Volume 24 Number 1
February 2017

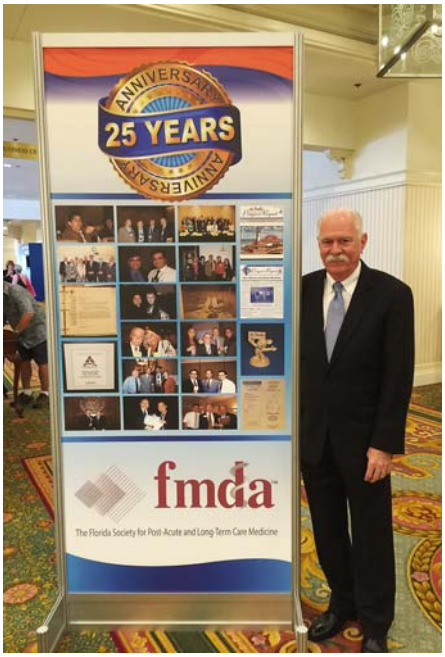
fmda™
The Florida Society for Post-Acute and Long-Term Care Medicine
Progress Report

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

25th Anniversary Celebrated at Best Care Practices in the Geriatrics Continuum

By Ian Cordes, Executive Director

FMDA celebrated its 25th Anniversary during Best Care Practices in the Geriatrics Continuum Conference, Oct. 13-16, 2016. The educational program provided its usual stellar review and update of major post-acute and long-term care diseases, illnesses, and risks found in nursing home and hospice patients, residents of assisted living facilities, and seniors living at home. Topics varied and included a wide range of clinical and administrative talks and featured an exceptional annual forum with national leaders — one of the highlights of the conference each year — which 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.



FMDA President Dr. Leonard Hock

The theme for this year's conference was ***Navigating Successfully into a New Frontier: PA/LTC*** and offered many sessions that empowered practitioners to stay ahead of the curve and be prepared for what lies ahead.

The conference offered two preconference workshops. The first, a three-hour workshop titled "New Trends in Hospice, Palliative Care, End-of-Life Decisions, and Bundled Payments," was hosted by a great panel of experts. The second, a four-hour workshop, "Developing Skills for Quality Assurance Improvement (QAPI) in Long-Term Care for the Interdisciplinary Team," featured AMDA experts Dallas Nelson, MD, CMD, and Suzanne Gillespie, MD, RD, CMD.

In addition to the interesting workshops, the conference featured 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, was impressed by the number of high-level presentations and quality speakers.

"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.

Continued on page 22

26th Annual Conference

DISNEY'S GRAND FLORIDIAN RESORT & SPA

Save the Date!

October 12-15, 2017

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

Walt Disney World® Resort

Best Care Practices In the Post-Acute & Long-Term Care Continuum

See You at the 2017 Conference

Best Care Practices in the Post-Acute & Long-Term Care Continuum 2017 is FMDA - The Florida Society for Post-Acute and Long-Term Care Medicine's 26th Annual Conference, held in collaboration with Florida Chapters of Genrontological Advanced Practice Nurses Association, National Association Directors of Nursing Administration, and Florida Geriatrics Society.

fmda
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, Pharmacists, and Physician Assistants Practicing in Florida's PA/LTC Continuum
www.fmda.org

PRESIDENT
Leonard Hock Jr., DO, MACOI, CMD
Delray Beach
(561) 714-1531
lhock@trustbridge.com

CHAIRMAN OF THE BOARD
John Symeonides, MD, FAAFP, CMD
Palm Coast
(386) 283-5654 • Fax: (386) 246-7597
jsymeonides@yahoo.com

VICE PRESIDENT
Rhonda L. Randall, DO
Orlando
(407) 758-4573 • Fax: (407) 823-8989
RhondaDO@Reagan.com

IMMEDIATE PAST-PRESIDENT
Robert G. Kaplan, MD, FACP, CMD
Longwood
(407) 862-7054 • Fax: (407) 862-0563
rgk.md@aol.com

SECRETARY/TREASURER
Michael G. Foley, MD, CMD
Crestview
(850) 682-6143 • Fax: (850) 682-0227
docireland1@aol.com

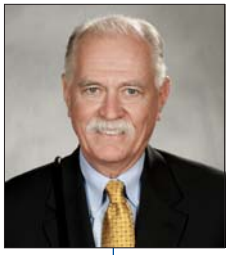
DIRECTORS
Marva Edwards-Marshall, DNP, ARBP-BC
Palm Bay
Rick Foley, PharmD, CGP, FASCP
Sorrento
Elizabeth Hames, DO, CMD
Fort Lauderdale
Gregory James, DO, MPH, CMD
Tampa
Michelle Lewis, MSN, ARNP, FNP, GNP
Cocoa
Claudia Marcelo, DO, CMD
Oakland Park
John Potomski Jr., DO, CMD
Melbourne
Angel Tafur, MD, CMD
The Villages

FMDA Quality Advisory Coalition
Steven Selznick, DO, CMD; Chair
Rick Foley, PharmD, CGP; Co-Chair

Executive Director
Ian Cordes, MBA, NHA
400 Executive Center Drive, Suite 208
West Palm Beach, FL 33401
(561) 689-6321 • Fax: (561) 689-6324
icordes@bellsouth.net

From the President

FMDA: The Next 25 Years



FMDA is excited about the future of the society and the stellar year it enjoyed in 2016. From a major boost in membership numbers, new collaborations on important statewide initiatives, and a symposium co-sponsorship with Florida State University's College of Medicine, there is a lot for us to brag about. Please see pages 8-9 for FMDA's year in review.

We also wanted to share that our 26th Annual Conference is Oct. 12-15, 2017, at Disney's *Grand Floridian* Resort.

Our CME-Education Committee is already hard at work building another exceptional conference for practitioners in the post-acute and long-term care (PA/LTC) continuum.

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 our society and we will use this momentum to engage industry thought-leaders as we move forward.

There is a growing need to solve common challenges or break barriers with strategic industry partners. Through collaboration with other like-minded organizations, FMDA's Quality Advocacy Coalition, ably co-chaired by Dr. Steven Selznick and Dr. Rick Foley, launched a statewide quality initiative in 2016. The initiative is being led by FMDA, Agency for Health Care Administration, Health Services Advisory Group, FL Chapter American Society of Consultant Pharmacists, Florida Hospital Association, Florida Health Care Association, Florida College of Emergency Physicians, Risk Management Association, hospitals, hospital systems, nursing home providers, to name a few stakeholder groups.

The purpose of this initiative is to achieve a measureable statewide reduction in unnecessary acute episodes and their associated burdens on patients and families. While many readmissions are necessary, a lot are avoidable. We have a sizable opportunity for improvement because most other states have lower readmission rates than Florida. In fact, Florida is ranked 53rd out of 54 states and territories.

We believe the challenges facing health care in Florida require this statewide concerted effort to help achieve the Triple Aim of improving population health, patient care experience, and affordability of care. We believe the goals are attainable if we work together to produce significant improvements by targeting avoidable readmissions.

I would like to take a moment to thank the generous sponsors of our 25th Anniversary Conference, whose support is essential to the society's long-term vision. Our sincerest thank you to OPTUMCare, VITAS Health Care, MorseLife Health Systems, TrustBridge, Consulate Health Care, Greystone Health Network, and MedElite.

Continued on page 9

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 email your article to ian.cordes@fmda.org.


fmda Progress Report
FMDA and FSU College of Medicine Sponsor High-Level Post-Acute and Long-Term Care Forums

Editor's Corner

CMS MACRA/Quality Payment Program Update

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

The Medicare Access & CHIP Reauthorization Act (MACRA) legislation authorizes Health and Human Services to implement a value-based system aimed at improving care access and quality for Medicare and Children's Health Insurance Program (CHIP) beneficiaries. MACRA legislation significantly changes Medicare's physician reimbursement system. CMS has released the Final Rule, which provides a definitive framework for transition over the next several years to the Quality Payment Program (QPP). The QPP, which streamlines several quality reporting programs, currently has two paths for eligible clinicians: the **Merit-based Incentive Payment System (MIPS) and Alternative Payment Models** (APMs).

During the official comment period to CMS, many medical specialty groups raised concerns and made influential recommendations. AMDA – The Society for Post-Acute and Long-Term Care Medicine contributed significantly to this process and has continued to provide updates and educational materials for PA/LTC providers. AMDA recently hosted a free webinar, Overview of MACRA for PA/LTC Practitioners, which is available at **http://www.paltc.org/audience/physician**. This webinar, featuring presentations from Marjorie Kanof, MD; Rod Baird, MS; Alex Bardakh, MPP; and Charles Crecelius, MD, PhD, CMD, gives an excellent discussion of the transition process, reporting measures, and how this will impact providers in PA/LTC. After attending the webinar on Dec. 14, I wanted to share some of this updated information with you:

The QPP consolidates **MIPS** and **APMs**, and is a budget-neutral program.

MIPS establishes four physician performance categories for quality reporting, and consolidates prior programs, such as PQRS, Medicare HER incentive, meaningful use, and value modifiers (VM). Performance reporting for Jan. 1, 2017, through Dec. 31, 2017 will influence reimbursement adjustments received by clinicians in 2019. Initially, the majority of PA/LTC providers will use MIPS.

The QPP consolidates MIPS and APMs, and is a budget-neutral program.

MIPS FINAL SCORE = QUALITY PERFORMANCE + COST PERFORMANCE + CLINICAL PRACTICE IMPROVEMENT ACTIVITIES + ADVANCING CARE INFORMATION

Performance Categories, Weights, and Requirements for 2017 Include:

1) **Quality** (60%) – Report up to 6 quality measures including an outcome measure for a minimum of 90 days (including care planning, influenza vaccination, BMI screen, HbA1C control, appropriate antibiotic prescribing)
2) **Cost** (Resource use) (0%) – Increasing to 10% in year 2020 and 30% in 2021 and beyond. Report per capita cost measures, spending per beneficiary, episodes of care cost measures
   *** This category is not added to 2017 MIPS final performance score, not required for 2017
3) **Clinical practice improvement** (15%) – Report 4 improvement activities (94 are currently available) for a minimum of 90 days (only 2 activities if clinician group size < 15 or located in rural/HPSA area)
   *** All medical homes and some APMs (oncology and shared savings track 1) given full credit automatically – other APMs are given half credit automatically
4) **Advancing care information** (25%) – remains 25% in year 2021 and after

Report required measures for minimum 90 days: patient access to EMR, electronic prescribing, send/receive electronic summaries of care, security risk analysis.

Continued on page 23

Table of Contents

Bylaws Change Embraces Pharmacists as Voting Members

Dr. Rick Foley appointed to represent pharmacists on the board of directors.

FMDA members voted unanimously during its annual meeting to change its bylaws to include pharmacists as voting members. This 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.

FMDA President Dr. Hock applauds this milestone. "Over the years, our pharmacist colleagues have made a huge contribution to the quality of care of our patients," he said. "We invite pharmacists to consider FMDA their professional home alongside the other practitioners of the inter-professional team," Hock added.

Pharmacists have supported FMDA for many years and have contributed greatly to its success. One such individual, has just been unanimously appointed by the board of directors to sit as a director on behalf of its pharmacist members.

Congratulations are extended to Rick Foley, PharmD, CPh, BCGP, FASCP; clinical professor of geriatrics at the University of Florida College of Pharmacy and a full-time consultant pharmacist for nine nursing homes in Central Florida. A fellow of the American Society of Consultant Pharmacists, Dr. Foley is president of the Florida Chapter of American Society of Consultant Pharmacists, member of FMDA's CME/Education Committee, and co-chair of FMDA's Quality Advocacy Coalition. He has practiced as a consultant pharmacist for Omnicare since 1999.

"Rick has been so supportive that it is no surprise that he will be the one to welcome pharmacists home to FMDA," said Dr. Hock.

"We sincerely congratulate Dr. Foley for this appointment and thank him for his ongoing support of the inter-professional framework under which FMDA operates," added Dr. John Symeonides, chairman of the board.

FMDA is the largest chapter of AMDA – The Society for Post-Acute and Long-Term Care Medicine, and is comprised of medical directors, attending physicians, advanced practice nurses, consultant pharmacists, registered pharmacists, nurse administrators, and nursing home administrators of skilled nursing facilities. All of these disciplines make FMDA one of the most dynamic and diverse PA/LTC associations in the state of Florida.

Membership Report: FMDA Continues to Grow

By Dr. Gregory James, Chair, Membership Committee

FMDA has multiple classes of membership including general, honorary, student, retired, lifetime, and affiliate membership.

General voting members: Any physician who holds the position of medical director, or a physician, advanced practice nurse, pharmacist, or physician assistant.

At this time, FMDA has 446 members.

We added a lifetime member category when the bylaws were amended in October 2013. As of the end of December, there are 16 lifetime members.

Member dues were increased from $45 in 2007 to $65, and to the current $75 within the last five years. In 2013 we added multi-year dues, such as 2 years @ $125, 3 years @ $190, and lifetime @ $750, while student member dues are $25 per year. We are considering a possible dues increase at this time. This will be reviewed at an upcoming strategic planning retreat.

This past October, our members voted unanimously to change our bylaws and include pharmacists as voting members. This 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.

We welcome pharmacists who have an interest in the PA/LTC continuum, and look forward to FMDA's first pharmacist sitting on the board of directors.

FMDA has seen a large boost in membership in 2016 with its first corporate membership, Consulate Health Care, Florida and South East Divisions. The new members consist of more than 200 administrative support staff from corporate, divisional, and regional offices; medical directors and physician assistants; executive directors and directors of clinical services; and Consulate's therapy partners, Genesis Rehabilitation Services.

Consulate Health Care is a national leading provider of senior healthcare services, specializing in post-acute care. Operating more than 200 centers nationwide in 21 states, it has grown to become the sixth-largest provider in the nation and the largest in the Sunshine State.

Welcome Consulate and thank you for your support!

In addition, 10 physicians and advanced practice nurses from Miami Jewish Health Systems also joined FMDA.

With this increase in membership, FMDA is becoming the nucleus for providing advocacy, education, and clinical care in the post-acute and long-term care continuum (PA/LTC). It has also become the largest chapter of AMDA in the country.

FMDA News from Around the State

25th Anniversary Video

FMDA produced a very special seven-minute video commemorating the Society's 25th Anniversary. It premiered at the annual conference this past October and is available on our home page at **www.fmda.org** or on YouTube at **https://www.you tube.com/watch?v=xkRpopkyq_s&t=5s**. Enjoy the memories!

New Lifetime Members Welcomed

Dr. Gregory James, chair of the Membership Committee, and the officers and directors of FMDA welcome the newest Lifetime members, Dr. Carl Suchar and Dr. Richard Stefanacci. We salute the following Lifetime members:

Owen A. Barruw, 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; Richard Stefanacci, DO, CMD; Carl Suchar, DO, 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 is a learner-based community 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 PA/LTC 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 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**.

Strategic Planning Completed

FMDA recently held a strategic planning session, facilitated by Dr. Rhonda Randall, on Jan. 7. As a result, the leadership decided to revise and update both the society's mission and vision statements, as follows:

Seated (L-R): Dr. Leonard Hock, Dr. Rhonda Randall, and Dr. Elizabeth Hames. Standing (L-R): Dr. Marva Edwards-Marshall, Dr. Robert Kaplan, Dr. Carl Suchar, Ian Cordes, Dr. Rick Foley, Dr. John Symeonides, Dr. Claudia Marcelo, and Dr. Angel Tafur

Mission – *Describes the fundamental purpose of an organization, why it exists and what it does to reach its vision.*

The mission of FMDA – The Society for Post-Acute and Long-Term Care Medicine 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 – *Describes the desired future state of an organization in terms of its objectives. It is a long term view.*

FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine will provide professional leadership to disseminate information and provide access to resources and experts.

FMDA will further advance as the professional hub for education on best care practices, evidence-based medicine, regulatory compliance, and practice management.

FMDA will continue to be the model organization that collaborates with related organizations to promote the highest quality patient care and outcomes in the post-acute and long-term care continuum.

Cordes Joins Board of Area Agency on Aging

FMDA Executive Director Ian Cordes has joined the Board of Directors of The Area Agency on Aging of Palm Beach/Treasure Coast (AAA). This is a dynamic, non-profit organization dedicated to serving the needs of all seniors, persons with disabilities, and their caregivers in Palm Beach, Martin, St. Lucie, Indian River, and Okeechobee counties.

Part of a nationwide network, The Area Agency on Aging provides information on aging issues, advocacy, one-on-one assistance, and a host of services that help seniors maintain their independence, well-being, and dignity in the community.

With 60 dedicated staff members, the AAA is responsible locally for the Alzheimer's Disease Initiative, Community Care for The Elderly, Home Care for The Elderly, and has established Centers of Excellence for its Helpline, Consumer Care & Planning, Elder Rights, Foster Grandparent, Healthy Living, SHINE, and Strategic Initiatives.

"Their team approach focuses uniquely on four values, including humility, gratitude/appreciation, respect, and responsibility/accountability," Cordes said.

"I am honored to have this opportunity to support this mission-driven organization," added Cordes.

In 1965, the Older Americans Act (OAA) was enacted. It established the Area Agencies on Aging and the National Aging Network to service every county in the country. The OAA was a response to congressional concerns about the lack of community social services for senior citizens, especially those at risk of losing their independence. The OAA focuses on improving the lives of older people in the areas of income, housing, health, employment, retirement, and community services.

The federally funded Older Americans Act provides a variety of in-home and community-based services without cost to persons 60+ through the "aging network." While people 60 years and older are eligible for OAA programs, services are funded for individuals with the greatest economic and social need. Support services for family caregivers are also available.

The Administration on Aging (AOA) is the principal agency of the U.S Department of Health and Human Services designated to carry out the provisions of the Older Americans Act through approximately 620 AAA organizations nationwide.

FMDA Call for Poster Submissions

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

FMDA is hosting its 14th Annual Poster Session during the Best Care Practices Conference, Oct. 12-15, 2017. The first 10 applicants who are accepted by the review committee will receive complimentary registration to the 2017 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, 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**. 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. 15, 2017**. 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**, or call Ian Cordes, Executive Director, at **(561) 689-6321**.

Conference Hotel Headquarters

The 2017 Conference Hotel Headquarters is **Disney's *Grand Floridian* Resort**. The group rate is $244 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, 2017**.

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**.

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.

Continued on page 16

FMDA Highlights from 2016

Celebrate FMDA's 25th Anniversary

FMDA celebrated this milestone a number of ways, including the production of a video montage shown during the Annual Awards Luncheon and a Wine & Cheese Celebration sponsored by Consulate Health Care during the annual conference.

The video is a celebration of the rich history of FMDA – The Florida Society for Post-Acute and Long-Term Care as it celebrated its 25th Anniversary on Oct. 15, 2016, at Disney's *Grand Floridian* Resort. To view the video, visit our website's home page at **www.fmda.org**.

Launching our conference on the first morning, attendees were welcomed by a video greeting from Molly McKinstry, Assistant Secretary, Florida's Agency for Health Care Administration. Sec. McKinstry saluted the attendees and congratulated FMDA on its anniversary. To view the video, please visit: **https://www.youtube.com/watch?v=tpI7RebHMlQ&t=1s**.

FMDA Member Advises Trump Healthcare Team

As the Trump healthcare team goes about developing its plan for reform, they reached out to a small handful of policy experts. Dr. Richard Stefanacci, DO, MGH, MBA, AGSF, CMD, practicing geriatrician, CMS Health Policy Scholar under President George Bush, and faculty at the Thomas Jefferson College of Population Health, recently spent time with the team to present opportunities and challenges in post-acute and long-term care.

Dr. Stefanacci used PACE (program for all-inclusive care for the elderly) to illustrate the benefits of shifting from acute care volume-based reimbursement to bundled payments, which allow for investment in interdisciplinary care teams, coordinated care, and ability to focus resources well beyond what Medicare and Medicaid fee-for-service provide. In addition, he had the chance to learn about priorities in front of the new administration, which he has written about in the current issues of *Annals of LTC* and *Geriatric Nursing*.

"As a proud FMDA lifetime member, I promise to keep us not only informed, but educated on the likely impact of these changes to our patients and practices...much more to come to be sure," Dr. Stefanacci said.

New Virtual Journal Club Launched

The Journal Club is designed to develop 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 you stay current with the latest evidence-based clinical information relevant to post-acute and long-term care medicine. Journal Club participants will share in reviewing articles that are interesting, provide relevant takeaways, and highlight best practices. It will be an effective way to gain new knowledge.

It normally meets monthly telephonically, but there was an in-person meeting as well during the annual conference.

Industry Advisory Board Renamed FMDA's Quality Advocacy Coalition, or FQAC

After 15 successful years, the Industry Advisory Board has a new name and mission. It held a yearly event that brought post-acute and long-term care industry leaders together to discuss ways to provide a greater focus on delivering quality care in the new age of health care reform. The new name is FMDA's Quality Advocacy Coalition, or FQAC.

FMDA's Quality Advocacy Coalition held a Summit in April and a second in October, when we launched a new statewide initiative to reduce avoidable hospital readmissions. Florida is ranked 53rd out of 54 states and territories in the country.

On Dec. 1, FMDA co-sponsored a stakeholders meeting with Florida Hospital Association at the Florida College of Emergency Physicians' training center. The focus of this effort was to develop strategies to reduce avoidable hospital readmissions. More than 40 representatives attended from around the state. Three workgroups were formed with results to be discussed when we met again on April 4, 2017.

Organized the Council of Presidents

The council is composed of past presidents of FMDA, with Dr. Robert Kaplan as chair. Past presidents have the advantage of past experience and wisdom. The council acts as an independent advisory panel to dialogue with the current board and be available to the sitting president when requested. The board will be encouraged to solicit the council's collective wisdom about important issues and on pressing matters facing the association.

FMDA Highlights from 2016

Congratulations, Dr. David LeVine!

Congratulations to FMDA member Dr. David LeVine, winner of AMDA's 2016 Medical Director of the Year Award.

Two FMDA Members Appointed to Statewide Telehealth Advisory Council

Florida's Agency for Health Care Administration Secretary and State Surgeon General and Department of Health announced the appointments of 13 to the Telehealth Advisory Council. Two of the 13 are members of FMDA. Our congratulations to **Dr. Steven Selznick** and **Dr. Kevin O'Neil**.

New Bylaws Changes Embrace Pharmacists as Voting Members

On Oct. 14, our members voted unanimously to change our bylaws and include pharmacists as voting members. This 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.

FMDA Appointed to Florida Healthcare Workforce Initiative

At the recommendation of then-AHCA Sec. Liz Dudek, FMDA joined Florida Healthcare Workforce, a statewide initiative. FMDA President Dr. Leonard Hock joined the Leadership Council and Executive Director Ian Cordes joined the Professional Advisory Resource Group.

Its purpose is for Florida's health care providers to serve as the primary point of contact for statewide health care workforce data and predictive trends to facilitate policy and strategy development. Its mission is to identify current and future demand, supply, and gaps for a quality workforce in the state in order to meet the needs of health care employers.

Consulate Health Care Joins as Corporate Members

FMDA has seen a large boost in membership in 2016 with a new corporate membership from Consulate Health Care, Florida and South East Divisions. The new members consist of administrative support staff from corporate, divisional, and regional offices; medical directors and physician assistants; executive directors; and directors of clinical services, and their therapy partners, Genesis Rehabilitation Services.

Consulate Health Care is a national leading provider of senior health care services, specializing in post-acute care. Operating more than 200 centers nationwide in 21 states, it has grown to become the sixth-largest provider in the nation and the largest in the Sunshine State. With the increase in membership, FMDA is becoming the nucleus for providing advocacy, education, and clinical care in the post-acute and long-term care continuum.

FMDA Is the Largest Chapter of AMDA

FMDA is composed of medical directors, attending physicians, advanced practice nurses, physician assistants, consultant pharmacists, nurse administrators, and nursing home administrators in the PA/LTC continuum. All of these disciplines make FMDA one of the most diverse and dynamic PA/LTC associations in the state of Florida. With the inclusion of Consulate Health Care, FMDA has grown into the largest chapter of AMDA in the country.

First AMDA President from FL in Nearly 20 Years

In March 2015, FMDA Director Dr. Naushira Pandya assumed the presidency of AMDA – The Society for Post-Acute and Long-Term Care Medicine at its Annual Conference in Louisville. The last AMDA president from Florida was Dr. Roman Hendrickson.

FMDA salutes Dr. Pandya for her leadership and dedication. Her term expired in March of 2016, and she is now the immediate past-president of AMDA. Dr. Pandya is professor and chair, Department of Geriatrics; and Project Director, Geriatric Education Center, Nova Southeastern University College of Osteopathic Medicine in Fort Lauderdale.

FMDA Expanding Special Interest Groups

FMDA has had a Hospice Section for many years. Now, we have introduced separate special interest groups (SIGs) during the annual conference for assisted living, rehab. medicine, hospital medicine, home care, etc.

President's Report

Continued from page 3

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. We invite our members to get involved, become energized, and stay connected to the society.

Respectfully yours,

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

FMDA Thanks These Supporters o

Thank You!

We wish to thank the following organizations for hosting non-CME/CPE/CE/CEU sessions during our annual program:

PRODUCT THEATER LUNCHEON — Thursday, Oct. 13

COPD in the Long-Term Care Setting:
A Case-Based Discussion of Nebulized Therapy
— Hosted by **Sunovion Pharmaceuticals**

PRODUCT THEATER DINNER — Thursday, Oct. 13

Inside Aptiom®
— Hosted by **Sunovion Pharmaceuticals**

PRODUCT THEATER LUNCHEON — Friday, Oct. 14

XARELTO® Pivotal Trials and Recently Published
Real World Evidence in NVAF & DVT/PE
Including Elderly Patients with NVAF and Long-Term Care
— Hosted by **Janssen Pharmaceuticals**

PRODUCT THEATER DINNER — Friday, Oct. 14

Treating Hallucinations and Delusions
Associated with Parkinson's Disease
— Hosted by **ACADIA Pharmaceuticals**

PRODUCT THEATER DINNER — Friday, Oct. 14

Product Portfolio Options for Management of Chronic Pain
— Hosted by **Purdue Pharma**

f the 25th Anniversary Conference

Thank You!

We wish to thank the following organizations for their non-educational support:

Silver Grande Support

TrustBridge

HOSPICE OF PALM BEACH COUNTY AND BROWARD COUNTY · Hospice by the Sea INC. Licensed in 1981 · FocusCare A Licensed/Certified Home Health Agency · Harbor Palliative Care Services

Bronze Grande Support

MorseLife HEALTH SYSTEM Honoring Senior Living

OPTUMCare™

VITAS® Healthcare SINCE 1980

Consulate Healthcare — 25th Anniversary Wine & Cheese Celebration

Greystone Health Network— T-shirts

MedElite — Name Badge Holders

OPTUMCare™ — Friday's Welcome Reception in Exhibit Hall

TrustBridge Health — Conference Brief Cases

TrustBridge Health — Refreshment Break on Friday afternoon

MorseLife Health Systems — Coffee Break on Friday morning

TrustBridge Health — Planning Committee Wrap-up Meeting

VITAS Healthcare — Refreshment Break in Exhibit Hall on Saturday

Help Direct the Future of FMDA

— Call for Nominations is Now Open

At FMDA's annual membership meeting on Oct. 13, 2017, there will be an election of officers and directors. The positions of vice president and secretary-treasurer will become vacant along with eight board of director positions.

As a result of our bylaws changes, advanced practice nurses, physician assistants, and pharmacists are now able to participate fully in the life of our organization, to serve on and chair committees, and to participate as members of the board. All five of FMDA's officers are physicians; however, NP, PA, and pharmacist members are now invited to serve as a director on the board.

Members of the board provide leadership, a shared vision and sense of mission, and are responsible for the fiscal health of our organization. We are looking for leaders with:

- Proven performance and a commitment to the organization
- Time and ability to serve
- Understanding of teamwork; communication and mentoring skills
- Sound judgment and integrity
- Enthusiasm and the ability to be a strategic, visionary thinker

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

The responsibilities of the Board of Directors include conducting the business affairs, educational seminars, and other meetings, and fostering and promoting the mission and vision of the society. The Board of Directors shall consist of the Chairman of the Board, Immediate Past-President, President, Vice President, Secretary-Treasurer, and eight (8) other FMDA members. At any point in time, a maximum of two (2) advanced practice nurses or physician assistants and one (1) pharmacist may occupy a director's position on 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, who are not elected. The office of the chairman of the board 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. All elections will take place at the annual meeting every two years. 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.

The Nominating Committee consists of the Executive Committee and will be chaired by Immediate Past-President Dr. Robert Kaplan. In the event that any office is vacated due to unforeseen circumstances, the Executive Committee may elect a board member to fill that position and it will not count toward a two-year term.

If you are interested in serving the society in a leadership position, please indicate your preference(s) below, then email/fax (**ian.cordes@fmda.org** or **561-689-6324**) this form and a brief bio to the FMDA business office along with a brief statement outlining your interests and why you want to serve. The FMDA Nominations Committee will then make its recommendations for the slate of officers and directors; voting by ballot will take place on Oct. 13, 2017, during the Best Care Practices conference.

Now is your chance to join the leadership to move the society forward! The deadline is June 15, 2017.

The following FMDA officer and board positions become vacant in October 2017. I am interested in serving a two-year term, in the following position(s):

❒ **Vice President** (President-Elect) ❒ **Secretary/Treasurer** ❒ **Director**

Name: _____ Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Cell: _____

Email Address: _____

Thank you for supporting your society.

Rheumatoid Arthritis Mechanisms May Vary by Joint

By Harrison Wein, PhD; NIH Research Matters

AT A GLANCE

- An epigenomic analysis of rheumatoid arthritis in knee and hip joints revealed unique patterns that suggest disease mechanisms may differ from joint to joint.
- The findings could open the door to development of more effective, personalized therapies for rheumatoid arthritis.

Rheumatoid arthritis is an autoimmune disease in which the immune system mistakenly attacks the body's own tissue, such as the membranes that line joints. This can cause pain, swelling, stiffness, and loss of function in joints throughout the body. For unknown reasons, different joints are affected differently in people with rheumatoid arthritis.

The causes of rheumatoid arthritis aren't completely understood. Several genes involved in the immune system have been associated with a tendency to develop rheumatoid arthritis. Environmental factors — such as cigarette smoking, diet, and stress — may also play a role in triggering the disease. A better understanding of the molecular mechanisms at work in the disease may lead to more effective approaches to treatment.

A research team led by Drs. Gary S. Firestein and Wei Wang at the University of California, San Diego, has been studying fibroblast-like synoviocytes (FLS), a type of cell that lines joints and contributes to joint destruction in rheumatoid arthritis. In past work, the team gained insights into how these cells function using epigenetics — the study of factors that change the way genes are read, or expressed, without changing the DNA sequence itself. They identified patterns of DNA methylation — a common epigenetic modification that affects gene expression — in FLS that differ between rheumatoid arthritis and osteoarthritis.

In their new study, the team studied FLS obtained from total joint replacement surgeries in 30 people with rheumatoid arthritis and 16 with osteoarthritis. Their work was funded in part by NIH's National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) and National Institute of Allergy and Infectious Diseases (NIAID). The study appeared on June 10, 2016, in *Nature Communications*.

The scientists used computer analyses to group the samples according to the thousands of methylation differences they found across the genome. As expected, methylation patterns differed between rheumatoid arthritis FLS and osteoarthritis FLS. The team found the patterns also differed between rheumatoid arthritis FLS isolated from knees and hips.

The researchers next examined the biological pathways affected and identified several in FLS that were differentially methylated between rheumatoid arthritis knees and hips. Gene expression analysis confirmed that genes and pathways differ between the joint locations. Many of these pathways are related to immune function and inflammation.

> **"Even more importantly, the differences involved key genes and pathways that are designed to be blocked by new rheumatoid arthritis treatments. This might provide an explanation as to why some joints improve while others do not, even though they are exposed to the same drug."**
> — Dr. Gary S. Firestein

The team next examined drugs developed for use in rheumatoid arthritis. They compared the drugs' targets to the joint-specific biological pathways they uncovered. This analysis suggested that several promising drugs might have been assessed differently if these pathways had been taken into account. This analytical method could form the basis for developing precision medicine approaches to rheumatoid arthritis.

"We showed that the epigenetic marks vary from joint to joint in rheumatoid arthritis," Firestein says. "Even more importantly, the differences involved key genes and pathways that are designed to be blocked by new rheumatoid arthritis treatments. This might provide an explanation as to why some joints improve while others do not, even though they are exposed to the same drug."

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.

25th Anniversary Conference Remembered

Dr. Kenya Rivas, Dr. Elizabeth Hames, Dr. Leonard Hock, Dr. Naushira Pandya, Dr. John Potomski, and Dr. Rick Foley

Poster presentations during the annual conference

Dr. Rhonda Randall, Dr. John Symeonides, Dr. Michael Foley, and Dr. Robert Kaplan at the Annual Membership Meeting

Dr. Leonard Hock, Dr. Jason Gundersen, Dr. Susan Levy, Dr. Katherine Abraham Evans, and Christopher Laxton

View the entire conference photo display online at http://bestcarepractices.org/2016photos.html

Ian Cordes and Dr. Leonard Hock with 25th Anniversary cake provided by Disney

Ian Cordes, Dr. Paul Katz, Dr. Niharika Suchak, Debra Allan Danforth, and Dr. Leonard Hock

25th Anniversary Conference Remembered

National Leaders Forum: Dr. Susan Levy, Dr. Jason Gundersen, Dr. Katherine Abraham Evans, and Moderator Dr. Leonard Hock

Dr. Gregory James (R) with the OPTUMCare team at the Annual Trade Show

Moderator Dr. Rick Foley with speakers Todd Semla, MS, PharmD, BCPS, FCCP, AGSF; and Peter A. Hollmann, MD

Dr. Leonard Hock (second from left) and Ian Cordes (R) with Consulate Health Care's Carrie Condon, Robin Baschnagel, Todd Mehaffey, and Richard Murphy

Dr. Leonard Hock with special guest Dr. Nicole Bixler, president, Florida Osteopathic Medical Association

Dr. Elizabeth Hames (L) and Dr. Leonard Hock (R) with the poster presenters

Call for Speaker Presentations

The CME-Education Committee for Best Care Practices in the Post-Acute and Long-Term Care Continuum 2017 invites you to submit educational program proposals and abstracts for the annual conference. The meeting will be held Oct. 12-15, 2017, at Disney's *Grand Floridian* Resort in Lake Buena Vista, FL.

Submissions should be based on current trends and best practices in post-acute, long-term care, and geriatric topics. Of special interest is emerging clinical information, research, innovations in non-pharmaceutical modification of challenging behaviors, emerging concepts in management and medical direction, and updates on approaches to regulatory compliance.

The committee also seeks proposals that emphasize strategies for successful cooperation with advanced practice nurses, pharmacists, physician assistants, directors of nursing, and administrators, as well as the entire interdisciplinary team.

Year after year, conference evaluations show that a majority of attendees come for the educational programs and the associated continuing-education credits. Our attendees expect clinical topics to be evidence-based with cited references, and management topics to be relevant to their setting and grounded in best practices. For their learning experience, attendees seek opportunities to network with colleagues and engage in interactive presentations through various formats such as point-counterpoint, case-based discussion (Q&A), small groups and/or role play, and practical information for valuable take-home tools such as handouts, key points, guides, or quick tips.

If you have an interest in presenting at the 2017 conference, or know some knowledgeable and excellent speakers, please be directed to our proposal submission page at **www.bestcarepractices.org**.

The Oral Presentation Submission deadline has been extended until **March 24, 2017**.

For information, contact the business office at **(561) 689-6321**.

FMDA News from Around the State

Continued from page 7

FMDA Activities at AMDA's Annual Conference, March 16-19, in Phoenix

FMDA Board Meeting: Members are invited to attend the board meeting from **11:30 a.m. to 1 p.m., Friday, March 17**, in Remington, on the second floor of the Hyatt Regency Phoenix. Lunch will be serviced, however, space is limited. Please RSVP by **March 1** to **Ian Cordes** at **ian.cordes@fmda.org**.

AMDA House of Delegates: Chairing this year's delegation is Dr. John Potomski. The Florida delegation will meet **5:30-6:30 p.m., Friday, March 17**, just before the Florida Chapter Reception in Sundance, on the first floor of the Hyatt.

The Florida Chapter Reception: 6:30-7:30 p.m., Friday, March 17. Our thanks to OPTUMCare for sponsoring the reception. This is always a really nice gathering. Plus, we will present the AMDA Foundation with a $3,000 check from FMDA.

Progress Report Newsletter is Digital

We have transitioned to a digital-only edition and we are asking our members if they prefer that a printed version be mailed to them instead of a digital version via email. Please send your request for a printed newsletter to **Cindi Taylor** at **cindicorecare @bellsouth.net**.

Best Care Practices Logo Revised

In line with FMDA's name change in 2015, the conference name has been revised to reflect the new emphasis on post-acute and long-term care.

Best Care Practices
In the Post-Acute & Long-Term Care Continuum

Quality of Care Measure Scores of Medicare-certified Hospices Available

National averages of the quality of care measure scores of Medicare-certified hospices are now available on data.medicare.gov. National average data are available for two quality of care datasets — the Hospice Item Set (HIS) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey. The HIS information reflects provider performance on the seven National Quality Forum (NQF)-endorsed HIS measures (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures.html) from Quarter 3 of 2015 through Quarter 2 of 2016 (July 2015 through June 2016).

The CAHPS® Hospice Survey information contains the national average "top-box" scores of Medicare-certified hospices on the eight NQF-endorsed CAHPS® Hospice Survey measures. Top-box scores reflect the proportion of respondents who gave the most favorable response or responses for each measure. Scores are calculated from CAHPS® Hospice Survey responses that reflect care experiences of informal caregivers (i.e., family members or friends) of patients who died while receiving hospice care in Quarter 2 of 2015 through Quarter 1 of 2016 (April 2015 through March 2016).

To access the HIS and CAHPS® Hospice Survey files, visit: **https://data.medicare.gov/**.

Call for Articles for *Progress Report*

FMDA is currently accepting articles for future issues of its award-winning publication, *Progress Report*. If you would like to submit an article, or get more information, please contact **Ian Cordes** at **ian.cordes@fmda.org**.

ICD-10 Code Updates and Impact to Eligible Professional Medicare Quality Programs

On Oct. 1, 2016, new International Classification of Diseases (ICD)-10-CM and ICD-10-PCS code sets went into effect. Updating of these codes traditionally occurs on an annual basis, however, during the immediate years leading up to the ICD-9 to ICD-10 transition there was an extended freeze to code updates to support a smooth transition. Therefore, for fiscal year (FY) 2017, updates and revisions include changes since the last completed update (October 1, 2013).

CMS is acutely aware of the relationship between the ICD-10 update and quality reporting.

As a result of the consolidated coding updates, a large number of new codes was added or removed from the ICD-10 code set. The Centers for Medicare & Medicaid Services (CMS) is acutely aware of the relationship between the ICD-10 update and quality reporting. Under the Physician Quality Reporting System (PQRS), calendar year (CY) 2016 is the performance period for (1) the 2018 PQRS and Value Modifier payment adjustments and (2) eligible professionals (EPs) who were part of a Shared Savings Program ACO participant TIN in 2015 and are reporting outside their accountable care organization (ACO) for the special secondary reporting period, because their ACO failed to report on their behalf for the 2015 PQRS performance period.

CMS has examined impact to quality measures and has determined that the ICD-10 code updates will impact CMS's ability to process data reported on certain quality measures for the 4th quarter of CY 2016. Therefore, CMS will not apply the 2017 or 2018 PQRS payment adjustments, as applicable, to any EP or group practice that fails to satisfactorily report for CY 2016 solely as a result of the impact of ICD-10 code updates on quality data reported for the fourth quarter of CY 2016. The Value Modifier program will consider solo practitioners and groups, as identified by their taxpayer identification number (TIN), who meet reporting requirements in order to avoid the PQRS payment adjustment (either as a group or by having at least 50% of the individual eligible professionals in the TIN avoid the PQRS adjustment) to be "Category 1," meaning they will not incur the automatic downward adjustment under the Value Modifier program.

Consistent with previously communicated eCQM reporting requirements, eligible professionals must submit eCQM data corresponding to the 2015 versions of the measure specifications and value sets (2015 Annual Update) for fourth quarter 2016 reporting.

For the 2017 performance period, CMS will publish an addendum containing updates relevant to the ICD-10 value sets for eCQMs in the Merit-based Incentive Payment System Program (MIPS). CMS will provide additional information on the addendum later this year.

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 physicians, NPs, pharmacists, PAs, nurse administratrors, and nursing home administrators 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!

Member Spotlight

John Symeonides, MD, FAAFP, CMD; Chairman of the Board; President from 2011 to 2013

I moved to Florida in 2001 to escape the cold weather and be closer to the warm waters. I was happy to realize there were many nursing homes and a significant elderly population. Geriatrics and nursing home care became a substantial part of my practice.

Then I discovered FMDA, an organization of like-minded professionals, whose members have tremendous knowledge and experience that they are willing to share. I attended a Town Hall meeting in Sarasota and met FMDA's officers and members. They were welcoming, friendly, and warm and I felt among family and old friends! I was soon looking forward to meetings and functions, and Best Care Practices was the epic event of the year, where I could absorb knowledge and years of experience.

During the time I was president of FMDA, we held the first strategic planning summit at Safety Harbor, expertly coordinated by Dr. Rhonda Randall, where we established our mission and vision statement. We also formally moved to expand the spectrum of FMDA membership to include physician assistants and nurse practitioners.

I am grateful to those individuals and this organization for their willingness to serve and assist. I was honored when I was asked to become involved with FMDA, following the steps of FMDA's great leaders and mentors. I was promoted through the ranks to become president from 2011 to 2013, and now chairman of the board of this great organization. I know I couldn't have done it without the guidance of the presidents who preceded me and the presidents who follow. Each one of us is a link in a chain towards improved care in the post-acute and long-term care continuum (PA/LTC).

FMDA is evolving and growing and is now FMDA – The Florida Society for Post-Acute and Long-Term Care. At the core, FMDA remains inviting and welcoming new individuals and organizations that have the best interest of this population at heart and provide care and services to those individuals.

FMDA is literally the go-to organization for best care practices having in mind patient- and family-centered care. It is where every professional in PA/LTC can turn for advice and solutions for these ever-complicated and challenging times.

FMDA will continue to lead and shape the future of PA/LTC and become the go-to organization when issues surface. Also, FMDA will be at the crossroad where governmental, advisory, insurance, and all other organizations pass through for best services, opportunities, and care.

I foresee FMDA to be the:

- Leader and driving force, guide, and advisor for PA/LTC
- Pertinent player and central hub that leads to best care practices and patient/family-centered individual care
- Leader in advocacy, care, and standards
- Go-to for governmental or non-governmental organizations initiatives' in long-term care
- Relevant and engaging medical society

Also, FMDA will be at the crossroad where governmental, advisory, insurance, and all other organizations pass through for best services, opportunities, and care.

I share AMDA's vision: a world in which all PA/LTC care patients and residents receive the highest-quality, compassionate care for optimum health, function, and quality of life

It is a great pleasure to represent such a wonderful organization. At FMDA, there are challenges that need to be addressed from a political, organizational, and financial aspect. These challenges have to be addressed in order for us to proceed in the future in a profitable and successful manner.

Extreme pressures are being placed at national, state, and local levels to improve the quality of health care and reduce the number of hospital readmissions. We, as PA/LTC partners, must organize our operations so that we can achieve more preventative care on the front end and reduce the high cost of readmissions.

In addition, there is a movement at the nursing home level to limit the medication burden placed upon our patients. Presently, multiple prescriptions are being written by primary care, hospitalists, specialists, and attending physicians. Frequently, there is a lack of coordination and communication. By analyzing the complete picture of each patient, we should improve quality of care by reducing medication and limiting unnecessary spending. We should maximize and increase the efficiency of services provided in a skilled facility without the need for avoidable, unnecessary, and expensive transfers to hospitals.

I encourage each and every one to work together and communicate as to the best practices that can be implemented at our facilities to maximize patient care.

Designer Compound May Untangle Damage Leading to Some Dementias

On Feb. 8, the National Institutes of Health reported that a NIH-funded preclinical study suggests a possible treatment for Alzheimer's disease and other neurodegenerative disorders.

In a study of mice and monkeys, National Institutes of Health-funded researchers showed that they could prevent and reverse some of the brain injury caused by the toxic form of a protein called *tau*. The results, published in *Science Translational Medicine*, suggest that the study of compounds, called tau antisense oligonucleotides, that are genetically engineered to block a cell's assembly line production of tau, might be pursued as an effective treatment for a variety of disorders.

Cells throughout the body normally manufacture tau proteins. In several disorders, toxic forms of tau clump together inside dying brain cells and form neurofibrillary angles, including Alzheimer's disease, tau-associated frontotemporal dementia, chronic traumatic encephalopathy, and progressive supranuclear palsy. Currently there are no effective treatments for combating toxic tau.

"This compound may literally help untangle the brain damage caused by tau," said Timothy Miller, MD, PhD, the David Clayson Professor of Neurology at Washington University, St. Louis, and the study's senior author.

Antisense oligonucleotides are short sequences of DNA or RNA programmed to turn genes on or off. Led by Sarah L. DeVos, a graduate student in Dr. Miller's lab, the researchers tested sequences designed to turn tau genes off in mice that are genetically engineered to produce abnormally high levels of a mutant form of the human protein. Tau clusters begin to appear in the brains of 6-month-old mice and accumulate with age. The mice develop neurologic problems and die earlier than control mice.

Injections of the compound into the fluid-filled spaces of the mice brains prevented tau clustering in 6-9-month-old mice and appeared to reverse clustering in older mice. The compound also caused older mice to live longer and have healthier brains than mice that received a placebo. In addition, the compound prevented the older mice from losing their ability to build nests.

"These results open a promising new door," said Margaret Sutherland, PhD, program director at NIH's National Institute of Neurological Disorders and Stroke (NINDS). "They suggest that antisense oligonucleotides may be effective tools for tackling tau-associated disorders."

Currently, researchers are conducting early-phase clinical trials on the safety and effectiveness of antisense oligonucleotides designed to treat several neurological disorders, including Huntington's disease and amyotrophic lateral sclerosis. The U.S. Food and Drug Administration recently approved the use of an antisense oligonucleotide for the treatment of spinal muscular atrophy, a hereditary disorder that weakens the muscles of infants and children.

Further experiments on non-human primates suggested that the antisense oligonucleotides tested in mice could reach important areas of larger brains and turn off tau. In comparison with placebo, two spinal tap injections of the compound appeared to reduce tau protein levels in the brains and spinal cords of Cynomologus monkeys. As the researchers saw with the mice, injections of the compound caused almost no side effects.

"These results open a promising new door... They suggest that antisense oligonucleotides may be effective tools for tackling tau-associated disorders."

— Margaret Sutherland, PhD, program director, National Institute of Neurological Disorders and Stroke

Nevertheless, the researchers concluded that the compound needs to be fully tested for safety before it can be tried in humans. They are taking the next steps toward translating it into a possible treatment for a variety of tau-related disorders.

This study was supported by grants from NINDS (NS078398, NS074194, NS057105) and National Institute on Aging (AG05681, AG044719), the Tau Consortium and Cure PSP. Ionis Pharmaceuticals supplied the authors with all of the antisense oligonucleotides in the described work.

NINDS is the nation's leading funder of research on the brain and nervous system. The mission of NINDS is to seek fundamental knowledge about the brain and nervous system and to use that knowledge to reduce the burden of neurological disease.

About the National Institute on Aging: The NIA leads the federal government effort conducting and supporting research on aging and the health and well-being of older people. It provides information on age-related cognitive change and neurodegenerative disease specifically at its Alzheimer's

Continued on page 20

New Payment Models Announced to Improve Cardiac and Joint Care

On Dec. 20, 2016, the Centers for Medicare & Medicaid Services (CMS) finalized new Innovation Center models that continue the progress to shift Medicare payments from rewarding quantity to rewarding quality by creating strong incentives for hospitals to deliver better care to patients at a lower cost. These models will reward hospitals that work together with physicians and other providers to avoid complications, prevent hospital readmissions, and speed recovery.

The announcement finalizes significant new policies that:

• Improve cardiac care: Three new payment models will support clinicians in providing care to patients who receive treatment for heart attacks, heart surgery to bypass blocked coronary arteries, or cardiac rehabilitation following a heart attack or heart surgery.

• Improve orthopedic care: One new payment model will support clinicians in providing care to patients who receive surgery after a hip fracture, other than hip replacement. In addition, CMS is finalizing updates to the Comprehensive Care for Joint Replacement Model, which began in April 2016.

• Provide an Accountable Care Organization opportunity for small practices: The new Medicare ACO Track 1+ Model will have more limited downside risk than in Tracks 2 or 3 of the Medicare Shared Savings Program in order to encourage more practices, especially small practices, to advance to performance-based risk.

These models will reward hospitals that work together with physicians and other providers to avoid complications, prevent hospital readmissions, and speed recovery.

These new payment models and the updated Comprehensive Care for Joint Replacement Model give clinicians additional opportunities to qualify for a five percent incentive payment through the Advanced Alternative Payment Model (APM) path under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and the Quality Payment Program. For the new cardiac and orthopedic payment models, clinicians may potentially earn the incentive payment beginning in performance year 2019 or potentially as early as performance year 2018 if they collaborate with participant hospitals that choose the Advanced APM path. For the Comprehensive Care for Joint Replacement model, clinicians may potentially earn the incentive payment beginning in performance year 2017. For the Track 1+ Model, clinicians may potentially earn the incentive payment beginning in performance year 2018, and the application cycle will align with the other Shared Savings Program tracks.

These models are being implemented by the CMS Innovation Center (**https://innovation.cms.gov/index.html**) under section 1115A of the Social Security Act, with participation by all hospitals in selected geographic areas in order to yield more generalizable results, and additional protections for small and rural providers. The models will be referred to as:

- The Acute Myocardial Infarction (AMI) Model;
- The Coronary Artery Bypass Graft (CABG) Model;
- The Surgical Hip and Femur Fracture Treatment (SHFFT) Model; and
- The Cardiac Rehabilitation (CR) Incentive Payment Model.

CMS is also announcing the new Medicare ACO Track 1+ Model. This new opportunity, beginning in 2018, will allow clinicians to join Advanced Alternative Payment Models to improve care and potentially earn an incentive payment under the Quality Payment Program, created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The new Medicare ACO Track 1+ Model will test a payment model that incorporates more limited downside risk than is currently present in Tracks 2 or 3 of the Medicare Shared Savings Program in order to encourage more rapid progression to performance-based risk.

For more information about the individual models finalized through this rule, visit the CMS Innovation Center website at **https://innovation.cms.gov/initiatives/epm**.

Designer Compound May Untangle Damage Leading to Some Dementias

Continued from page 19

Disease Education and Referral (ADEAR) Center at **www.nia.nih.gov/alzheimers**.

About the National Institutes of Health (NIH): NIH, the nation's medical research agency, includes 27 institutes and centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit **www.nih.gov**.

— DeVos et al. Tau Reduction Prevents Neuronal Loss and Reverses Pathological Tau Deposition and Seeding in Mice with Tauopathy. *Science Translational Medicine*, Jan. 25, 2017 DOI: 10.1126/scitranslmed.aah7029

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.

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

fmda™

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

Benefits of Membership

- Award-winning statewide newsletter, *Progress Report*
- Society website
- Nationally recognized annual conference titled, Best Care Practices in the Post-Acute and Long-term Care 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

Download our free app for iPhone and Android!

Members receive our award-winning statewide newsletter: *Progress Report*

2016 Research Highlights: Clinical Breakthroughs

NIH Research Matters – Dec. 21, 2016

Prevention, diagnosis, and treatment of human disease

With NIH support, scientists across the United States and the world conduct wide-ranging research to improve the health of our nation. Groundbreaking NIH-funded research often receives top scientific honors.

In 2016, these honors included one NIH-supported Nobel Prize winner and five NIH-funded recipients of top awards from the Lasker Foundation. Here's just a small sampling of the research accomplishments made by NIH-supported scientists in 2016. For more health and medical research findings from NIH, visit *NIH Research Matters* (**https://www.nih.gov/news-events/nih-research-matters**).

Islet transplantation restores blood sugar control in type 1 diabetes

Diabetes is a disorder in the regulation and use of glucose. In type 1 diabetes, the body's own immune system attacks and destroys pancreatic beta cells that make insulin. Researchers used pancreatic islet cell transplantation to successfully treat people with difficult cases of type 1 diabetes.

The procedure and the use of antirejection drugs were associated with some side effects. Researchers continue to monitor participants to assess the experimental procedure.

Blood pressure management for seniors

High blood pressure, or hypertension, affects one in three American adults. In a large clinical study, researchers found that seniors who aimed for a target systolic blood pressure level lower than commonly recommended (less than 120 mm Hg compared to 140 mm Hg) had a reduced risk of cardiovascular disease and death. The findings will help older adults with hypertension and their doctors make more informed decisions about blood pressure goals.

Long-term benefits of age-related macular degeneration treatments

Age-related macular degeneration (AMD) is the leading cause of vision loss among older Americans. AMD often has few symptoms in its early stages, but causes loss of central vision in later stages. Researchers examined the five-year outcomes of using the drugs Avastin and Lucentis to treat AMD. The results showed that almost half of the participants had 20/40 vision or better, confirming the long-term benefits of the therapy.

For the full 2016 NIH Research Highlights List visit: **https://www.nih.gov/sites/default/files/news-events/research-matters/2016/20161221-nihrm-fill-list.pdf**

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.

FMDA Celebrates 25th Anniversary

Continued from page 1

"A lot of uncertainty lies with the bundled payments for care improvement initiative (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 2016 was 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 educated and enlightened physicians, consultant pharmacists, advanced practice nurses, physician assistants, directors of nursing in LTC, registered nurses 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.

Each year, the faculty includes national and regional authorities in the fields of PA/LTC and geriatric medicine, medical direction, as well as senior care pharmacology.

Editor's Corner: CMS MACRA/Quality Payment Program Update

Continued from page 4

*** Hardship applications are available for this category — it may be re-weighted to 0% for clinicians with > 50% of their practice in long-term care facilities where they are not in control of the EHR, and for hospital-based clinicians

2017 MIPS score	2019 payment adjustment
≥ 70 points	+ adjustment with possible exceptional performance bonus of 0.5%
4 – 69 points	+ adjustment (no additional bonus possible)
3 points	neutral payment adjustment
0 points	-4% payment adjustment

For MIPS applications and information, go to: **https://qpp.cms.gov**

MIPS Timeline and Exclusions:

Some clinicians are excluded from MIPS reporting and scoring. These include:

1) Advanced APM participants
2) Clinicians newly enrolled as Medicare providers (during first year)
3) Clinicians who see fewer than 100 part B beneficiaries annually or bill less than $30,000 in part B charges annually

The timeline is designed for reporting that begins Jan. 1, 2017, through Dec. 31, 2017, to be submitted by the deadline of March 31, 2018. A review and feedback period by CMS will then occur, with payment adjustments to providers beginning Jan. 1, 2019. Overall, the 2017 performance year will be affecting physician reimbursements in 2019.

Of note, there are flexible paths for clinicians to begin participation:

1) **Test Pace:** After Jan. 1, 2017 report 1 quality measure or one improvement activity or 4-5 of the required advancing care information (EHR) activities — can gain neutral or small positive payment adjustment
2) **Partial Year:** Report for a 90-day period (any time between Jan. 1, 2017 and Oct. 2, 2017) — can gain a small positive payment adjustment
3) **Full Year:** Report for the entire year beginning Jan. 1, 2017 — can gain a small positive payment adjustment
4) **Participate in an APM:** This will exclude a clinician from MIPS reporting

*****NOTE*** CLINICIANS WHO ARE ELIGIBLE FOR MIPS REPORTING MUST REPORT ON AT LEAST A MINIMUM AMOUNT OF DATA (TEST PACE CATEGORY) TO AVOID A 4% PAYMENT LOSS IN 2019**

Alternative Payment Models

These alternative payment models (APMs) offer a fixed 5% bonus for eligible clinicians, and include both ACOs and medical home models of care. Eligible clinicians in advanced APMs are exempt from MIPS reporting, and all providers within an APM receive the same final APM score. Clinicians in standard APMs may still have to report in MIPS, generally a small amount of data. For 2017, APMs include:

1) Shared savings (tracks 1,2,3) — an advanced APM
2) Next generation ACO model — an advanced APM
3) Comprehensive ESRD — an advanced APM
4) Oncology care models
5) Comprehensive primary care plus — an advanced APM

According to AMDA's webinar, possible additional APMs for 2018 include the joint replacement model, cardiac care coordination, and a new ACO track I model.

Future Directions for PA/LTC Providers

AMDA's Policy Committee is continuing to communicate and work with CMS on behalf of PA/LTC providers. The Committee has asked for automatic hardship exemptions in the MIPS Advancing Care Information category for clinicians who practice primarily in SNFs. It was noted during the AMDA webinar that currently only one reportable quality outcome measure includes SNF as a denominator — the speakers stressed the need for additional reportable improvement activities that reflect QAPI, National Partnership to Improve Dementia Care, etc. The need for additional advanced APMs that include the PA/LTC environment was discussed — some very preliminary ideas from AMDA workgroups include a dementia APM, neurologic disease APM, and an acute illness APM (focus on in-house treatment of acute change of condition in the PA/LC facility when appropriate). PA/LTC clinicians have a unique and specialized skill set which will be extremely valuable for current and future quality reporting, ACOs, and APMs.

Follow continued updates through AMDA and CMS!

fmda
The Florida Society for Post-Acute and Long-Term Care Medicine
400 Executive Center Drive, Suite 208
West Palm Beach, FL 33401
(561) 689-6321 • Fax: (561) 689-6324
www.fmda.org • www.bestcarepractices.org

Visit www.fmda.org.

Like us and follow us on Facebook and visit us on LinkedIn Today!

FMDA's *Progress Report* **February 2017**

Best Care Practices
In the Post-Acute & Long-Term Care Continuum

Another Magical Conference at Disney's *Grand Floridian* Resort

Reserve your room today before the hotel is sold out. Call Disney's *Grand Floridian* Resort at (407) 939-4686!