



Michigan Medical Directors Association

February 2013 E-Newsletter

PRESIDENT'S MESSAGE

Mark Jackson, MD, CMD

Dear Colleagues in Long-term Care,

As we approach our annual AMDA Conference in National Harbor/Washington, D.C., beginning March 21, it is time for an update from the Michigan Chapter of AMDA. We look forward to meeting with all of our Michigan colleagues on Friday evening, March 22, at the Michigan reception. The time and room number will be sent to you prior to the conference, so watch for forthcoming emails from MiMDA. It is a great time to get to know one another better and catch up on friendships and old business. See you there!

Also at the AMDA March meeting, MiMDA will be sending 7 delegates to the AMDA House of Delegates meetings to represent the views of our 162 Michigan AMDA members on issues of national interests. Michigan Delegates include Kris Gaumer, DO (Lansing), Iris Boettcher, MD, CMD (Grand Rapids), Lindsay Best, DO (Williamsburg), Nadir Abdelrahman, MD (East Lansing), Leela Reddy, MD (Lansing), Prakash Sarvepalli, MD, CMD (Edmore), and Mark Jackson, MD, CMD. Dennis Perry, MD, MPH (Okemos) will serve as an alternate. Thank you to all who volunteered, and also to Charlie Pollard, MD, CMD (Ludington) whom we were unable to accommodate due to the list being full.

MiMDA will once again sponsor an AMDA Futures Foundation Fellow. This year's recipient of a scholarship to attend AMDA is Dr. Leela Reddy of Lansing. She will also be a member of the House of Delegates. Welcome her when you see her at the Michigan Reception.

Beyond AMDA, we have chosen a new locale for our **October Annual Conference**. Our poll in October of 2012 showed a clear preference for a meeting in Southeast Michigan. The 2013 MiMDA Annual Conference will be held the weekend of October 25-26 at the Sterling Inn Best Western in Sterling Heights. Mark your calendar now. We will again be offering educational programming on Friday evening as well as a full day on Saturday. There is no better value for your education dollar.

As we have worked and hoped for, MiMDA is being recognized as a source of information in the long-term care field in Michigan. As a representative of MiMDA, I have been asked to speak at the Michigan Pharmacists State Meeting in Detroit, MPRO in Lansing, and for HCAM/NADONA in Marquette.

Public Act 322 (SB 884) of 2012 was enacted in late 2012. I have attached a summary of this nursing home reform bill provided to me by HCAM (Health Care Association of Michigan). (See PA 322 attachment.) As mentioned in the December President's Message, I am representing MiMDA on the 9 member Stakeholder's Committee.

Before closing this newsletter with the ASK THE SURVEYOR questions, let me say that I look forward to seeing you in Washington, DC and in Sterling Heights at our October MiMDA conference. As President, my goal for MiMDA is to make the organization more relevant in long-term care medicine in Michigan; we are the voice for providers and residents. Let me know what you think we should be doing, and maybe how you can help.

Mark Jackson, MD, CMD
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ASK THE SURVEYORS:

Q&A FOR Howard Schaefer, Director, Division of Nursing Home Monitoring, and Roxanne Perry, Director of Operations, Bureau of Health Professions

We have had three recent interesting questions for Roxanne Perry and Howard Schaefer. Please submit your issues to MiMDA at michiganmda@gmail.com and we will answer them to the best of our ability and clarify it with the Directors.

MANDATORY ANTIPSYCHOTIC REDUCTION:

FROM A MEMBER: *The social workers from one of my facilities have recently had a seminar sponsored by CMS regarding antipsychotic use. In the discussion there is a calculation that is done to show the percentage of patients who are on antipsychotics. The numerator of this fraction includes all residents who are taking at least one antipsychotic, but the following conditions allow the patient to be excluded: Schizophrenia, Tourette's, and Huntington's. They are therefore concluding that no one with schizophrenia needs an antipsychotic med reduction, and somewhere in that discussion they were also told that those with Bipolar Disorder are also exempted. A few years ago, I received a memo that said that there were NO exemptions any longer, and that ALL diagnoses had to undergo periodic drug reductions. Could you clarify this for me?*

FROM DR.JACKSON: *I do not think I have seen specific formulas for calculating your facility reduction in antipsychotics, but I am quite sure that it is targeted at the behavioral symptoms of*

dementia. I think it is expected that your facility can show documentation on each individual why that medication is still required, and whether GDR has been tried. I don't think that there are any excluded diagnoses such as schizophrenia or bipolar...all will need good documentation. I did some quick research and briefly reviewed the following two sites:

<https://www.ascp.com/articles/antipsychotic-medication-use-nursing-facility-residents>

http://www.nhqualitycampaign.org/star_index.aspx?controls=dementiaCare

I will forward your query to Howard Schaefer and Roxanne Perry for their thoughts. They have been excellent at helping with dilemmas.

Thanks, Mark Jackson MD

FROM HOWARD SCHAEFER: *Mark: we concur with the answer you gave [...] A page from the State Operations Manual is attached for your quick reference (see email attachment "State Operations Manual"). A rationale documented by the physician showing why a GDR is contraindicated is necessary in order to establish that the continued use of the antipsychotic medication is justified.*

Howard Schaefer, Director, Long Term Care Division

DOES A SIGNED DCH-3878 EXEMPTION FORM REQUIRE ENACTMENT OF A RESIDENT'S DPOA?

Dear Roxanne and Howard,

The question has been raised whether every resident with a DCH-3878 exemption signed with a diagnosis of dementia needs to have their medical DPOA enacted. As you know, many of our residents come from the hospital with DCH-3878 signed for dementia, stating they have impaired abstract thinking, impaired judgment, etc., that significantly interferes with work, usual activities, or relationships with others. Clinically, some of these residents seem to have capacity for medical decision making. Would you interpret that every resident with a signed DCH-3878 needs their DPOA enacted, or could you have one without the other?

FROM HOWARD SCHAEFER: *Mark, I do not interpret that every resident with a signed DCH 3878 would need to have his or her DPOA enacted on that basis. I think there may easily be situations where a DCH 3878 may be signed but the disease has not progressed to the point that an attending physician and another physician or psychologist are yet able or willing to determine that the person is unable to participate in medical treatment decision making. The signed DCH 3878 would certainly raise a concern about cognition and the capacity to have insight into treatment decisions; perhaps the facility social worker and other staff would want to monitor the resident's cognitive status more closely, but the DCH 3878 does not itself trigger or enact a DPOA, according to Michigan legal procedures. I am going to copy my answer to my friends in MSA, and also to Roxanne Perry, and if anyone thinks I am missing something I will get back with you.*

Howard Schaefer, Director, Long Term Care Division

FROM SALLI PUNG, Medical Services Administration, Michigan Dept of Community Health:
Howard, I agree with your statements. The physician's signature on the DCH3878 verifies the resident's primary diagnosis is dementia but does not address the need to enact the DPOA and it exempts the resident from referral for the OBRA Level II assessment intended for residents with behavioral health needs.

Salli Pung
Long Term Care Policy
MSA – MDCH

FROM MARK JACKSON, MD, CMD, President, MiMDA:

A discussion at one of my ECFs centered on whether the fact of having an OBRA Level II exemption would require the DPOA to be enacted. I think that Mr. Schaeffer and Ms. Pung make it clear that a resident can have both DCH-3878 exemption and capacity to make their own medical decisions. I agree with Mr. Schaeffer that a signed DCH-3878 should prompt evaluation of capacity.

WHAT IS THE GUIDELINE FOR SEEING A NEW ECF ADMISSION WHEN THEY HAVE JUST BEEN SEEN BY A HOSPITAL PHYSICIAN?

MARK JACKSON: It seems there has always been some confusion on the requirement to see a new ECF admission. In response to a question from one of our members, I contacted Mr. Schaefer and Ms. Perry. Response is below.

R 325.20602 states that a patient shall be examined within 48 hours (72 hours for a Friday admission) unless the patient has been examined by a licensed physician within 5 days before admission and a copy of the exam is available in the home at the time of the patient's admission (my paraphrase).

F388 Interpretive Guideline 483.40c states there is no requirement for a face to face contact at the time of admission, since the decision to admit an individual to a nursing facility (whether from a hospital or from the individual's own residence) generally involves physician contact during the period immediately preceding the admission.

Ms. Perry confirms that if the patient has been seen and examined by a physician in the 5 days prior to ECF admission and we have a copy of that exam on the chart, the ECF attending does NOT have to see the new resident in the 48 or 72 hour window.

WHAT DOES THIS MEAN TO ME? My facility and I are not at risk for a citation if the hospital doctor's discharge paperwork is on the new admission's chart. This gives me some breathing room if I am unable to be at every facility every day. I hope this helps clarify a misunderstood requirement.



DATES TO REMEMBER:

MARCH 21-24, 2013, National Harbor, MD/Washington, DC: ANNUAL AMDA MEETING
Monumental Steps for Quality, AMDA Long-term Care Medicine <http://ltcmedicine.com/>

MARCH 22, 2013, Michigan Chapter Reception at AMDA meeting; location to be announced

OCTOBER 25-26, 2013: MiMDA Annual Fall Conference, Best Western Sterling Inn, Sterling Heights, MI. Consult the MiMDA website periodically for updates: www.mimda.org

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NOT A MiMDA MEMBER?

JOIN US at <http://www.amda.com/membership/benefits.cfm>



We look forward to seeing you at Gaylord National, National Harbor/Washington, D.C. March 21-24 at the AMDA meeting! For more information go to <http://ltcmedicine.com/>

