



AMDA Tackles Mental Health Education

Many nursing homes have no access to psychiatric consults. Primary care physicians and interdisciplinary team members who care for elderly residents in these settings are asking for education in areas of diagnosis, assessment, treatment, and monitoring of patients with psychiatric conditions.

In response, AMDA has developed a new course focusing on mental health issues in long-term care. "Navigating Geriatric Psychiatry in Long Term Care: Evidence-Based Strategies for the Interdisciplinary Team" will focus on delirium, dementia, and depression.

Currently, 4 million Americans suffer from dementia. Most of them eventually will be admitted to nursing homes. Patients with dementia comprise approximately 50% of the residents in nursing homes in the United States. Behavioral symptoms of dementia are much more common in nursing homes than in the community, and create concerns for injuries to self, other patients, and caregivers, according to a recently published book *Psychiatry in Long-Term Care*.

Delirium (acute confusion) represents a significant source of morbidity and mortality for patients in nursing homes. Studies indicate that the incidence of acute confusion in residents of nursing homes ranges from 14% to 40%. Because of the prevalence, possible adverse consequences, and potentially reversible condition of delirium in nursing homes, it is critical that health care professionals working in long-term care settings are competent in the recognition, diagnosis, and management of delirium.

Studies have suggested that the prevalence of probable and or definite major depressive disorder among testable subjects was 14.4%. Prevalence of minor depression was 17%, and of clinically significant depressive symptoms, 44%. Only 37%-45% of cases diagnosed by psychiatrists were recognized as depressed by nurses, nurses' aides, and social workers.

Uncomplicated mood disorders can be evaluated by general psychiatrists,

primary care physicians, psychologists, nurses, and social workers experienced in differential diagnosis of psychiatric disorders in the elderly. Research has established that depression can contribute to deteriorating health and death among older persons through direct effects on food and fluid intake, resulting in weight loss, malnutrition, dehydration, and impaired resistance to infection.

The new course is scheduled to take place on Saturday, Nov. 21, 2009, in Providence, R.I. The event offers participants the opportunity to meet, network, and share best practices with experts and colleagues in the long-term care environment. Course content is designed to enhance knowledge, competency, and patient outcomes through effective management and individualized therapies for delirium, dementia, and depression.

Medical directors are encouraged to attend with their directors of nursing as well as other members of the

nursing staff. Attending physicians, physician assistants, pharmacists, administrators, and social workers are encouraged to attend for the group exchange and to gain practical information for optimal results in long-term care.

Presentations are expected to spark lively discussions and provide strategies for effective monitoring of recognition, assessment, and treatment protocols, and how to integrate regulatory guidelines into care plans to ensure regulatory compliance. Attendees will leave with valuable take-home messages and tools for immediate implementation in their practice setting including AMDA clinical practice guidelines for delirium, dementia, and depression and the Protocols for Practitioner Notification.

Continuing education credits for physicians, nurses, and nursing home administrators will be provided. Also available are prescribed credits for family physicians and credits toward the American Geriatrics Society's Geriatrics Recognition Award. For more program details and registration information, go online to www.amda.com/education/institute.



AMDA Agrees With CMS on SNF Telehealth and Consultation Codes

AMDA has submitted comments on the Centers for Medicare & Medicaid Services (CMS) Notice of Proposed Rule Making entitled "Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010." AMDA focused its comments on the Physician Practice Information Survey, consultation services, telehealth services, electronic prescribing, and the Physician Quality Reporting Initiative.

Physician Practice Information Survey Data: AMDA supports the proposal to continue using the practice expense per hour that was developed using the supplemental survey data of the Physician Practice Information Survey (PPIS).

The PPIS data resulted in a 12%-19% increase in practice expense for nursing facility services. However, AMDA stated that societies should be able to provide supplemental data to address concerns with data limits and methodology concerns.

Consultation Services: AMDA supports the proposal to no longer recognize the billing codes for consultation services (except for telehealth consultations), while acknowledging that several AMDA reviewers felt that the deletion of the consultative codes may adversely affect specialists' willingness to make consultative visits in the nursing facility. Under the proposal, physicians would bill an initial hospital care or initial nursing facility care code for their first visit during a patient's admission to the hospital or nursing facility in lieu of the consultation codes these physicians may have previously reported.

Skilled Nursing Facilities (SNF) and Medicare Telehealth Services: AMDA also agrees with the proposal not to include SNF visits for telehealth services. AMDA

stated strong agreement with CMS's statement that the complexity of care for these patients warrants direct personal contact. AMDA also agreed with the agency's statement that SNF patients are comparable to hospital patients in their care needs.

Expanding the E-Prescribing Measure Denominator to Include Nursing Facility Services and Home Visits:

AMDA supports CMS's proposal to expand the electronic prescribing measure denominator to include nursing facility services (99304-99316) and home visits (99341-99350) for 2010. However, AMDA warned that some of the arguments on infrastructure and process that CMS made in the 2005 E-Prescribing and the Prescription Drug Program; Final Rule (when the agency initially excluded these codes) still hold true. AMDA further recommended that CMS expand the denominator to include the domiciliary codes (99324-99337). AMDA also supports the change to reporting only 25 individual cases.

Physician Quality Reporting Initiative (PQRI): AMDA supports the move toward registry-based reporting through qualified registries. However, AMDA urged CMS to be judicious in its implementation. CMS proposed to significantly limit the claims-based reporting mechanism and move toward the registry-based reporting beyond 2010. AMDA commented: "While we believe that the move toward registry based reporting will streamline the reporting process and encourage the adoption of electronic health records, many nursing facilities as well as small and solo practices are forced to continue with claims-based reporting because they do not have the necessary technology for registry-based reporting."

The final rule is expected to be published by Nov. 1.

Members Are In Vital Posts

Past AMDA president James Lett II, MD, CMD, has been selected as a member of the Care Transitions Measure Development Technical Expert Panel (TEP) by the Colorado Foundation for Medical Care (CFMC). The Centers for Medicare & Medicaid Services (CMS) has contracted with CFMC to measure hospital readmission and physician follow-up for the Care Transitions Theme.

The purpose of the project is to develop measurements of quality care for Medicare beneficiaries. Specific objectives include developing a community all-cause 30-day rehospitalization measure and establishing a measure for physician follow-up.

Elsewhere, the National Transitions of Care Coalition (NTOCC) has assembled a work group of notable health information technology (HIT) experts from various sectors of health care. AMDA's HIT workgroup chairman, William M. Russell, MD, has been selected as a member of this critical coalition. Some of the activities of NTOCC include assessing the barriers and gaps in health information technology related to transitions of care and developing a white paper to provide recommendations on how to close gaps or remove barriers from HIT.