

Serving Physicians, Nurse Practitioners, and Physician Assistants Practicing in Florida's Postacute Care Continuum

# FMDA Gears Up for Successful 2013





Dedicated To Florida Long Term Care Medicine

### Florida Medical **Directors Association**

Serving medical directors in Florida's post-acute. subacute, skilled care, and assisted living facilities.

#### www.fmda.org

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# **FMDA News from Around the State**

### Call for Presentations

We recently issued our third "Call for Presentations 2013" with an online submission process. Last year, it allowed us to offer excellent concurrent sessions and some very interesting and diverse educational programming.

For more information, or to submit a proposal, visit http://www.bestcarepractices.org/callpresentations.html.

# **Industry Advisory Board**

Our 13th annual meeting of the **Industry** Advisory Board, which was an invitation-only event, was held at the DoubleTree by Hilton Orlando International Airport on Feb. 5, 2013. Chair Dr. Steven Selznick and Co-chair Jaynie Christenson presided over the meeting. For the first time, there was welcome representation from the Florida Hospital Association.

# Supporting AMDA

On March 22, FMDA will present a check for \$2,500 to the **AMDA Foundation** during our state chapter reception at AMDA's annual symposium in Washington, DC. See page 5 for details.

# FMDA Member Installed as FOMA President

On February 23, FMDA was one of the sponsors of the reception at the installation dinner during the annual conference of the Florida Osteopathic Medical Association in Weston. FMDA member **Dr. Gregory James** was sworn in as its new president in a moving presentation by their leadership.

# Possible Expansion of Optometry's Scope of Practice

During the past summer, FMDA was approached by the Florida Society of Ophthalmology (FSO) seeking support against an effort by the association representing optometrists to expand their scope of practice. This was backed by the **Florida Medical Association** (FMA). As requested by the Board, our executive director contacted FMA. We asked them whether physician access was an issue, what "problem" they had identified, and what data existed to support their position.

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13th Annual Industry Advisory Board Meeting. Front row (from left): Kim Streit, FACHE, MBA, MHS, Vice President Healthcare Research and Information, Florida Hospital Association; Gregory A. Chaires, Esq., Board Certified in Health Law, Chaires, Brooderson & Guerrero; Kenneth A. Vergara, Corporate Account Executive, Endo; John Symeonides, MD, CMD, FMDA President; John Maddox, Corporate Account Director, Astellas Pharma; Brian Stembridge, LTC Account Manager, Jacksonville/Orlando, South Operating Unit, Novartis Pharmaceuticals; David Clark, Neuroscience Regional Business Manager, Avanir Pharmaceuticals. Back Row (from left): Gregory James, DO, MPH, FSACOFP, Medical Director, Evercare Florida Nursing Home Division, Florida Osteopathic Medical Association; Jean Nelson, RN-BC, BSHCA, 1st Vice President, FADONA; Robert Kaplan, MD, CMD, FMDA Vice President; Dennis Schreiber, Regional Manager, AbbVie; Rick Foley, PharmD, CPh, CGP, FASCP, BCPP, Pharmacist, Omnicare Central Florida/FL-ASCP; John Simmons, NHA, Secretary, Florida Health Care Association; IAB Co-chair Jaynie Christenson, BS MT, ASCP, Regional Account Manager, AbbVie; Matthew Reese, BS, FMDA Communications and Education Manager; IAB Chair Steven Selznick, DO, CMD, Chairman, CFP Physicians Group; Greg Anderson, LTC Account Manager, Central Florida, Avanir Pharmaceuticals; John Potomski, DO, CMD, FMDA Chairman of the Board; Peggy Jackson, ARNP, President, Florida Gulf Coast GAPNA; Karen Jones, ARNP, President, Florida-GAPNA; Ken Desautel, Forest Laboratories; Ken Tuell, PharmD, CGP, Humana Pharmacy Solutions Medicare Pharmacy Division Consultant, Humana. Missing: David J. Reis, MBA, Senior National Account Director, Senior Care, Boehringer Ingelheim Pharmaceuticals; and Ian Cordes, FMDA Executive Director

# Plans Under Way for Another Outstanding Conference

— Underlying theme is "Managing patients with multiple morbidities"



ear Friends:

Here is an update on our 22<sup>nd</sup> Annual Conference, Best Care Practices in the Geriatrics Continuum 2013, to be held Oct. 17-20 in Orlando.

We recently issued a "Call for Presentations," which has already produced some very interesting proposals for our conference. This process will continue to add a new and dynamic dimension to our conference programming.

We will be providing a review and update of major geriatric diseases, as well as illnesses and risks found in nursing home patients, residents of assisted living facilities, and seniors living at home. Topics will include a wide range of clinical and administrative issues, as well as our annual forum with our national leaders.

At this time, we are developing the educational program to address the most requested topics from last year's conference. Some of these broad topics include infectious and neurologic diseases, dementia, sleep disorders, and additional geriatric syndromes (e.g., frailty).

The underlying theme this year is a very commonly occurring issue for us — many, if not most of our patients have multiple morbidities. As a result, regardless which clinical lecture you attend, there will be some reference to multiple chronic conditions and how they play into our decision-making processes.

Of course, there will be some cutting-edge administrative talks, such as a Medicare reimbursement update (including the new transitional codes), ethical dilemmas, advance directives, risk management, Accountable Care Organizations, etc.

We are very pleased to welcome back all the official liaisons from our collaborating organizations to our CME/Education Committee as well as the University of Florida's College of Pharmacy, which will once again provide the CPEs for pharmacists in attendance. We are working with AMDA again this year to provide another optional intensive on Thursday, Oct. 17, a preconference day. In addition, on that same day we will host the mandatory licensure renewal courses for Florida licensed health care professionals.

This conference has earned a great reputation for its unique multidisciplinary approach to educating physicians, physician assistants, nurse practitioners, directors of nursing in LTC, registered nurses, senior-care pharmacists, consultant pharmacists, and long-term-care administrators, as well as geriatricians, primary-care and home-care physicians, physicians considering becoming long-term-care or home-care medical directors, and others with an interest in geriatrics and its continuum of care. The faculty will include national and regional authorities in the fields of medical direction, senior-care pharmacology, LTC and geriatric medicine, and LTC administration.

Your traveling companions will not be bored. Epcot will be hosting its International Food & Wine Festival while you are there. In addition, there is no better place than Orlando to spend Halloween. Universal Studios Orlando is hosting its Annual Halloween Horror Nights (www.halloweenhorrornights.com/ for more information). Plus there's the Halloween Spooktacular at SeaWorld Orlando. And, if that isn't enough, there's also Mickey's "Not So Scary Halloween Party for Halloween 2013" at Disney's Magic Kingdom.

We look for forward to seeing you there!

Yours truly.

Best Care Practices

Robert Kaplan, MD, FACP, CMD Chair, CME/Education Committee

Rhonda Randall, DO Program Director

Best Care Practices in the Geriatrics Continuum 2013

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# 2013 Poster Sessions Schedule\*

Disney's Contemporary Resort, Lake Buena Vista, Fla.

#### **POSTER SET-UP**

FRIDAY, Oct. 18, 11 a.m.-1 p.m.

### **POSTER VIEWING**

FRIDAY, Oct. 18, 1-2:30 p.m.; 5:15-7:15 p.m.

SATURDAY, Oct. 19

8-9 a.m., 11:45 a.m.-12:30 p.m.

Luncheon: Poster Recognition-12:45-2:15 p.m.

#### **POSTER TEAR-DOWN**

SATURDAY, Oct. 19, 2:15-4:15 p.m.

\*Subject to change. Presenters are not required to be present during all viewing hours.

# FMDA News from Around the State Continued from page 2

Florida Society of Ophthalmology believes this would be detrimental to them and to other specialty societies that face similar scope of practice expansion battles by other non-MD professionals. Per their executive director, FSO is seeking any support from us even on the floor of FMA's House of Delegates. According to FSO, prior to this year, the FMA had not supported any scope of practice expansion by non-MD groups and had even publically said this. Things changed last year when the FMA was trying to get tort reform passed. Their only chance of having it passed was if they "compromised" with the optometrists — without the knowledge or input of the FSO. The billed died on the Senate floor, but FSO will have to fight this battle again in 2013.

Since this issue emerged, FMA hosted a Scope of Practice Task Force meeting after the conclusion of the 2012 FMA Annual Meeting. It was stated that the purpose of the Scope of Practice Task Force was to develop specific recommendations for the FMA Board of Governors to consider scope of practice issues prior to the beginning of the 2013 Legislative Session.

# Pharmacist Petition for Declaratory Statement

The Florida Board of Pharmacy was presented with a petition last June from a pharmacist based in Ohio. 64B16-27.830 Standards of Practice — Drug Therapy Management. It asked that the Board to approve a proposal whereby dispensing and consultant pharmacists proactively enter into a 'Prescriber Care Plan' with individual physicians for all of their patients residing in a long-term care facility. The board did not rule on the petition. It was not heard at the meeting in August but was heard on Dec. 2.

The petitioner was advised by the Board to review the specific rule requirements and components for the initiation of orders under a licensed physician for Drug Therapy Management and assure inclusion in his Drug Therapy Management Plan monitoring components in his final plan prior to resubmission to the Board. As a result, the declaratory statement was allowed to be withdrawn to allow for further revision of this proposed Drug Therapy Management Plan.

# A Response to Scope of Practice Issues

In response to these "Scope of Practice" issues, Dr. Leonard Hock, FMDA's treasurer, wrote the following: "We are an organization of likeminded people when it comes to great patient care, advancement of best practices for the frail and elderly in the long-term care continuum. We are probably not likeminded when it comes to other issues including the politics of Florida medicine. We can take on any issue 'for the higher cause' but whenever we find an ally to support we have automatically found an enemy to oppose. Of course we want the best care for our patients and residents, but do we need to identify an enemy to do so?

"And for our support, would we expect the Florida Ophthalmologist to reciprocate by supporting our petition for ARNPs to have prescriptive authority? If any medical professional group starts to 'scope creep' beyond what we consider acceptable, then don't use them or don't accept their recommendations on a one-to-one professional level."

# **Town Meeting**



Our last **Town Meeting** was held on Feb. 22 at the Renaissance Plantation Hotel in Fort Lauderdale. Our grand sponsor was VITAS



FMDA's Officers and Directors (from left): Jan Cripanuk, MS, ARNP; Rhonda Randall, DO; Diane Sanders-Cepeda, DO; David LeVine, MD, CMD; Karl Dhana, MD, CMD; Naushira Pandya, MD, CMD; Daniel Fortier, MD, CMD; Leonard Hock, DO, CMD; and Robert Kaplan, MD, CMD Not pictured: Carl Suchar, DO, CMD; John Symeonides, MD, CMD; John Potomski, DO, CMD; and Hugh Thomas, DO, CMD

Innovative Hospice Care which organized a panel of hospice experts for the more than 60 in attendance.

# State Long-Term Care Ombudsman Council

FMDA was contacted by the State Long-Term Care Ombudsman Council, represented by Dr. Susan Acker, who retired from the Agency for Health Administration a number of years ago. She was appointed by the governor to serve as a statewide member of the Council. Dr. Acker told us that their Council wanted to open a dialogue with the professional organizations representing physicians, directors of nursing, and directors of social services. They wanted to create a joint project or joint task force to look at issues of mutual interest that impact resident care. They understand that the goal for all of us collectively has always been to ensure the highest quality of care and quality of life for our patients and residents.

This effort falls under the purview of the Government Affairs Committee, which is chaired by Dr. John Potomski. Dr. John Symeonides and Dr. Hugh Thomas have also volunteered to participate.

# Pill Mill Bill — Update

There has been an ongoing effort, led by Government Affairs Committee Chair Dr. John Potomski, surrounding the attempt to have physicians in SNFs exempted from the requirements of the Pill Mill Bill (HB/SB 7095).

John Potomski and Ian Cordes met separately with Rep. Mark Pafford in 2012 and with representatives of the State Attorney's Office at the invitation of LeadingAge Florida. We have also discussed with Leading Age some possible strategies on how to move forward as we near the 2013 Legislative Session. We've had strong support from Florida Health Care Association as well. One part of a proposed two-stage strategy is to file a petition with the Board of Medicine to exempt physicians practicing in LTC from the requirements of this bill (declaratory statement). But, this is viewed by the board as only a temporary fix and would not change the existing law.

Efforts have already been under way for the 2013 Legislative Session. We met with Rep. Mark Pafford and this time he agreed to co-sponsor a draft bill already prepared by Rep. Mike Fasano that includes language exempting skilled nursing facilities from the requirements of the Pill Mill Bill.

For more information, visit www.fmda.org.

## **Member Services**

The board recently approved an effort to identify an affordable effective association management / membership database software that would provide us with comprehensive metrics that would allow us to track trends and better understand our members' needs. An

FMDA *Progress Report* has a circulation of more than 1,000 physicians, physician assistants, nurse practitioners, directors of nursing, administrators, and other LTC professionals. *Progress Report* is a trademark of FMDA. Editor Karl Dhana, MD, CMD, 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.

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increase in the analytics of our membership will provide better information, which should translate into better customer relations.

# Social Networking

Matt Reese, Communications and Education Manager, created new Facebook and LinkedIn pages for FMDA and they both recently went live. **Please visit us there**. We are also looking to create a survey of non-members and what member benefits would they value that could be posted on our Facebook page. Would you like to help?

# FMDA to Host Chapter Meetings at AMDA

AMDA will be holding its next Annual Symposium in Washington, D.C., March 21-24, 2013. We hope that many of our Florida members will be able to join us for this annual event.

Our CME/Education and Board meetings will take place on **Friday, March 22**. There will be a working lunch from **11:30 a.m. to 1 p.m.** (no charge for members). All members are welcome to attend — due to space limitations, RSVP to the business office ASAP — they will provide you with the meeting location.

Also on March 22, FMDA will be hosting the Florida Chapter Reception from 6:30 to 7:30 p.m. in National Harbor 3 at the Gaylord National Convention Center. This reception is generously sponsored this year by Avanir Pharmaceuticals. Please RSVP by calling (561) 659-5581, or by sending an e-mail to mattr@fmda.org.

# Call for Articles for FMDA's *Progress Report*

On behalf of Editor Karl Dhana, MD, CMD, FMDA is currently accepting articles for the next publication of *Progress Report*. If you would like to submit an article, or get more information, please contact Matt Reese at mattr@fmda.org. You may also call the business office at (561) 659-5581.

# Lifetime Memberships and Contributions

FMDA now has two-year, three-year, and lifetime memberships available on its membership application. We encourage new and renewing members to join at one of these new categories. For more information about membership, please contact Scott Harter at (561) 659-5581.

We are also giving members the opportunity to provide muchneeded financial support to FMDA's Careers in LTC Program, student scholarships, and AMDA's Futures Program. We kindly ask that you make a contribution in the amount of your choosing (in increments of \$50) when you join and/or renew your membership.

## **FMDA Thanks Its Lifetime Members**

Owen A. Barruw, MD
Marigel Constantiner, RPh
Moustafa Eldick, MD
F. Michael Gloth III, MD, CMD
Bernard Jasmin, MD, CMD
John Pirrello, MD
Dennis Stone, MD
Hugh Thomas, DO, FAAFP, CMD

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FMDA News from Around the State Continued from page 5

# Florida Partnership to Individualize Dementia Care in Florida Nursing Homes

FMDA was invited by CMS this past September to participate in a Florida-based collaborative to ensure appropriate care of nursing home patients with dementia. This partnership is between federal partners, nursing homes and other providers, advocacy groups, and caregivers. According to the introductory e-mails from CMS:

Unnecessary antipsychotic drug use has been identified as a significant challenge in ensuring appropriate dementia care. A 2011 report by the Health and Human Services Office of Inspector General found that 22 percent of the atypical antipsychotic drugs were not administrated in compliance with CMS standards, and a CMS study found that over 17 percent of nursing home patients had daily doses exceeding recommended levels.

The Florida Partnership to Individualize Dementia Care in Nursing Homes is a collaborative of long-term care stakeholders working to refine dementia care in nursing homes throughout the state of Florida. Collaboration should allow this partnership to reduce duplication of effort, pool resources, and work together to make sure this initiative is successful in Florida.

The partnership currently includes the following organizations: Agency for Health Care Administration, Florida Health Care Association, Florida Medical Directors Association, Florida Ombudsman, Florida Pioneer Network, FMQAI, LeadingAge Florida, and the University of South Florida's College of Behavioral and Community Sciences (visit <a href="www.fmda.org">www.fmda.org</a> for more information).

Dr. John Symeonides, Dr. Robert Kaplan, Dr. Karl Dhana, Matt Reese and Ian Cordes participated in a three-hour conference call for the workgroup responsible to develop the strategies and talking points for a statewide initiative. This workgroup decided that for now it

would adopt the same national goal of reducing the use of antipsychotic drugs in nursing home residents by 15 percent.

FMDA has taken a leadership role in this initiative, and working together with AMDA and our stakeholders, has released important information about this issue which has been distributed to industry leaders statewide.

# Dr. Potomski Installed as President of BCMS

FMDA's Chairman of the Board, John H. Potomski Jr., DO, CMD, was installed on Jan. 18, 2013, as the president of the Brevard County Medical Society. The event was held at the Suntree Country Club in Melbourne and was attended by more than 200 guests. Dr. Potomski was sworn in by Judge Michael Rudisill from the 18th Judicial Circuit Court. Numerous VIPs were present, including former Florida Senate President Mike Haridopolos; Congressman Dave Weldon, MD; JoAnn Fisher, BC-FNP; and FMDA President John Symeonides, MD,

CMD; and his wife, Stacy Symeonides.

During the presentations, Dr. Potomski surprised Joan Burritt, ARNP, with flowers and a plaque in appreciation of her longtime leadership and exceptional years of local service, in honor of her recent retirement. Burritt, a past NP board member of FMDA, served from 2003 to 2005.

#### **FMDA Directors and Staff Activities**



FMDA Director Dr. Rhonda Randall was recently appointed by AMDA President Dr. Matthew Wayne to AMDA's Nominations Committee for 2013. Dr. Randall is the Program Director for Best Care Practices in the Geriatrics Continuum 2013.

Our executive director, Ian Cordes, was appointed to Florida's Quality Improvement Organization's Strategic

Council. Its mission is to establish learning and action networks (LANs) to spread quality of health care for Medicare beneficiaries in Florida. LANs target reducing hospital-associated infections, health care-acquired conditions, and adverse drug events, as well as improving transitions of care, promoting the use of electronic health records, and cardiac prevention care.



Last year, Cordes joined the Editorial Advisory Board of AMDA's national magazine, *Caring for the Ages*. Most recently, he serves on the Annual Trade Show & Sponsorship Committee of the American College of Health Care Administrators, and recently participated on a CEO Council for the Florida Society of Association Executives.

Dr. Hugh Thomas, Immediate Past President, has created a new series for FMDA's statewide *Progress Report* newsletter. It is called *Lessons Learned* and will recall events Dr. Thomas has seen or been part of during his 20 years as a



medical director. Look for his first installment on page 8.

FMDA Director Dr. Naushira Pandya was nominated by the AMDA Nominations

Committee to run for national vice president of AMDA. She is currently on the national board as a Board Representative to the State Presidents



Council. She is also AMDA's liaison to our CME/Education Committee and chairs our Poster Review Committee.

# **Hospice Section**

Dr. Leonard Hock chairs the Hospice Section which was established in 2011 with the support of Dr. Rhonda Randall and the board. They



FMDA's Chairman of the Board, Dr. Potomski (center), is sworn in by Judge Michael Rudisill (left) from the 18th Judicial Circuit Court, as Stephanie E. Haridopolos, MD, Vice President, looks on.

# **CMS Issues Final Rule on Sunshine Act**



he Centers for Medicare and Medicaid recently issued a long-delayed final rule for the Physician Payments Sunshine Act, setting out a timeline for implementation that is a year past what the health care reform law required.

The Sunshine Act aims to increase transparency and reduce the potential for conflicts of interest by gathering data about financial relationships between health care providers and manufacturers and making it available to the public.

Starting Aug. 1, drug and device companies will be required to collect data about payments, gifts, and other transfers of value given to physicians and teaching hospitals.

In addition, manufacturers and group purchasing organizations (GPOs) will be responsible for reporting physician ownership and investment interests.

The final rule requires manufacturers and GPOs to report the first round of data collection to the CMS by March 31, 2014. The data will then be posted online by Sept. 30, 2014, one year after what the original statute required. The program's first round of reporting will be limited to five months of data rather than a full year.

The rulemaking process had been delayed multiple times. Most recently, the CMS missed its own deadline to issue the final rule by the end of 2012. However, both the CMS, which received 373 letters during the comment period, and other stakeholders say that the regulation is complex.

The program is expected to cost \$269 million in its first year and \$180 million every year after.

# FMDA News from Around the State Continued from the previous page

have met as a group during FMDA's last two annual conferences and they will be expanding their activities as the Section continues to grow. If you are interested in participating, please contact Matt Reese at mattr@fmda.org.

#### Discover HealthHub

HealthHub is a community portal designed to promote the sharing and collaboration of information, resources, tools, and knowledge related to current challenges facing healthcare providers, stakeholders, and consumers. Using a submit content feature and the use of forums, HealthHub provides multiple means for the healthcare quality improvement community to contribute to each other's quality improvement work.

**Resource Center:** HealthHub is a secured repository for documentation, tools, and resources related to health care quality improvement. The Resource Center assists providers, stakeholders, state-based community leaders, and health care consumers by making available information and resources related to community-based quality improvement initiatives.

Learning and Action Network Communities: HealthHub offers opportunities for organized quality improvement communities that are based around different clinical and operational interests, such as Patient Safety, including Healthcare-Associated Infections, Healthcare-Acquired Conditions, and Adverse Drug Events; Care Transitions; Cardiac Care; Health Information Technology; Quality Reporting; and Preventative Care. Community members have password-protected access to community-specific files, forums, calendars, listservs, and other tools and features.

The site also features upcoming events, forums, polls, and other tools. Register for a HealthHub account of your own in order to gain access to our material. Visit <a href="http://healthhubfl.com/">http://healthhubfl.com/</a>. The HealthHub website was developed and is maintained by FMQAI, Florida's Medicare Quality Improvement Organization. For additional information go to the website or call FMQAI at (813) 354-9111.

# **Business Office Move Planned**

After 13 years at the same location, the business office will be moving in May to a larger space about four miles from where it is currently located. We will confirm the new address and any contact information changes in April.

# What would you do if you discovered the Golden Egg?

# Visit the CareerCenters at

www.fmda.org, www.fadona.org, and www.fhcswa.net

# These are the official online CareerCenters of the

Florida Medical Directors Association, Florida Association Directors of Nursing Administration, and Florida Health Care Social Workers Association.

These Career Centers are a treasured online resource designed to connect long-term care industry employers with the largest, most qualified audience of nurses, nurse administrators, directors of nursing, nurse practitioners, medical directors, physicians, physician assistants, social workers, social service designees, and directors of social services in Florida.

Job Seekers may post their résumés (it's FREE) — confidentially, if preferred — so employers can actively search for you.

Let these CareerCenters help you make your next employment connection!

# **Lessons Learned**

## — A New Series

# By Hugh W. Thomas, DO, FAAFP, CMD; Immediate Past President



elcome to the first installment of *Lessons Learned*. I came up with this idea recently while making rounds in one of my nursing homes and overhearing the frustrations of

another attending physician and his nurse practitioner.

This article isn't about what their frustration seemed to be, but more about how to remedy the problems we see as we take care of the frail population we see every

day. I am going to draw on my two decades of experience as a medical director to describe cases, events, and catastrophes that have happened to me, my partners, and many of the practitioners I have encountered along my journey. As you will see, the piece is not

necessarily about great diagnostic cases or once-in-a-lifetime finds, although there may be some of that; more, it will be a segue to find better ways to do what we do best. I hope these articles will bring challenge, insight, and even laughter throughout the year.

Our first case isn't really about a case per se. Just last week, during rounds on my new admits, I went in to see an 80ish gentleman admitted with weakness and having sustained a fall at home. There was nothing unusual about the medical history, social history, medications, or anything at all. This was going to be easy, I thought.

As I was interviewing my patient, nothing really struck me as

Then, of course, it hit me.

This nurse has not seen an active, acute case of shingles, and couldn't even describe it correctly to help me figure it out over the phone.



unusual. Frail, kyphotic, sarcopenic, soft-spoken, he voiced no real complaints except for an ache in his left shoulder. I remember a fall in his HPI so I figured this would be the source of the pain.

As I began my examination I remembered reading the nursing assessment and a mention of a couple different rashes the nurse noted the night before. Even before removing his gown it was obvious he had a pretty good

case of Vitiligo. No big deal, the patient was oblivious to this. However, upon removing his gown, it became quite clear as to the source of his other rash, and probably his left shoulder pain. My mild-mannered patient had one of the worst outbreaks of shingles I

have seen in a long time. I was shocked and a little perturbed! How could the admitting nurse have mistaken this for anything other than Zoster. Perfect T1 dermatome, stopped at the midline, multiple groups of vesicles on erythematous bases. Textbook! I went back out to the chart and checked the assessment again. "Red rash on left upper back and chest," the chart said. It didn't change

# **Reserve Your Hotel Rooms NOW!**

**HOTEL RESERVATIONS:** FMDA has reserved a block of rooms at Disney's *Contemporary Resort*. The group rate is \$175 single/double occupancy, complimentary self-parking, and no daily resort fee.

To make a reservation, please call Disney's *Contemporary Resort* 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. 20, 2013. 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 <a href="https://www.bestcare-practices.org/venue.html">www.bestcare-practices.org/venue.html</a>.

in the 12 hours since last night. How did she miss it?

Then, of course, it hit me. This nurse has not seen an active, acute case of shingles, and couldn't even describe it correctly to help me figure it out over the phone. So, in this case, we are to blame as much as anyone. When was the last time you insisted the floor nurse make rounds with you, not just to stand by for a female patient, but to truly do some hands-on teaching. I imagine we all have done it occasionally, but try to imagine where our nursing staff — our eyes and ears while we are not there — get any real hands-on, bedside education, if not from us!

So, now comes the obvious, Lessons Learned.

- Who will teach our staff if we don't? Take the nurses, CNAs, therapists with you to see your patients. Actually do some teaching. Find a way.
- How did this patient even get shingles? He would have been in the correct age group a couple years ago to get his Zostavax, but too many of our elderly get overlooked when it comes to immunizations. It's not a guarantee, but it can prevent many cases of shingles.

In closing, I hope everyone enjoys these occasional breaks in my sanity, and can take something useful away. Next time we will chase some erroneous lab values to see where they take us.

# **Special Thanks from a PharmD Student**



ear FMDA,

The 2012 Best Care Practices Continuum conference was a wonderful educational, networking, and personal experience for me. I am grateful to Dr. Rick Foley for

graciously sponsoring my conference fee and allowing me to accompany him to the various lecture sessions, judge research posters, and sit in on the post-conference administrative meetings. I believe that all of these activities and experiences were very enriching as a PharmD student and also as a practicing pharmacist in the near future.

The type of information presented over the three conference days would be valuable to all pharmacists or pharmacy students because the majority of our patients are considered a part of the geriatric population. I particularly enjoyed the lectures from Dr. Leonard Hock (Become the Physician of Choice in Long-Term Care), Dr. Rick Foley (Tapering Off/Stopping Medications: from A to Z), and Dr. Jeanne Wei (Acute Cardiac Emergencies). They gave dynamic presentations with real practical application for any type of medical professional but especially insightful for pharmacists.

Dr. Foley also introduced me to dozens of people ranging from medical doctors, to ARNPs, to fellow pharmacists, and even industry representatives. I must say that one of best aspects of the weekend was meeting so many intelligent, influential, successful, and intensely interesting individuals who have a sincere passion for their area of practice and excel at providing their patients with the best possible care.

In summation, I thoroughly enjoyed every aspect of the FMDA conference. From the Ivy League-educated lecturers who exuded brilliance, to the complimentary gourmet meals and closing raffles, to the pleasures of engaging conversations and interactions with such a diverse group of medical professionals — the entire weekend felt like a smashing success (even in spite of the terrible loss by my beloved Gators).

I would like to thank each and every individual who went out of their way to make me feel so welcomed and accepted at the FMDA conference. It was a joy to have the opportunity to be a part of such a tight-knit group of medical professionals. I am immensely thankful for this experience and I hope to come back in the future!

Sincerely,

Kim

Kimberly Jackson

PharmD Candidate 2013

University of Florida College of Pharmacy, Jacksonville Campus



#### CAREER-ORIENTED SESSIONS:

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!

# ~ Volunteers Needed Now ~

FMDA is looking for one or more volunteers to help us revive the Medicare-focused *Coding Corner* feature article for the *Progress Report* newsletter.



# **FMDA Job Fair**

FMDA's 4<sup>th</sup> job fair will be held on Friday,
Oct. 21, 2013, during its 22<sup>nd</sup> annual conference and
trade show. Attendees will be able to network with
health care recruiters and learn about
available opportunities.



# **Technology Gurus Needed**

The board of directors is also looking for technology gurus to advise the board about new and interesting technological opportunities.

# **FMDA MEMBERSHIP APPLICATION**

There are three classes of dues-paying FMDA members. A. Regular membership: Every medical director or attending physician of a long-term care medical facility or organization in the state of Florida and neighboring states shall be eligible for regular membership in FMDA. Members in this classification shall be entitled to a vote, shall be eligible to be a member of the Board of Directors and to hold office. B. Affiliate members: Composed of two categories, Affiliates may be any individual or organization in the medical, regulatory, or political fields of long-term care and wishing to promote the affairs of FMDA. There are two subcategories, which include: B1. Professional Affiliate members: This category is composed of physician assistants and nurse practitioners. Professional Affiliate members have all FMDA privileges and are eligible to hold office and vote for candidates within this membership category; and B2. Organizational Affiliate members includes vendors, other professionals, and organizations. Members shall have all FMDA privileges except shall not be eligible to vote nor hold elected office and may be appointed by the Board of Directors to serve on FMDA committees. C. Allied Health Professional Relations Committee: Health care practitioners who provide essential services to patients in the postacute setting are eligible to join, including dental professionals, podiatrists, opticians, psychiatrists, senior care pharmacists, psychologists, etc. Committee members are non-voting and may be appointed by the Board of Directors to serve on other FMDA committees.

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	essional Relations Committee. Dues: affiliate members are \$325 per year.	1-year (\$75), or 12-year (\$125)	, or 🗀 3-year (\$1	90); or 🗔 Litetime (\$750)	
<ul><li>Voluntary</li></ul>	\$50 contribution to support FMDA's Care	eers in LTC program, student scholars	ships, and AMDA's	Futures Program \$ 50	
			Total /	Amount Enclosed \$	
ase make check payable	to FMDA and mail to: Florida Medical	Directors Association, 200 Butler S	Street, Suite 305	<ul> <li>West Palm, Beach, FL 33</li> </ul>	
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# STAND UP AND BE COUNTED

Its federal tax identification number is 59-3079300.

Dedicated To Florida Long Term Care Medicine



We invite each member to become more involved in the Florida Medical Directors Association (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. John Symeonides**, president (**jsymeonides@yahoo.com**); or **lan Cordes**, executive director, at **(561) 659-5581** or **ian.cordes@fmda.org**.



# Save the Date!

October 17-20, 2013



Disney's Contemporary Resort Lake Buena Vista, Fla.

#### **Best Care Practices in the Geriatrics Continuum 2013**

is the Florida Medical Directors Association's 22<sup>nd</sup> Annual Program, held in collaboration with the Florida Chapters of Gerontological Advanced Practice Nurses Association, National Association Directors of Nursing Administration, Florida Geriatrics Society, and Florida Chapter of the American College of Health Care Administrators.

#### Florida Medical Directors Association

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FMDA's Progress Report

March 2013



# **Another Magical Conference at Disney's Contemporary Resort**

