



The Florida Society for Post-Acute and Long-Term Care Medicine



# Progress Report

Serving Physicians, Medical Directors, Advanced Practice Nurses, and Physician Assistants  
Practicing in Florida's Post-Acute and Long-Term Care Continuum

## FMDA Celebrates 25<sup>th</sup> Anniversary at Best Care Practices in the Geriatrics Continuum 2016

— Conference features excellent educational and networking opportunities

**F**MDA is excited to be celebrating its 25<sup>th</sup> Anniversary during Best Care Practices in the Geriatrics Continuum Conference, Oct. 13-16, 2016. The educational program is designed to provide a review and update of major geriatric diseases, illnesses, and risks found in nursing home and hospice patients, residents of assisted living facilities, and seniors living at home. Topics will vary and include a wide range of clinical and administrative talks and will feature an annual forum with national leaders. This annual forum has been a highlight of the conference each year, and provides an opportunity for industry thought-leaders to discuss challenges and difficulties facing their organizations in the long-term care and post-acute (PA/LTC) continuum. The theme for this year's conference is *Navigating Successfully into a New Frontier: PA/LTC*.

Best Care Practices 2016 is hosting two preconference workshops on Thursday, Oct. 13. The first, a three-hour workshop titled "New Trends in Hospice, Palliative Care, End-of-Life Decisions, and Bundled Payments," is hosted by a great panel of experts. The second, a four-hour workshop, is called "Developing Skills for Quality Assurance Improvement (QAPI) in Long-Term Care for the Interdisciplinary Team" and features experts Dallas Nelson, MD, CMD, and Suzanne Gillespie, MD, RD,

CMD. For more information about these workshop, see page 7 of this publication, and checkout the brochure on our website at [www.bestcarepractices.org](http://www.bestcarepractices.org).

In addition to the interesting workshops, the conference will feature a Medicare billing and coding update, management of heart failure, conflicted surrogate syndrome, a Beers Criteria update, update on diabetes treatment and new medications, antibiotic stewardship, regulatory update for clinicians, movement disorders, acute renal failure, CMS 5-Star SNF Reporting, motivational interviewing, journal articles review, and many more dynamic sessions designed for those with an interest in PA/LTC medicine.

FMDA President Leonard Hock, DO, CMD, MACOI, HMDC, is impressed by the number of high-level presentations and quality speakers that have been invited this year.

"Playing on the theme of this year's conference, *Navigating Successfully into a New Frontier: PA/LTC*, there is much change in the world of post-acute and long-term care medicine, with a lot of focus on CMS' reimbursement models and how practitioners will be compensated in the future," Dr. Hock said.

"A lot of uncertainty lies with the bundled payments for care improvement initiative

### Navigating Successfully into a New Frontier: PA/LTC

The 25<sup>th</sup> Annual Conference will take place at *Disney's Grand Floridian Resort* in Lake Buena Vista, Florida on October 13-16, 2016.

We hope to see you all there!  
Please visit [BestCarePractices.org](http://BestCarePractices.org) for updates!



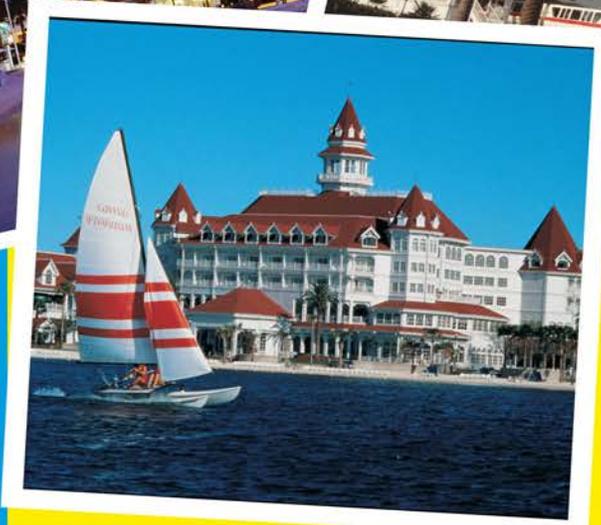
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25<sup>th</sup> Anniversary Conference



**Save the Date!**  
October 13-16, 2016

Disney's Grand Floridian Resort,  
Lake Buena Vista, FL



**See You at the 2016 Conference**  
Best Care Practices in the Geriatrics Continuum 2016 is FMDA - The Florida Society for Post-Acute and Long-Term Care Medicine's (FMDA) 25<sup>th</sup> Anniversary Conference, held in collaboration with the Florida Chapters of Gerontological Advanced Practice Nurses Association, National Association of Directors of Nursing Administration, and Florida Geriatrics Society.



The Florida Society for Post-Acute and Long-Term Care Medicine

**FMDA - The Florida Society for Post-Acute and Long-Term Care Medicine**

Serving Physicians, Medical Directors, Advanced Practice Nurses, and Physician Assistants Practicing in Florida's Post-Acute and Long-Term Care Continuum

[www.fmda.org](http://www.fmda.org)

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**From the President**

**FMDA: The Future of PA/LTC Medicine in Florida**



As we gear up for another annual conference, FMDA is excited about the future state of the association. Much has happened in the past few months, including a boost in membership numbers, new collaborations on important statewide initiatives, and an exciting symposium with Florida State University's College of Medicine.



workshop will look at the impact of current changes and challenges within the U.S. health care system, i.e., adapting to new legislation, integrating advances in technology, and adjusting to trends in patient-centered care. In addition, today's health care providers are encouraged and challenged to work within their communities to form partnerships and collaborations to deliver more efficient, higher-quality care and to realize improved outcomes; to focus more on care coordination and the continuum of care. We will also look at how hospice and palliative care fit within this new and competitive health care marketplace and provide insights to help us prepare for the future and capitalize on the unique perspectives and skills of hospice and palliative care professionals.

There is a lot for us to brag about and we wish to share some updates with you, specifically about the annual conference coming up in October at Disney's *Grand Floridian* Resort, Oct. 13-16.

This is FMDA's 25<sup>th</sup> Anniversary conference and the theme for this year is *Navigating Successfully into a New Frontier: PA/LTC*. This is the perfect entry-point to explore how the world of health care is changing — most importantly, CMS payment reform, and how practitioners will be reimbursed in the future. Other health care trends will be discussed, such as genetic testing, the expanded Beer's List Criteria, QAPI, 5-star rating system, another exciting National Leaders Forum, and government and regulatory issues that will affect practitioners in the PA/LTC continuum.

The preconference day this year features two excellent sessions. There will be a three-hour workshop titled "New Trends in Hospice, Palliative Care, End-of-Life Decisions, and Bundled Payments." This

“Developing the skills for Quality Assurance and Performance Improvement (QAPI) in PA/LTC” is a very interesting four-hour program that is also featured on the preconference day. This workshop will equip nursing home leaders with the practical skills needed to make QAPI the standard for getting work done, rather than seen as a separate program. Improvement work relies heavily on the interdisciplinary team and the active involvement of leadership, medical directors, clinical providers, and organizational leaders who are the keys to the success of QAPI.

Attendees will learn and practice

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FMDA *Progress Report* has a circulation of more than 1,100 physicians, advanced practice nurses, physician assistants, consultant pharmacists, directors of nursing, administrators, and other LTC professionals. *Progress Report* is a trademark of FMDA. *Progress Report* Editor Elizabeth Hames, DO, welcomes letters, original articles, and photos. If you would like to contribute to this newsletter, please e-mail your article to [ian.cordes@fmda.org](mailto:ian.cordes@fmda.org).

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# Editor's Corner: Describing PA/LTC

By Elizabeth Hames, DO, CMD; Assistant Professor, Department of Geriatrics, NSU-COM; Associate Program Director, Geriatric Medicine Fellowship, Broward Health; Editor, *Progress Report*



e're excited to bring you the *Progress Report* on FMDA's 25<sup>th</sup> anniversary! Recently, I looked back at the issue of *Progress Report* created on FMDA's 20<sup>th</sup>



anniversary, which included wonderful vignettes from many of FMDA's past presidents. While reading some of their descriptions about the creation of FMDA in 1990 and its early years, I was thinking about how much has been accomplished by everyone who is a part of this organization and what amazing growth there has been. The expansion of FMDA in both size and scope reflects the evolving complexity, challenges, and opportunities for providers of post-acute and long-term care (PA/LTC) at the local, state, and national levels.

As post-acute and long-term care is continually being redefined, I thought it would be interesting to share some impressions from care providers in the continuum. Heather Whiston, MD, MPH, program chair for the 2016 American Geriatrics Society annual meeting, opened the meeting with a request for the audience. She asked everyone to describe *geriatrics* in just three words. Hundreds of answers were rapidly tweeted and results were shared. A very common response to

that question was long-term care, confirming the central role of PA/LTC in the care of older adults. I thought that Dr. Whiston had such a wonderful idea and I wanted to do something similar on a smaller scale.

Over the past few weeks, I have asked many care providers to describe *post-acute and long-term care* in just three words. I truly thank everyone for their honest and thought-provoking answers! I was able to gather some responses from physicians (PA/LTC and non-PA/LTC), medical trainees, geriatric and palliative care fellows, medical residents, and medical students), nurses, pharmacists, PA/LTC administrators, community-based medical assistants, PA/LTC nursing assistants, and PA/LTC non-medical staff. Some were members of FMDA, some were non-members.

I was interested to see how many of the same words came up multiple times, and that there was so much similarity in responses overall. Many answers included a blend of

**It's gratifying to know that our hard work in educating CMS about the nuances of our care setting has resulted in some movement to ensure that our members won't be penalized for choosing to work with this ill, vulnerable, complex population.**

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### Words that came up most often:

Compassion	Fear
Dedication	Odor
Comfort	Vulnerable
Complex	Death
Challenging	Unfair
Teamwork	Neglect
Interprofessional	Improve
Education	Dependency

words with both positive and negative connotations. I had wondered if there might be similar responses among provider type? I did see a few weak trends — nursing assistants in both PA/LTC facilities and the community mentioned *fear*, *neglect*, *unfair*, and *improve* slightly more often than other provider types. Medical trainees (fellows, residents, students) responded *odor*, *complex*, or *teamwork* several times. Physicians and nurses slightly more frequently answered *compassion*, *challenging*, *dependence*, and *dedication*. There was one very interesting response that I thought captured a

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## STAND UP AND BE COUNTED

We invite each member to become more involved in FMDA by becoming a volunteer. Numerous opportunities are available to serve for a year, a month, or a day. You can help guide our organization through committees, task forces, and subsections that advise the board of directors, provide advice, facilitate or lead various programs, or even start a new subsection.

Volunteers are the heart of FMDA. Our strength is a result of the time and effort provided by those who volunteer their time and knowledge to serve their colleagues and to further all medical directors in long-term care.

Participating as a volunteer provides a gateway to develop and hone leadership skills, increase professional contacts, and give back to the profession. Let us know what types of volunteer opportunities interest you.

We look forward to your participation in FMDA. Should you have any questions, please contact **Dr. Leonard Hock**, president ([lhock@trustbridge.com](mailto:lhock@trustbridge.com)); or **Ian Cordes**, executive director, at (561) 689-6321 or [icordes@bellsouth.net](mailto:icordes@bellsouth.net).



# FMDA News from Around the State

## Annual Membership Meeting

FMDA invites all members to attend its Annual Membership Meeting from **7:45 to 8:30 a.m., Friday, October 14, 2016**. A light continental breakfast will be available. Please join us in **St. Augustine D** at the Convention Center at **Disney's Grand Floridian Resort**. There are no elections this year, but we will be discussing FMDA association news and the merits of proposed bylaws changes, which you can find printed on pages 11-14 of this issue. Voting to approve the proposed bylaws changes will take place at that time. Mark your calendar and plan to be there.

## Job Fair to Be Held on Friday, Oct. 14

FMDA is hosting a Job Fair in the exhibit hall during the Annual Conference on Friday, Oct. 14. You will be able to network with PA/LTC providers, professional recruiters, medical practices, etc. See you there.

## Conference Hotel Headquarters 80% Sold Out: Deadline is Sept. 9

The 2016 Conference Hotel Headquarters is **Disney's Grand Floridian Resort**. The group rate is \$209 single/double occupancy; complimentary self-parking; complimentary Wi-Fi service in guest rooms, meeting rooms, and common areas; and no daily resort fee.

To make a reservation, please call Disney's Group Reservations, **(407) 939-4686**, and mention you are attending the Florida Medical Directors Association's Best Care Practices conference. To guarantee rate and room availability, you must make your reservations no later than **Sept. 9, 2016**.

This special group rate will be applicable three (3) days prior to and three (3) days following the main program dates, subject to availability. You may also reserve your hotel room at [www.bestcarepractices.org/venue.html](http://www.bestcarepractices.org/venue.html).

Victorian elegance meets modern sophistication at this lavish bayside resort hotel. Relax in the sumptuous lobby as the live orchestra plays ragtime, jazz, and popular Disney tunes. Bask on the white-sand beach, indulge in a luxurious massage, and watch the fireworks light up the sky over Cinderella Castle. Just one stop to Magic Kingdom park on the complimentary Resort Monorail, this timeless Victorian-style marvel evokes Palm Beach's golden era.

## FMDA Expands Special Interest Groups

FMDA is adding four new special interest groups (SIGs), including assisted living, rehab. medicine, hospital medicine, and home care to complement the existing Hospice Section.

Please attend an organizational roundtable forum from **7 to 7:40 a.m., Sunday, Oct. 16**. Breakfast will be available at

6:45 a.m. and this is being held during the Annual Conference.

Each table will have an identifying SIG sign and there will be facilitators at each SIG who will help each section explore ways to connect those who are interested.

Dr. Hock heads the Hospice Section. Let us know if you would like to volunteer to lead the discussion at one of the other SIG tables.

For more information, contact Ian Cordes at **(561) 689-6321**, or email [icordes@bellsouth.net](mailto:icordes@bellsouth.net).

## Current List of Lifetime Members

Dr. Gregory James, chair of the Membership Committee, and the officers and directors of FMDA salute our Lifetime members:

**Owen A. Barrow, MD; Patches B. Bryan, RN, MHA, LNHA; Ian Levy Chua, MD; Marigel Constantiner, RPh; Moustafa Eldick, MD; F. Michael Gloth III, MD, CMD; Jackie Hagman, ARNP; Gregory James, DO, CMD; Bernard Jasmin, MD, CMD; John Pirrello, MD; Brian Robare, CNHA; George Sabates, MD, CMD; John Symeonides, MD, CMD; and Hugh Thomas, DO, CMD**

FMDA offers two-year, three-year, and lifetime memberships, and we encourage new and renewing members to join at one of these levels. For more information about membership, please contact **Cindi Taylor, Member Services Manager**, at **(561) 689-6321**.

## Journal Club for Members

The Journal Club has developed a learner-based community of those seeking to improve health care and health through enhanced care in the PA/LTC continuum. It is a forum where people who care can meet, share, learn, and create change.

FMDA's Journal Club helps its members stay current with the latest evidence-based clinical information relevant to post-acute and long-term care medicine. Journal Club participants share in reviewing articles that are interesting, provide relevant takeaways, and highlight best practices. It has developed into a very effective way to gain new knowledge.

Each Journal Club meeting is scheduled for 30 minutes, once a month, via conference call, and is to be hosted by rotating club members with staff assistance. During these meetings the group will critically analyze recent literature using evidence-based medicine principles, including: patient preferences, clinician expertise, and scientific findings, each weighted equally. We quickly review two to three papers and present highlights and takeaways in a concise, high-yield manner and discussion is encouraged. We look forward to your interest and participation.

The co-chairs of the Journal Club are **Dr. Marianne Novelli** and **Dr. Diane Sanders-Cepeda**. For more information, contact **Dr. Novelli** at [mnovelli@optum.com](mailto:mnovelli@optum.com).



### Mobile Conference App

Download our custom mobile application designed for use on smart phones, tablets, and personal computers. The app contains many useful features, as well as tabs for the annual conference, including the handouts. The app is available as a free download from iTunes and Android stores by searching for “FMDA.”

Handouts will be available at [www.bestcarepractices.org](http://www.bestcarepractices.org), so you may print them without charge before you get to the conference. If you prefer, for an extra charge of \$75, you may order a set of handouts when you pre-register, and they will be ready for you when you arrive at the conference. However, please be aware that we cannot ensure the availability of every PowerPoint presentation or handout for every session.



### FMDA Call for Poster Submissions

— Submissions from physicians, pharmacists, PAs, and advanced practice nurses accepted online.

FMDA is hosting its 13<sup>th</sup> Annual Poster Session during the Best Care Practices Conference, Oct. 13-16, 2016. The first 10 applicants who are accepted by the review committee will receive complimentary registration to the 2016 conference (only one applicant per poster presentation will be considered).

Poster sessions provide an opportunity for practicing physicians, pharmacists, and nurse practitioners to share with colleagues the results of research, best practices, and outcomes. The sessions are visual presentations using diagrams, charts, and figures. Poster presentations may be on any aspect of the following categories: clinical care, pharmacology of medicine, medical education, history of medicine, medical direction,

*Continued on next page*

### Silent Auction to Support Scholarships

FMDA takes an active role in outreach efforts to residents, interns, fellows, and young-career physicians with an interest in PA/LTC. Through its Careers in Long-Term Care Awards, it has sought to encourage, nurture, and mentor these medical professionals, as well as advanced practice nursing, pharmacist, and LTC administrator students.

FMDA will be hosting another silent auction during this year’s annual trade show. All proceeds will benefit FMDA’s Careers in Long-Term Care Awards and AMDA’s Futures Program. We are now accepting donated items to be auctioned off at the conference. If you would like to support this worthy effort, please contact the business office at (561) 689-6321.

### Join the National Nursing Home Quality Care Collaborative: C. difficile

The Centers for Medicare & Medicaid Services (CMS), Quality Improvement Network-Quality Improvement Organizations (QIN-QIOs), and Centers for Disease Control and Prevention (CDC) are working together to provide education, tools, and resources to support you in a new QAPI initiative. Your engagement and participation is critical to help prevent Clostridium difficile infections.

Work with HSAG, Florida’s QIN-QIO, to prevent Clostridium difficile (C. difficile) using a Quality Assurance & Performance Improvement (QAPI) approach.

The *Federal Register*, July 16, 2015, provided a proposed rule titled Medicare and Medicaid Programs: Reform of Requirements for Long-Term Care Facilities. This rule proposed to require facilities to have a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases.

Participating in this initiative will help you to implement effective infection control and prevention systems. For more information, visit [www.fmda.org](http://www.fmda.org) or contact the FL NNHQCC Team at Health Services Advisory Group at (813) 865-3191.

## Pre-Conference Workshops

— Signup Today

### OPTIONAL PRE-CONFERENCE WORKSHOPS

THURSDAY, OCTOBER 13, 2016

#### A. New Trends in Hospice, Palliative Care, End-of-Life Decisions, and Bundled Payments 8:30-11:30 a.m. #101 (3 hours)

**OVERVIEW:** This session will discuss the future of health care and identify existing and emerging trends, advances, and challenges. We will look at the impact of current changes and challenges within the U.S. health care system, i.e., adapting to new legislation, integrating advances in technology, and adjusting to trends in patient-centered care. In addition, today’s health care providers are encouraged and challenged to work within their communities to form partnerships and collaborations to deliver more efficient, higher-quality care and to realize improved outcomes; to focus more on care coordination and the continuum of care.

We will also look at how hospice and palliative care fit within this new and competitive health care marketplace and provide insights to help us prepare for the future and capitalize on the unique perspectives and skills of hospice and palliative care professionals.

We will identify ways hospice and palliative care providers can expand the work in their communities through collaborations with other health care providers to deliver better health care, improve the health of family caregivers, and provide high-value, low-cost end-of-life services that reduce the overall costs to our healthcare system.

#### B. Developing QAPI Skills for the Interdisciplinary Team in PA/LTC 1-5 p.m. #102 (4 hours)

**OVERVIEW:** Regulations around Quality Assurance and Performance Improvement (QAPI) are challenging nursing homes to improve not only basic quality improvement skills but also their ability to make QAPI the foundation of their work. QAPI significantly expands the level and scope of facility quality improvement activities, mandating adoption of advanced, systematic data-driven quality improvement methodologies to sustain and improve the quality of care and quality of life of nursing home residents. Nursing homes must build the training and infrastructures needed to implement QAPI effectively. The Center for Medicare and Medicaid Services (CMS) has identified five key elements for QAPI: 1. design and scope, 2. governance and leadership, 3. feedback, data systems, and monitoring, 4. performance improvement projects (PIPs), and 5. systematic analysis and systematic action.

This session, structured around these five elements, will equip nursing home leaders with the practical skills needed to make QAPI the standard for getting work done, rather than seen as a separate program. Because improvement work relies heavily on the interdisciplinary team and the active involvement of leadership, medical directors, clinical providers, and organizational leaders are key to the success of QAPI. Attendees will learn and practice approaches to analyze, initiate, implement, and monitor evidence-based performance improvement projects. Key skills include problem identification, flow diagramming, data collection and trending data, root cause analysis, and monitoring. Participants will learn from brief didactic introductions to skills and small group case studies that apply those skills.

**TARGET AUDIENCE:** Physicians • PAs • Pharmacists • Advanced Practice Nurses • Directors of Nursing/ADONs • Administrative Nurses • Long-Term Care Administrators

**SPACE IS LIMITED:** Workshops are optional and not included in your full registration fee.

### FMDA News from Around the State

Continued from page 7

medical care delivery, medical ethics, economics of medicine, and pediatric long-term care — and in any PA/LTC setting.

All poster abstract proposals must be submitted online on our website at [www.fmda.org](http://www.fmda.org). All submissions that are complete and follow the Criteria for Acceptance of Posters will be considered and reviewed based on the content contained within the proposal.

Submission of a proposal is a commitment by at least one author to be present at the designated times to discuss the information in the poster with symposium participants. We have arranged the schedule so that there is no overlap between educational sessions and poster exhibit times. The primary presenter listed on the proposal will be informed of its status no later than **Sept. 16, 2016**. Guidelines for presentation and preparation of visual material will be sent to the primary presenter upon acceptance.

To learn more, or to submit a proposal, go to [www.fmda.org](http://www.fmda.org), or call Ian Cordes, Executive Director, at (561) 689-6321.

## Renal Artery Stenosis Management Strategies: An Updated Comparative Effectiveness Review

Atherosclerotic renal artery stenosis (ARAS) is increasingly common in an aging population with rising prevalence of diabetes, hypertension, obesity, dyslipidemia, and vascular disease. The goals of treatment are improvement in uncontrolled hypertension, preservation or salvage of kidney function, prevention or treatment of cardiac syndromes such as pulmonary edema or unstable angina, and ultimately improved survival. Treatment alternatives include medical therapy alone or renal artery revascularization with continued medical therapy. Medical therapy generally involves aggressive therapy with multiple antihypertensives, antilipidemics, and antiplatelet agents. Most commonly,

revascularization is achieved through percutaneous transluminal renal angioplasty with stent placement (PTRAS) across the stenosis.

Open surgical revascularization, once common, is generally reserved for patients who have complicated renal artery anatomy or who require aortic repair. After revascularization, patients generally continue aggressive medical therapy.

The Tufts Evidence-based Practice Center conducted a Comparative Effectiveness Review of management strategies for ARAS in 2006, with an update in 2007. The review concluded that the evidence did not support one treatment approach over another for the general population of people with ARAS. There was weak or inadequate evidence for most interventions and outcomes and for whether any clinical or intervention characteristics affect outcomes.

**AHRQ—Agency for Healthcare Research and Quality: Advancing Excellence in Health Care, Executive Summary – Aug. 16, 2016; <https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2276>**

## 25<sup>th</sup> Anniversary Wine & Cheese Celebration



*All Best Care Practices registrants and FMDA members are invited to attend this reception, 6:15 to 7:30 p.m., Saturday, Oct. 15, 2016, on the Whitehall Patio at the Convention Center of Disney's Grand Floridian Resort. Please join us as we salute FMDA's quarter-century.*

*Thanks to Consulate Health Care for their generous sponsorship.*



CONSULATE HEALTH CARE



## Conference Ambassadors Wanted



**D**

o you have some mileage in the business, some successes as well as scars? Then you have a lot to offer newcomers attending their first conference.

So, whether you are a physician, pharmacist, advanced practice nurse, physician assistant, director of nursing, or nursing home administrator, please sign up to be an Ambassador to newcomers at the upcoming Best Care Practices in the Geriatrics Continuum 2016 conference. This year's conference will be at Disney's *Grand Floridian* Resort in Lake Buena Vista, Oct. 13-16, 2016.

Being an Ambassador is actually pretty light duty, says FMDA President Leonard Hock, DO, CMD. Volunteers will be assigned to a newcomer prior to the conference,

and will be asked to touch base with that person throughout the conference.

"This is a way to get new people engaged," says Dr. Hock. Ambassadors will also be asked to follow up with the newcomer after the conference, to find out what value he or she derived from it, and to explore how FMDA can benefit him or her on an ongoing basis.

You can sign up to be an Ambassador when you receive your conference registration materials, which will arrive at your desk very soon. Watch your e-mails and the mail for the complete conference brochure and registration form, call the office at (561) 689-6321, or visit [www.bestcarepractices.org](http://www.bestcarepractices.org).



# Early-bird DEADLINE is Sept. 9, 2016

## 2016 REGISTRATION FORM

### Yes, I would like to register now!

Registration - Choose 1	<input type="checkbox"/> <b>Paid-up members: Full registration*</b> (choose one) <input type="radio"/> FMDA, <input type="radio"/> NADONA, <input type="radio"/> FL-GAPNA, and <input type="radio"/> FGS ..... \$315
	<input type="checkbox"/> <b>* New/renewing FMDA members: Full registration*</b> (includes \$75 for annual dues for General and AHPRC members) ... \$390
	<input type="checkbox"/> <b>Non-member Practitioners: Full registration*</b> ..... \$445
	<input type="checkbox"/> <b>Unlicensed registrants: Full registration*</b> includes <b>Organizational Affiliate Membership</b> ..... \$549
	<input type="checkbox"/> <b>Physician Fellows, Interns, and Residents</b> in geriatrics, family practice, or internal medicine ( <b>Full registration*</b> ) .... \$75
	<input type="checkbox"/> <b>Full-Time Students:</b> MD/DO/PA/NP/RN/PharmD/RPh/NHA & ALF administrator ( <b>Full registration*</b> ) ..... \$75
Single-Day	<input type="checkbox"/> <b>Friday-only Registration:</b> Includes all sessions, CMEs/CEs/CPEs, Trade Show, scheduled meals, product theaters, and reception .... \$195
	<input type="checkbox"/> <b>Saturday-only Registration:</b> Includes all sessions, CMEs/CEs/CPEs, Trade Show, scheduled meals, and reception ..... \$195
	<input type="checkbox"/> <b>Sunday-only Registration:</b> Includes breakfast, educational sessions, and contact hours ..... \$125
Optional	<b>Pre-conference Workshops on Oct. 13: Scheduled Product Theaters are included.</b>
	<input type="checkbox"/> <b>New Trends in Hospice, Palliative Care, End-of-Life Decisions, and Bundled Payments</b> (#101, 3 hrs.) ..... \$85
	<input type="checkbox"/> <b>Developing Quality Assurance &amp; Performance Improvement Skills for the Interdisciplinary Team in PA/LTC</b> (#102, 4 hrs.) ..... \$125
	<input type="checkbox"/> <b>Both Workshops #101 and #102</b> ..... \$150
	<input type="checkbox"/> <b>One-day Trade Show and/or Job Fair Pass</b> (not intended for vendors) ..... \$60
	<input type="checkbox"/> <b>Handouts:</b> A set of handouts will be ready for you when you arrive at the conference ..... \$75

**\*FULL REGISTRATION:** Fees include attendance at all educational sessions, receptions, planned meals, and Trade Show admission, starting with session #103 on Thursday, Oct. 13, through Sunday, Oct. 16, 2016. Sessions #101 and #102 on 10/13, are extra.

**\* Pharmacists:** FMDA member rate applies to FULL REGISTRATION fee when joining the Allied Health Professional Relations Committee or AHPRC. See the second option above: New/Renewing FMDA Members.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_  
 Facility Name/Affiliation: \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_

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 Billing Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Please Help us Better Process Your Registration** (agenda subject to change)

1. \_\_\_ Yes, I would like to make a special meal request, so please contact me. **2. New FMDA members: What is the name of the FMDA member who referred you?** \_\_\_\_\_ **3. \_\_\_ Yes, I am a 1<sup>st</sup>-time attendee.** **4.** Would you like to volunteer to be a conference "Ambassador"? Volunteers will each be assigned to a newcomer prior to the conference, and will be asked to touch base with that person throughout the conference. Ambassadors will also be asked to follow up with the newcomer after the conference, to find out what value he or she derived from it, and to explore how FMDA can benefit him or her on an ongoing basis. \_\_\_ **Yes!** **5. NOTE: Due to space limitations, planned conference meals are provided only to registrants. \*Confirm your attendance with the product theaters when you arrive at the conference – first come, first served – as space is limited.**

There will be a \$50 administration fee for all written cancellation requests received on or prior to Sept. 22, 2016. There will be no refunds after Sept. 22, 2016. There is a \$35 charge for all returned checks.  
 (561) 689-6321 • Fax: (561) 689-6324 • www.bestcarepractices.org • Email: icordes@bellsouth.net

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# AHCA and DOH Appoint 13 to Telehealth Advisory Council

— Two appointees are FMDA members

**O**n July 26, Florida's Agency for Health Care Administration Secretary Elizabeth Dudek and State Surgeon General and Department of Health (DOH) Secretary Dr. Celeste Philip announced the appointments of 13 to the Telehealth Advisory Council.

Secretary Dudek said, "I want to congratulate all of the members selected to serve on the Telehealth Advisory Council. The members of the council have a proven track record of innovation in the field of medicine, and I look forward to working with them over the next year to examine the best uses of telemedicine to provide healthcare for Floridians."

"Telehealth is an exciting, emerging area of medicine that will allow us to use new communication technology to improve access to care and bolster data about patient monitoring all over the world," said State Surgeon General and DOH Secretary Dr. Celeste Philip. "As we move forward with the opportunities and advancements in this field, I am honored to commend, along with the Agency for Health Care Administration, the 13 newly appointed members of our Telehealth Advisory Council who will guide telehealth services in our state."

Two of the 13 are members of FMDA. Our congratulations to both:

**Dr. Steven Selznick**, of Longwood, serves as the CEO/President for Selznick Consulting, and CFP Physicians Group. He is also chair of FMDA's Quality Advocacy Coalition.



*Steven Selznick, DO, CMD*

**Dr. Kevin O'Neil**, of Sarasota, serves as the Chief Medical Officer of Brookdale Senior Living, Inc. He also serves on the AMDA Board.



*Kevin O'Neil, MD, CMD*

The council will fulfill the responsibilities outlined in HB 7087, which was signed into law by Gov. Rick Scott on April 14, 2016. The council is tasked with examining the types of telehealth services that are available in Florida, who uses them, and how they are covered by health plans. The members will then make recommendations about how to increase access to telehealth services for Floridians in a final report to the governor, the president of the Senate, and the speaker of the House of Representatives by

October 31, 2017.

The Agency for Health Care Administration administers Florida's Medicaid program, licenses and regulates more than 48,500 health care facilities and 43 health plans, and publishes health care data and statistics at the following website: [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov).

Additional information about the agency is available at [www.ahca.myflorida.com](http://www.ahca.myflorida.com).

FMDA - The Florida Society for Post-Acute and Long-Term Medicine

## MISSION STATEMENT

The mission of FMDA is to promote the highest quality care as patients' transition through the post-acute and long-term care continuum. FMDA is dedicated to providing leadership, professional education and advocacy for the inter-professional team.

## VISION

FMDA is the premier organization for providing leadership and education for best care practices, evidence based medicine, regulatory compliance, and practice management. FMDA's goal is to be an innovative organization that collaborates with related organizations and promotes the highest quality of care to patients in the long-term care continuum.

Learning how to work smarter while providing excellent care

Join online at [www.fmda.org](http://www.fmda.org)

## CAREER-ORIENTED PROGRAMMING:

What do practitioners see as valuable? They can find clinical talks anywhere, but should they come to Best Care Practices for career guidance information, regulatory, and administrative talks? Why should doctors join FMDA and attend our conference? Answer = Career Competitive Advancement. What topics or burning questions would you like to see featured at future educational programs? Become a member today!

# FMDA's Proposed Bylaws Changes

— Members urged to attend the Annual Meeting, 7:45-8:30 a.m., Friday, Oct. 14

## Proposition that Pharmacists Be Included as Full Voting Members of FMDA

**I**n 2015, FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine expanded full membership to include advanced practice nurses (NPs) and physician assistants (PAs). This gave them full voting rights as members of the association. This mirrored what AMDA – The Society for Post-Acute and Long-Term Care (PA/LTC) Medicine, our national affiliate, had done to expand their reach and be more inclusive across the continuum.

FMDA's proposal to include pharmacists as voting members reflects the longstanding presence of consultant pharmacists and clinical pharmacists collaborating with medical directors, attending physicians, advanced practice nurses, and physician assistants in the PA/LTC continuum. If approved by the membership, pharmacists will be able to participate fully in the life of the organization, to serve on and chair committees, and to participate as members of the Board. All five of FMDA's officers will remain physicians; however, in addition to NP and PA members serving as directors on the Board, one pharmacist director will serve. This is a significant step towards a more inclusive membership and governance structure, echoing how the inter-professional team works together in the field.

In conclusion, these proposed changes to FMDA's bylaws fall in line with what's happening on the ground floor in post-acute and long-term care facilities. All health care providers work together and need to be properly trained and supported, including medical directors, attending physicians, consultant pharmacists, advanced practice nurses, and physician assistants, to ensure that the highest quality of care is provided. FMDA will serve as the professional home for this team as we work together to improve the quality of care for both our post-acute patients and long-term care residents.

FMDA's Bylaws Committee, under the leadership of Chair Dr. Kenya Rivas, seeks your support for these changes.

## Rationale for Proposed Bylaws Changes

All proposed changes are in **red** with new language **underlined** and deleted language indicated with a **strikethrough line**.

1. **All Sections:** The word "Association" will be replaced by "Society." After the first reference to post-acute and long-term care in Section II, we will use PA/LTC instead. **Rationale:** Consistent and reinforcing use of PA/LTC acronym and word Society.
2. III. **MEMBERSHIP** – All sections. Pharmacists have been added as new full-voting members. In addition, we changed "medical services" to "clinical services" to be more inclusive.
  - a. **Students:** Added the following new eligible student groups – advanced practice nurses, physician assistants, pharmacists, nurses, and nursing home administrators.  
**Rationale:** To clarify that they are included in addition to medical student members.
3. IV. **BOARD OF DIRECTORS**
  - a. **Section 1:** Added a new reference to the organizations' mission and vision as being included in the responsibilities of the Board. **Rationale:** This is the standard of practice.
  - b. **Section 2:**
    - i. Identified the officer positions as making up the executive committee. **Rationale:** For clarity only.
    - ii. Added one new dedicated pharmacist director position, which increases the number of directors from 7 to 8.  
**Rationale:** To encourage pharmacist participation and include their voice on the Board.
  - c. **Sections 2 and 3:** The office of the Chairman of the Board, which is not an elected position, is held by the Past President, once removed. In the event that the Past President, once removed, is unable to fulfill his or her duties, the Board will seek nominations from past-presidents, and the Board will select the successor from these nominees.  
**Rationale:** This addresses situations where the Past-President, once removed, may be unable to serve.
  - d. **Section 3:** The nominating committee shall consist of the executive committee and will be chaired by the Immediate Past-President. **Rationale:** To transfer an official duty from the Chairman to the Immediate Past-President.
4. V. **OFFICERS**
  - a. **Section 3:** The President is identified as having the responsibility to preside over all meetings, when in fact the Chairman of the Board presides over the Board meetings and the President presides over the annual membership meeting. Added that the President shall have the responsibility to appoint committee chairpersons.  
**Rationale:** These changes preserve the established practice that the chairman presides over board meetings and that the president is the CEO of the organization and presides over the annual membership meeting, and has the authority to appoint committee chairpersons.  
**Section 8:** The duties of the Chairman of the Board are to assist in planning the annual meeting, provide advice to the President, help bring continuity to the organization, and perform other such duties as assigned by the President.  
**Rationale:** These are newly identified chairperson duties that bring clarity and specificity to the role.

*Continued on next page*

## Bylaws of FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine

Proposed amendments as of Aug.15, 2016

### I. NAME

The name of this corporation shall be the “Florida Medical Directors Association,” and be known as “FMDA – The Florida Society for Post-Acute & Long-Term Care Medicine.”

### II. PURPOSE

The purpose of this **Association Society** is to promote education of physicians, health workers, lay persons, and the public in the advancement of post-acute and long-term care (**PA/LTC**). All issues pertaining to **post-acute and LTC PA/LTC**, scientific, political, and regulatory will be of importance to this organization. Political advocacy, professional education, and leadership in **post-acute and LTC PA/LTC** will be our goals.

### III. MEMBERSHIP

**Section 1.** There shall be multiple classes of membership in the **Association Society**: general membership, honorary membership, student, retired, lifetime, and affiliate membership. All members of this organization will be encouraged to be members of the national association, AMDA – The Society for Post-Acute & Long-Term Care Medicine.

a. **General:** Membership in FMDA may be granted to any physician who holds the position of medical director, or a physician, advanced practice nurse, physician assistant, or **pharmacist** who has an interest in or who provides **clinical medical** services in full or in part in **post-acute and long-term care PA/LTC**. Members in this classification shall be entitled to a vote and the eligibility to be a member of the Board of Directors.

i. **Retired:** Includes physicians, advanced practice nurses, physician assistants, or **pharmacists** who are fully retired.

ii. **Lifetime:** Includes physicians, advanced practice nurses, physician assistants, or **pharmacists** who continue to work and are not retired.

b. **Organizational Affiliates:** Are organizations in the medical, regulatory, or political fields of **long-term care PA/LTC** wishing to promote the affairs of FMDA. They include vendors, other professionals, and organizations.

c. **Honorary Members:** Can be proposed by any FMDA member and can be admitted by a vote of the Board of Directors during an annual meeting or by the executive committee at any time. Honorary members shall not be eligible to vote or hold office.

d. **Students:** Student membership is available to physicians-in-training, including interns, residents, fellows, and students enrolled in or on leave of absence from any LCME- or AOA-accredited or provisionally accredited North American allopathic or osteopathic training program. This category is also available to all American and foreign students who are in training at foreign medical institutions listed in the International Medical Education Directory (IMED) of the Educational Commission for Foreign Medical Graduates (ECFMG). It is also open to premedical students and any person engaged in graduate medical education in the U.S. Student members shall have all FMDA privileges except they shall not be eligible to vote or hold office. **Other students included are advanced practice nurses, physician assistants, pharmacists, nurses, and nursing home administrators.**

**Section 2.** There is no limit to the number of persons who may be members of the **Association Society**.

**Section 3.** Each general member shall be a voting member, provided all dues and assessments are paid. Property shall be owned by the **Association Society**, and no individual shall have rights to corporate property.

**Section 4.** Membership meetings shall be held at a time and place designated by the Board of Directors upon reasonable notice. Special membership meetings may be held upon call of the Board of Directors at a date, time, and place designated by the Board. Meetings of this organization shall be governed by “Sturgis Rules of Order.”

**Section 5.** A quorum at a membership meeting shall be 10 percent of the total voting membership.

**Section 6.** Dues and assessments shall be levied on each general member of this **Association Society** annually, as approved by the leadership.

**Section 7.** General membership shall be terminated upon failure of one of the following conditions:

a. To pay dues and assessments when due.

b. Unprofessional conduct adversely reflecting on the organization.

**Section 8.** A general member may be reinstated to membership after termination by satisfactorily meeting all of the following criteria.

a. Payment of current dues and assessments.

#### IV. BOARD OF DIRECTORS

**Section 1.** The responsibilities of the Board of Directors shall be to conduct the business affairs, educational seminars, and other meetings, and to foster and promote the purposes of the **Association Society, including its mission and vision statements.**

**Section 2.** The Board of Directors shall consist of the Chairman of the Board, Immediate Past-President, President, Vice President, Secretary-Treasurer, **making up the executive committee,** and **seven (7) eight (8)** other FMDA members. At any point in time, a maximum of two (2) advanced practice nurses or physician assistants **and one pharmacist** may occupy a director's position of the Board. Each is elected for a two-year term and can be re-elected for another two-year term, except for the Immediate Past-President, **and** President-Elect, **and Chairman of the Board,** who are not elected. The office of the Chairman of the Board **will be is** held by the **Immediate** Past-President, **once removed. In the event that the Past-President, once removed, is unable to fulfill his or her duties, the board will seek nominations from past-presidents, and the Board will select the successor from these nominees.** All elections will take place at the annual meeting every two years. During a non-election year, the Board shall appoint new directors for any offices vacated due to unforeseen circumstances and will be good for the remaining term until the next election. Such an office will not count as a two-year term. All candidates for position as an officer must have been a board member or a member of FMDA within the last two (2) years and must be a physician.

**Section 3.** The nominating committee shall consist of the executive committee and will be chaired by the **Chairman of the Board Immediate Past-President.** In the event that any office is vacated due to unforeseen circumstances, the executive committee can elect any board member to fill that position and will not count as a two-year term.

**Section 4.** A quorum of the Board of Directors shall be 50 percent of all board members.

**Section 5.** The Board of Directors or the officers, at their direction, shall endeavor to schedule one annual seminar for educational purposes.

#### V. OFFICERS

**Section 1.** There shall be five officers in this **Association Society:** Chairman of the Board, Immediate Past-President, President, Vice President, and Secretary-Treasurer, all of whom shall be physicians.

**Section 2.** Election of officers shall be by the general membership or the Board at every other annual meeting as designated above, and all officers shall serve a two-year term of office. No officer shall serve more than two consecutive terms in the same office. Officers or directors assuming a position due to an unforeseen vacancy will, for the purposes of defining their term of service, begin that term at the next regularly scheduled meeting.

**Section 3.** The President shall preside **over the annual membership meeting at all meetings He/she shall and** be chief executive officer of the Association, and have such other duties and functions as the Board of Directors may designate from time to time. **The president shall have the responsibility to appoint committee chairpersons.**

**Section 4.** In the absence of the President, the Vice President shall exercise all the duties and responsibilities of the President. The Vice President shall be the President-elect.

**Section 5.** The Secretary-Treasurer or his delegate shall attend all meetings of the Board of Directors and the membership. A book is to be kept for the purposes of recording the minutes of the proceedings. Notice of all meetings of the membership and the Board of Directors shall be the responsibility of the Secretary-Treasurer.

**Section 6.** As Treasurer, the Secretary-Treasurer shall have custody of the **Association Society** funds, and shall keep full and accurate accounts of receipts and disbursements. Notices of dues payable shall be sent out and all funds will be deposited for safekeeping in a savings account having transfer privileges to a checking account for the purpose of disbursements of funds when due and payable.

**Section 7. The Immediate Past-President shall become a member of the Board of Directors and the Executive Committee for a two-year term.**

*Continued on next page*

*Proposed Bylaws Changes Continued*

**Section 8-7. The Chairman of the Board shall preside at all board meetings. The duties of the Chairman are to assist in planning the annual meeting, provide advice to the President, help bring continuity to the organization, and perform other such duties as assigned by the President.**

**VI. AMENDMENT**

The Board of Directors shall propose any amendment or alteration to these bylaws by resolution setting forth the proposed amendment and directing that it be submitted for adoption at a meeting of the membership. Notice stating the purpose of the meeting of members shall be given each member entitled to vote on the proposed amendment no less than 30 days prior to the meeting. If notice required has been given, the proposed amendment may be adopted at any meeting of the membership. When a majority of the members voting have approved a proposed amendment, it is adopted. All proposed bylaw amendments shall be published in the *Progress Report* at least a month prior to membership meetings.

**VII. EXECUTIVE COMMITTEE**

**Section 1.** The executive committee shall consist of the Chairman of the Board, Immediate Past-President, President, Vice President, and Secretary-Treasurer. Meetings of the Executive Committee will be presided over by the Chairman of the Board and can be held at any time. Annual meetings will be presided over by the President.

**Section 2.** Duties are to act for the Board of Directors during the interim between Board meetings. All decisions made are to be brought to the next Board convocation.

— Amended Oct. 18, 1997; Amended Oct. 17; 1999; Amended Oct. 22, 2011; Amended March 18, 2015.  
Proposed amendments Sept. 1, 2016.

## When It's Time for Hospice, Check Your Apple Watch

A referral to hospice doesn't wait, and neither does VITAS® Healthcare, the first hospice provider to create a free hospice app for the Apple Watch.

When your patient is no longer responding as hoped to curative care, your Apple Watch puts a "Call Me" button on your wrist that links directly to the VITAS admissions department.

**When it's time to focus on the patient, not the disease, it's time to call VITAS.**

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# Researchers Examine How Parkinson’s Disease Alters Brain Activity Over Time

— Tracking neural changes could help researchers test therapies that slow disease progression.

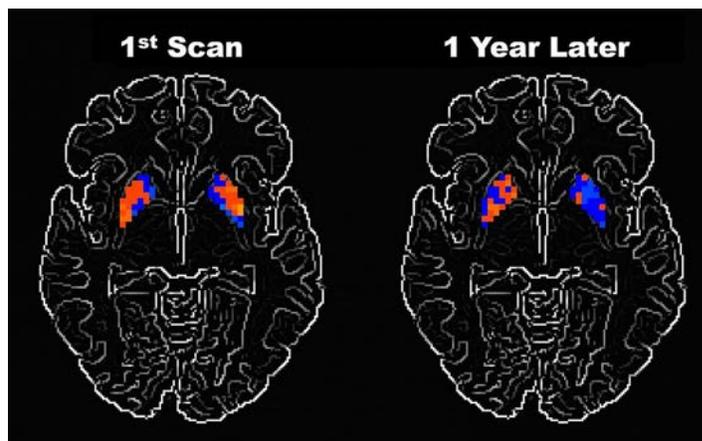
**N**euroscientists peered into the brains of patients with Parkinson’s disease and two similar conditions to see how their neural responses changed over time. The study, funded by the NIH’s Parkinson’s Disease Biomarkers Program and published in *Neurology*, may provide a new tool for testing experimental medications aimed at alleviating symptoms and slowing the rate at which the diseases damage the brain.

“If you know that in Parkinson’s disease the activity in a specific brain region is decreasing over the course of a year, it opens the door to evaluating a therapeutic to see if it can slow that reduction,” said senior author David Vaillancourt, PhD, a professor in the University of Florida’s Department of Applied Physiology and Kinesiology. “It provides a marker for evaluating how treatments alter the chronic changes in brain physiology caused by Parkinson’s.”

Parkinson’s disease is a neurodegenerative disorder that destroys neurons in the brain that are essential for controlling movement. While many medications exist that lessen the consequences of this neuronal loss, none can prevent the destruction of those cells. Clinical trials for Parkinson’s disease have long relied on observing whether a therapy improves patients’ symptoms, but such studies reveal little about how the treatment affects the underlying progressive neurodegeneration. As a result, while there are treatments that improve symptoms, they become less effective as the neurodegeneration advances. The new study could remedy this issue by providing researchers with measurable targets, called biomarkers, to assess whether a drug slows or even stops the progression of the disease in the brain.

“For decades, the field has been searching for an effective biomarker for Parkinson’s disease,” said Debra Babcock, MD, PhD, program director at the NIH’s National Institute of Neurological Disorders and Stroke (NINDS). “This study is an example of how brain imaging biomarkers can be used to monitor the progression of Parkinson’s disease and other neurological disorders.”

“The Parkinson’s Disease Biomarkers Program is an essential part of moving towards the development of



Tracking brain changes in people with Parkinson’s: A new study has found that neural activity in certain brain areas declines over time in individuals with Parkinson’s disease and two related syndromes. *David Vaillancourt, PhD, University of Florida*

treatments that impact the causes, and not just the symptoms, of Parkinson’s disease,” added NINDS Program Director Katrina Gwinn, MD.

**“The Parkinson’s Disease Biomarkers Program is an essential part of moving towards the development of treatments that impact the causes, and not just the symptoms, of Parkinson’s disease.”**  
**— NINDS Program Director Katrina Gwinn, MD**

Dr. Vaillancourt’s team used functional magnetic resonance imaging (fMRI) to measure activity in a set of pre-determined brain areas in healthy controls, individuals with Parkinson’s disease, and patients with two forms of “atypical Parkinsonism” — multiple systems atrophy (MSA) and progressive supranuclear palsy (PSP) — that have symptoms similar to those of Parkinson’s disease. The researchers selected the specific brain regions, which are critical for movement and balance, based on the findings

of past studies in people with these three conditions. The participants each underwent two scans spaced a year apart, during which they completed a test that gauged their grip strength.

The healthy controls showed no changes in neural activity after a year, whereas the participants with Parkinson’s showed reductions in the response of two brain regions called the

*Continued on page 22*

# FMDA's Next 25 Years Will Be Amazing

By Ian Cordes, MBA, NHA; Executive Director

**I**t is very unlikely that I will ever forget the fateful phone call I received one day late in 1999. It was Dr. Malcolm Fraser, a past president of FMDA. He wanted to know if I knew anyone who could take over as the executive director of the organization.



Dr. Fraser and I had worked together previously on behalf of FMDA and had created a new publication titled *FMDA Journal*. It had been completely funded by advertising and sponsorships and ran successfully for about two years.

As a former nursing home administrator already managing other long-term care associations in Florida, Dr. Fraser knew I would have an interest in working with FMDA again. So, he and I reached an agreement that was later approved by the board of directors. And so, I became FMDA's second executive director in March 2000.

I remember Dr. Morris Kutner coming to meet me at my old office in Lake Worth not long after I started. He was FMDA's president at the time and Dr. Fraser was chairman of the board. Dr. Sherry King, who was to become the next president, was editor of the *Progress Report*.

One event remains particularly clear in my mind. Sometime during our 2000 annual conference in Orlando at the Buena Vista Palace Hotel (then known as the Wyndham Palace), Dr. Fraser gathered Dr. Kutner and me, and we met with the leaders of the Florida Chapter of the American Society of Consultant Pharmacists to discuss how we could work together as organizations. Little did we know how much that meeting would lay the groundwork to forge a decade-long working relationship with the consultant pharmacists in long-term care

and develop a new and exciting LTC conference paradigm.

Of course, I am referring to the experiment now better known as the nationally recognized and respected conference, Best Care Practices in the Geriatrics Continuum.

Since then, we have adopted two new logos; established the Industry Advisory Board in 2000, which was renamed FMDA's Quality Advocacy Coalition or FQAC in 2016; grew into the largest chapter of AMDA; adopted our new name and focus; and countless other accomplishments I have witnessed.

Most importantly, FMDA has developed a significant network of stakeholders who have come to recognize the commitment, passion, and sincerity of our leaders and members. FMDA has worked hard on behalf of its members and has earned its rightful place in the post-acute and long-term care continuum. We will continue to leverage our goodwill and resources to play whatever part is needed to improve the quality of care and quality of life of our members' patients.

*"Without continual growth and progress, such words as improvement, achievement, and success have no meaning."*

— Benjamin Franklin

As FMDA's executive director, I have had the pleasure and honor to work directly with every FMDA president except Dr. Brace, Dr. Honigman, and Dr. Lett. Each president brought his or her

own focus, direction, energy, and greater passion to our association. I am always in awe of the commitment and dedication that all our board members, past and present, have provided in our continual effort to bring FMDA to higher and higher levels. So it is a real joy to see them participating in our recently formed Council of Presidents.

Thank you, FMDA, for giving me the opportunity to serve! It has been an honor and privilege to watch FMDA evolve.

*Ian Cordes, Executive Director*

**"One of the more prominent milestones in my career occurred when I was given the honor and privilege of serving as FMDA President. It was truly exciting to forge so many new relationships, both in-state and nationally, with individuals sharing similar challenges. It is with immense pride that I call FMDA my professional home. Enjoy BCP 2016!"**

— Bob Kaplan, MD, CMD; FMDA President, 2013-2015

## We Salute FMDA's Council of Presidents



Hanford Brace, MD  
1990-1991



James E. Lett II, MD, CMD  
1991-1993



James Honigman, MD  
1993-1993 (6 mos.)



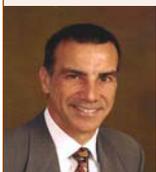
Malcolm Fraser, MD, CMD  
1993-1997 (3 1/2 years)



John Potomski, DO, CMD  
1997-1999



Morris Kutner, MD, CMD  
1999-2001



Sherry King, MD  
2001-2003



Victor Gambone, MD, CMD  
2003-2005



Carl Suchar, DO, CMD  
2005-2007



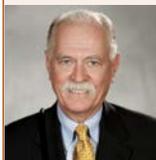
John Potomski, DO, CMD  
2007-2009



Hugh Thomas, DO, CMD  
2009-2011



John Symeonides, MD, CMD  
2011-2013



Robert Kaplan, MD, CMD  
2013-2015

Leonard Hock Jr., DO, MACOI, CMD  
2015-Present

## We Never Lost the Spirit of that First Day

**T**wenty-five years ago I was privileged to be in a room in Orlando with a group of committed Florida physicians who felt we could do better — and we could be better — for those Floridians who find themselves in a long-term care (LTC) facility.

Whether for a brief stay for rehabilitation, a longer one to complete a course of treatment, or for the completion of their lives, an assembly who would become the Florida Medical Directors Association dedicated themselves to the improvement of care and to the betterment of those lives.

In the intervening quarter-century I have watched this amazing group grow in numbers, expand to encompass our partners in the Interdisciplinary Team, and effect changes, both clinical and regulatory, that met the vision of that sunny Orlando day.

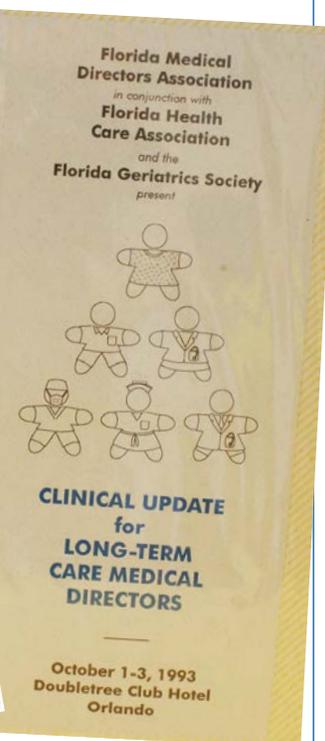
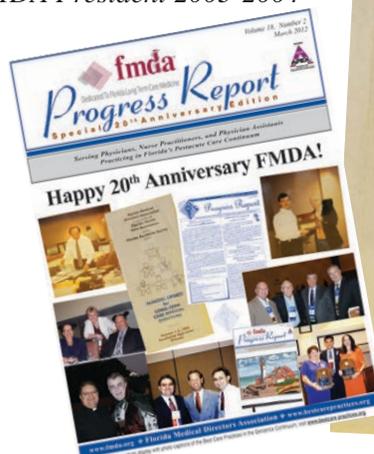


Attendance at the first annual FMDA meeting would not fill a committee room of the current annual forums. Our initial efforts to comment on LTC space issues that were met with polite tolerance have been replaced with a seat at the table as Florida LTC policy is crafted. Educational sessions that were often sharing of personal experiences to improve care have matured to evidence-based, national class presentations that transform care.

Two-and-one-half decades ago, my most optimistic hopes could not have imagined the reality of the FMDA accomplishments today. Leadership, both volunteer clinicians and that of Executive Director Ian Cordes, has never lost the spirit of that first day in Orlando.

To all who have contributed, and there have been so many, we all owe deep thanks.

— *Jim Lett, MD, CMD*  
FMDA President 1991-1993;  
AMDA President 2003-2004



# Drug Might Help Treat Sepsis

By Tianna Hicklin, PhD; NIH Research Matters

## AT A GLANCE

- A DNA enzyme called Top1 plays a key role in turning on genes that cause inflammation in mouse and human cells in response to pathogens.
- A drug blocking this enzyme rescued mice from lethal inflammatory responses, suggesting a potential treatment for sepsis.

**S**epsis is a life-threatening condition in which the body launches a massive immune response to an infection. It can be triggered by different types of microbes (such as viruses and bacteria). To combat infections, the body turns on antimicrobial genes that cause the production and release of inflammatory chemicals into the affected site and bloodstream. This response is essential for the body's protection, but its over-activation can cause widespread and exaggerated inflammation that can result in tissue damage, organ failure, and sometimes death.

A team of scientists led by Dr. Ivan Marazzi at the Icahn School of Medicine at Mount Sinai investigated antimicrobial gene activation during infection to better understand the body's immune response to microbes. The research was funded in part by NIH's National Institute of Allergy and Infectious Diseases (NIAID). Results appeared online on April 28, 2016, in *Science*.

The researchers exposed mouse and human cells infected with flu viruses to various chemicals that block gene activation. By looking at the expression of genes known to be turned on during viral infection, they observed that one chemical, camptothecin (CPT), reduced virus-induced gene activation. CPT blocks a DNA enzyme called topoisomerase 1 (Top1). Genetic depletion of Top1 in flu virus-infected cells reduced the expression of 84 genes — predominantly genes that are specifically induced in response to infection.

Another drug that's similar to CPT and also blocks Top1, topotecan (TPT), prevented the activation of antimicrobial genes in human cells infected with either bacteria or Ebola virus. The researchers mapped the genomic distribution of TPT and found that TPT sits near regions of DNA that turn on antimicrobial genes, called promoters. Top1 is reduced at such sites when TPT is present.

The scientists administered CPT to mice with severe

**Stages of Sepsis  
Consensus Conference Definition**

- **Systemic Inflammatory Response Syndrome (SIRS)**  
Two or more of the following:
  - Temperature of  $>38^{\circ}\text{C}$  or  $<36^{\circ}\text{C}$
  - Heart rate of  $>90$
  - Respiratory rate of  $>20$
  - WBC count  $>12 \times 10^3/\text{L}$  or  $<4 \times 10^3/\text{L}$  or 10% immature forms (bands)
- **Sepsis**  
SIRS plus a culture-documented infection
- **Severe Sepsis**  
Sepsis plus organ dysfunction, hypotension, or hypoperfusion (including but not limited to lactic acidosis, oliguria, or acute mental status changes)
- **Septic Shock**  
Hypotension (despite fluid resuscitation) plus hypoperfusion

Stages of sepsis based on American College of Chest Physicians/ Society of Critical Care Medicine Consensus Panel guidelines.

inflammatory responses. They found that 70-94% of mice treated with the drug were rescued from a lethal reaction caused by either infection with the bacteria *Staphylococcus aureus*, co-infection with both a flu virus and *Staphylococcus aureus*, or acute liver failure. Together, the results suggest that drugs that inhibit Top1 may help control dangerous inflammatory responses.

“Our findings suggest a therapeutic usage of Top1 inhibition for the treatment of severe and sometimes lethal inflammatory conditions in people affected by sepsis, pandemics, and many congenital deficiencies associated with acute inflammatory episodes — what is known as a cytokine, or inflammatory, storm,” says Marazzi.

Drugs that are similar to CPT, such as TPT, are already FDA-approved as anticancer agents. More studies are needed

to test whether they would be useful for treating sepsis.

**NIH Research Matters** is a weekly update of NIH research highlights reviewed by NIH's experts. It is published by the Office of Communications and Public Liaison in the NIH Office of the Director and published in FMDA's *Progress Report* with permission from NIH.

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— Dr. Ivan Marazzi

**President's Report**

*Continued from page 3*

approaches to analyze, initiate, implement, and monitor evidence-based performance improvement projects. Key skills include problem identification, flow diagramming, data collection and trending data, root cause analysis, and monitoring. Participants will learn from brief didactic introductions to skills and small group case studies that apply those skills.

This year, the presidents of three national organizations will speak during the National Leader's Forum: Dr. Susan Levy, MD, CMD, from AMDA – The Society for Post-Acute and Long-Term Care Medicine; Katherine A. Evans, DNP, MSN, from the Gerontological Advanced Practice Nurses Association; and Jasen Gundersen, MD, CPE, SFHM, from TeamHealth's Acute Care Services. This featured annual session has been a highlight of the conference each year, and provides an opportunity for industry thought-leaders to discuss challenges and difficulties facing their organizations in the PA/LTC continuum.

In addition to the annual program in October, FMDA again partnered with Florida State University College of Medicine, Department of Geriatrics, for the Second Annual Advances in Post-Acute and Long-Term Care which was held on Aug. 26 in Tallahassee. The program was another huge success and we look forward to partnering again with FSU for future events.

FMDA has developed and will continue to develop powerful leaders and mentors to improve quality of care and drive better patient outcomes. This energy is the force behind the association and we will use this momentum to engage industry thought-leaders as we move forward into 2017 and beyond.

Through collaboration with other like minded organizations, FMDA is taking a leadership role in launching a statewide quality initiative. There is a growing need to solve common challenges or break barriers with strategic industry partners. FMDA has developed a formal workgroup to discuss care transitions issues, medication reconciliation, as well as the urgent need to reduce avoidable hospital readmissions.

Around this time of year, every year, we proudly promote the premier long-term care and geriatrics conferences in the country: Best Care Practices in the Geriatric Continuum, this year will be celebrating FMDA's 25<sup>th</sup> anniversary. We are very excited about the theme for this year's conference, which is *Navigating Successfully into a New Frontier: Post-Acute and Long Term Care (PA/LTC)*.

In honor of our 25<sup>th</sup> anniversary, we are hosting a special *Wine & Cheese Celebration* during our annual conference.

Consequently, all Best Care Practices registrants and FMDA members are invited to join us, **6:15 to 7:30 p.m., Saturday, Oct. 15, 2016**, on the Whitehall Patio at the Convention Center of Disney's *Grand Floridian* Resort. Please join us as we salute FMDA's first quarter-century. This special event would not be possible without the generous support of Consulate Health Care.

**Much has happened in the past few months, including a boost in membership numbers, new collaborations on important statewide initiatives, and an exciting symposium with Florida State University's College of Medicine.**

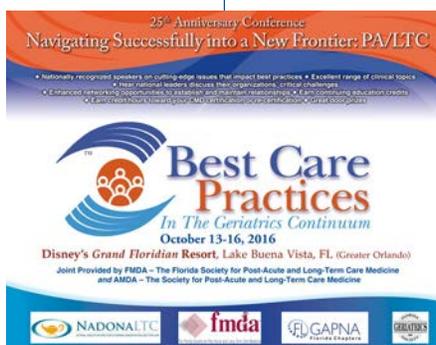
I would like to take a moment to thank our generous sponsors, whose support of our annual conference is essential to FMDA's long-term vision. Our sincerest thank you to OPTUMCare, VITAS Health Care, MorseLife Health Systems, TrustBridge, and Consulate Health Care.

FMDA's annual program is designed to provide a review and update of major geriatric conditions, illnesses, and risks found in nursing home and hospice patients, residents of assisted living facilities, and seniors living at home. Topics include a wide range of clinical and administrative talks and will feature an annual forum with national leaders.

FMDA has become the premier organization for providing leadership and education for best care practices, evidence-based medicine, regulatory compliance, and practice management. FMDA's goal is to become a model organization that collaborates with related organizations and promotes the highest quality of care to patients in the post-acute and long-term care continuum.

Respectfully yours,

  
Leonard Hock Jr., DO, CMD, HMDC, MACOI



# FMDA - The Florida Society for Post-Acute and Long-Term Care Medicine



The Florida Society for Post-Acute and Long-Term Care Medicine

## Benefits of Membership

- Award-winning statewide newsletter, *Progress Report*
- Association website
- Nationally recognized annual conference titled, "Best Care Practices in the Geriatrics Continuum"
- Dedicated website for annual conference
- Annual update on Medicare billing
- Discounted member registration fee for annual conference
- Convenient, online annual conference registration
- Networking with other LTC health care professionals statewide
- Networking and partnering with other post-acute trade and professional associations
- Advocacy in Tallahassee on behalf of the members of FMDA
- Advocacy in AMDA's House of Delegates
- Advocacy in Florida Medical Association's House of Delegates
- Free FMDA mobile app for iPhone and Android devices



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# Alzheimer’s Protein May Have Natural Antibiotic Role

By Tianna Hicklin, PhD; NIH Research Matters

## AT A GLANCE

- Beta-amyloid, a protein implicated in Alzheimer’s disease, appears to help protect mice and worms from infection with bacteria or fungi.
- The results suggest that Alzheimer’s disease may result from certain infections.
- If validated, the findings could lead to novel approaches to prevent the disease.

**A**lzheimer’s disease is a progressive neurodegenerative disorder that damages healthy brain cells. It causes the brain’s nerve cells to lose their ability to function and communicate with each other, and eventually die. Over time, this process destroys memories, causes personality changes, and makes it hard to perform daily activities.

One of the major hallmarks of Alzheimer’s disease is amyloid plaques that are found in between nerve cells. These plaques are made up of a small protein chain called beta-amyloid, along with other proteins and pieces of nerve cells. Beta-amyloid is believed to result from the abnormal processing of the amyloid precursor protein (APP). The biological purpose of beta-amyloid hasn’t been known.

Beta-amyloid has some features similar to a family of immune molecules called antimicrobial peptides, or AMPs. A team co-led by Drs. Robert Moir and Rudolph Tanzi at Massachusetts General Hospital and Harvard Medical School investigated whether beta-amyloid might also have antimicrobial properties. The research was funded in part by NIH’s National Institute of Allergy and Infectious Diseases (NIAID). Results were published in *Science Translational Medicine* on May 25, 2016.

The team compared how bacterial infections progressed in the brains of genetically modified mice that either had too much or no beta-amyloid. Mice with excess beta-amyloid survived longer than the controls and had less bacteria in their brains. Mice lacking beta-amyloid (from the genetic removal of APP) died more often from infection.

Beta-amyloid also showed protective effects in *C. elegans* worms that were genetically altered to express human beta-amyloid. These worms lived longer than controls after being infected with the *Candida albicans* fungus. Cultured human brain cells infected with this fungus also had higher survival rates when they were altered to produce more beta-amyloid.

Experiments with fungal cells showed that beta-amyloid disrupted *Candida*’s ability to adhere directly to host cells — a mechanism necessary for infection. The microbes also clumped together in the presence of beta-amyloid. Both effects are similar to those seen with antimicrobial peptides. Further

work revealed other similarities to AMP activity.

Electron microscopy showed that the microbes were entangled in beta-amyloid fibers extending from the surfaces of the fungal cells, suggesting an entrapment role for beta-amyloid. Electron microscopy of the mouse brains infected with bacteria also showed that the microbes were embedded in beta-amyloid fibers. The authors propose that beta-amyloid’s role in Alzheimer’s disease may result from dysregulation of normal immune system

activity rather than abnormal processing of APP as previously believed.

“Our findings raise the intriguing possibility that Alzheimer’s pathology may arise when the brain perceives itself to be under attack from invading pathogens, although further study will be required to determine whether or not a bona fide infection is involved,” Moir says. “If validated, our data also warrant the need for caution with therapies aimed at totally removing beta-amyloid plaques. Amyloid-based therapies aimed at dialing down but not wiping out beta-amyloid in the brain might be a better strategy.”

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**“If validated, our data also warrant the need for caution with therapies aimed at totally removing beta-amyloid plaques. Amyloid-based therapies aimed at dialing down but not wiping out beta-amyloid in the brain might be a better strategy.”**  
**— Dr. Robert Moir**

### FMDA Celebrates 25<sup>th</sup> Anniversary at BCP 2016

Continued from page 1

(BPCI) in which organizations will enter into payment arrangements that include financial and performance accountability for episodes of care. We are entering a new frontier in PA/LTC medicine and we must be prepared with the requisite knowledge to handle these changes and provide the best care for our residents,” he added.

Best Care Practices in the Geriatrics Continuum is joint-provided by FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine and AMDA – The Society for Post-Acute and Long-Term Care Medicine, and held in collaboration with the Florida Chapters of Gerontological Advanced Practice Nurses Association, the National Association of Directors of Nursing Administration, and Florida Geriatrics Society.

The conference is designed to educate physicians, physician assistants, consultant pharmacists, nurse practitioners, directors of nursing in LTC, registered nurses, senior care pharmacists, and long-term care administrators, as well as geriatricians, hospice physicians, primary care and home care physicians, physicians considering becoming long-term care or home care medical directors, and others with an interest in PA/LTC medicine. The faculty includes national and regional authorities in the fields of PA/LTC and geriatric medicine, medical direction, as well as senior care pharmacology.

### Researchers Examine How Parkinson’s Disease Alters Brain Activity Over Time

Continued from page 15

putamen and the primary motor cortex. Previous research had shown reduced activity in the primary motor cortex of Parkinson’s patients, but the new study is the first to suggest that this deficit worsens over time. Activity decreased in MSA patients in the primary motor cortex, the supplementary motor area, and the superior cerebellum, while the individuals with PSP showed a decline in the response of these three areas and the putamen.

Dr. Vaillancourt’s team now hopes to use its newly discovered biomarkers, in addition to one it had previously identified, to test whether an experimental medication known to improve Parkinson’s symptoms also slows the progression of those brain changes.

“These markers allow us to evaluate disease-modifying therapeutics because we know that the control group doesn’t change over a year but patient groups do,” Dr. Vaillancourt explained. “We can see whether a therapeutic prevents that change from occurring, and if it does, then that suggests it might have a disease-modifying effect.”

The study was supported by the NIH (NS052318, NS075012, NS082168). Burciu et al. *Function MRI of Disease Progression in Parkinson’s Disease and Atypical Parkinsonian Syndromes*. *Neurology*. July 15, 2016. DOI: 10.1212/WNL.0000000000002985.

### Editor’s Corner: Describing PA/LTC

Continued from page 4

lot: *case by case* — which underscores the patient-centered, complex, and individualized care provided in the PA/LTC environment. But overall, despite provider type, the responses were very similar. I thought that was very exciting, because it reaffirms the interprofessional nature of providing care in this field, highlights our common purpose, and sets the groundwork for continuing to create common goals. *Education* figured prominently as a response, with several mentions of *evidence-based*, which is the key to future success.

FMDA’s goals continue to be the provision of education and representation for its members in the scientific, legislative, regulatory, and administrative domains. The FMDA Quality Advocacy Coalition (FQAC), the successor to FMDA’s Industry Advisory Board, is working toward innovative policies that promote quality of life in the PA/LTC environment, and aims to build a statewide network of Coalition stakeholders to further this goal. The new FMDA Journal Club is meeting monthly, providing concise critical analysis of current evidence-based literature relative to the field. Trainees are supported through the FMDA annual Careers in Long-Term Care awards and FMDA contributions to AMDA Futures scholarships. This is vital when, nationally, less than 65% of geriatrics fellowship slots are filled annually. FMDA has many opportunities for member involvement, with numerous committees and specialty interest groups. FMDA’s annual Best Care Practices conference — Navigating Successfully into a New Frontier: PA/LTC lies on the horizon. Bring your ideas and opinions. Hope to see you in Orlando this October!

Many formalized definitions of long-term care are similar to this: “*a continuum of medical and social services designed to support the needs of people living with chronic health problems that affect their ability to perform everyday activities.*”

### In Appreciation of Their Support

*We gratefully acknowledge support for this year’s Annual Conference from exhibit fees and non-educational support from the following companies:*

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