

ADPH Medical Directors Advisory Committee Meeting
July 26, 2013
7:30 a.m.
Sandestin Golf and Beach Resort
Terrace Rooms I & II
Sandestin, FL

Attendees: Clare Hays, MD, CMD – Board Chairman
James Yates, MD, CMD - President
Jerry Harrison, MD, CMD – Secretary/Treasurer
Donald Williamson, MD – State Health Officer
WT Geary, MD, Medical Director/Director – Health Provider Standards
Janice R. Sadler, State Agency Director, Public Health
Katrina Magdon, Alabama Nursing Home Association
David MacRae, MD
Kendra Sheppard, MD
George Sutton, MD
Robert Webb, MD
Chivers Woodruff, MD, CMD
Steve Furr, MD, CMD
Grier Stewart, MD
Harold Simon, MD
Michael Reeves, MD, CMD
Richard Brockman, JD
David Barthold, MD
Sally Ebaugh, MD

Dr. Geary welcomed everyone to the meeting. The minutes were read. Dr. Geary pointed out that there is no School of Pharmacy at Birmingham Southern College. It was moved and seconded to approve the minutes with the deletion of “School of Pharmacy at Birmingham College.”

Dr. Harrison began the meeting by discussing the update and writing of laws regarding nurse practitioners (NPs). Their hope is that if a Nurse Practitioner renews their Alabama Controlled Substance Certificate (ACSC), they will be registered with Alabama Department of Public Health Prescription Drug Monitoring Program (PDMP). Right now the problem is for new licenses, ACSC requires PDMP and vice versa. Their lobbyists are working on this issue. The legislature has passed a law that Nurse Practitioners will be able to prescribe meds with one refill.

Dr. Geary brought up the subject of alarms relating to falls. Dr. Geary stated that Centers for Medicare and Medicaid Services (CMS) has not given specific guidance regarding alarms. The Alabama Nursing Home Association (ANHA) sponsored a lecture by Sue Ann Guilderman who discussed falls and the problems associated with falls. Ms. Guilderman discussed how reducing noise levels improved sleep patterns, behavior, attitudes, and the number of falls decreased. Dr.

Geary suggested that the committee contact ANHA to receive a copy of Ms. Guilderman's presentation if they are interested. Dr. Hays commented the ANHA also has handouts that are helpful to families who insist on alarms being used.

The next topic Dr. Geary discussed was a spru-like illness described with Benecor® that the Food and Drug Administration (FDA) had announced. He wanted to know if anyone from the committee had seen it in the nursing home. The committee voiced there were no issues. Next, Dr. Geary asked about Axone, which is a triglyceride advertised as prescription food for Alzheimer's disease. Dr. Hays commented she has had families to ask for it, but usually the family member in the nursing home has progressed to the point that Axone would not benefit them. It is an alternative source of energy for brain cells.

The next item Dr. Geary discussed was the Civil Money Penalty (CMP) grant sponsored by CMS. The Alzheimer's Association in the Montgomery/Autauga/Elmore area received a grant after multiple rounds of revising their application. They will receive a grant for \$143,000. The Alzheimer's Association will be training nurses, certified nursing assistants (CNAs) and other staff in virtual dementia and appropriate response to patients with dementia. There will be a conference August 2, 2013. All nursing homes are invited. Teepa Snow will be the speaker discussing communication. Also, the Alzheimer's Association will be sending their staff into nursing homes to talk to CNAs about dignity and person-centered care. Dr. Geary encouraged the committee to encourage groups in their communities to review the CMP grant application. The Alabama Nursing Home Association, Lee Ann Cole, and Dr. Geary have CMP applications available for anyone who is interested. It is a lot of work. Dr. Geary offered his assistance to anyone who may need help with applying.

Dr. Geary stated that the American Geriatrics Society identified five things that health care providers and their patients should question and avoid: (1) over vigorous treatment of diabetes due to blood sugar dropping too low; (2) use of G tubes at end stage of dementia; (3) using an antipsychotic as the first step for dementia related behavioral problems; (4) using hypnotic and anxiolytic meds for sleep aids; and (5) any use of benzodiazepines due to the increased risk for falls. There was further discussion of sleep problems in nursing home residents. Dr. Geary commented that a resident's environment, caffeine intake, and the amount of water they get late at night could affect sleep. The thought process is that the meds are to be used cautiously, being aware of side effects and documenting what is done.

Dr. Reeves mentioned his observation to the board that the number of nursing home residents who drive an auto has increased. He discussed this in the context of prescribing some of the above meds, and would you limit them to 14 days and then reevaluate, especially if the resident is still driving.

Dr. Harrison asked if there is any guidance on giving baths to residents at 3:00 or 4:00 a.m. Dr. Geary noted that residents have a right to participate in their care plan for such activity. If this is received as a resident's complaint, it would likely be determined to be a violation of their rights. They have the right to participate in their daily schedule of events.

Next, Dr. Hays discussed an Alabama Quality Assurance Foundation (AQAF) project on readmission. The goal is to reduce hospitalization in long term nursing home residents. The project started last October; it is a four-year grant involving 23 nursing homes. Most of the nursing homes are located in Birmingham, north Alabama, and close to Auburn; all within a two-hour radius of the AQAF office. Registered Nurse (RN) coaches were trained for a month in geriatrics, quality improvement, and care planning. The coaches are now in facilities interacting. There is no data yet available on how well it is working at this time; it will probably come in the fall. Talladega is a star facility. The administrator becomes the key person in this project. If the administrator doesn't let the coach participate in most aspects of facility management, problems arise. Some administrators do not let coaches perform their intended role and look at them as "Quality Police." There was a complaint survey conducted at one of the facilities and the administrator believed a coach was the complainant. The coach was dismissed from the facility.

Some of the things being looked at are ER visits: 50% of the residents come back to the facility. Does every resident who falls and hits their head and doesn't lose consciousness need a CT scan? Are we substituting ER visits for MD assessments?

One of the things discovered was: if a facility does a major quality improvement effort on falls, ER visits decline. Again, the goal is to prevent hospitalization in the long term stay residents. The project looks at hospitalization rate per 1000 bed rate for long stay nursing home residents. There are seven projects in the country. Ours is the RN Quality nurse. Some states look at NPs. Nevada is looking at EMS (Emergency Medical Services) being involved state wide to be able to go in and do quick assessments. Pennsylvania is doing a tele-health project. It will be interesting to receive data on the project in the fall.

Dr. Sutton commented that there is an issue with nursing residents who are not "Do Not Resuscitate" (DNR) and want all life sustaining methods used. Dr. Hays stated this is a huge issue that the project is addressing. Coaches will be brought in and taught how to communicate with families and residents on end of life care. Another interesting point relates to a hospital in rural Alabama, owned by a physician that is close to one of the nursing homes involved in our project. The nursing home and the hospital have the same physicians. When the physicians see the census is low at the hospital they will choose a resident from the nursing home to be admitted to the hospital. This results in a huge issue; therefore we are making efforts to have meetings with hospitals. The goal is for everyone to interface and use the same tools.

Another goal is to help CMS figure out a better payment method. In addition, the Round 2 proposals, the grants that are due in August, are all about payments. The requirements are really complicated. CMS is looking at issues surrounding dis-incentives or mis-incentives to care. Dr. Hays commented that her residents are better off in her nursing home because they have CNAs who know how to feed and care for them, unlike some hospital staff who do not know how to feed the patient and the resident gets sent back to the nursing home with a feeding tube. Dr. Reeves, Dr. Sutton, Dr. MacRae, and Dr. Hays discussed how challenging it is to recruit skilled internal medicine physicians to work in nursing homes because of hospitalists. They can make more money and have more free time as a hospitalist than working part-time in a nursing home while in an office practice.

Dr. Geary recognized Dr. Donald Williamson, State Health Officer, and asked if the committee had questions for him.

Dr. Sutton said in his nursing home there is confusion on what NPs are allowed to do. It would be nice if an agency would publish a "cheat sheet" of what NPs are allowed to do. It would save a lot of confusion. Dr. Williamson asked Dr. Harrison if that was something joint practice counsel could do. The Department cannot do it; the Alabama Board of Nursing would have an opinion. Dr. Harrison said he would find out.

Item six on the agenda was "Nursing Home Staff Writing Orders; Verbal Orders Written under the Certified Registered Nurse Practitioner's (CRNP) Name – Changing or Cancelling Orders Written by a CRNP." Dr. Reeves asked to talk about this item at the next meeting. He is still collecting data.

Richard Brockman discussed continuity of care. He stated that we really need collaboration of care instead of using just transfer sheets. He and Dr. Reeves have been discussing ways to improve this. Dr. Reeves stated that he also works across state lines and gets to compare a lot of Long Term Care work. He has experienced problems in nursing homes. One way nursing homes and the medical directors decided to reduce re-hospitalization is to involve their providers. They started using physician extenders as a solution. They have used these for two years. They are in Alabama and Tennessee. They have seen a reduction in re-hospitalization and unplanned discharge. Sometimes local physicians would object to an NP assessing their patients in the nursing home. We implemented a program where the NP sees the resident and makes an assessment and communicates the information to the physician and no orders are written without the attending physician approving them. The point being, if the ANHA or an individual nursing home could take a position to advocate for this program without stepping on the attending physician's toes, he and Mr. Brockman feel it is a good program to go forward with. Dr. Hays commented that she might be resistant to an NP because she might not know their skill set. Dr. Reeves explained that his group is developing a 52-week course for NPs which includes passing an online proficiency test. There was an in-depth discussion about collaboration and oversight between NP and Medical Director. Mr. Brockman stated that the goal today is the establishment of a better primary care network. The question is how we create that continuity of care, what happens after the resident leaves the nursing home. The NPs are just a small percent of this program. The committee continued to express their concerns.

Dr. Geary interjected that it was time to attend other meetings and thanked everyone for coming.

The next meeting will be Saturday February 1, 2014, at the Hilton Birmingham, 8 Perimeter Park.