors are not allowed to be consultants. Ms. Pezent stated the surveyors are collecting so much information and observing on the first couple of days.

Dr. Geary thanked everyone for attending the meeting and the meeting was adjourned. The next meeting will be Saturday, January 28, 2017, in The Forum Meeting Space, at The Westin Hotel located at 221 Richard Arrington Jr. Blvd North, Birmingham, AL.