

Minutes of the BHPS/AL Medical Directors Association Advisory Board

Saturday, February 1, 2014 Birmingham

ATTENDEES:

Clare Hayes, MD, CMD – Board Chairman
James Yates, MD, CMD - President
Jerry Harrison, MD, CMD –President Elect
Kendra Sheppard, MD, CMD – Secretary/Treasurer
Greg Hill, MD, CMD
George Sutton, MD
Grier Stewart, MD
Robert Webb, MD
Harold Simon, MD
Don Sanders, MD
Malcolm Brown, MD
Dick Owens, MD
Joe Downs, MD

Dr. Geary welcomed everyone. The minutes were approved. Dr. Geary talked about the inclement weather Alabama had been experiencing. New Home had some pipes to freeze, but no major catastrophies, some fire watches. There were approximately 35 assisted living facilities that had some type of sprinkler system/flooding issues. There has been some talk about surveyors treating smaller and larger homes differently. Dr. Geary wanted to assure everyone that all nursing homes are treated equally by the Department.

Dr. Geary discussed vitamin D levels. An article that had been read stated that vitamin D levels in black females are lower than white females. The transport protein falls lower, therefore should we be concerned with the lower levels in African American people. Not sure what the answer is to this, but after reading other articles it seems everyone should be maintained on the same o dose of 800 units per day. NO need to over correct the levels in African American women. Dr. Harrison asked what the normal vitamin D level is, and does it change as you age? Most of his patients, office and nursing home, are low on Vitamin D. Dr. Clare Hayes commented that pharmacy consultants all too frequently mention Vitamin D. Dr. Geary still believes at the nursing home level of care that there is a correlation between the vitamin D level and falls. There was a discussion on what is the mean used for this study.

Dr. Harrison gave a follow-up on nurse practitioner privileges. The Alabama Control Substances Commission has approved eight drugs, and permits nurse practitioners to write 3, 4, and 5. There is not a full rule for nursing homes right now. If the drug prescribed is a 3, 4, or 5, the nurse practitioner can write a prescription for the next 30 days after the first script, then the physician has to write the next one. This would keep physicians from having to write these scripts every month. The goal is to have nurse practitioners to be able to write all scripts for 3, 4, and 5 after the initial prescription from the physician. Dr. Webb asked if they would apply to schedule 2s in the nursing homes. Dr. Harrison replied, No. Dr. Harrison further commented that there are people at the Drug Enforcement Agency (DEA) that are intransigent about changing it. No one should look for any reprieve anytime soon. It was asked if hydrocodone will change to a class 2. Dr. Harrison stated it was considered and what was recommended was that it be changed to a 2 and require a physician to write it. Hydrocodone was the #1 drug in Alabama from 1987-2001. Nevada is now is the #1 position.

Dr. Hayes gave an update on the Alabama Quality Assurance Foundations (AQAF) readmission project. She purported there are 23 nurse coaches in nursing homes. She distributed data on the 23 homes. You have to be a nursing home resident for more than 101 days to qualify for the study. There are seven states in the project. The ranges are from 1.1 to 3.8. The average for the other states is 1.5 with Alabama's average being 1.9. There is a lot of pressure to get this average down. This reflects the rate that long term stay residents are being sent to a hospital.

The idea is that we can allow our nursing home residents to be managed in the nursing home for every typical condition. Two things that cannot be managed are GI bleeds and fractures. CMS's expectation is that all other things can be managed in nursing homes. One thing that has been observed is the LPN, skilled nurse front line needs to be improved. There are many controlling factors that contribute to this. We have internal data from the coaches, but none from CMS right now. One example is practice pattern variation. Data does drive behavior. An interesting thing across the 23 nursing homes is that residents sent out are admitted. Dr. Downs asked if that was better. Dr. Hays replied, Yes. Some states have high rates of going to the emergency room and back to the nursing home. CMS does not like this. The emergency room visits are being looked at to see if it was something that can be taken care of in-house.

Dr. Harrison asked what about when families insist the resident is sent out. Dr. Hays said it can be coded that way. Coaches and nurses should be trained to discuss with family members what they want for their loved one. Family members should be told what is available in nursing homes to residents to take care of them there instead of them being sent out. Dr. Geary interjected that CMS expected this, but at the same time sets no regulations.

Dr. Geary also commented that from a surveyor's point of view, they see a resident at the end of life and not on hospice, the family complains; we ask questions. If the resident was put on hospice the surveyor wouldn't cite. Dr. Harrison stated there are families that will not allow hospice to take care of their family. Dr. Geary says the problem is documentation Dr. Hays says the goal of care should be documented. Get to the problem early and fast to prevent going to the hospital. While this project is aimed at being a hospitalization study, it has been discovered that CMS is tracking all quality of care. It's turning out to be a comprehensive study. Dr. Hays encouraged the committee to read the Inspector General's report regarding this.

Dr. Harrison wanted to discuss portable DNR (Do Not Resuscitate.) He wanted to know if this organization could send a letter to the Governor, Speaker of the House, and CMS stating how beneficial a portable DNR would be. Not having one puts residents at risk; it's costly, unnecessary pain. A copy of the letter should also be sent to the Birmingham News and Montgomery Advertiser newspapers, and stating that we have been trying to

Get this done since 2005. Dr. Hays asked what the real barrier on this was. The Hospital Association has killed it. They want their lawyers to make the decision on DNR. Dr. Geary says he thinks the letter would be helpful. CMS could correct this by incorporating it in the regulations. Dr. Downs said there is a knowledge deficit.

Dr. Reeves was not present to discuss the last agenda item: nursing home staff writing, changing and cancelling orders under the CRN's name.

Dr. Geary asked the committee to think about future agenda items such as: civil monetary penalties and survey issues.

There is a company called INTL, "It's never Too Late," used for all kinds of things: information, entertainment, music therapy, and physical therapy. It's expensive. It requires signing a two-year contract.

The meeting was adjourned. The next meeting will be at the Sandestin Beach and Golf Resort, July 24-27, 2014, in Destin, Florida.