

FMDA's Florida Quality Advocacy Coalition Summit Drives Statewide Quality Initiative Efforts

By Matthew Reese, Sr. Manager of Association Services, FMDA

There has been a shift in the way health care is being delivered in the post-acute and long-term care setting that has necessitated collaboration between like-minded organizations to develop strategies to improve quality of care and enhance patient outcomes. As a result, FMDA is committed to supporting existing statewide quality initiatives and taking a leadership role in new initiatives that will appropriate proper resources to make these efforts a reality. There are multiple statewide coalition efforts that are ongoing including developing POLST/MOLST in Florida, reducing the use of antipsychotics in patients with dementia, enhancing communication between care settings, including transitions in care and medication reconciliation, reducing readmissions to the hospital, and having apt and timely discussions with patients and families on what to expect from chronic illness progression and palliative care options. From these current projects, new coalitions can be developed between stakeholders. It is the goal of FMDA to be a driving force behind these new and exciting efforts.

As a way to come together and collaborate, a plan to develop a summit that included many of the major stakeholders and collaborating organizations from acute and sub-acute care, post-acute and long-term care, major pharmaceutical companies, and medical schools. The idea was to meet once a year and discuss these ongoing efforts in an attempt to accomplish goals set forth by industry leaders. Thus, the FQAC summit was created as a result of this innovation.

Chair, Dr. Steven Selznick, sees "FMDA's Quality Advocacy Coalition, or FQAC, as a forum that 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."

This year's summit was held in Orlando on Tuesday, April 19, 2016. Dr. Steven Selznick, along with Co-Chair Rick Foley, PharmD lead the discussion with representatives from the Agency for Health Care Administration; Allergan; Astellas Pharma; Boehringer-Ingelheim; CFP Physicians Group; Law Firm of Chaires, Brooderson, & Guerrero; Florida Association Directors of Nursing Administration; Florida Chapter of the American Society of Consultant Pharmacists; Florida Council on Aging, Florida Chapters of the Gerontological Advanced Practice Nurses Association; Florida Hospice & Palliative Care Association, Florida Hospital Association; FMDA – The Florida Society for Post-Acute & Long-Term Care Medicine; Florida Osteopathic Medical Association; Florida State University College of Medicine; Greystone Health Care Management; Health Services Advisory Group; Opis Management; OPTUM; Pioneer Network; Southern Health Care Management; UnitedHealthcare Retiree Solutions; and University of South Florida.

Lively discussions took place over the four-hour long summit that focused on key issues and grass root efforts currently ongoing in the state of Florida.

Ian Cordes, Executive Director of FMDA offered the following. "The FQAC Summit is the natural transformation to a more fine-tuned focus on quality care and improvement of patient outcomes. Specifically, how can we work together as collaborating organizations to improve the quality of care for our frail adults and seniors residing in post-acute and long-term care facilities across the state?"

“Regardless of how high quality patient or resident care may be, there is always room for continuous improvement, he added.”

“There has been a major shift and transition in the way that health care for seniors is and will be provided, Cordes continued.” “There are new models from managed long-term care to bundled value based payments. Clearly, we cannot ignore the impact that reimbursement has on outcomes. So, perhaps one question we need to answer is what intelligence should we have in order stay ahead of the curve?”

FMDA President Dr. Leonard Hock added, “The post-acute and long-term care settings have power. Money is power.” “With the new data-driven reimbursement models, we will see CMS follow the money from the hospital, to the SNF, to the rehab center.” Where is the most money being spent?” “Post-acute and long-term care will become a bigger player in health care and our role as providers will only increase in importance.”

Communication between acute and post-acute facilities was discussed. It needs to be better. Universal forms should be developed that follow the patient from one health care setting to another. Physicians, pharmacists and other providers need to have direct discussions concerning medication reconciliation. FQAC Co-Chair Dr. Rick Foley, a consultant pharmacist explained, “It’s the pharmacist’s job to bring light to a patient or resident’s medication regime. What medications is the patient on and are they necessary? This is extremely important because one bad decision can follow you.” Everyone needs to be on the same page when it comes to transitions in care.

It is clear that communication between acute, sub-acute and post-acute and long-term care settings needs to improve. Hospital and skilled nursing facility leaders need to work together for better patient outcomes, and reduce readmissions to the hospital, and the lower the use of antipsychotics in patients with dementia. Dialogues with patients and families concerning chronic care illnesses and appropriate palliative care options, including hospice, need to be prioritized. There are statewide initiatives that focus on these issues with models that are showing success. Support of these ongoing initiatives and the pursuit of new quality initiative teams should be a primary focus.

Amy Osborn, Executive Director of Health Services Advisory Group believes there may not be a need for “new” quality initiative teams because the current infrastructure is already in place. “A structure is already in place that could share, and spread promising best care practices with community coalitions on readmissions, she said.” “FQAC participants can take specific topics and develop a needs-assessment, which interested stakeholders could use to come together, prioritize, and then tackle from a statewide perspective.” “A focus group could be developed from the summit to work on specific statewide needs to assist with several “issues” and/or “gaps” identified by the group.”

The next challenge for the stakeholders of the FQAC summit is to work together to support existing statewide initiatives, or to pursue a new quality initiative project to improve patient outcomes and institute best practices. The most effective way for FMDA to initiate change is to become involved in an already on-going coalition and helping at a grass-roots level. Some of this is already being accomplished with plans for FMDA to take a leadership role with assistance from collaborating organizations.

Prior to 2016, the FQAC meeting was known as FDA's Industry Advisory Board (IAB). The IAB was established in 1999 as a way for FDA and other interested organizations to enhance lines of communication and to work together to become part of the process to develop solutions for our common problems. Membership was limited to a select few pharma and non-pharma companies. Members provided valuable input into planning the annual Best Care Practices conference and trade show and in supporting FDA in other areas of mutual interest.

Chair Dr. Steven Selznick & Co-chair Dr. Rick Foley envisioned a summit that included many of the major stakeholders and collaborating organizations from the hospital setting, post-acute & long-term care, major pharmaceutical companies, and medical schools to meet once a year and discuss ongoing efforts that focus on enhancing quality of care and quality of life for residents in the post-acute and long-term care continuum. The FQAC summit was the result of this innovation.