The Sable Cloud with a Silver Lining: Re-imagining Post-Acute & Long-Term Care

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Re-envisioning Elder Care

September 2021

Speaker Disclosures

Dr. Gillespie has no relevant financial relationships.

I am employed by the Department of Veterans Affairs. The views expressed in this presentation are those of the author and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.

Learning Objectives

By the end of the presentation, participants will be able to:

- Discuss important PALTC policy issues in 2021.
- Discuss opportunities for re-envisioning PALTC
- Explore opportunities to participate in advocacy on legislative initiatives, health care reform, and payment policy.

February 28, 2020

First Positive COVID-19 nursing home in King County, Washington

Here we are 560 days later…


Just £1* for 30 days

Daily Mail

TUESDAY, APRIL 14, 2020

www.dailymail.co.uk Daily newspaper of the year 70p

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All-new Mail+ digital edition

CARE HOM CATASTROPH

92 new outbreaks in 24 hours ++

stricken ++ 30 deaths over East

says elderly abandoned 'like la

By Tom Kelly, Susie Coen and Stephen Wright

THE scale of the coronavirus catastrophe unfolding in Britain's care homes was dramatically laid bare last night.

The Chief Medical Officer revealed that almost 100 more homes had reported outbreaks in the past 24 hours.

He said more than 13 per cent had now been hit nationally by the deadly disease, the equivalent of a staggering 2,200 homes.

The Daily Mail has been told that the figures are even worse in London, where almost a quarter of the 1,300 residential and nursing homes have been affected. Another 30 care homes have been confirmed over Easter, as


NEW YORK POST

Page Six

MONDAY, MAY 11, 2020 / Showers, 64° / Weather: P. 30 ★★ LATE CITY FINAL nypost.com

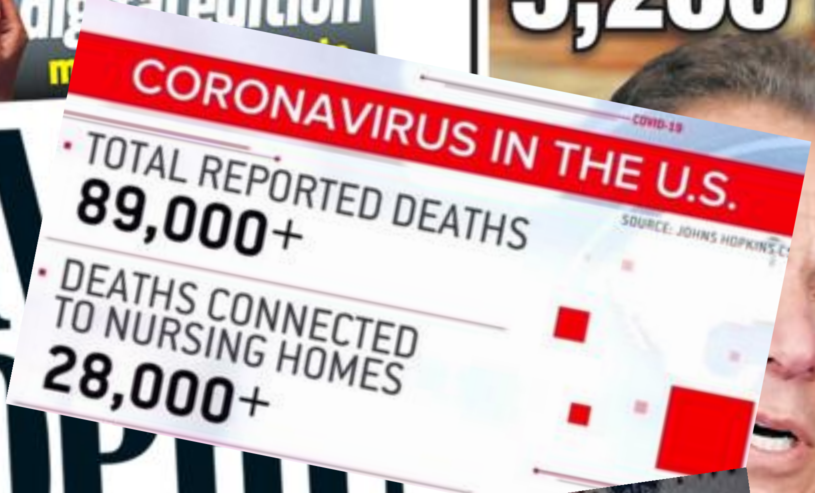
5,200 deaths too late ...

GOV'S ABOUT FACE

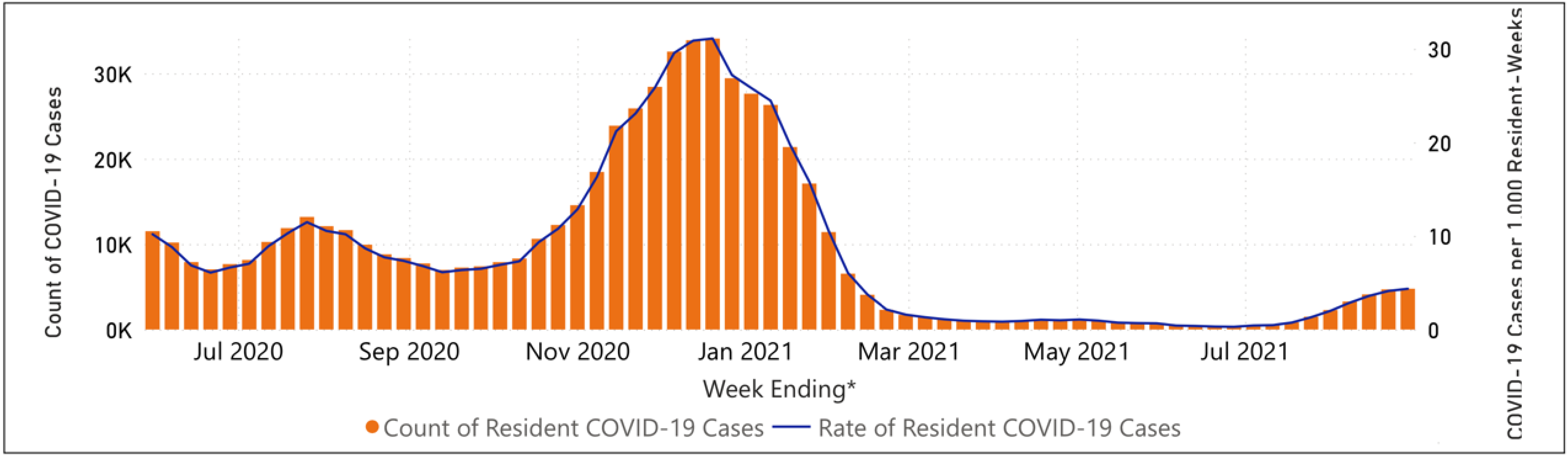
FULL COVID-19 COVERAGE PAGES 2-7

Cuomo finally flips on nursing-home scandal

Gov. Cuomo yesterday reversed his policy of making nursing homes accept COVID-19 patients, leaving residents like sitting ducks. "We're just not going to send a person who is positive to a nursing home after a hospital visit," he said. "Period."

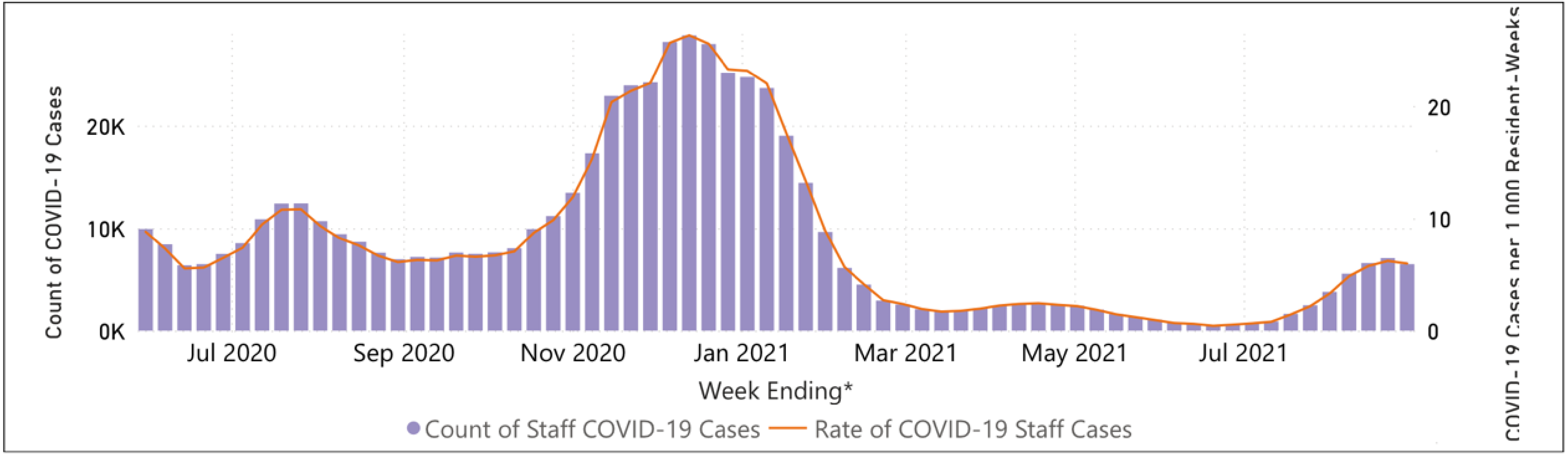


Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



* Data are likely accruing, all data can be modified from week-to-week by facilities

Confirmed COVID-19 Cases among Nursing Home Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



* Data are likely accruing, all data can be modified from week-to-week by facilities

Opinion: Long-term care needs a solution

OPINION | RECOVERY LAB

Nursing homes need fixing. Here's where to start.

The most dangerous job in America is nursing home caregiver, but a few key policy changes could make senior homes safer for everyone in the post-Covid era.

10 Steps to Reform and Improve Nursing Homes

Expert insights on how the industry should evolve in response to COVID-19

by Sari Harrar, Joe Eaton and Harris Meyer, **AARP**, January 13, 2021 | Comments: 8

HEALTH AFFAIRS BLOG

RELATED TOPICS:
NURSING HOMES | NURSING | LONG-TERM SERVICES AND SUPPORTS | QUALITY OF CARE | MEDICAID | QUALITY OF LIFE | PHASE I CLINICAL TRIALS | SKILLED NURSING FACILITIES

Fixing Nursing Homes: A Fleeting Opportunity

Robert G. Kramer

APRIL 13, 2021

10.1377/hblog20210407.717832

Was I deceived, or did a sable cloud
Turn forth her silver lining on the night?
I did not err; there does a sable cloud
Turn forth her silver lining on the night,
And casts a gleam over this tufted grove.

Comus: A Mask Presented at Ludlow Castle
Milton (1634)


TELEMEDICINE

What is Telemedicine?

- Telemedicine is defined as the use of telecommunication and information technologies in order to provide clinical healthcare at a distance

Types of telemedicine:

1.Interactive services (synchronous)

2.Store-and-forward (asynchronous)

3.Remote monitoring (self-monitoring)

4.mHealth(mobile devices)


https://www.aamc.org/news-insights/veterans-telehealth-offers-access-convenience

Evidence Supporting Telemedicine for Change of Condition in NH Residents

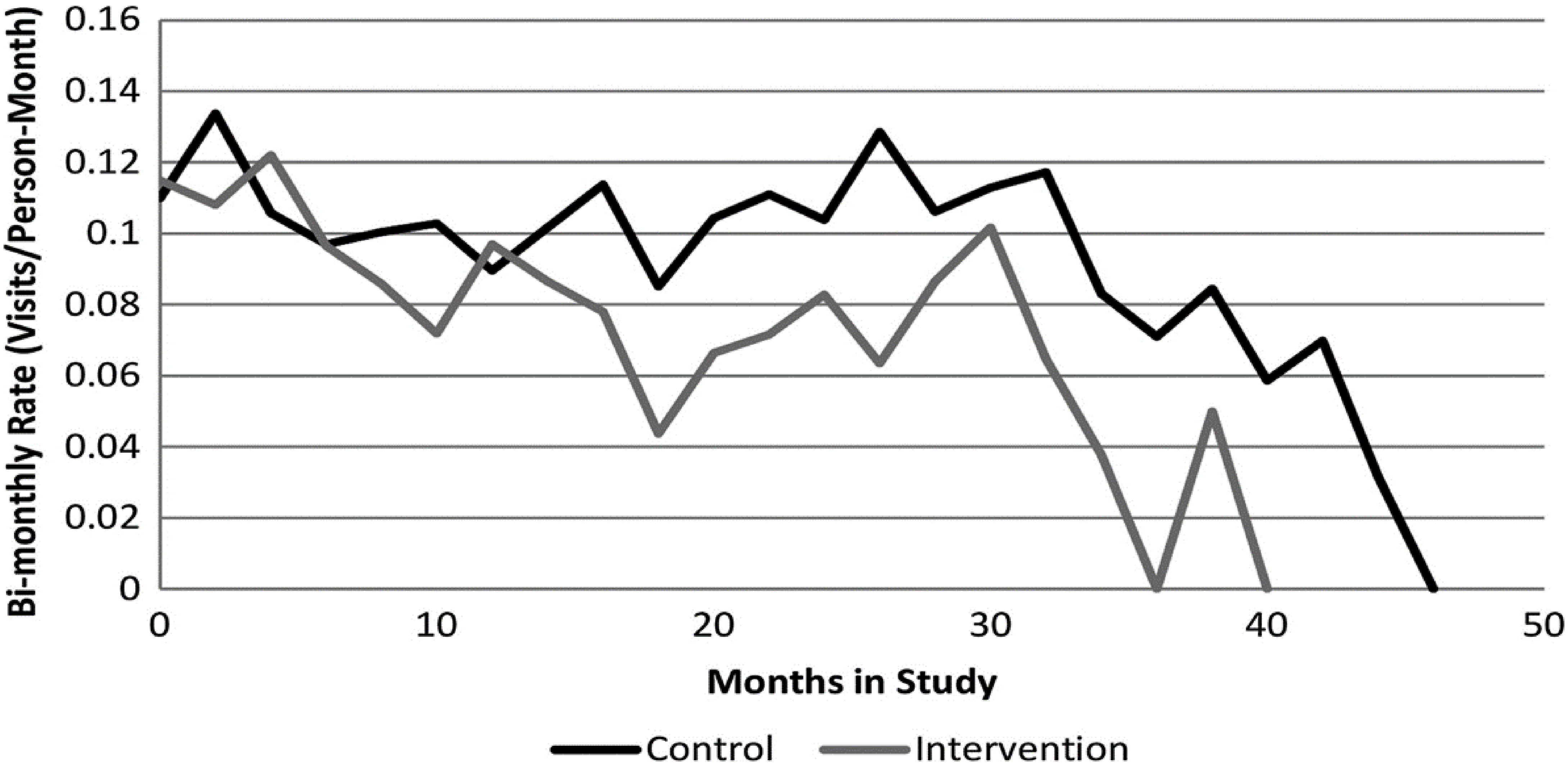
Authors	ED Visits	Hospital Admission
Grabowski (USA, 2014)	-	4.4 % reduction
Hex (UK, 2015)	14% reduction	5% reduction
Hofmeyer (USA, 2016)	37% reduction	-
Hsu (Taiwan, 2010)	-	25% reduction
Hsu (China, 2001)	8.8% reduction	10.6% reduction
Stern (Canada, 2014)	30% increase	20% increase

JAMDA, 2019-02-01, Volume 20, Issue 2, Pages 115-122

Evidence Supporting Telemedicine for Change of Condition in NH Residents

- One skilled nursing home **-> 29%** of the patients evaluated by a telemedicine program that supported after-hours care by a physician **avoided a hospital visit**
  - More than $1.5 million in estimated savings to Medicare and other payers.
- CMS innovation project, an after-hours telemedicine care program where APRNs could assist in the dx & tx of acute changes in condition in 18 nursing homes.
  - **Estimated 51% of telemedicine consultations avoided a hospital transfer.**

Rate of emergency department utilization over time



Telemed J E Health. 2016 Mar;22(3):251-8

Annualized Change in Health Care Utilization *Without Dementia*

Visit type	Intervention (% per Year)	Control (% per Year)	p Value Group-Time Intervention
All ED Visits	-10.7	-3.3	.219
ED, result in treat and release	-18.6	-8.6	.386
ED, result in admission	-3.77	+1.21	.264

JAMDA, 2019-08-01, Volume 20, Issue 8, Pages 942-946

Annalized Change in Health Care Utilization *with Dementia*

Visit type	Intervention (% per Year)	Control (% per Year)	p Value Group-Time Intervention
All ED Visits	-23.7	+4.5	.006
ED, result in treat and release	-20.1	-2.25	.225
ED, result in admission	-25.2	+11.3	.005

JAMDA, 2019-08-01, Volume 20, Issue 8, Pages 942-946

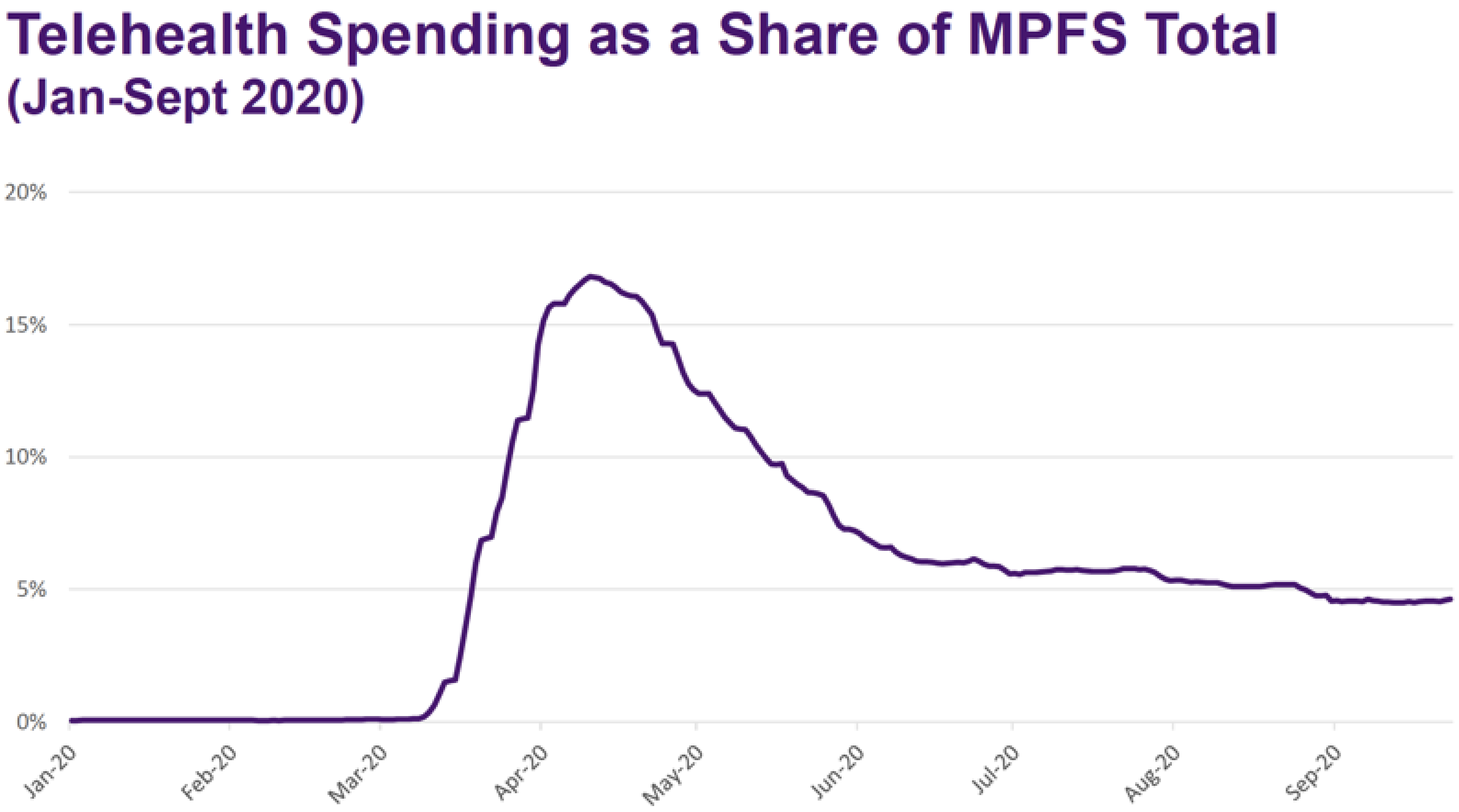
Selected Contributions

- Gillespie SM, et al. Standards for the Use of Telemedicine for Evaluation and Management of Resident Change of Condition in the Nursing Home. JAMDA 20 (February 2019).
- https://www.westhealth.org/resource/telehealth-paltc-guide/

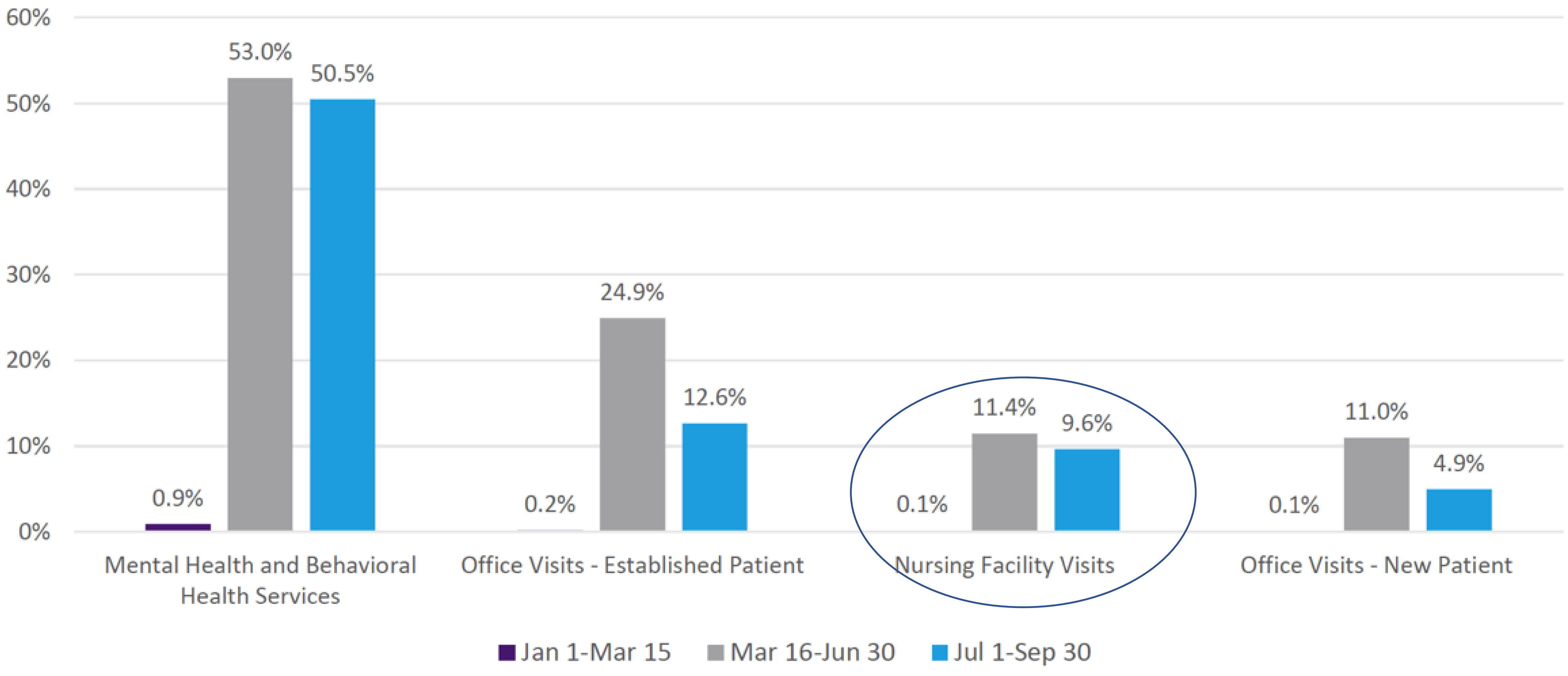
Telehealth Post-acute and Long-term Care Guide

West Health brought together the most knowledgeable experts and organizations to create this first-of-its-kind telehealth implementation manual for post-acute and long-term care (PALTC) settings. In the following pages, you will find the information you need to successfully implement a telehealth program, including advice from experts. This practical guide covers a range of topics in detail to help you understand the specifics of the technology's use, the broader landscape of telehealth, and how you can tailor these innovations to your organization's requirements. From needs and readiness assessments to reimbursement models and performance monitoring, we have created a comprehensive guide for effective telehealth program implementation for PALTC.

Telehealth & the Pandemic



Share of Frequency Provided as Telehealth



Emerging PALTC Telemedicine Case Studies

- Urgent evaluation of change of condition
- Transitional care assessments
- Diagnostic test result review
- Pharmacy: prescribing support
- Geriatric assessment
- Primary care
- Palliative care consultation
- Dermatology
- Wound care
- Behavioral Health Care
- Ophthalmology
- Cardiology: Heart Failure
- Neurology: Movement Disorders Consultation
- Psychiatry
- Project ECHO
- Infection advisory consultation
- Social contacts & remote connections

Remote Patient Monitoring

Self- care preparation for discharge:

daily weights, pulse oximetry, heart rate, & blood pressure

Bluetooth blood pressure cuffs and pulse oximeters to supplement NH VS

Sensors to detect urinary incontinence episodes

Activity monitors with persons living with dementia

Examples of Patient Level Outcomes

- Reductions in hospitalizations
- Improved time to intervention
- Improvements in blood pressure and incontinence.
- Psychiatric teleconsultations with remote monitoring:
  - Persons living with dementia showed improvement in geriatric
  - Depression scale, brief psychiatric rating scale, and quality of life measurements.
- Geropsychiatric specialists via telemedicine:
  - less physical restraint (75%)
  - less likely to be prescribed antipsychotic medications (17%)
  - less UTI (23%)
- Telehealth wound care:
  - Noninferior to in-person care in relation to wound healing, substantial cost benefits.
- Remote monitoring of urinary incontinence
  - improved scheduling of toileting assistance (decrease in incontinence episodes).

L.L. Groom et al. / JAMDA 22 (2021) 1784e1801

“To date, in no study has there been unequivocal evidence that telemedicine or telehealth negatively affected resident outcomes or presented an excessive cost burden”

L.L. Groom et al. / JAMDA 22 (2021) 1784e1801

Telehealth

- PHE 1135 waiver remains in effect! All telehealth is allowed with no limitations
  - Paid at the same rate as in person visit
  - Use modifier 95

- Nursing homes can bill per encounter as an originating site using code Q3014

- Proposed physician fee schedule released on 7/13/21 (for After PHE):
  - CMS finalized once every 14 days restriction on subsequent care nursing home codes (99307-99310)
  - Initial visit codes (99304-99306) **NOT** included post PHE
  - Added home/domiciliary established patient codes to telehealth list for the rest of the year in the year in which the PHE ends
  - Looking to test others
  - No geographic restrictions

- Many advocating for removal of barriers to telehealth
- Many advocating for RUSH Act re-introduction to Congress

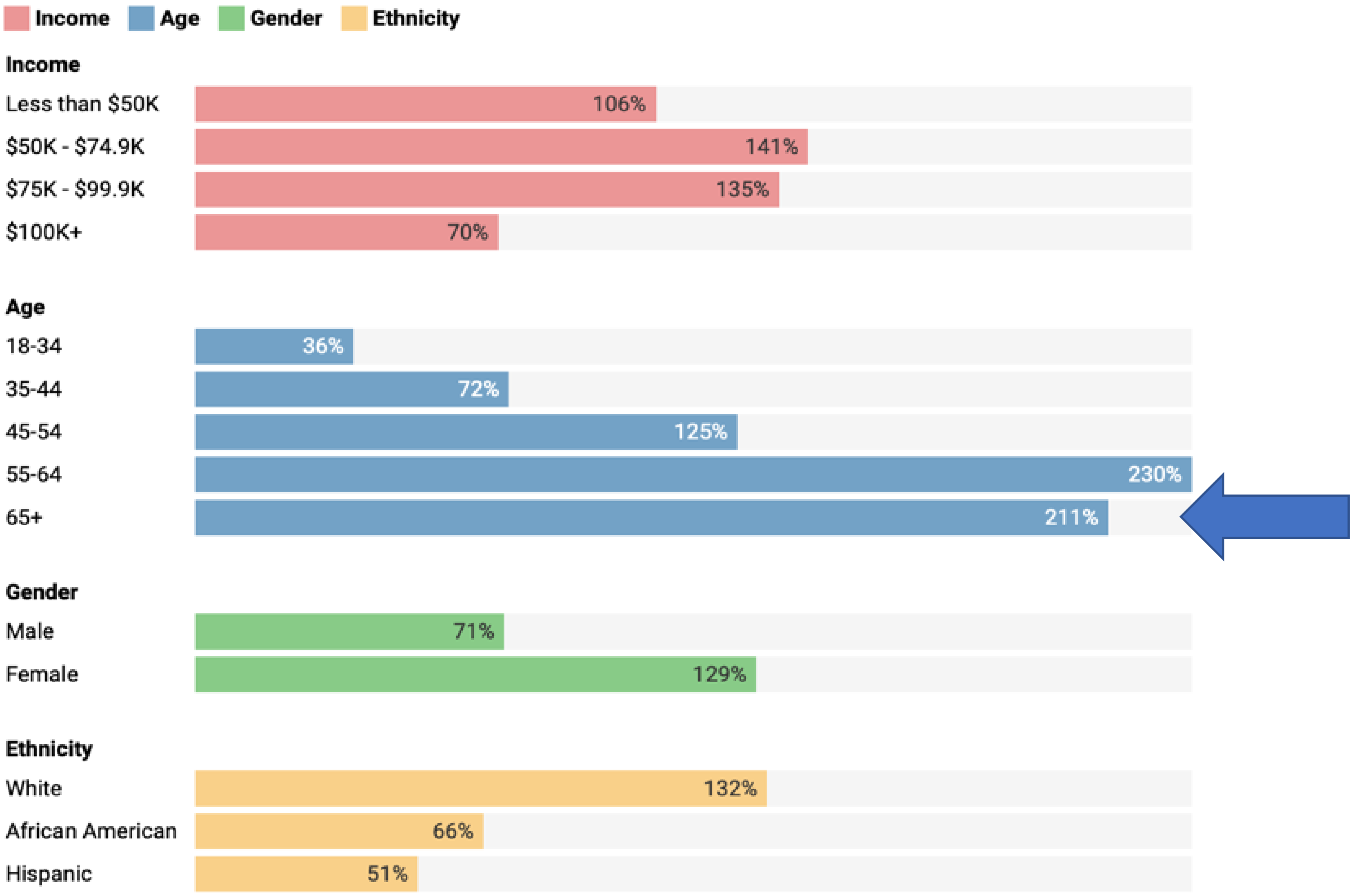
Factors to consider for successful implementation of telemedicine in older adults with dementia.

[Yi, et al. JAMDA 2021](#)

Telemedicine System
- **Potential Users**: Health care Provider, Participant, Care Partner
- **Telemedicine Delivery**: Equipment, Staff

	Health care Provider	Participant	Care Partner	Equipment	Staff
Areas for Development	• Strategies for improving care for patients with sensory impairment	• Broadband access • Familiarity with technology • Accessibility of supports for vision, hearing	• Ability to troubleshoot technical issues at home • Familiarity with technology	• Ability to account for sensory impairment • Captioned services on telemedicine platforms • Supporting 3-way visits on telemedicine platforms	• Training in working with older adults with low tech proficiency • Training in working with individuals with sensory impairment
Keys to success	• Keep visits focused • Wear a headset • Optimize lighting • Provide follow-up materials for participant and care partner to review	• Decrease novelty of the situation by participating in test-runs prior to visit day • Encourage patients, care partners to use headsets	• Training to maximize audio/visual quality • Training to modify environment (lighting, background noise, positioning) • Assist patient during exam	• Provide or loan equipment to patients for those lacking home technology • Have a backup plan for completing visit if videoconference fails • Closed captioning should be used as the default • Provide options for magnification	• Provide orientation to telemedicine visit (in-person, phone) with both patient, care partner • Test-run with care partner prior to visit day • Real-time assistance via phone during visit • Logistical support for health care provider

Increases in telehealth usage during the pandemic, broken down by demographic groups



Source: TIME/Harris Poll of 3,214 total respondents taken, on Feb. 17, May 4 and May 27

https://time.com/6071580/teletheraphy-mental-health/

Project ECHO

- National Nursing Home Action Network Funded through AHRQ – $237 million from CARES Act - https://www.ahrq.gov/nursing-home/index.html
- Education hubs to disseminate information on prevention and treatment of COVID in PALTC
- What's the future?

Telemedicine Post-Pandemic

- More experience
  - individuals
  - systems
- More Equipment Availability
- More understanding of success factors
  - **Staff/training

where is the best value realized for use of telemedicine tools in PALTC?

ALTERNATIVES

Home Based Primary Care

- Eligibility: Too sick to go to clinic
- Medical Care: Interdisciplinary team to home
- Technology: Tablets, remote monitoring

- Cost:
  - $0 to Veteran
  - ~ $35,000/year to VA in staffing costs

Started in VA - similar model now in CMS as the Independence at Home Demonstration

- Three year extension included in year end 2020 budget

Home Based Primary Care in the Independence at Home CMS Demo extends time living in the community by…

A. 4 months

B. 8 months

C. 1 year

D. 2 years

Integrated Home- and Community-Based Services Improve Community Survival Among Independence at Home Medicare Beneficiaries Without Increasing Medicaid Costs

*Girish Valluru, BA, MS,[*] Jean Yudin, MSN, GNP-BC,[†¶] Christine L. Patterson, MA,[‡] Joanna Kubisiak, MPH,[§] Peter Boling, MD,[‡¶] George Taler, MD,[¶‖**] Karl Eric De Jonge, MD,[¶‖**] Steve Touzell, MSW,[††] Ann Danish, MSW, MPA,[††] Katherine Ornstein, PhD,[‡‡] and Bruce Kinosian, MD[†¶§§¶¶‖‖]*

See related editorial by Leff et al.

OBJECTIVES: To determine the effect of home-based primary care (HBPC) for frail older adults, operating under Independence at Home (IAH) incentive alignment on long-term institutionalization (LTI).

DESIGN: Case-cohort study using HBPC site, Medicare administrative data, and National Health and Aging Trends Study (NHATS) benchmarks.

SETTING: Three IAH-participating HBPC sites in Philadelphia, PA, Richmond, VA, and Washington, DC.

PARTICIPANTS: HBPC integrated with long-term services and supports (LTSS) cases (n = 721) and concurrent comparison groups (HBPC not integrated with LTSS: n = 82; no HBPC: n = 573). Cases were eligible if enrolled at one of the three HBPC sites from 2012 to 2015. Independence at Home-qualified (IAH-Q) concurrent comparison groups were selected from Philadelphia, PA; Richmond, VA; and Washington, DC.

INTERVENTION: HBPC integrated with LTSS under IAH demonstration incentives.

MEASUREMENTS: Measurements include LTI rate and mortality rates, community survival, and LTSS costs.

RESULTS: The LTI rate in the three HBPC programs (8%) was less than that of both concurrent comparison groups (IAH-Q beneficiaries not receiving HBPC, 16%; patients receiving HBPC but not in the IAH demonstration practices, 18%). LTI for patients at each HBPC site declined over the three study years (9.9%, 9.4%, and 4.9%, respectively). Costs of home- and community-based services (HCBS) were nonsignificantly lower among integrated care patients ($2151/mo; observed-to-expected ratio = .88 [.68-1.09]). LTI-free survival in the IAH HBPC group was 85% at 36 months, extending average community residence by 12.8 months compared with IAH-q participants in NHATS.

CONCLUSION: HBPC *integrated with long-term support services* delays LTI in frail, medically complex Medicare beneficiaries without increasing HCBS costs. **J Am Geriatr Soc 67:1495-1501, 2019.**

Key words: home- and community-based care; independence at home; community survival; provider managed care

From the *Icahn School of Medicine at Mount Sinai, New York, New York; †Division of Geriatrics, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania; ‡Division of Geriatrics, Virginia Commonwealth University, Richmond, Virginia; §Westat Inc, Rockville, Maryland; ¶Independence at Home Learning Collaborative, American Academy of Home Care Medicine, Chicago, Illinois; ‖MedStar House Call Program, MedStar Health, Washington, DC; **School of Medicine, Georgetown University, Washington, DC; ††Philadelphia Corporation for Aging, Philadelphia, Pennsylvania; ‡‡Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai, New York, New York; §§Geriatrics and Extended Care Data Analysis Center, Cpl Michael J. Crescenz Veterans Affairs Medical Center, Philadelphia, Pennsylvania; ¶¶Center for Health Equity Research and Policy, Cpl Michael J. Crescenz Veterans Affairs Medical Center, Philadelphia, Pennsylvania; and the ‖‖Leonard Davis Institute for Health Economics, University of Pennsylvania, Philadelphia, Pennsylvania

HBPC in Pandemic

- 85% programs continued to provide in-person care
- Nearly half cared for COVID-19 patients.
- Team adapted to continue to serve patients
  - Used technology:
    - new use of video visits (76.3%).
      - Taught patients & staff
  - Ensured psychosocial supports present
    - food insecurity, caregiver burnout
  - Provided testing in the home
  - In-home vaccination

Ritchie et al JAMDA 22 (2021) 1338e1344
Wyte-Lake, Gillespie et al *Work in progress*
Der-Martirosian et al JMIR Form Res 2021 May 31
Franzosa et al J Appl Gerontol. 2021 Jul 1

Program of All-Inclusive Care for the Elderly

- Adult day care
- Transportation
- Interdisciplinary team
- Medicaid/Medicare capitation
- 2019 annual income limit $17,700 for a couple

- Nationally 260 centers in 31 states
- > 50,000 participants
- Dual eligible (Medicaid + Medicare) 90%

- Transportation Vans → meal delivery
- Rehabilitation → virtual
- No change in per-diem → stable financing
- 2.2% COVID-19 across 66 programs

Sen. Casey Introduces PACE Plus Act (S. 1162) Legislation

WASHINGTON, DC – April 16, 2021

- Sen. Casey (D-PA) introduced the PACE Plus Act (S. 1162),
  - Seeks to expand access to Programs of All-Inclusive Care for the Elderly (PACE®).
  - the Milken Institute, a leading think tank, recommends PACE growth as a solution to the nation's long-term care crisis
  - Embodies a recommendation in his 2020 report on "Reimagining Aging in America" that Congress should bolster the development of additional PACE programs and expand eligibility of enrollment to allow for a greater number of people requiring in-home supports to be eligible to receive care in their homes and communities.
- In addition, PACE was mentioned as part of the 10 percent increase in state matching funds for HCBS under the recently enacted American Rescue Plan.

Hospital-at-Nursing Home intermediate care intervention

Pre-pandemic multidisciplinary mobile teams delivered specialist care directly to NHs

In pandemic, mobile multidisciplinary team deployed to NHs to:

1) infection transmission control among NHs residents and staff,
2) comprehensive geriatric assessment including prognostication and geriatric syndromes management,
3) on-site diagnostic assessment and protocol-based treatment of COVID-19,
4) supply of nursing personnel to understaffed NHs.

➢ Associated with satisfaction, less hospitalization and no increase in death

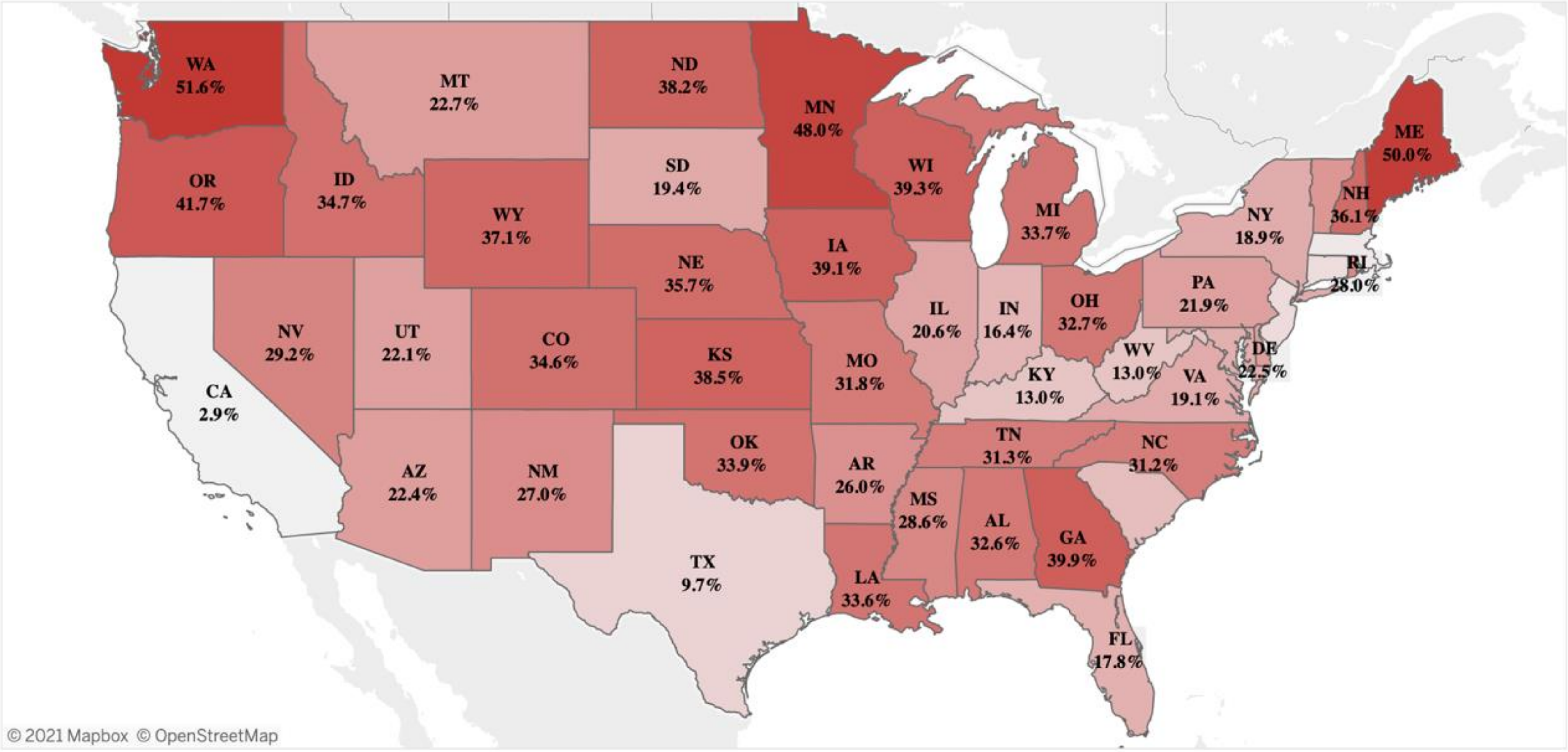
Table 1 GIROT members and roles

Member	Role
Medical specialists • Geriatricians • Internal medicine specialists	Team coordination and direction Clinical management of COVID-19 infection (diagnostic exams, clinical evaluation and therapy) Prevention and management of geriatric syndromes Communication with families End of patients' isolation after infection
Local Health District Nurse	Advice and support to NH nurse management Staff training for COVID-19 on PPE use and cleaning procedures Setting up of residents' and staff testing Advanced nursing care, including management of complicated pressure sores and feeding tubes
Local Health District Direction	Nursing care coordination and direction Staffing management, including supply of health workers in case of staffing shortage Provision of PPE stocks
Local Health District Physiotherapy	Conventional geriatric rehabilitation Respiratory training Coordination of patients' mobilization
Palliative specialists	Early palliative care Provision of palliative medications Communication with families
Public hygiene experts and occupational health professionals	Setup of COVID-19 "bubbles" and dedicated pathways including donning and doffing stations Other environmental interventions for transmission control, including creation of COVID-19 signs and posters Management of NH staff occupational health issues End of patients' isolation after infection

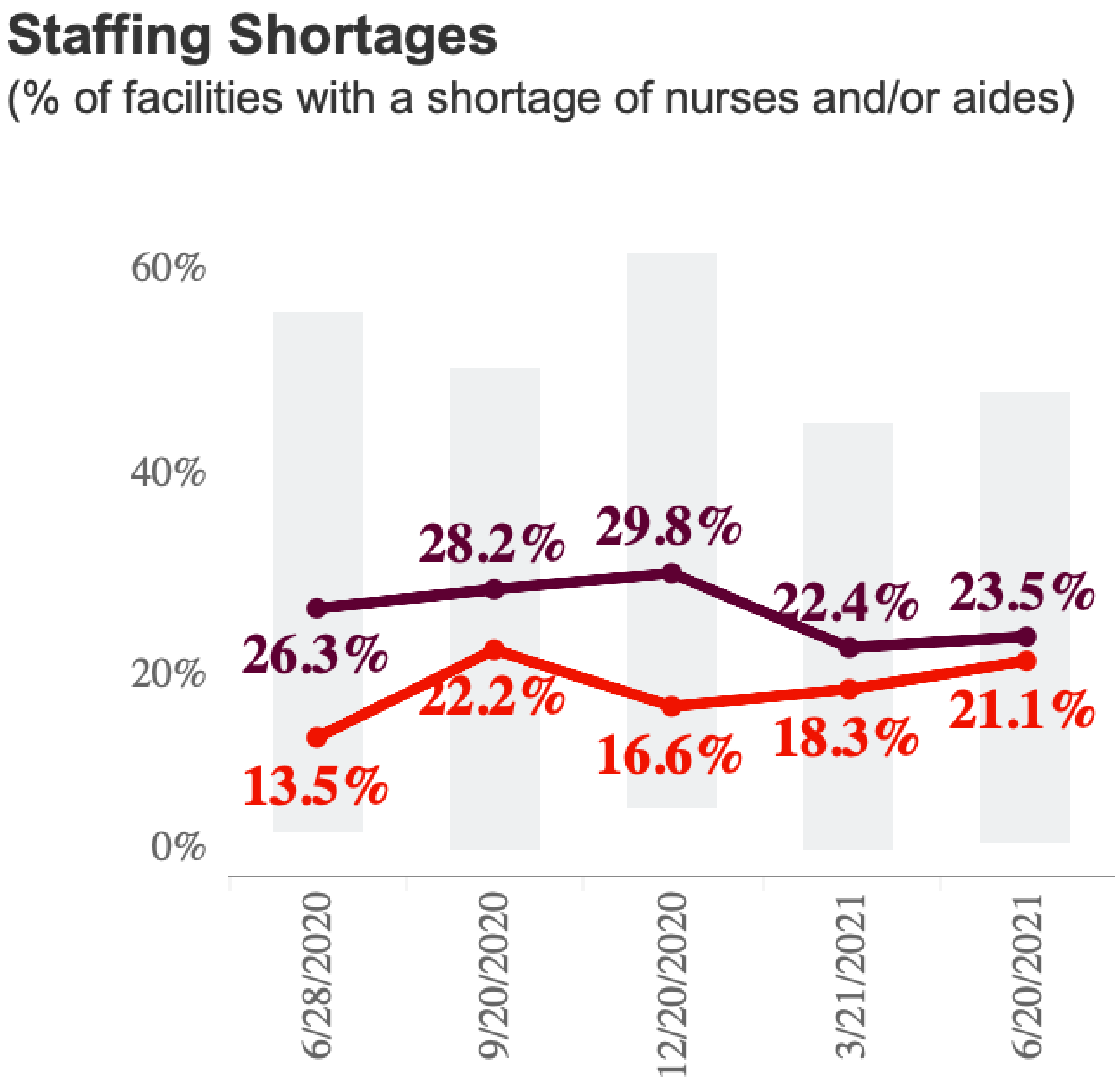
Benvenuti et al. Aging Clin Exp Res. 2021 Aug 20;1-8.

WORKFORCE

Staffing Shortages (Percent of Facilities with a shortage of Nurse &/or Aides)



https://www.aarp.org/ppi/issues/caregiving/info-2020/nursing-home-covid-dashboard.html



U.S. (purple)
Florida (red)

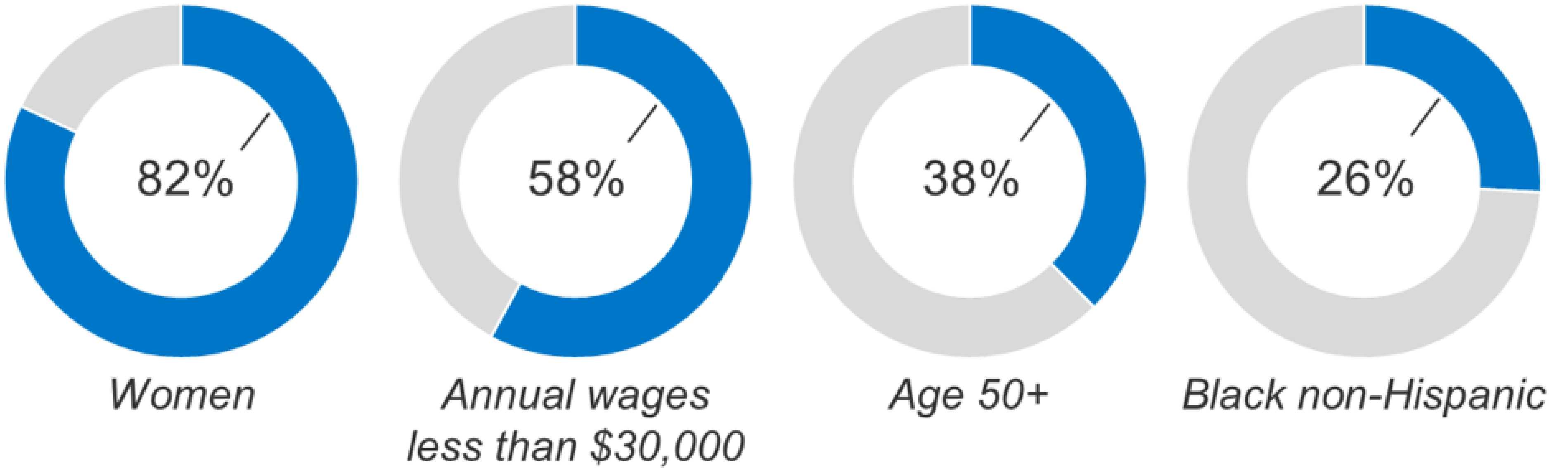
https://www.aarp.org/ppi/issues/caregiving/info-

Nursing Home Nursing Workforce Turnover

- Mean annual turnover rates for total nursing staff ~ 128 %
- Median annual turnover rates for total nursing staff ~94 %
- Turnover rates correlated with:
  - Facility location
  - For-profit status
  - Chain ownership
  - Medicaid patient census
  - Star ratings.

Gandi et al. Health Affairs. March 2021. HTTPS://DOI.ORG/10.1377/HLTHAFF.2020.00957

The Long-Term Care Workforce is Predominantly Female and Low Wage; Nearly 4 in 10 are Age 50+ and 1 in 4 are Black



Long-Term Care Workforce in 2018 = 4.5 million

SOURCE: KFF analysis of American Community Survey, 2018.

KFF
HENRY J KAISER FAMILY FOUNDATION

CNA - Certified Nursing Assistant

- Rochester, NY 14620 (Highland

$15.08 - $16.88 an hour - Full-time, Part-time

Apply Now

Urgently hiring

Job Description

This is an entry-level position in the health care field responsible for performing a variety of direct and indirect services for chronically ill and convalescent patients. Employees receive State mandated training prior to assuming duties. The employee reports directly to, and works under the direct supervision of, a licensed nurse. Does related work as required.

Minimum Qualifications: Graduation from high school or possession of an equivalency diploma PLUS current possession of a valid New York State Nursing Assistant Certification.

Monroe County government prohibits discrimination in employment, program activities, procurement and contracting against any person due to such person's age, marital status, disability, genetic predisposition or carrier status, race, color, creed, sexual orientation or national origin. An Equal Opportunity Employer.

Job Types: Full-time, Part-time

Pay: $15.08 - $16.88 per hour

Job Types: Full-time, Part-time

Pay: $15.08 - $16.88 per hour

Benefits:

- Dental insurance
- Employee assistance program
- Flexible spending account
- Health insurance
- Paid time off
- Retirement plan

Starbucks Salaries in Rochester, NY

Job Title: Popular Jobs

Location: Rochester

Job

Barista — $13.70 per hour

4 salaries reported

Common benefits at Starbucks

Benefits information is taken from job posted on Indeed.

Health insurance	Dental insurance	Vision insurance	Paid time off
Tuition reimbursement	Retirement plan	Employee discount	Flexible schedule
Parental leave	Stock purchase plan	Professional development assistance	Food provided

Staffing Requirements

- According to Mueller et al. (2006) staffing is presumed to affect the quality of care and life of nursing home residents.
- According to other literature, it remains inconclusive about staffing elements that directly impact the quality of resident care (Spilsbury et al., 2011)

- The Nursing Home Reform Law of 1987
  - facilities must have a RN 8 consecutive hours, 7 days a week and licensed nurses available 24 hours a day, with “sufficient” nursing staff to meet residents’ needs.
- The Payroll Based Journal (PBJ) 2016
  - new insights to how nursing homes are staffed, including variability between weekdays and weekends.
  - An ongoing challenge about what constitutes “sufficient” nursing staff remains, with a high degree of subjectivity.
- 2017-2019 updates to OBRA regulations
  - No mandates on staffing
  - Includes revised regulations and guidelines criterion for citing deficiencies in staffing

AMDA Position Statement :

Appropriate Staffing Standards In Post-Acute and Long-Term Care

- While having a sufficient number of staff is critical, staffing levels **based only on resident-to-worker ratios will not adequately assess or meet resident needs.**
  - continued research regarding staffing levels (number and skill mix) that will optimally meet the individual needs of residents in nursing homes.
  - support all options to recruit and train staff
  - continue to work with other stakeholders to address the current staffing crisis.
- The quality of a resident’s life is significantly affected by care that is **competent, compassionate, and responsible**.

July 2021
AMDA Staffing Standards

AMDA Position Statement :
Appropriate Staffing Standards In Post-Acute and Long-Term Care

- Person-centered and evidence-based dementia care requires 24-hour caregiving.
  - As more residents in PALTC are diagnosed with dementia or other cognitively impaired related diagnosis, facilities should have the **flexibility and resources to staff adequately based on needs specific** to this population.
- Furthermore, adequate evening/night staff may greatly reduce the inappropriate use of higher risk medications such as anxiolytics, narcotics, and antipsychotic medication regimens.

July 2021
AMDA Staffing Standards

AMDA Position Statement :

Appropriate Staffing Standards In Post-Acute and Long-Term Care

- The development of staffing levels or ratios should be done cautiously, to **avoid unintended consequences**. For example, a shortage of available workers to achieve compliance with a federal mandate could lead to challenges with access to nursing home care, particularly in rural areas.
  - AMDA recommends building on existing relevant regulations instead of creating new federal or state mandates.
- AMDA strongly supports **increasing PALTC staff compensation** (salary and benefits) to match the ongoing competitive market of other health care delivery sites.

July 2021
AMDA Staffing Standards

Any decisions about staffing need to consider broader issues, including:

- the complexity and acuity of a facility’s population;
- the functional level of residents and services required;
- creating consistent work schedules that are flexible to accommodate the changing needs of the residents along with improving consistent communication and documentation regarding the care needs of residents;
- the existence of staffing shortages for some types of staff in some geographic locations, and temporary staffing shortages due to such events as employee illness or termination;
- defining and including other categories of caregivers, such as medication aides, feeding assistants, restorative aides, family members, and activities professionals;
- the quality, competence, and engagement of staff leadership and supervision;
- addressing adequacy of training and skills development, and
- the career and educational development of staff (especially among newly licensed nurses).

July 2021

AMDA Staffing Standards

More that Warm Bodies (continued)…

American Board of Post-Acute and Long-Term Care Medicine

Defining the Core Skills and Activities of the Attending Physician in Post-Acute and Long-Term Care

A recent article in JAMDA details an ABPLM job analysis of attending physicians in long term/post-acute care that documents the unique and specific role they play in this setting.

114 task statements + 73 knowledge statements + 71 medical knowledge = 258 total

DOI: https://doi.org/10.1016/j.jamda.2021.06.007

NAHCA is proud to announce the development of the National Institute of CNA Excellence to put an end to the staffing crisis.

NICE

National Institute of CNA Excellence

[Tailored Professional Development with Experts]

https://www.nahcacna.org

Local Approaches:

13 abc WHAM NEWS WEATHER BUFFALO PLUS HEALTH MATTERS CORONAVIRUS WATCH

Pay raises, career programs among changes announced for Monroe Community Hospital staff

by WHAM | Monday, April 26th 2021

(WHAM photo: Monroe Community Hospital)

Rochester, N.Y. – Monroe County leaders have announced a series of changes they say are aimed at helping staff at Monroe Community Hospital, while also benefitting recruiting and staff retention operations.

Key Advocacy: Public Medical Director Registry

- Bi-partisan letter from Congress asking CMS to implement
- States have begun conversations to implement on state level
- Continued discussions with CMS
- Clear need given COVID/other crisis communication
- Public must have access to information on clinical leadership

State Legislative Action – Pennsylvania

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2792 Session of 2020

INTRODUCED BY THOMAS, DAY, SCHROEDER, TOMLINSON, NELSON, POLINCHOCK, HILL-EVANS, MIZGORSKI AND ROZZI, AUGUST 31, 2020

REFERRED TO COMMITTEE ON HEALTH, AUGUST 31, 2020

AN ACT

Providing for a <u>long-term care medical director registry </u>and imposing duties on the Department of Health and the Department of Human Services.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Short title.

This act shall be known and may be cited as the Long-Term Care Medical Director Registry and Communication Act.

California
LEGISLATIVE INFORMATION

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AB-749 Skilled nursing facilities: medical director certification. (2021-2022)

California AB-749

This bill would prohibit a skilled nursing facility from contracting with a person as a medical director if the person is not, or will not be within 5 years of the date of initial hire as the facility's medical director, certified by the American Board of Post-Acute and Long-Term Care Medicine, or an equivalent organization as determined by the department, as a Certified Medical Director. Under the bill, a medical director already employed in a skilled nursing facility as of January 1, 2022, would have until January 1, 2027, to become a Certified Medical Director.


Re-envision PALTC.
What else can be seen in the silver light and moved to the spotlight?

Many Thanks!