

 **fmda**<sup>™</sup>  
The Florida Society for Post-Acute and Long-Term Care Medicine

# Progress Report



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

## Service Is a Blessing

— This is the keynote address presented during FMDA's 2015 Awards Luncheon

By William H. Stager, DO, MS, MPH, FAAFP, FAAMA, FAAO, FACOFP

**C**ongratulations to Dr. Naushira Pandya, AMDA president; Dr. Leonard Hock, incoming FMDA president; Dr. Rhonda Randall, incoming president-elect; Dr. Hugh Thomas, chairman of the Board; Drs. Claudia Marcello, Greg James, John Potomski; awardees of the poster competition; and all the members and staff!

The Florida Osteopathic Medical Association (FOMA) began in 1904. As President, I represent all approximately 6,000 osteopathic physicians in Florida, in all specialties; and I represent all the students from our two osteopathic colleges of Medicine, NSUCOM and LECOM Bradenton, as well as all the interns, residents, and fellows in the state, which totals several thousand more. I get to travel around the state and the country representing them and our patients, meeting and speaking with patient and physician organizations and leaders, as well as politicians, governors, state and federal congressmen and senators, surgeons general, bringing our collective needs and agenda to the people who make things happen.

Many things unite us all here, and I want to briefly touch on one.

We are gathered here today united by several commonalities. We have those who serve through healthcare professions, their organizations, staff, friends, families, patients, educators, students, and researchers. We have those who serve in many ways through elected offices, law enforcement, and the military throughout the county, state, nation, and world. Everyone here is united in their desire and manifestation to serve, at any level they can.



*From left: FMDA Executive Director Ian Cordes with FOMA President Dr. William Stager and FMDA President Dr. Leonard Hock at Best Care Practices in the Geriatrics Continuum 2015*

To serve is a blessing. When we serve, we bless and are blessed. And it stands to reason that with the right intent, with being in tune with our highest Light, that our ability to serve and bless and be blessed would increase. We therefore thank and bless our Creator, for the Grace and opportunity to serve.

Sant Kirpal Singh (1894-1974), the former president of the World Fellowship of Religions, wrote in his speech "Toward the New Education": "The best education is that which teaches us that the end of knowledge is service." The practice of the healing arts is service, art, and science.

Dr. Albert Schweitzer (1875-1965), the 1952 Nobel Peace Prize winner, philosopher-physician, and medical missionary, wrote: "I don't know what your destiny will be, but one thing I know: The only ones among you who will be really happy are those who will have sought and found how to serve. Success is not the key to happiness. Happiness is the key to success. If you love what you are doing, you will be successful." He wrote that the study of medicine gave him more than knowledge; it gave him a spiritual experience.

To serve that which is beyond yourself gives meaning, and a meaningful life gives a deeper sense of satisfaction and uplifting state of consciousness. The will-to-live renews itself again and again, as a result of our evolutionary necessity and spiritual dimension.

Following your passion may lead you to success, but following your compassion will lead to greater joy and happiness.

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

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

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**From the President**  
*Value-Based Partnering: The Future of LTC Medicine*



As we surge forward into the future of health care and into 2016, we are at the crest of a new wave of payment and reimbursement models that will change our world in long-term care. Developed by the Center for Medicare and Medicaid Services (CMS) to improve patient outcomes and reduce costs, Hospital Value-Based Purchasing (VBP) is part of the CMS' long-standing effort to link Medicare's payment system to a value-based system to improve health care quality in the inpatient hospital setting. This effort is now shifting toward the post-acute and long-term care setting.

Value-Based Purchasing is the ongoing effort of CMS to establish standards and systems to improve care and reduce cost. Value is quantified in the care and outcomes that can be measured, and VBP is the value found in cost-containment and reduction in cost. Under this model of payment for health services delivered to a Medicare beneficiary, CMS sets value benchmarks for quality. Accountable Care Organizations (ACOs) are the incubators for this type of delivery of medical care.

As the costs have been studied, VBP is the payment system that identifies and accounts for the largest share of Medicare spending. It was found that a majority of these dollars were being spent not in the hospital or acute care setting, but in the post-acute and long-term care setting, e.g., rehab, skilled nursing, etc. In other words, most of the payments are incurred after the stay in the hospital.

Now enters the Bundled Payments for Care Improvement (BPCI) initiative comprising four broadly defined models of care linking payments for the multiple services beneficiaries receive



during an episode of care. Model 1 was mostly in the hospital setting ending this year, while Models 2 and 3 include post-acute, skilled nursing, and rehab facilities. Model 4 is triggered by a hospital event.

Under the BPCI initiative, organizations enter into payment arrangements that include financial and performance accountability for episodes of care. This payment model seems to be almost the opposite of fee-for-service. In the traditional fee-for-service model, each entity does its own thing and gets paid regardless what happened before or after. Under BPCI, all health providers have to cooperate as team members since the costs and quality of care are measured in one bundle. These models may lead to higher quality and more coordinated care at a lower cost to Medicare. This initiative has been primarily hospital based, but is now being rolled out into post-acute and long-term care.

CMS typically looked at episodes of care and capitated rates for that person's single episode. All the costs involved in that one event were charged individually to each health care provider, the surgeon, the geriatrician, the SNF, the rehab. facility, etc. Each group billed Medicare separately and they were all reimbursed separately, or provided a fee-for-service. CMS is moving toward the BPCI model of adding all fees of that one episode into a single bundled reimbursement package. That amount would then be divided up among the providers of care in each episode. This is Value-Based Purchasing as a bundled payment. Initially, BPCI has seen great success in reducing costs and delivering quality.

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

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# Editor's Corner

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

**W**hen reading the December 2015 Population Reference Bureau report *Aging in the United States*, I was impressed by the magnitude of change occurring and the challenges and opportunities that lie ahead. The publication gives a snapshot of the demographic trends, geographic distributions, living arrangements, economic security, and health of older adults. I would like to share a brief synopsis:



The population of adults age 65 and older in the United States is currently 46 million, and is projected to be 98 million by the year 2060. The percentage of the U.S. population that is 65 and older is also increasing. Lower fertility rates and lower immigration rates due to the recession in 2007-2009 are causative factors. Older adults now account for 15 percent of the population, while children under 18 account for less than 25 percent. The largest concentrations of older adults are in Florida, the Appalachian region, and parts of the Midwest and Northwest.

Marital status and living arrangement play critical roles for older adults, as determinants of social and economic support, as well as caregiver availability. A gender gap remains, with three-fourths of men over 65 married to half of the older women — women's life expectancy remains higher,

they are less likely to remarry, and more likely to live alone. These trends may experience a significant shift as the baby boomers dominate. Currently, middle-aged baby boomers are more likely to be unmarried or divorced, and divorce rates are increasing over the age of 50, termed the "gray divorce revolution."

Currently 96 percent of older adults live in housing units (house, apartment, assisted living facility, or mobile home) and 4 percent live in group quarters (nursing/skilled nursing facilities). Over the age of 90, more than 35 percent of individuals are long-term care residents. The availability of children as caregivers is decreasing, as younger age groups are delaying marriage, and are more likely to be part of a single-parent household. If current percentages of long-term care residents remain stable, the absolute increases in population numbers will raise the total to 2.3 million LTC residents in 2030.

Older adults in the U.S. are living longer (average 79 years) and disability rates have lowered in the oldest age groups. There has been a large increase in the number of older adults living with chronic conditions. The baby boomers are in worse health compared to their predecessors, with higher rates of obesity, diabetes, and hypertension. There continue to be large gaps in the health of different racial/ethnic groups, although gaps of life expectancy have begun to narrow between 1999 and 2013.

More older adults are remaining in the workforce, with adults 55 and older making up 22 percent of the labor force. The recession of 2007-2009 was a factor, as well as a shift toward employee-funded defined contribution plans, increased minimum age requirements for Social Security benefits, and need to fund more years of retirement due to increased life expectancy.

By 2030, there will only be about three working-age adults for every person aged 65 and older. Costs for Social Security and Medicare are projected to rise from the current 8 percent to 12 percent of the GDP by 2050. Projections question the sustainability of these programs. Adaptive policy choices influencing current and future gaps in health care, education, and earnings can improve the outlook for the future.

FMDA welcomes your input and participation — and will continue its mission to promote the highest quality care as patients transition through the long-term care continuum; providing leadership, professional education, and advocacy for the interprofessional team.

**If current percentages of long-term care residents remain stable, the absolute increases in population numbers will raise the total to 2.3 million LTC residents in 2030.**

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# FMDA News from Around the State

## FMDA Represented at 2016 Interprofessional Geriatrics Training Institute: *The Art of Successful Aging*

**FMDA Panel:** FMDA board members Dr. Leonard Hock, Dr. Gregory James, and Dr. John Symeonides lead a well-received panel discussion on Thursday, Feb. 25, at *The Art of Successful Aging: 9<sup>th</sup> Annual Interprofessional Geriatrics Training Institute* at Nova Southeastern University College of Osteopathic Medicine; Florida Coastal Geriatric Resources, Education, and Training Center.



Dr. John Symeonides (from left), Dr. Gregory James, and Dr. Leonard Hock

**FMDA Town Meeting and Dinner Program:** In conjunction with *The Art of Successful Aging* conference, FMDA hosted a Town Meeting that evening and Dr. Leonard Hock lead a discussion on how to navigate current challenges facing practitioners in the post-acute and long-term care continuum. This was followed by a presentation featuring Erasmo Passaro, MD.



FMDA leaders and Nova Southeastern University College of Osteopathic Medicine Faculty at FMDA Town Meeting

FMDA wishes to thank Dr. Naushira Pandya and Nova Southeastern University College of Osteopathic Medicine for graciously hosting the event and Sunovion Pharmaceuticals for generously sponsoring this Town Meeting Dinner Program!

## Two Funding Opportunities Open for Application: Chronic Disease Self-Management and Falls Prevention

The Administration on Aging's Office of Nutrition and Health Promotion recently published two new Funding Opportunity Announcements (FOA) — one for Chronic Disease Self-Management Education programs and the other for Falls Prevention programs.

The goals of these programs are to:

- Significantly increase the number of older adults and adults with

disabilities who participate in these evidence-based programs; and

- Implement innovative funding arrangements (e.g., contracts with integrated health care systems) to support these programs beyond the grant period, while embedding the programs into an integrated, sustainable, evidence-based prevention program network.

[http://www.acl.gov/Funding\\_Opportunities/Announcements/Index.aspx](http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx)

The deadline to apply for each FOA is April 6, 2016.

## 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 **Matt Reese** at [mreesejuno@bellsouth.net](mailto:mreesejuno@bellsouth.net).

## FMDA Activities at AMDA's Annual Conference, March 17-20, 2016: Gaylord Palms Resort, Kissimmee, Fla.

**FMDA Board Meeting:** Members are encouraged to join us from 11:30 a.m. to 1 p.m. on Friday, March 18, in Sun 5 Room. Sandwiches will be served. For planning purposes, we ask that you RSVP to **Matt Reese** at [mreesejuno@bellsouth.net](mailto:mreesejuno@bellsouth.net).

**AMDA House of Delegates:** Dr. John Potomski and the Florida delegation will meet 5:30-6:30 p.m., Friday, March 18 — just before the Florida Chapter Reception in Tallahassee 1 Room.

The Florida Chapter Reception is 6:30-7:30 p.m., Friday, March 18. Our thanks to Avanir for sponsoring the reception's refreshments. This is always a really nice gathering. Plus, we will present the AMDA Foundation president with a \$3,000 check from FMDA.

## Progress Report Newsletter Going Digital

We are transitioning to a digital-only edition and we are asking all 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 **Matt Reese** at [mreesejuno@bellsouth.net](mailto:mreesejuno@bellsouth.net).

## FMDA Special Interest Groups

Since FMDA already has a Hospice Section, it has been suggested that we establish separate SIGs for assisted living, rehab., hospital medicine, home care, CCRCs, etc. Do you think this is a good idea? Let us know by emailing [icordes@bellsouth.net](mailto:icordes@bellsouth.net).

## Current List of Lifetime Members

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

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

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



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

## Benefits of Membership

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



Download our free app for iPhone and Android!

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



# Administration Releases Final Report for White House Conference on Aging

**I**n a year that marked the 50<sup>th</sup> anniversary of Medicare, Medicaid, and the Older Americans Act, as well as the 80<sup>th</sup> anniversary of Social Security, the White House Conference on Aging provided an opportunity to reflect on the importance of these programs, highlight new actions to support Americans as we age, and focus on the powerful role that technology can play in the lives of seniors in the decade ahead.

## Executive Summary:

### The 2015 White House Conference on Aging

The White House has held a Conference on Aging every decade, beginning in 1961, to identify and advance actions to improve the quality of life of older Americans. In 2015, the United States marked the 50<sup>th</sup> anniversaries of Medicare, Medicaid, and the Older Americans Act, as well as the 80<sup>th</sup> anniversary of Social Security. The 2015 White House Conference on Aging (WHCOA) provided an opportunity to recognize the importance of these key programs as well as to look ahead to the next decade.

On July 13, 2015, President Obama hosted the sixth White House Conference on Aging, joining older Americans and their families, caregivers, and advocates at the White House and virtually through hundreds of watch parties across the country. The July event built on a year-long dialogue; the White House Conference on Aging launched a website to share regular updates on our work and solicit public input; engaged with stakeholders in Washington, DC and listening sessions throughout the country; developed policy briefs on the emerging themes for the conference and invited public comment and input on them; and hosted regional forums with community leaders and older Americans in Tampa, Fla.; Phoenix, Ariz.; Seattle, Wash.; Cleveland, Ohio; and Boston, Mass.

These forums and engagements provided the opportunity for older Americans and their families to highlight the issues most important to them, in order to help inform the changing aging landscape in America for the coming decade. The 2015 White House Conference on Aging was truly a national conversation. In addition to the older adults, caregivers, and leaders in the aging field who were in attendance at the White House, this year's conference took advantage of communication channels that were not available for past conferences. Individuals and groups participated via live webcast in watch parties held in every state and were able to ask questions of panelists and others via Twitter and Facebook. The conference was informed by a year of pre-conference activities and conversations that allowed a broad range of stakeholders to provide substantial input.

Additional feedback from the general public and policy experts

was received on the conference website. As input was gathered, four common themes emerged as particularly important to older Americans: Retirement Security, Healthy Aging, Long-Term Services and Supports, and Elder Justice. These themes provided the focus for discussions at the July conference.

At the conference, the Administration announced an extraordinary number of new public actions and initiatives across the government and across the country to help ensure that Americans have increased opportunity and ability to live in retirement with dignity; that older adults can enjoy full physical, mental, and social well-being; that older adults can maximize their independence and ability to age in place; and that elder abuse and financial exploitation are more fully recognized as a serious public health challenge and addressed accordingly and effectively. Key Federal announcements included the release of a new Centers for Medicare & Medicaid Services proposed rule to thoroughly update, for the first time in nearly 25

years, the quality and safety requirements for more than 15,000 nursing homes and skilled nursing facilities. These updates will improve quality of life, enhance person-centered care and services for residents in nursing homes, improve resident safety, and bring these regulatory requirements into closer alignment with current professional standards; the Department of Labor's initiative to facilitate State creation of retirement savings programs; a new proposed rule

from the U.S. Department of Agriculture to increase accessibility to critical nutrition for homebound, older Americans and people with disabilities by enabling Supplemental Nutrition Assistance Program (SNAP) benefits to be used for services that purchase and deliver food to these households; and U.S. Department of Housing and Urban Development (HUD) guidance confirming that its Equal Access rule applies to all HUD-assisted and HUD-insured multifamily housing, including Section 202 Supportive Housing for the Elderly, and that such housing be made available without regard to actual or perceived sexual orientation, gender identity, or marital status.

In conjunction with the conference, a number of private sector organizations announced similar commitments. For example, to help their employees enjoy a secure retirement, United Technologies Corporation has set a goal of \$1 billion in lifetime income assets intended to provide employees a steady stream of income in retirement and protect against outliving their savings. Home Depot released a tip sheet and "how to" video highlighting simple home modification steps to help individuals age in place. The Dementia

**In 2015, the United States marked the 50<sup>th</sup> anniversaries of Medicare, Medicaid, and the Older Americans Act, as well as the 80<sup>th</sup> anniversary of Social Security.**

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**Administration Releases Final Report for White House Conference on Aging**  
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Friendly America Initiative, led by Collective Action Lab, in partnership with US Against Alzheimer’s, the National Association of Area Agencies on Aging, and Blue Cross Blue Shield of Minnesota announced plans to support dementia-friendly communities across the country and to expand to 15 additional pilot sites.

**Public Input & Regional Forums**

The pre- and post-conference activities allowed a broad range of stakeholders to provide substantial input and feedback on the policy topics that served as the focus areas for the conference: Retirement Security, Healthy Aging, Long-Term Services and Supports, and Elder Justice. WHCOA released four policy briefs on each of these focus areas.

**Final Report**

Beginning in February 2015, WHCOA held a series of regional forums to engage with older Americans, their families, caregivers, leaders in the aging field, and others on the key issues affecting older Americans. The forums were co-sponsored by AARP and planned in coordination with AARP and the Leadership Council of Aging Organizations, a coalition of more than 70 of the nation’s leading organizations that serve older Americans. Each forum included 200 invited guests — older Americans, family and professional caregivers, aging experts — and featured lively breakout sessions; panels on the conference’s four topic areas; and remarks and keynotes by White House Cabinet secretaries and other senior Administration officials, as well as elected officials. Each forum was webcast, so communities could host local viewing sessions, facilitate discussion, and submit feedback.

The Conference also organized five high-profile forums at the White House on the following topics: healthy aging, elder justice, caregiving, older women, and retirement security. Comments were generated at listening sessions and presentations with aging groups to stakeholder organizations in Washington, DC, and across the country, as well as from more than 700 watch parties held throughout the country on the day of the White House Conference on Aging. While the public submitted ideas and concerns on a variety of topics, some of the most common themes included the need to support caregivers, ways to increase healthy aging, and the importance of Social Security.

**Looking to the Future**

As most Americans continue to live longer, healthier lives, there needs to be greater collaboration between the public and private sectors, at the national, state, and local levels to ensure older Americans have the opportunity to live with dignity and participate fully in life. Key themes from the conference listening sessions and dialogue with older Americans and their caregivers across the country include the following:

First, we must acknowledge our demographic reality. The United States continues to experience incredible demographic transformation. Over 10,000 baby boomers are turning 65 every day, and the fastest growing demographic in the U.S. is women over age 85. The proportion of older adults representing racial and ethnic minorities is also increasing rapidly.

This age wave will continue into the next decade and beyond. To help every American enjoy a longer, better, more active and independent life, our society needs to be able to effectively engage the challenges and fully embrace the possibilities inherent in an aging population.

The second theme of topics to address over the next decade is support for caregivers, both paid and unpaid.

The majority of assistance for older Americans is generally provided at home by informal caregivers, especially family and friends. Informal caregivers are the most familiar face of caregiving, and are often the primary lifeline, safety net, and support system for older adults. Although rewarding, caregiving can be demanding, and informal caregivers need to be supported and sustained with appropriate resources. With family structures changing as Americans are having fewer children and increasingly moving away from families of origin, the availability of family members to provide care is diminishing.

Due to this and other factors, a growing demand for professional caregivers is expected, which raises issues of recruiting and retaining the direct-care workforce. Direct care is a demanding profession with low wages, long hours, and limited benefits. It is critical to increase efforts to recruit and retain a sufficient number of direct-care workers to keep pace with the growing need.

The third universal theme is the importance of collaboration across sectors. Participants at White House Conference on Aging events focused on the need to break down the silos between housing, transportation, health care, and long-term services and supports in order to support healthy aging.

We must also take advantage of technology. Since the last White House Conference on Aging, held 10 years ago, technology has transformed what it means to age in America. An increasing array of web-based technologies, robotics, and mobile devices help older adults access the services they need, stay connected to family and friends, and remain active and independent.

Everywhere WHCOA traveled in 2015 and regardless of which group it engaged with, everyone agreed that it is time to shift the conversation about aging from one that assumes the coming age wave will overwhelm us, to one that recognizes that it can help lift everyone by tapping the power of experience to improve our families, our communities, and our society. Contributing to our society and communities in a meaningful way will be the new definition of aging in America as we go forward.

**Note:** For a copy of the full report, go to FMDA’s website at [www.fmda.org](http://www.fmda.org).

**To help every American enjoy a longer, better, more active and independent life, our society needs to be able to effectively engage the challenges and fully embrace the possibilities inherent in an aging population.**

# New Journal Club Launched

**F**MDA's new "virtual" Journal Club is a means for busy clinicians to maintain proficiency with ever-evolving medical science. Today, more than 5,000 biomedical publications appear every day and, as a result, keeping current has not become any easier. Developing a skill set to find, appraise, and implement practice-changing advancements in the medical literature is fundamental.

This virtual Journal Club is designed to develop a learner-based community of those seeking to improve health care and health through enhanced care in the post-acute and long-term care 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.

The Journal Club will be scheduled for 30-minutes, once a month,

via conference call, and could be hosted by rotating club members. 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 will quickly review two to three papers and present highlights and takeaways in a concise, high-yield manner. Each paper will be reviewed in 10-15 minutes, and discussion will be encouraged. We look forward to your interest and participation.

The Chair of this exciting new committee is Marianne Novelli, MD, FACP, FHM. Dr. Novelli is the Regional Medical Director for Complex Population Management, Southwest Florida, at Optum. She can be reached at [mnovelli@optum.com](mailto:mnovelli@optum.com).

The FMDA Journal Club is planning to meet in March during AMDA's annual meeting in Kissimmee. Details of this meeting will be announced at a further date in time.



## From the President

*Continued from page 2*

### What does this mean for the future of LTC medicine?

In the past, post-acute, long-term care and rehab. have been afterthoughts, dismissed and diminished in the eyes of hospitals and CMS. This is a new age. Now the numbers and dollars that appear in post-acute care have become an important focus of delivering better care and outcomes at a lower cost to Medicare.

Value-Based Purchasing in LTC/PA for us means value-based partnering. We in the post-acute environment want to be sure that partners involved in bundled payments focus on quality with a positive reputation and credibility. We in LTC/PA must be seen as having the highest quality of care, fiduciary responsibility, and integrity to be the best partner to be selected and included in the acute side and hospital setting's bundle. In my opinion, this is what will happen to the post-acute and long-term care industry in the next two years. LTC SNFs are not going to the hospitals; it's the other way around. If you are in the partnership bundle ("the network"), you will be okay. CMS refers to this as "the bundle." If you are not in "the network" you are out of the game. In the past, it used to be that SNF and rehab. marketing teams brought donuts and muffins to care managers at the hospitals, offering their facilities to them. "We have a rehab. facility across the street, please consider us." "We have open beds." "We have worked together for years." This "marketing" was the basis of hospital referrals to rehabs.

I predict that in two years the census in LTC/PA will be derived from your network inclusion and being part of the bundled team, and not from your marketing teams' efforts. Administrators, DONs, MDs, DOs will all be measured in how well we bid and treat patients (having the right treatment plans, health care outcomes, etc.). We will be judged by care plans and the outcomes that come from them. How well did patients do to reach a marker? How quickly did people rehab.? What is the average length of stay, or average number of infections? This will be the ultimate basis for inclusion of a network of ACOs and Medicare's bundled payment for care improvement.

We must choose our partners wisely in future endeavors to provide the best care for post-acute and long-term care residents. And being chosen by our partners will be essential. Value-Based Purchasing is Medicare's language for improved care and reduced cost. Thus, Value-Based Partnering should be our concept in PA/LTC.

### Why is this important to FMDA?

FMDA, as the professional organization representing the providers in the continuum of post-acute and long-term care, is a leader in the state and the nation in providing resources for best practices as evidenced by our statewide town hall meetings and nationally acclaimed Best Care Practices conference. It has become clear and obvious that there are other like-minded organizations and professional associations that share our passion for successful aging and the quality care that our members deliver. FMDA is reaching out to those organizations and associations, such as Florida Geriatrics Society, Florida Council on Aging, Florida Health Care Association, Health Services Advisory Group, Florida Association Directors of Nursing Administration, Gerontological Advanced Practice Nurses Association, and Geriatric Educational Centers at Nova Southeastern University, Florida State University, University of Central Florida, and University of South Florida. It is extremely important to continue the theme of Value-Based Purchasing/Partnering. It is clear that each organization with its unique approach, autonomous leadership, and commitment to the quality of life and care has a powerful message. FMDA is becoming the leader as the gathering place for those messages. Uniting our message into one powerful voice, we are more likely to move our partners, the public, and legislative officials. Partnering at the professional level has incredible value, and FMDA should take the leadership role in this partnership.

FMDA is a leader and should be known as the center of quality care for the PA/LTC patient.

Leonard Hock, DO, CMD, MACOI, HMDC  
President, FMDA



# FMDA Call for Poster Submissions

— Submissions from physicians, pharmacists, PAs, and nurse practitioners now accepted online.

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

Poster sessions provide an opportunity for practicing physicians, pharmacists, and nurse practitioners to share with colleagues the results of research, best practices, and outcomes. The sessions are visual presentations using diagrams, charts, and figures. Poster presentations may be on any aspect of the following categories: clinical care, pharmacology of medicine, medical education, history of medicine, medical direction, medical care delivery, medical ethics, economics of medicine, and pediatric long-term care — and in any PA/LTC setting.

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**The first  
10 applicants  
who are accepted  
by the review committee  
will receive  
complimentary registration  
to FMDA's  
25<sup>th</sup> Anniversary Program.**

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

Submission of a proposal is a commitment by at least one author to be present at the designated times to discuss the information in the poster with symposium participants.

We have arranged the schedule so that there is no overlap between educational sessions and poster exhibit times. The primary presenter listed on the proposal will be informed of its status no later than Sept. 16, 2016. Guidelines for presentation and preparation of visual material will be sent to the primary presenter upon acceptance.

Authors whose abstracts are accepted for presentation at the symposium will have their abstracts submitted for publication in the *Journal of the American Medical Directors Association (JAMDA)*.

To learn more, or to submit a proposal, go to [www.fmda.org](http://www.fmda.org), or call **Matt Reese**, Senior Manager of Association Services, at **(561) 689-6321**.

## 2016 Poster Sessions

Disney's Grand Floridian Resort  
Lake Buena Vista, Fla.

### Schedule\*

#### POSTER SET-UP

FRIDAY, Oct. 14, 11 a.m.-1 p.m.

#### POSTER VIEWING

FRIDAY, Oct. 14

1-2:30 p.m.; 5:15-7:15 p.m.

SATURDAY, Oct. 15

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. 15

12:30-4:15 p.m.

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

# Thank You!

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

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## Silver Grande Support

**TrustBridge**

HOSPICE Hospice by the Sea™ FocusCare Harbor

## Bronze Grande Support

 **ALLERGAN**

 **OPTUMCare™**

**VITAS**  
Healthcare  
SINCE 1980

*Allergan* — Presidents' Wine & Cheese Reception  
*Alpha Bridge Connections* — Name Badge Holders  
*Greystone Healthcare Management* — Continental Breakfast  
in the Exhibit Hall on Saturday  
*OPTUMCare™* — Friday's Welcome Reception in Exhibit Hall  
*TrustBridge Health* — Tote Bags  
*TrustBridge Health* — Refreshment Break on Saturday  
*TrustBridge Health* — Planning Committee Wrap-up Meeting  
*VITAS Healthcare* — Refreshment Break on Sunday

## **FMDA wishes to thank the following organizations for their support this past year:**

**Town Meeting & Dinner on Friday, April 24, 2015, in Orlando:** We wish to thank our exhibitors: *Actavis; Boehringer Ingelheim Pharmaceuticals; Janssen Pharmaceutical Companies of Johnson & Johnson; Retirement Plan Specialists; Thrive for Healthcare, Alpha Bridge Connections; Chaires, Brooderson & Guerro, P.L.; Novo Nordisk; Sanofi US; and VanGorder Insurance Services* for their generous support of the Town Meeting Dinner & Program! More than 70 medical directors, attending physicians, nurse practitioners, consultant pharmacists, directors of nursing, and nursing home administrators were in attendance and listened to Greg Chaires's presentation on EHRs and EMRs.

**FMDA and FSU's College of Medicine, Department of Geriatrics,** sponsored three (3) hours of CME/CMD/CE-approved educational programming on Aug. 28, titled, "Advances in Post-Acute and Long-Term Care," featuring lectures from Kenneth Brummel-Smith, MD, Charlotte Edwards Maguire Professor of Geriatrics at FSU; Paul R. Katz, MD, CMD, Chair, Department of Geriatrics, FSU College of Medicine; and Polly Weaver, Assistant Deputy Secretary, Agency for Health Care Administration. We hosted more than 65 physicians, nurses, and nursing home administrators. This was followed by a networking luncheon. Our thanks to the Department of Geriatrics, FSU College of Medicine, for their partnership.

# FMDA Issues Call for Speaker Presentations

**T**he CME-Education Committee for Best Care Practices in the Geriatrics Continuum 2016 invites you to submit educational program proposals and abstracts for the annual conference. The meeting will be held October 13-16, 2016, 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 advance practice nurses, physician assistants, directors of nursing, consultant pharmacists, 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 2016 conference, or know some knowledgeable and excellent speakers, please be directed to our proposal submission page at [www.bestcarepractices.org](http://www.bestcarepractices.org).

The Oral Presentation Submission Deadline is **April 15, 2016**. For information, contact the business office at (561) 689-6321.

## It's a Very Small World After All

By Ian Cordes, Executive Director

**F**or more than a decade, our Best Care Practices conference has attracted attendees from 20-25 states and Puerto Rico, each and every year. I was really excited when we received our very first registration from Canada. For anyone who does not know, I was born and raised in Montreal.

Two weeks before the annual conference, I received an email from a Dr. Perry Rush, our Canadian attendee from Toronto, asking for the username and password so he could access our website and print the handouts for the sessions. I provided the information and added that, "I went to high school in Montreal with someone named Perry Rush."

It was short and sweet as I did not actually expect a response. Minutes later, I received an email from Dr. Rush, who confirmed that we did indeed graduate from the same Herzliah High School in Montreal and referenced some trivia I recognized right out of our high school year book. I was floored. Talk about a small world.

Perry and his wife (shown in the photo), Andrea Freeman, also from our graduating class, is an attorney, and joined her husband in Orlando.



Dr. Perry Rush and Andrea Freeman

### Service Is a Blessing

*Continued from page 1*

The greatest book you will ever study, the greatest work of art, the greatest poem, the most beautiful song you will ever hear will be when you study the human soul. Every one of your patients will teach you something. Find it, learn it, and grow in grace and spirit. The more you do that, the happier you will be, more successful, more true, and the world will be a better place because of you and your positive choices.

Search the depths and heights of your hearts and hopes and how you may serve your patients and the world around you to the best of your abilities. Knowledge is service, and service is a blessing when done in the right spirit, the spirit of selfless giving and love. And you will earn the blessings of all those who have been touched by your healing hands and benevolent wisdom; as well as the blessings of the

Compassionate Creator who blesses all who do good to His Creation.

Hippocrates said: "Where there is love of humanity, there is love of the art of healing. Let your best means of treating people be your love for them."

With our efforts and our patients' support, understanding, and blessings, our combined energies and voices can accomplish our combined needs, issues, and agendas.

Thank you and God bless you all!

**Note:** William H. Stager, DO, MS, MPH, FAFAP, FAAMA, FAAO, FACFP, is Clinical Professor, Department of Family Medicine, NSUCOM; Clinical Associate Professor, Department of Family Medicine, LECOM; Medical Director, Flagler Institute for Rehabilitation, Inc.; and, at the time of his keynote address, president of the Florida Osteopathic Medical Association.

# FMDA Hosts Very Successful 2015 Best Care Practices Conference in Orlando

By Matthew Reese, Senior Manager of Association Services

**F**MDA and President Dr. Leonard Hock are very pleased with the outcome of Best Care Practices in the Geriatrics Continuum 2015 conference. The celebrated geriatrics conference provided a high-quality educational and networking experience to more than 240 physicians, advance practice nurses, pharmacists, nurses, and administrators at Disney's *Yacht & Beach Club* Resort. With a theme focusing on quality and future directions of health care, the conference offered many sessions that empowered PA/LTC practitioners to stay ahead of the curve and be prepared for what lies ahead.

This year's conference again featured a strong presence from AMDA - The Society for Post-Acute and Long-Term Care Medicine, FMDA's national affiliate. There were five past presidents of AMDA in attendance, including current AMDA president, and Florida's own, Dr. Naushira Pandya. AMDA's executive director, Christopher Laxton, and AMDA's Director of Public Policy, Alex Bardakh, were also on hand to address the attendees.

The highly anticipated session "A Conversation with Our National Leaders" featured AMDA President Dr. Naushira Pandya; Dr. Christine Ritchie, president of American Academy of Hospice & Palliative Medicine; and Dr. Thomas Cornwell, president of



"A Conversation with Our National Leaders" featured AMDA President Dr. Naushira Pandya (second from the right); Dr. Christine Ritchie, president, American Academy of Hospice & Palliative Medicine (left); and Dr. Thomas Cornwell, president, American Academy of Home Care Medicine, and FMDA's moderator, Dr. Robert Kaplan (right).



From left: AMDA Past-President Dr. Jonathan Evans, AMDA Past-President and AMDA Foundation President Dr. Paul Katz, Caring for the Ages Editor-in-Chief Dr. Karl Steinberg, and FMDA Immediate Past-President Dr. Robert Kaplan

American Academy of Home Care Medicine. Moderated by Dr. Robert Kaplan, now FMDA's immediate past president, the session gave each panelist an opportunity to present their respective organization's challenges and opportunities. The talk show panelist format provides great speaking points that impact the continuum of PA/LTC in clinical, administrative, and legislative areas. This year a lot of the focus was on how collaborating together and combining resources could have the potential to strengthen how quality care is delivered across the country.

Dr. Leonard Hock is excited about the growing

success of Best Care Practices and the level of support received year after year from collaborating organizations.

"As the president of FMDA, we are very grateful for our collaboration with numerous post-acute and long-term care health care organizations across the nation. It was extremely nice to have representation from home care and hospice this year at the National Leaders Forum. FMDA looks forward to continuing and growing relationships with other related organizations and medical schools in the state."

## Industry Advisory Board has New Name and Mission

The dynamic yearly event that brings post-acute and long-term care industry leaders together has been rebranded to provide a greater focus on delivering quality care in the new age of health care reform.

The new name, FMDA Quality Advocacy Coalition, or FQAC, encompasses the group's mission of developing strategies with like-minded thought leaders to inspire innovation and proactive policies that enhance the quality of care and quality of life for residents in the post-acute and long-term care continuum.

Dr. Steven Selznick remains the Chair of this invitation-only event, with Co-Chair Rick Foley, PharmD. This year's meeting will be held in Orlando in April. Once the event concludes, look out for an article that summarizes all of the great discussion that will take place.

# FMDA Elects New Officers and Directors

— Election results announced during the FMDA annual membership meeting

By Matthew Reese, Senior Manager of Association Services



FMDA held elections this past October during the annual membership meeting on Friday, October 23. The results were announced at the annual awards luncheon the next day. The new officers and directors were sworn in to office by AMDA President Dr. Naushira Pandya.

Assuming office for the term of 2015-2017 was President Leonard Hock Jr., DO,

MACOI, CMD, HMDC; Vice President Rhonda L. Randall, DO; Secretary/Treasurer Michael G. Foley, MD, CMD; Chairman of the Board John G. Symeonides, MD, FAAFP, CMD; and Immediate Past-President Robert G. Kaplan, MD, FACP, CMD.

FMDA Directors elected for 2015-2017 are Marva Edwards-Marshall, DNP, ARNP-BC; Elizabeth Hames, DO; Gregory James, DO, MPH, CMD; Michelle Lewis, MSN, ARNP, FNP, GNP; Claudia Marcelo, DO, CMD; John Potomski, DO, CMD; and Angel Tafur, MD, CMD.

Dr. Hock is excited to work with such a dedicated group of individuals.

“I am excited to start a new chapter of FMDA leadership and I am fortunate to be surrounded by like-minded colleagues who share the same passion that I do for the health care and well-being of our seniors,” he said. “I intend to take the association to greater heights and help FMDA become a vehicle for best care practices and advocacy across the state.”

Out-going FMDA President Dr. Robert Kaplan presents AMDA President Dr. Naushira Pandya with a bouquet of chocolate roses.



*FMDA Chairman of the Board Dr. John Symeonides (left), and FMDA President Dr. Leonard Hock sworn in to office during FMDA's Annual Awards Luncheon on Oct. 24, 2015.*



*FMDA Directors for 2015-2017 (from left) Dr. Angel Tafur, Dr. Claudia Marcelo, Dr. John Potomski, Dr. Elizabeth Hames, Dr. Greg James, Dr. Marva Edwards-Marshall, Secretary-Treasurer Dr. Michael Foley, and Vice President Dr. Rhonda Randall. Not pictured: Dr. Leonard Hock, Dr. Robert Kaplan and Dr. John Symeonides*

# FMDA Membership Application

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

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

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

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

b. Allied Health Professional Relations Committee: Health care practitioners who provide essential services to patients in the PA/LTC setting are eligible to join, including consultant pharmacists, senior care pharmacists, dental professionals, podiatrists, opticians, psychologists, therapists (PT/OT/ST), etc. Committee members are non-voting and may be appointed by the Board of Directors to serve on other FMDA committees.

c. Organizational Affiliates: Organizations in the medical, regulatory, or political fields of PA/LTC wishing to promote the affairs of FMDA. They include vendors, other professionals, and organizations.

d. Students: Student membership is available to physicians/PAs/NPs-in-training, including interns, residents, fellows, and to premedical students and any person engaged in graduate medical/NP/PA education in the U.S. Student members shall have all FMDA privileges except they shall not be eligible to vote or hold office.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

The mailing address below is for  the facility, or  my office. Referred by FMDA member: \_\_\_\_\_

Facility Name/Affiliation \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Yes! I would like to join FMDA.** Enclosed is my check for membership dues for the following category (check one):

a. General Membership for Physicians, Advance Practice Nurses, and Physician Assistants.

b. Allied Health Professional Relations Committee

d. Students

Dues:  1-year (\$75); or  2-year (\$125); or  3-year (\$190); or  Lifetime (\$750)

c. Organizational Affiliate members are \$325 per year.



Voluntary contribution to support FMDA's Careers in LTC program, student scholarships, and AMDA's Futures Program. \$ \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

**Make checks payable to:** FMDA, 400 Executive Center Drive, Suite 208, West Palm Beach, FL 33401

(561) 689-6321 | Fax: (561) 689-6324 | [www.fmda.org](http://www.fmda.org) | [www.bestcarepractices.org](http://www.bestcarepractices.org)

25<sup>th</sup> Anniversary Conference



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

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



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



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

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FMDA's Progress Report

Winter 2016



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