

## Message from AMDA's House of Delegates Chair

AMDA's House of Delegates (HOD) does not rubber stamp resolutions, not even those from the Board. At the March HOD meeting, resolution F06 "Position Statement on Oversight of the Medical Director in their Role as Attending Physician", introduced by the AMDA's Board of Directors, failed to pass. The resolution addressed the dual role of medical directors who also serve as attending physicians in the nursing facilities that they also serve as medical directors. Delegates from rural areas felt that there was nobody else in their community who could perform such reviews independently.

The performance review resolution was reconsidered by the board and a work group with representation from the states, chaired by Keith Krein MD, CMD, was convened to review the resolution. "Our intent in moving forward with this resolution is not to be proscriptive, restrictive or detailed in language," said Dr. Krein. With this in mind, the group went about their work, with three guiding principles:

1. reconfirm support for the Medical Director's leadership role in developing a system for "Performance Review" in concert with prior AMDA Position Papers and F-Tag 501
2. acknowledge that such a review includes all practitioners (e.g., the Medical Director is not exempt when serving in the valuable dual role as both attending physician and Medical Director) and,
3. acknowledge that the process may look different in various settings based on demographics,

geography and availability of resources (e.g. details to be worked out at the local level via the quality improvement process).

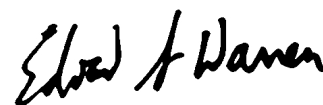
Fittingly, when the work group met, a number of concerns were presented that indicated the group's strong commitment to the review process. The defeated resolution created the illusion of conflict of interest where perhaps none existed, and lacked latitude in effective implementation. Simple chart review has not been proven to be especially effective in improving patient care.

In the months to come, the work group will re-draft the resolution using historical AMDA position papers such as the *Role and Responsibilities of the Medical Director in the Nursing Home* and the *Tool Kit for Managing Attending Physicians*. The group also will look to the *State Operations Manual, Guidance to State Surveyors*, and F- Tag 501.

The revised resolution will be resubmitted to the board and then forwarded for consideration to AMDA's House of Delegates. The tremendous dedication and commitment by the work group shows that the resolution process is something AMDA can be proud of. Members of the performance review work group include: Keith Krein, MD, CMD, (chairperson); Jacob Dimant, MD, CMD; Ralf C. Habermann, MD, CMD; Mark Leenay, MS, MD, CMD; Karyn Leible, MD, CMD; Susan M. Levy MD, CMD; Michael E. Maddens, MD, CMD; David F. Polakoff, MD, MSc, CMD; Dennis L. Stone, MD, MBA, CMD; Eric Tangalos, MD, CMD; Edward S. Warren, MD, CMD; and Kathleen M. Wilson, PhD (staff liaison).

Resolutions are needed from the state chapters to bring frontline issues to our attention at the national level. As you face problems AMDA might be able to help with, put your ideas down and develop resolutions for next year. Think carefully about the wording and be sure they are able to be implemented. The AMDA staff is also a great resource in such matters. You may also contact me at [e-warren@att.net](mailto:e-warren@att.net).

Edward S. Warren, MD, CMD  
Chair, House of Delegates



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## From Lorraine Tarnove, Executive Director, at the national office ...

*Quality Initiative Launches September 29<sup>th</sup> – State Leaders Invited*

AMDA has participated in an informal group known as the Sioux Falls Group for some ten years. The group met first in Sioux Falls at the invitation of Judy Ryan, then CEO of the Good Samaritan Society, to create dialogue among long term care stakeholders. Since then, the group has met twice a year in Washington, DC. The topic of quality improvement has emerged regardless of the particular issue at hand. Last spring, the group met with CMS Administrator Mark McClellan (who recently resigned his position effective October 2006) to enjoin CMS in a quality initiative involving all the national groups and setting quantifiable goals. The goals are based on CMS QI data collected over the last several years under the QIO program. Paul McGann, MD of CMS has been reporting on this project to the Sioux Falls Group for several years. McGann's willingness to enter into an open dialogue with the members of Sioux Falls Group ended in the development of the *Advancing Excellence in America's Nursing Homes* campaign.

The 18 month campaign will kick off with a one-day program on September 29, 2006 at the National Academy of Sciences. As a founding member of the sponsoring coalition, AMDA's Board of Directors and state chapter presidents were invited.

Working with Local Area Network (LANES), national organizations and their local affiliates will provide tools and support for quality initiative activities, as well as recruiting nursing facilities. The facilities will enroll voluntarily. The website [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org) will link facilities to the various participating organizations and the tools and assistance available.

AMDA believes medical directors can be very influential activists in this initiative. Using AMDA's various process based clinical practice guidelines, medical directors can take a leadership role to help nursing facilities:

- ◆ Identify the goals they wish to pursue
- ◆ Develop process-based approaches to addressing the issue
- ◆ Educate other team members about the clinical aspect of issue to be addressed e.g., offer in-services for nursing on assessing pain or treating pressure ulcers
- ◆ Define roles for each care team member's participation
- ◆ Monitor care and help to analyze data
- ◆ Involve consumers; help them understand quality initiatives and measures

AMDA will be developing additional guidance for the use of existing materials. Log onto [www.amda.com](http://www.amda.com) for more details and begin talking with your nursing facility administrator about joining the campaign and selecting

## Taking Steps to Engage futures participants

The AMDA Foundation Futures Program is a unique opportunity that exposes physician, residents and fellows with an interest in geriatrics to the numerous prospects in long term care. To further cultivate their interest in geriatrics, the State Chapters can take steps to engage these participants in their local chapters.

Five steps to engage "Future" geriatricians:

1. Contact Erin Blume at [eblume@amda.com](mailto:eblume@amda.com) for the list of Futures participants from your state. The list of 2006 participating states is below.
2. Contact Futures participants and provide information about the state chapter and upcoming events.
3. Keep Futures participants "in the know." Add their names to the state chapter mailing list.
4. Create a mentorship program to foster personal growth and professional development.
5. Collaborate with local colleges and universities to encourage growth of the Futures program which in turn will increase the number of geriatricians in long term care.

### States with Futures Participants

Alabama	Missouri	Arkansas
Mississippi	Arizona	North Carolina
California	Nebraska	Connecticut
New York	Florida	Ohio
Hawaii	Pennsylvania	Illinois
Rhode Island	Kentucky	South Carolina
Louisiana	Tennessee	Massachusetts
Texas	Michigan	Virginia
Minnesota	Wisconsin	

### Obituary notification

It is with great sadness that we share the news of the death of David C. Wilcox, MD, CMD. Dr. Wilcox was state chapter president for the Indiana Medical Directors Association from 2000—2003. He served as a delegate to the House of Delegates and with the Assisted Living Working Group.

He will be deeply missed by those who knew and loved him.

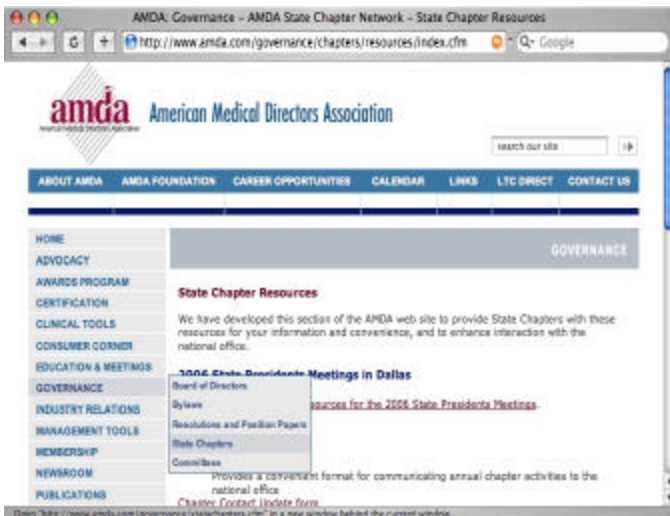
## State Chapter Resources at Your Fingertips

Being that AMDA is a democratic organization governed by a board of directors that is elected by a House of Delegates, with delegates from 41 state chapters; we felt that placing the state chapter resources under Governance on the Web site made the most sense.

Finding state chapter resources on amda.com is as easy as 1-2-3.

- 1 – Select Governance on left-side navigation bar on any page.
- 2 – Select State Chapters
- 3 – Now you can choose a state chapter web site, or select State Chapter Resources.

You can also reach the State Chapter Resources by going to [www.amda.com/governance/chapters/resources/index.cfm](http://www.amda.com/governance/chapters/resources/index.cfm).



## New Medicare Learning Network Products

The new **CMS Website Wheel** is now available! This resource provides up-to-date web addresses for the most frequently-used Medicare provider web pages, including the new URLs that resulted from the CMS Website redesign. You can request a copy of the **CMS Website Wheel**, free of charge, by going to the Medicare Learning Network's product ordering page at [http://cms.meridianksi.com/kc/main/kc\\_frame.asp?kc\\_ident=kc0001&loc=5](http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5) on the CMS Website.

## Revised State Chapter Handbook is Online

AMDA is proud to announce that the revised State Chapter Handbook is available online at [www.amda.com/governance/chapters/guides.cfm](http://www.amda.com/governance/chapters/guides.cfm). State chapter president and representatives, this is such a valuable resource for you! There are forms and sample budgets, along with everything you need to know about communicating with AMDA. There is also a section on fundraising.

Check out the following sections:

- **HOW TO DEVELOP A STATE CHAPTER**  
Great section for new state chapters – pre-chapter formation, officers' roles and responsibilities, post chapter formation
- **MEMBERSHIP AND DUES**  
Ideas on how to recruit and retain members, joint marketing, sample of state chapter dues
- **MEETINGS**
  - o Organizing meetings
  - o Budgeting
  - o Working with pharmaceutical companies
  - o Fundraising
  - o Sample forms and letters

ALSO . . .

How do we get the word out about the great things our chapter is doing? See **MEDIA RELATIONS** and your state chapter.

See **PUBLIC POLICY** to learn how to lobby at the local level. If you want to learn about the do's and don'ts of lobbying, you'll want to read this section.

Also, you won't want to miss the tips on advocating your cause in the state legislature on page 5 of this issue of *State Network News*.

### Keep National Updated

Please submit your annual meeting report and update your state chapter contact information if there have been changes. Also, be sure to tell us about any upcoming state chapter meetings and post the information on [www.amda.com](http://www.amda.com).

# A Partnership that Works

*As part of our ongoing Best Practices series, State Network News interviewed Robert J Sullivan Jr., MD, CMD, a member of the North Carolina Medical Directors Association and the Medical Advisor for North Carolina since 2003. In the following interview he discusses how North Carolina Medical Directors Association worked to establish a partnership with the State and how his work has improved the survey process for all those involved.*

**SNN:** How did North Carolina Medical Directors Association go about establishing a partnership with state surveyors?

**Sullivan:** In 2003, the state chapter under the leadership of Chris Herman MD, CMD, invited the North Carolina Division of Facility Services to host sessions by a team of surveyors to regional and state chapter meetings. Those sessions enhanced the appreciation of all parties regarding the perspective of others involved in the survey process. The State was eager to participate and listened thoughtfully to questions raised, and observations by, medical directors.

**SNN:** When were you appointed Medical Advisor, and how has your position improved the survey process?

**Sullivan:** In 2003, the North Carolina Assistant Secretary for Health asked me to assume the role of Medical Advisor to serve as liaison between the medical directors, the Health Care Facilities Association, and the surveyors. I now spend lots of time discussing care issues with surveyors and helping them understand medical aspects of citations they have under consideration. The result has been better targeted citations that take into account the perspective of the physicians involved. I receive calls from physicians and help them understand regulatory standards that surveyors must uphold. Complaints about unwarranted or unsupported citations have dropped to virtually nil.

**SNN:** How can other state chapters benefit from what North Carolina has done?

**Sullivan:** If a CMD is not currently working as a medical director (to avoid conflict of interest) and is willing to serve as an advisor to the state survey agency, I believe it will improve the quality

of surveys to have a physician available for consultation.

**SNN:** What advice would you give to surveyors?

**Sullivan:** Continue to seek the opinion of the treating physician and/or the medical director when evaluating complaints or assessing compliance with state and federal regulations.

E-mail your best practices to [ngermain@amda.com](mailto:ngermain@amda.com) or call (410) 992-3114.

## 2006 AMDA Meetings

### September

27 – 30 AAFP Annual Meeting  
Washington, DC

### October

8 – 11 AHCA Annual Meeting –AMDA  
to Exhibit  
San Antonio, TX  
20 – 21 FAMDA Meeting – AMDA to  
Exhibit  
Orlando, FL  
29 – Nov 4 AMDA Core Curriculum  
Cleveland, OH

### November

1 – 4 Evidence-Based Medicine  
Cleveland, OH  
5 – 8 AAHSA Annual Meeting –  
AMDA to Exhibit  
San Francisco, CA  
10 – 12 AMDA Primer for Nursing Home  
Medicine  
Tempe, AZ  
15 – 18 ASCP Annual Meeting – AMDA  
to Exhibit  
Phoenix, AZ

### December

1 – 3 AMDA Board Meeting  
Washington, DC

Visit [www.amda.com/calendar/index.cfm](http://www.amda.com/calendar/index.cfm) to learn more about these and other AMDA meetings.

## AMDA Contacts for State Chapters

Nicole Germain, Membership and Communications  
Coordinator  
410/992-3114 or [ngermain@amda.com](mailto:ngermain@amda.com)

Noah Cook, Health Policy Analyst  
410/992-3132 or [ncook@amda.com](mailto:ncook@amda.com)

# Advocating Your Cause in the State Legislature

AMDA has provided state chapters with updated state legislative information via AMDA's Web site. To further assist state chapters, AMDA has provided the following to guide state chapters' legislative and regulatory efforts based on the experience of a former state legislative staffperson. Remember, AMDA public policy staff can assist states in identifying optimal contacts for insight on legislative issues. A full version of this article is available online at [www.amda.com/advocacy/index.cfm](http://www.amda.com/advocacy/index.cfm). **Note: The scenario presented in this article is just an example. AMDA is not seeking such legislation.**

## Why is the State Legislature Important?

Congress is the foremost legislative body of the United States, and it receives by far the most press coverage of any legislature in the country. As a result, its members are known well to his or her constituents, and so it is not surprising that when people need to see an elected representative, their usual first response is to call on their members of Congress.

Broadly stated, States essentially have any power not specifically denied to them. In fact, the affairs of the state governments in people's lives are so broad that it may be observed that unless a person is a federal employee or a Medicare beneficiary, the most exposure most people have to the federal government is when they pay their taxes. This is why it is important to know the value of meeting with your state legislators.

## Why meet with your state legislators?

If your state chapter has a concern that requires the intervention and support of an elected official, it is best to first call your state legislators simply for the fact that most of the issues you will have may be redressed through the state. Every state legislature has a website that may be found using a simple internet search; you may also find your state legislature's website by visiting the State Chapters section of the AMDA website at [www.amda.com/governance/statechapters/.cfm](http://www.amda.com/governance/statechapters/.cfm), and clicking on your state at the bottom of the page.

## What if It Is a Federal Issue?

Even if you discover that your issue is a federal one requiring your Congressman, getting your state legislator involved does hold a special ad-

vantage over first trying to meet with your Congressman.

Consider that state legislators have special personal relationships with their federal counterparts that are based on their mutual desire to get re-elected by the same constituency. It is very common to see state legislators and Congressmen at each other's functions, shaking hands, talking to constituents, and seeking votes and donations.

## Prepare to Meet with Your State Legislator

Before placing a call to the legislator's office, research your issue and the biographical sketches of your local representatives (which usually may be found on the state legislature's website). Check to see if any of your local legislators has experience in your issue. For example, if you are a physician seeking a change in a medical law or regulation, check if any of your legislators have experience in physician issues. The key is to find a legislator who has reason to be sensitive to your needs to change or enact new policies, laws or regulations.

## When Would You Not Call Your Own Representative First?

While it's usually good practice to meet with your own state legislator first, there are exceptions. For example, perhaps you are meeting the legislator on behalf of your facility, a chain of facilities, or an organization.

## Meeting with Your State Legislator

Always try to meet your legislator in person. Face-to-face meetings do a lot to personalize issues that may ordinarily be seen as being distant and subjective.

Call the legislator's office and schedule an appointment. Be aware that because most legislatures are part-time, you may have to make special arrangements to see your state representative

Remember, there's strength in numbers. Ask around your local industry to see if another individual or business shares your concern, and if so, ask if they will join you for the meeting.

## What to Say during Your Meeting

Preparing what you will say beforehand is an absolute must. You will be expected to briefly state

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why you are there and what you are trying to accomplish, and in doing so conciseness and clarity are essential. Think about including the following while you prepare:

Start by introducing yourself, including your credentials.

***“Representative Smith, Dr. Jones and I are medical directors of long-term care facilities in your district.”***

Give the legislator a good reason why he or she should pay attention to what you’re about to say. A particularly good strategy to use involves stating how many people in the representative’s district will be affected by what you have to say.

***“Each of our facilities employs 150 people, including 40 full-time and part-time physicians. Combined we care for more than 200 individuals who are frail elderly or have disabilities, each of whom has family members and friends who reside in your district.”***

State your issue and your goal.

***“Representative Smith, Doctor Jones and I are here today because we need help in establishing a law that defines who oversees the medical director when that medical director is also performing duties as an attending physician.”***

State how not accomplishing your goal will have a negative result.

***“Consumers want to know that all physicians making medical decisions are peer reviewed. We have considered creating internal policies to handle this oversight issue, but these policies do not hold the force of law in court.”***

Go for the heart. However, be honest and very careful not to exaggerate while doing so. Going for the heart is a good strategy, but it is a well-worn one, too.

***“Representative Smith, if for no other reason this oversight issue needs to be defined simply because elderly individuals may be hurt if we don’t provide this protection.”***

Go for the head. Use easy-to-follow, logical reasons as to why your initiative should be supported. Bring in relevant supporting documentation and evidence. Remember that in the mind of the legislator, “money talks”: If possible, state the economic impacts on his district.

***“A single lawsuit, even if we won, would seriously drain our financial resources from legal fees alone. These charts show the average economic impact nationwide that lawsuits have on the individual faculty. We simply would no longer have the resources to support our staff, and we would be forced to lay them off. Plus, we would not be able to care for as many patients as we do now; we would have to discharge them back to their homes for their families to care for them.”***

State how your issue may be solved through legislative means?

***“We recommend an addition to the law that requires the state health department to enact regulations that define who oversees the medical director when that medical director is also serving as an attending physician.”***

State how your legislator may help you, but remember that his or her time is limited. The less the legislator has to do himself or herself, the better chance you’ll get his or her support. Offer to do most of the work yourself.

***“We hope you will consider introducing legislation that will do this. As we are familiar with the relevant law, we can write the legislation for you, and submit it to you for your review and possible approval.”***

## Summary

Despite many governmental powers being left to the States by the Constitution and subsequent acts of Congress, state legislatures remain an often overlooked resource for solving many of the issues faced on an everyday basis. With some research and preparation, you may gain the support of a State Senator or Representative who may prove to be a valuable resource with assisting you towards your goal.

## Chapter Newsletters

Please make sure that the national office is on your mailing list to receive your state chapter newsletter. The newsletters may be sent to the attention of:

Nicole Germain, Membership and  
Communications Coordinator  
AMDA  
10480 Little Patuxent Parkway  
Ste 760  
Columbia, MD 21044

## CMS Announces Payment Increase for Skilled Nursing Facilities

On July 27, 2006, the Centers for Medicare and Medicaid Services announced a 3.1% increase in payments, totaling \$560 million, to the skilled nursing facility prospective payment system. This increase reflects both a rise in the "market basket" index of nursing home expenses, as well as a temporary 128% increase in the per diem rate for residents with HIV/AIDS, although CMS estimates that fewer than 2,000 beneficiaries will qualify for this added benefit.

While the 3.1% increase in payment totals reflects the average increase across the nation, this increase varies by geographic region. The smallest and greatest increases both occur within the Mountain geographic region, with an increase of 1.2% in the rural areas of the Mountain region, and an increase of 4.2% in the urban areas of the Mountain region. Payments in urban areas across the country will increase by 3.2%, while payments in rural areas will increase by 2.7%. Payment increases will not vary significantly between homes by ownership type, with government owned homes receiving a 3.2% increase, and proprietary and voluntary homes receiving a 3.1% increase. There will be no difference in payment increases between hospital-based and freestanding units in urban areas, at 3.2% each, and a .1% difference between the increases for hospital-based and freestanding units in rural areas, at 2.8% and 2.7% respectively.

CMS's update notice also provides an overview of several agency initiatives. The Post-Acute Care Demonstration is aimed at streamlining payment systems, including the possibility of applying consistent payments for a given service regardless of the site of service. The Nursing Home Value-Based Purchasing Demonstration is a partnership with state agencies that would reward participating nursing homes with additional payments upon review of certain quality measures. The Post-Acute Care Demonstration is still in the planning stages, but is to be established by January 1, 2008 and run for three years under the current statute established in section 5008 of the 2005 Deficit Reduction Act. The Value-Based Purchasing Demonstration also is in the developmental stages. As of now, CMS is in the

process of inviting various state agencies to participate in the future demonstration.

CMS also announced a plan to initiate a new Nursing Home Quality Campaign through 2008, which will build upon the Nursing Home Quality Initiative. The Campaign's goal is to improve the quality of life and efficiency of care delivered in nursing homes. Current partners in this campaign include AMDA as well as AHRQ, AAFP, AAHSA, AHCA, AMA, and many others.

Last, CMS re-affirms its prior (April '06) proposed rule (71 FR 23996) to implement a Health Care Information Transparency Initiative through the use of health information technology, and mentions that the agency has solicited comments on a number of different facets of this rule.

As CMS claims that these updates have been made utilizing established procedures and methodologies and does not initiate policy changes, the agency has chosen to waive notice and comment procedures. The prospective payment system increases will take effect on October 1, 2006.

To view the notice, go to <http://www.cms.hhs.gov/snfpps/downloads/cms-1530-n.pdf>

### Watch Your Mail

AMDA is gearing up for the 30<sup>th</sup> Annual Symposium to be held in Hollywood, Florida, March 29 - April 1, 2007.

This year, we will be making special efforts to ensure the most successful annual meeting in our proud tradition. With increased marketing, we will be targeting potential attendees and exhibitors.

Watch your mail for a copy of AMDA's 2006 - 2007 Exhibit and Marketing Prospectus. Reserve your complimentary table top exhibit today to connect with current and potential members.

