ADPH Medical Directors Advisory Committee Meeting
July 31, 2015
7:30 a.m.
Linkside Conference Center
Sandestin Golf and Beach Resort
Destin, Florida

Attendees:
James Yates, MD, CMD, Board Chairman
Kendra Sheppard, MD, CMD - President-elect
J. Grier Stewart– Secretary/Treasurer
Donald Williamson, MD – State Health Officer
WT Geary, MD, Medical Director/Director – Health Provider Standards
Diane Mann, ADPH/ALMDA Advisory Board Liaison, Bureau of Health Provider Standards
Mike Horsley, President, Alabama Hospital Association
Katrina Magdon, Director of Professional Development and Regulatory Affairs Alabama Nursing Home Association
Angie Cameron, Alabama Nursing Home Association
Clare Hays, MD, CMD
David MacRae, MD
George Sutton, MD, CMD
Greg Hill, MD, CMD
David Rhyne, MD
Steve Furr, MD, CMD
Richard Brockman, JD
David Barthold, MD
Sally Ebaugh, MD
Dick Owens, MD
Charles Nevels, MD

Dr. Geary welcomed everyone. The minutes were read and approved. Dr. Geary acknowledged the attendance of Dr. Donald Williamson, State Health Officer

Dr. Geary introduced Mr. Mike Horsley, President of the Hospital Association. He mentioned that Mr. Horsley has also worked in state government for many years and has a very extensive background. He elaborated that Dr. Harrison, as you can tell from the last meeting's minutes, has grave concerns with transition of care - primarily transitioning from the hospital to the nursing home. Dr. Geary turned the meeting over to Dr. Hays who agreed to lead the group in this discussion. In the Birmingham area, nursing homes admit residents from about five to six hospitals. Sometimes these nursing homes have all the information needed, and sometimes not. It is possible to do the transition correctly. In the current scope of work set forth by CMS for the QIOs such as AQAF, they are now mandated to form community coalitions. The Birmingham area had their first organized meeting last week. There were representatives from almost all the hospitals. Pharmacists and representatives from nursing homes and home health agencies were

also in attendance. We were told in the meeting that over the next four years there would be certain discharge criteria that will need to be met. One of the more interesting ones is the number of days spent at home by a beneficiary as opposed to in an Emergency Room or in a hospital. Eight coalitions are forming in the state. The one in Mobile, which just started last week, is ahead in the state. Dr. Geary added that he has received a lot of complaints through the State Survey Agency about the lack of complete orders coming with the patient from the hospital to the nursing home. There is discrepancy in the quality of orders sent with patient to the nursing home. Pain control is also a big issue as we discussed at the last meeting. There may be no orders for pain meds putting the nursing home at risk for failure; and now Lortab is a Class II drug, and physicians have concerns about writing a prescription for a Class II drugs for someone they have never seen. Dr. Geary asked for Mr. Horsley's input about what goes on with the discharge process. Mr. Horsley stated that the hospital should be financially incentified to do what needs to be done. There are varying degrees of success. It is one of the things the Hospital Association works on routinely in their QA team meetings monthly. Mr. Horsley stated that they are actively engaged in discharge planning and transition of care. Mr. Horsley feels these topics should be discussed in Montgomery at their forum. The question is always: "how we get there" if the incentive is appropriate. To some degree because of the activities of AQAF, the Hospital Association has backed away because of agreement that the QIO is the best vehicle to model for the future. Mr. Horsley thought some meetings had already taken place. Dr. Hays commented that there had only been one meeting in Montgomery. She went on to say that nursing home seem to scramble along and manage without all the necessary information that they need, and that's naturally the nursing home's job at that point. She feels that the hospitals don't always hold up their end of the bargain. Mr. Horsley said that hospitals have problems with transition of care even within their systems. It is one of the biggest problems in their system. Dr. Sheppard added that she thinks the problem could be fixed by addressing the low hanging fruit issues first by getting everyone in the same room (nursing home association and hospital association), and discussing those matters.

Dr. Geary stated that he had two questions. 1) UAB has data system where any doctor in the state can look at a patient's records. Are other hospitals getting on board with this? 2) How can nursing home personnel contact hospitals to get information on patients?

Mr. Horsley stated communication between all involved is so important and there should be no barriers in being able to get information. He will recommend that the hospital association start working on this matter. As far as hospital data base communication systems that varies with each system and hospital, this should be something we could work toward. The "meaningful use" definition doesn't mandate interoperability between hospitals and other health care facilities, but it should. There are a lot of things involved for this to be funded. It is probably three to four years down the road. Dr. Hays interjected that Mobile shares information electronically. Dr. MacRae stated that about five years ago a company came up with a program called OV motion. It uses individual pieces of data to get information from a record. This process started out slowly; one has to have hospital computer access; you can get reports but not actual films. It's not perfect; it needs some work. He volunteered to get the committee information on this program. Dr. Sutton stated that he did not discharge patients unless all requirements are met. He suggested that physicians be mandated to participate in these programs. Mr. Horsley said the Birmingham area attempted this four years ago. A conclusion could not be reached on how to

share data. They are moving toward this which is good news for the future. The systems are usually localized and somewhat isolated.

Dr. Hays stated that some hospitals check your credentials before giving you any information, and then you are given a login and password. Mr. Brockman commented that sometimes physicians have to wait for hours to get a record. He suggested doing a best practice. Good people are needed to start the system so that it works well. Dr. Hays said things are changing. The meeting she attended in Montgomery had a representative from Brookwood who stated they wanted to be totally transparent with the data they have and wants us to share ours. That is not usually the norm.

Dr. Geary commented at the last CMS Regional Office meeting there was a presentation by the National QIO talking about Key Pro dealing with problems in transition of care. We asked them about this issue of getting information transferred, and they said the only thing they could really do was come into the hospital and sit down with the discharge people and have a meeting with them. Dr. Geary asked if anyone had ever heard of Key Pro coming into the hospitals. Comments were made that patients could call if they don't agree with discharge and that providers could call. Mr. Horsley substantiated that the calls do occur. It is a tool that is available but not sure he would use it on a routine basis. Dr. Geary asked Mr. Horsley if he knew what percentages of patients go from the hospital to nursing homes compared to hospital to home. Mr. Horsley said it was a small percentage. Dr. Geary wondered if hospitals are looking at where the numbers are to get the most results. Dr. Hays stated QIOs are getting data from CMS in a timely fashion – three to six months. This could drive a change. There is so much data to sort through. Mr. Horsley thinks it needs to be worked out by each community. Dr. Williamson interjected that the funding would need to be worked out first.

Dr. Geary said he would like to talk about one more thing: code status. He wanted to see if the committee had any ideas on how to handle this. Dr. Geary had some ideas that he shared with the Regional Office, but they were not receptive. He would be interested in knowing how their nursing home staff and nurses knew whether to code or not. Dr. Williamson noted what not to do: that is to leave; residents must be coded. CMS considers this a big deal. Facilities can have ongoing, long-standing IJs; it costs lots of money which adds up every day. CMS says if your resident is a full code, he or she must be coded. Only if one is a DNR can that resident not be coded. The real problem is how these codes are communicated to staff. CMS says it is the responsibility of the nursing home to know the code status of every resident. Every nursing home has different forms and policies. Dr. Williamson said to start the code while someone looks at record; stop if a DNAR order is found in the record. Dr. Geary said he had proposed this and got resistance because people do not want to be held accountable. Dr. Williamson said it is an impossible situation.

Dr. Geary asked if there were any other survey issues. Hearing none, the meeting was adjourned.

**The next meeting will be Saturday, January 30, 2016, 7:30 am, at the** Hyatt Regency Birmingham - The Wynfrey Hotel , Avon Room, in Hoover, **Alabama.**