ALABAMA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEATLH CARE FACILITIES
MEDICAL DIRECTORS' ADVISORY COMMITTEE

DATE: Saturday, July 19, 2008 7:30 a.m.

PLACE: Sandestin Beach and Golf Resort
Sandestin, Florida

Board of Directors: Robert Webb, MD, Board Chairman
Michael Hanna, MD, CMD, President
Jimmy Davis, MD, CMD, President Elect
Michael Reeves, MD, CMD, Secretary/Treasurer

ATTENDEES: W**.** T**.** Geary, MD, Medical Director, DHCF
Robert Webb, MD, Board Chairman
Michael Hannah, MD, President
Malcolm Brown, MD
Jimmy Davis, MD, President Elect
David MacRae, MD
Jim Yates, MD
Jerry Harrison, MD
Charles Nevels, MD
Mickey Dichiara, MD
Wilbert Rump, MD
John Wagner, MD
Edwin M. Moyo, MD
Kevin Jackson
Michael Reeves, MD
Diane Mann, DHCF
Rebecca Hall, DHCF

Dr. Tom Geary welcomed attendees to the advisory meeting and thanked them for attending. Minutes from the previous advisory meeting were approved as presented.

1. Update on Assisted Living Facility meeting: Dr. Geary thanked Drs. Jim and Ann Davis and Dr. Edwin Moyo for coming to the meeting to talk about assisted living facilities and the definition of dementia in the regular assisted living facility. The letters from Dr. Morgan Eiland had raised some issues about competency testing in regular assisted living facilities. The consensus reached was that if you don't know your name or the medicine pack, you probably need to be in a specialty care assisted living facility. But even if you can recognize your name, there is a better test for dementia that can be given: the Folstein Mini Mental Status Exam. It is copyrighted material and people are charged to use it- this is a problem. The SLUMs exam is

another option, but it too is not good for predicting the future of who's going to develop behavioral problems or elope. Dr. Geary asked for help in finding a test that could predict behavior as to whether a resident is likely to elope or have behavioral problems and fight with the staff and resist care. Dr. Geary, Dr. Powers and a number of others are looking for a simple test that is easy to administer.

Dr. Davis stated that there were a lot of people in regular assisted living facilities with some level of dementia. Dr. Davis wanted to know what the tolerable level of dementia was. Dr. Geary agreed that there are a lot of residents in ALFs because their executive functioning capacity is down, they can't manage their checkbooks, can't buy groceries, or fix the house up, but the group had not determined a level of dementia tolerable in the ALF apart from the medication test. Dr. Brown asked about sitters administering medications. Dr. Geary said that some facilities do have sitters in addition to the care assistant staff. The sitters are still not able to do anything but assist with medications, like a care assistant. And if the resident is fighting with the sitter, attempting to elope, and resisting care, they're still not appropriate for a regular assisted living because it's not secure and the staff hasn't been trained. Dr. Davis mentioned that it might be best to look at behavior since that was the biggest issue. Dr. Geary reported a Google search had turned up little except a new 39 point behavioral test you do once, and then repeat the assessment in a few weeks. He stated that it was complicated, but that it had been verified that it has been effective. Dr. Geary asked for ideas, solutions.

2. Update on the Medicaid Electronic Health Records Demonstration Project. This project is a collaborative effort between Medicaid and Blue Cross as a cost reduction method. Dr. Geary has spoken to various staff at Medicaid. He has talked with Kathy Hall at Medicaid and printed out things of interest that she has put on their website.

The Alabama State Survey Agency has had several meetings with the Alabama Nursing Home Association about electronic health records. Problems have been encountered in nursing homes that have the electronic health record system, such as: difficulty in getting access to information, having to be taught how to access the information, giving passwords to surveyors for them to be able to get in to the computer, and concerns that what shows up on the computer may not actually be what is going on with patient care. In addition, when a person logs on and starts looking at a record, someone in another room can follow every step they are making in real time and see exactly what they're looking at from another computer. Dr. Geary has spoken with a few people in the industry and everyone thinks this is the direction things are going, especially with the President's Initiative on electronic medical records. National organizations think that's going to be the way to solve all the problems with the health care system, but Dr. Geary expressed his doubts about that.

Two corporations, Turenne and Northport, are using electronic health record system. Dr. Reeves complained about what he had observed – no involvement whatsoever with medical directors. The question was raised as to how many have electronic records. Answer: not many. A discussion followed in which Dr. Harrison reviewed several options for electronic medical records and effects on financing and reimbursement.

3. Update on New Guidance to surveyors on two F-tags: Nutrition F325 and Sanitation F371. Training for nursing home staff and surveyors will be held August 18 in Birmingham.

4. Update on Prisoner Release Bill allowing certain old, demented and terminal prisoners to be placed in nursing homes. The prison system is trying to save money. Excluded are death row inmates, violent, sex offenders. No regulation that prisoner placement in a nursing home as to be reported to ADPH. Dr. Geary asked that the medical directors informally notify him at ADPH if they get any prisoners. One physician commented that the prisoners were characteristically better patients and not as demanding as others.

Dr. Webb remarked that he could envision a family council meeting announcing the admission of prisoners: "Can't you see that response?" The question was raised as to how many residents or beds in Hamilton A and I- the Answer is 300.

Dr. Geary: The ease of access for hospice care in the nursing home as opposed to a prison seems reasonable and appropriate for terminal prisoners.

Other physicians felt that some of the people are very appropriate for nursing homes. However there may be a problem with family members. Dr. Moyo commented that a lot of education will be necessary. He expects to see a lot of resistance from the individual nursing home.

5. Update on Unlicensed assisted living facilities – Under the new law there are Civil Monetary penalties to discharge or refer patients to unlicensed health care facilities. We investigate these but it is often difficult to force closure. We have to go to court. Unlicensed facilities are often a danger to the residents and hurt the financial viability of licensed assisted living facilities. Nursing homes are at less than 100% capacity as well. Dr. Geary indicated that we all need to work together to get rid of unlicensed facilities. We are aware that there are financial reasons some people choose to live in alternative living arrangements.

Dr. Harrison reported a situation in which the state closed an unlicensed facility in which he had a patient who now stays with her daughter. This lady had stayed there 4-5 years doing great – but since the facility was closed she has been in the hospital twice recently.
Dr. Geary told about the other side of story- relating the incident of the Prattville ULF with no heat and chains on the door of the trailer. A license not expensive, especially for a Family ALF.

At this point a discussion of Hospice care including hospice care in the Nursing Home ensued:

Dr. Webb: use hospice to take care of patients; bill take care of it.

Dr. McRae: what about referrals?

Dr. Geary: make note on chart as to your understanding of the licensure status of the facility. Just remember that you can't refer someone to unlicensed facility.

Dr. Webb: Hospice may be banned from NH by CMS in few years –

Dr. Hanna: Hospice in the Nursing Home is great for difficult residents and families.

Dr. Webb: Non-cancer situation is big issue. Also he suggested that the attending discuss the hospice care with the Administrator when they are not doing good job. Dr. Webb uses it for family support.

Dr. Harrison: the best thing is bereavement care.

Dr. Geary: they are good with younger residents who have younger families.

Dr. Brown: Continuous care at the end of life can be a great asset to the family and the facility.

6. At this point the discussion changed to the survey process and questions on ADPH staff grilling facility staff with questions over and over on the same thing. Dr. Hanna questioned interrogating aides: Asking the same questions three times.

Dr. Downs reported that he was driving to New Orleans when he got a call from a surveyor. He didn't have the chart but tried to answer from memory. He was quoted and the facility had a bad complaint survey. Should the Medical Director or any attending wait until he or she has the chart to talk to the surveyor? Dr. Geary reminded the attendees that the survey process was a serious investigative undertaking and they should not answer questions without checking the facts.

Dr. Hanna asked about training of the survey staff, in particular education on culture and sensitivity as related to infection verses colonization. Dr. Geary reported that it was not the responsibility of the surveyor to make a decision regarding a culture result, rather the doctor's responsibility. He agreed to bring this issue up in the departmental meetings.

Another physician brought up the problem of poor progress notes which are occasionally one- liners. Would this not be Medicare fraud? Dr. Geary indicated that the surveyor hesitate to question physicians notes and are not involved in looking for an individual physician Medicare fraud.

7. Dr. Harrison brought up NH CMS newer events, e.g. Foley Catheter related UTI. The nursing home gets blamed for pressure ulcers 90% of the time. Dr. Brown suggested careful patient documentation the day the patient leaves the nursing home. He was involved in a huge push on press sores: with Alabama Quality Assurance and four hospitals and four nursing homes, as well as some home health agencies. There was a dramatic drop in the incidence of pressure ulcers. Communication makes a huge difference- knowing who to call helps.

8. Dr. Hannah brought up a problem with dialysis for NH residents: who changes diaper, treats nausea, feeds lunch, etc…There are serious care issues and staffs argue about supplies and

who is responsible for care. He recommended thorough documentation as a defense against complaints of abuse and neglect that can lead to lawsuits.

9. Dr. Harrison reported on the legislative efforts with respect to scope of practice for Nurse Practitioners. Let him know if you have thoughts on this. Now is the time to make the case for physicians directing care. Also- Medicaid needs people to serve on the Pharmacy and Therapeutics Committee- each physician does get paid- though not much. But it is very rewarding.

\Dr. Geary thanked everyone for their attendance and discussion. The next meeting will be held on Saturday, February 28, Sheraton Hotel, Medical Forum, 2nd floor.