

## Message from AMDA’s House of Delegates Chair

Does It Make A Difference?

Ever feel like just giving up? Frustrated over slow progress or the lack of change? Feel like one person just can’t make a difference?

No—one person normally can’t make a difference—but a group can. That’s what AMDA is all about. Many of us go to our state and national meetings to get our “batteries recharged”, so we can then function better as individuals. The organization also gets re-energized after meetings. New ideas and new directions occur, and enthusiasm for better ways to advocate for our patients and ourselves takes shape.

The House of Delegates and State Presidents Council act as conduits for member input that is vital to the health of AMDA. AMDA staff depend on the help of many volunteers throughout the year to make ours an effective voice in LTC. It is essential this be a year round process to operate, educate and advocate effectively. So how can we do this?

Participation in state chapter affairs is essential for the health of AMDA. Working with other stakeholders

including consumer groups, state surveyors, and nursing home, nursing and administrator associations on either the local or national level is a win-win proposition when the focus is kept on resident care. Offering to help with committee work, replying to surveys and email queries, keeping staff and officers aware of concerns, and helping to build membership keeps the grassroots nature of AMDA alive and well. AMDA especially needs the experienced services of those who have served either the House of Delegates or their state organization.

**AMDA is not a once a year event at the annual symposium. It requires year round commitment, not just from staff and elected officials, but from the members from where it’s strength lies. Resolutions and policy don’t happen only in March, but need continuous suggestion, development and enactment. Unless there is more continuity, more flow from the general membership, we risk stagnation at a time and place where we can least afford it.**

It’s normal to get frustrated over the slow progress or lack of success that sometimes occurs. We work with many people and organizations, and consensus and change happen gradually. We have to balance talking and listening, acting and observing, and being firm and compromising constantly. Failure to be involved is the only true failure.

Work for yourself, and you can make a small difference in your community. The future will be out of your control, however, until you work within your state and national organization to affect the systems and processes that need the expertise of the medical director and attending physician to truly improve the delivery of resident care.

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**STATE NETWORK NEWS  
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Charles A. Creceius, MD, PhD, CMD  
Chair, House of Delegates



## AMDA Receives Four-Year Re-accreditation

AMDA has received four-year re-accreditation for continuing medical education by the Accreditation Council for Continuing Medical Education (ACCME) effective April 2004 through March 2008. AMDA's education program received "Exemplary Compliance" notations for needs assessment process and for ". . . innovative and creative mechanisms that include a list of 10-point criteria used to measure the effectiveness of its overall CME program with evidence that improvements are made on a regular basis."

## New AMDA Curriculum on Geriatric Clinical Practice in LTC Goes on the Road

June 25–27, 2004	Cleveland, OH
August 20–22, 2004	Nashville, TN
October 8–10, 2004	Denver, CO
December 3–5, 2004	Charlotte, NC

The curriculum is designed to help build a solid foundation of knowledge of both administrative and clinical management topics. The course is divided into five modules addressing important topic areas—Practice Management, Communication and Risk Management, Continuing Quality Improvement, Palliative Care and Geriatric Psychiatry. It is geared toward community-based primary care physicians providing health care services to patients within the LTC continuum.

For more details, go to [www.amda.com/education/geriatric](http://www.amda.com/education/geriatric).

## AMDA Joint Sponsorship Update

At AMDA's recent accreditation interview, surveyors from the Accreditation Council for Continuing Medical Education (ACCME) expressed deep concern regarding incomplete and missing Joint Sponsorship documentation. AMDA's Education Committee has responded by voting to strictly enforce the AMDA requirements for submitting a Joint Sponsorship application.

Applicants are required to submit *all requested documentation along with the completed Joint Sponsorship application at least 30 days in advance of their first scheduled course promotion*. Staff has been directed that, if this cannot be done, the application for Joint Sponsorship must be denied. This adherence, or lack thereof, to ACCME Joint Sponsorship requirements is crucial as it affects AMDA's ability to stay accredited for its national education programs.

For more information on Joint Sponsorship application requirements contact Mary Logan, Director of Professional Development at 410/992-3117 or [malogan@amda.com](mailto:malogan@amda.com).

## Huss and Knebl Win Top Awards

Randall Huss, MD, CMD was the recipient of the 2004 William Dodd Founder's Award for Distinguished Service. Huss was recognized for his dedicated service to AMDA as a member of the Board of Directors, Chair of the House of delegates, and service on numerous committees as well as being a driving force for the Missouri Medical Directors Association. Instituted in 1997 and named after AMDA's founder, the Dodd Award recognizes significant contributions to building the organizational strength, image, and mission of AMDA.

The recipient of the 2004 James Pattee Award for Excellence in Education was Janice Knebl, DO, CMD. The Pattee award recognizes significant contributions to the educational goals of AMDA. Dr. Knebl's contributions include improving the CMD process, especially from the educational perspective. She has been involved in the LTC Educators Forum, a past member of the AMDA Board of Directors, as well as a past member of the House of Delegates. She is an effective speaker and teacher and is a fellowship director who has incorporated LTC into the curriculum at her institution in Fort Worth, Texas.

## AMDA's 2005 Annual Symposium— Quality Leadership in Long Term Care: Affirming the Physician Role

March 17–20, 2005, New Orleans, Louisiana  
Call for Presentations *Deadline: June 1, 2004*  
Call for Posters *Deadline: October 1, 2004*

## **Core Curriculum Opportunities**

AMDA's New Core Curriculum on Medical Direction in Long Term Care will debut on July 12–17, 2004 in St. Louis, MO; then again on November 15–20 in Houston, TX.

Part I of the revised curriculum is didactic; Part II offers four days of mixed delivery methods including lecture, problem solving exercises, case studies, role-playing, and discussions of relevant management videos.

For more information, go online to [www.amda.com/education/CMD2004](http://www.amda.com/education/CMD2004).

## **Seeking Workgroup Nominees for Upcoming CPG Consensus Conference**

AMDA's Clinical Practice Steering Committee has selected topics for two new clinical practice guidelines to be drafted at a consensus conference later this year. The new topics are sleep disorders in the long term care setting and common gastrointestinal disorders in the long term care setting, such as GERD, constipation and dysmotility.

AMDA is seeking nominations for the following disciplines for one or both of the topics:

- ◆ Pulmonologist or physician with expertise in sleep disorders
- ◆ Gastroenterologist with long term care experience
- ◆ LTC physician
- ◆ Medical director
- ◆ Pharmacist
- ◆ Hospitalist
- ◆ LTC DON
- ◆ LTC RN
- ◆ LTC administrator
- ◆ Geriatric Nurse Practitioner
- ◆ Night shift RN or LPN
- ◆ Geriatric nursing assistant
- ◆ Dietitian
- ◆ Activity coordinator or activity therapist
- ◆ Social worker (Ethical issues)

Please contact Jacqueline Vance, Director of Clinical Affairs at [jacquelinevance@amda.com](mailto:jacquelinevance@amda.com) to request a nominations form. The deadline for submission is May 31, 2004.

## **International Conference on Alzheimer's Disease and Related Disorders Set for July**

The 9th International Conference on Alzheimer's Disease and Related Disorders, the world's leading forum on dementia research, is set for July 17–22, 2004, in Philadelphia, PA. Part of the Alzheimer's Association research program, this conference serves as a catalyst for generating new knowledge about dementia and fostering a vital, collegial research community.

The program will include 135 invited speakers who are respected leaders and new voices in their disciplines and more than 2,000 oral and poster presentations on current research. Continuing Medical Education (CME) credits will be available. For more information, visit [www.alz.org/internationalconference](http://www.alz.org/internationalconference).

## **New Date for Immunization Awareness Week**

The National Foundation for Infectious Diseases (NFID) and National Coalition for Adult Immunization (NCAI) have announced a new date for National Adult Immunization Awareness Week (NAIAW). This year, NAIAW will be held from September 26 through October 2 with the theme, "Immunization: Building a Path to a Healthy Tomorrow." NAIAW emphasizes the importance of immunizing adolescents and adults against vaccine-preventable diseases.

Immunizers can plan their immunization programs at the start of October to coincide with NAIAW. The earlier date also provides time for the general public, particularly those considered high-risk, to schedule appointments beginning October 1 for their vaccinations.

## **Texas Chapter Changes Name**

At its annual meeting in September 2003, the Texas Medical Directors Association formally changed its name to the Texas Medical Directors Association of Long Term Care Medicine. Also at the meeting, Charles Miller, MD, CMD was elected chapter president, H. David Pope, Jr., MD, CMD, president-elect, and George Smith, DO, CMD, vice president. For more information about TMDA, call 214/823–9511 or e-mail [tmda@tmda.org](mailto:tmda@tmda.org).

**American Medical Directors Association**

**House of Delegates Meeting**

**Thursday, March 4, 2004**

**Saturday, March 6, 2004**

**Draft Minutes**

Alva Baker, MD, CMD, Chair of the House of Delegates called the meeting to order at noon.

Lorraine Tarnove presented the report of the Nominating Committee including the slate of officers for nomination on behalf of Nominating Committee Chair Jacob Dimant, MD, CMD.

Position

Nominees

Vice President

Jonathan Evans, MD, CMD  
Steven Levenson, MD, CMD

Secretary

Jeffrey Burl, MD, CMD

Chair, House of Delegates

Charles Crecelius, MD, PhD, MD  
Jeffrey Nichols, MD

State Presidents Council Representative

David Brechtelsbauer, MD, CMD  
Daniel Haimowitz, MD, CMD

House of Delegates Representative

Kendra Belfi, MD, CMD  
Anthony Lechich, MD

There were no nominations from the floor. Nominations were closed.

The House recessed at 1:00 pm to reconvene on Saturday, March 6, 2004.

The Chair reconvened the meeting at 4:00 pm on Saturday, March 6, 2004. 165 delegates were seated, and a quorum of 130 delegates was present throughout the meeting.

The ballots were collected. While the ballots were being counted, outgoing president James E. Lett, II, MD, CMD acknowledged and thanked outgoing board members Fred Feinsod, MD, CMD; Charles Crecelius, MD, CMD; and Buzz Baker, MD, CMD. Ms. Tarnove acknowledged and thanked outgoing president James E. Lett, II, MD, CMD.

Upon motion duly made and seconded, the minutes of the 2003 House of Delegates meeting were accepted.

Dr. Baker announced the results of the election. The House elected:

Vice President	Steven Levenson, MD, CMD
Secretary	Jeffrey Burl, MD, CMD
Chair, House of Delegates	Charles Crecelius, MD, PhD, CMD
State Presidents Council Representative	David Brechtelsbauer, MD, CMD
House of Delegates Representative	Kendra Belfi, MD, CMD

Dr. Baker introduced 2004 Resolutions Committee member Sharon Mead, MD, CMD. Dr. Mead gave the committee’s report and presented each resolution by reciting the resolved clauses.

**Resolution A04—Ethical and Professional Responsibilities of Long Term Care Physicians Providing Expert Witness**

*THEREFORE BE IT RESOLVED, that AMDA’s Board of Directors commission a White Paper on the Ethical and Professional Responsibilities of the Long Term Care Physician Providing Expert Witness; and*

*BE IT FURTHER RESOLVED, that the AMDA delegate to the AMA House of Delegates bring this resolution forward to the AMA House of Delegates; and*

*BE IT FURTHER RESOLVED, that the AMDA Board empower the AMDA delegate to the AMA House of Delegates to support an appropriate resolution on the ethical and professional responsibilities of providing expert witness statements related to practice in long term care settings.*

Upon motion duly made and seconded, the resolution was passed.

**Resolution B04—Use of Alcohol-Based Hand Rubs in Healthcare Settings**

Upon motion duly made and seconded, the resolution was referred to the BOD.

**Resolution C04—Establishment of Subsection on PACE Primary Care**

*THEREFORE BE IT RESOLVED, that AMDA consider the creation of a subsection for PACE primary care.*

*BE IT FURTHER RESOLVED, that the AMDA Board of Directors submit a request to the American Medical Directors Certification Program (AMDCP) Board to consider recognizing Program of All-inclusive Care of the Elderly (PACE) medical directorships as meeting part of the criteria for Certified Medical Director (CMD) certification.*

Upon motion duly made and seconded, the resolution was passed.

**Position Statement D04—AMDA Position Statement on Assisted Living**

Upon motion duly made and seconded, the position statement was passed.

**Resolution E04—Resolution to Support Utilization of Assistive Technology to Enhance  
Computer Skills of Residents in Long Term Care Facilities**

Upon motion duly made and seconded, the resolution was defeated.

Dr. Baker thanked the delegates for their service and introduced the new House of Delegates Chair, Charles Crecelius, MD, CMD.

The meeting was adjourned at 6:00 pm.

**Draft**  
**AMDA State President Working Session**  
**Minutes**  
**Wednesday, March 3, 2004**  
**Phoenix, Arizona**

Daniel Swagerty, MD, CMD, AMDA president-elect, introduced himself and reviewed the agenda for the meeting. He also announced the resolutions that would be considered during the 2004 House of Delegates meeting later in the week.

Daniel Haimowitz, MD, CMD, announced to the attendees that they could speak to Jonathan Musher, MD, CMD, or himself if they had questions about Resolution E-04, the Assisted Living Position Paper.

Lorraine Tarnove, AMDA Executive Director, provided participants with information about AMDA's newest publications and other resources, including the newly updated clinical practice guidelines and tool kits.

Ms. Tarnove suggested that chapters be mindful of the OIG guidelines for pharmaceutical funding when working with industry to raise money. She gave participants some helpful fundraising suggestions.

Ian Cordes, Florida Medical Directors Association Executive Director, shared his experiences raising funds for the Florida chapter. He started an industry-sponsored symposium. One participant asked Mr. Cordes to explain how he is able to cover administrative costs through this method of fundraising.

Mr. Cordes responded by saying that he builds that cost into the grants that come from industry. He pointed out that some pharmaceuticals are not covering administrative work and will ask for itemized grant requests.

Ms. Tarnove suggested chapters explain to funders the potential exposure that attending physician members represent in addition to medical director members.

Meg LaPorte, Acting Director of Government Affairs, gave an update on AMDA's work with the Practice Expense Advisory Committee (PEAC). She reported that AMDA was preparing to present at the PEAC meeting later that month in Chicago. Ms. LaPorte also explained to participants how AMDA was able to have the opportunity to present to the PEAC through the CMS final rule for the 2004 physician fee schedule.

Following a short break for dinner, Morris Kutner, MD, CMD, informed participants that lawsuits in Florida seem to be in decline since the implementation of the state's tort reform law. However, he heard that in Georgia, medical directors were increasingly being named in lawsuits.

Jeffrey Kerr, MD, CMD, discussed legislative activity related to medical liability reform in Missouri. He also reported that physicians who make a "benevolent gesture" to the family of a former patient (such as sending flowers to the funeral) that died are now having it used against them by plaintiff lawyers. Plaintiff lawyers apparently viewing this "gesture" as an admission of guilt on the physicians part.

Dan Haimowitz, MD, CMD, presented on how his chapter (Pennsylvania) has become politically active. He and fellow chapter leaders began by inviting legislators and their staff to speak at their meetings. He also reported that the Pennsylvania is working with the state medical society to elect candidates that have positions favorable PAMDA's. In addition, Dr. Haimowitz reported that the Pennsylvania chapter is closely affiliated with the Pennsylvania Health Care Association.

As an example of effective chapter affiliation with other organizations, Louis Gonzalez, MD, CMD, informed participants that he sits on the Board of Directors of the Arizona Health Care Association.

James Lett, MD, CMD, pointed out that he was recently asked to lead the California Health Care Association. The foundation's mission is to educate the public about long term care. Dr. Lett said he viewed this as very favorable to his chapter since the foundation was eager to get physician involvement due to physician influence and stature in the public eye.

Dr. Kutner, MD, CMD, reported that his chapter also has a close relationship with the state chapter of the American Health Care Association (AHCA).

According to Dr. Kerr, the Missouri chapter has worked with surveyors to develop end of life manuals that will go to all nursing homes and all surveyors in the state.

Dr. Kerr reported that he was concerned about how nursing homes are now hiring their own nurse practitioners and some physicians are being asked to sign collaborative practice agreements. Some participants agreed that working with a quality nurse practitioner saves a lot of time and could therefore be a great collaboration. However, some participants expressed concerned about being required to sign collaboration agreements.

The meeting was adjourned at 9:00 pm.

**Draft Minutes  
State Presidents Council Breakfast Meeting  
Saturday, March 6, 2004  
Phoenix, Arizona**

In Attendance:

Alejandro Aparicio, MD, CMD	Roger Meyer, MD, CMD
David A Brechtelsbauer, MD, CMD	Ann Moore, DO, CMD
Patrick Dawson, MD	David R Munoz, MD, MPh, CMD
Peter DeGolia, MD, CMD	Mary Jane Norman, MD
Jamehl L Demons, MD	Louis Piccoli, MD, CMD
Bruce Dentler, MD, CMD	David F Polakoff, MD, CMD
Kenneth Diamond, MD, CMD	Henry D Pope Jr, MD, CMD
James B Donahue, DO, CMD	James Powers, MD, CMD
Mark Elam, MD, CMD	Frederick Rowland, MD, CMD
Ellen Evans, MD	Robert Schreiber, MD, CMD
Jonathan Evans, MD, CMD	Yogesh Shah, MD
Victor Gambone, MD, CMD	Clifford Singer, MD
Leonard Gelman, MD, CMD	Bruce C Smith, MD, CMD
David R Gifford, MD, MPH	David A Smith, MD, CMD
Timothy Gieseke, MD, CMD	Stephen Smith, MD, CMD
Ralf Habermann, MD, CMD	William A Solomon, MD, CMD
Daniel Haimowitz, MD, CMD	Carl Suchar, DO, CMD
Kurt W Hansen, MD, CMD	Daniel Swagerty, Jr, MD, CMD
Terry Hill, MD, CMD	Mary Beth Tupper, MD, CMD
William N Hovland, MD, CMD	Edward Vandenberg, MD, CMD
Jeffrey Kerr, DO, CMD	James R Yates, MD, CMD
Sefi Knoble, MD, CMD	David Wilcox, MD, CMD
Steven A Levenson, MD, CMD	Barbara Calabrese, AMDA Foundation
Susan M Levy MD, CMD	Susan Gutierrez, Membership Coordinator
Dennis I Mallory, DO, CMD	Cindy Hock, Director of Membership
Teresa C McCarthy, MD, MS	Meg LaPorte, Acting Dir of Govt. & PA
Jerry Malott, MD, CMD	Lorraine Tarnove, Executive Director
Charles E. Miller, MD, CMD	

The meeting was called to order at 6:50 am on March 6, 2004.

President-elect David A. Smith, MD, CMD, began the meeting by introducing David Polakoff, MD, CMD, Immediate Past Chair for the AMDA Foundation, who gave an update on the Foundation. Dr. Polakoff said that the Foundation supports AMDA through research, assessment of clinical practice guidelines, mentoring and career development, and awards and recognition. He asked that state chapters support the Foundation by joining the Research Network, reproducing Foundation E-report articles in their state newsletters, distributing Foundation materials at state functions and participating in Foundation activities such as research projects, education and mentoring programs and the Wall of Caring.

*Vice President Candidates Presentations*

Drs. Jonathan Evans and Steve Levenson gave brief statements regarding their interests in serving as Vice President of AMDA and what they hope to bring to the organization.

Dr. Dan Haimowitz gave a summary of the items discussed during his State Chapter Discussion Group on Wednesday. He said that “state chapters are truly the lifeblood of AMDA” and that AMDA should recognize how important they are. Other points were that the activity level varies among chapters and that AMDA should help facilitate communication between chapters and assist chapters with regional meetings so that other states can be invited.

After extensive discussion among the chapters, the following discussion items were identified for the Sunday BOD meeting:

- **AMDA consider developing regional chapters with shared Executive Director to promote/support struggling chapters.** (Executive Director could be employed by AMDA and AMDA could develop financial model for salary/benefits for the Regional Chapter Executive Director, which could include incentives for new member recruitment and fundraising.)
- **AMDA may encourage attendance by state chapter executive directors/staff to the AMDA Annual Symposium by possibly offering a ½ day training and information session.** (The session could include how to make state chapters work more effectively and how to develop educational programming at state level with CME/CMD credits.)
- **AMDA consider developing a “chat room” at amda.com that allows chapters to communicate with each other as a group** (ability to select chat room by topic and to sort past communications).
- **Request a change in Saturday meeting format so that the meeting is an opportunity for chapters to give reports, ask questions of the group and network with other chapters** (no candidates or Foundation presentation, no information regarding AMDA).

The meeting was adjourned at 8:10 am.