

MiMDA Reports

NEWSLETTER OF THE MICHIGAN MEDICAL DIRECTORS ASSOCIATION

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February 2014

President's Message



Kristin Gaumer, D.O.
President, MiMDA

Greetings!

2014 started with an exciting change in weather, typical for Michigan. I hope you have endured the winter safely and with good humor. Here at MiMDA, we have had a change in leadership as Dr. Mark Jackson transitioned to Immediate Past President and I have assumed the position of your President. I want to thank Dr. Jackson for his excellent guidance, vision, and unwavering pursuit to make MiMDA relevant in Michigan.

Our Treasurer, Dr. Iris Boettcher, continues to monitor the financial health of MiMDA. She has been instrumental in keeping up with the necessary paperwork and filings to maintain MiMDA's status as a 501(c)3 organization, and she

spearheaded the updating of the Bylaws.

MiMDA is fortunate to have Jan (Yonker) Lloyd as our Executive Director. She works hard to keep the MiMDA officers and our state chapter up to date with AMDA. She also manages our membership outreach efforts, coordinates Board conference calls, leads the planning and implementation of the annual MiMDA educational conference; develops this newsletter; and provides many other services to keep MiMDA going.

In the next two years, I envision MiMDA achieving the following goals:

1. Keep MiMDA relevant by (a) continuing discussions with the State surveyor's office and (b) continuing legislative outreach and member updates
2. Work with AMDA and MPRO regarding Meaningful Use in Long Term Care
3. Improve the website to be a source of useful information and links
4. Continue to publish the newsletter, including new sections on (a) Meaningful Use, (b) A Word from the Surveyors, (c) Best Practices and Innovative ideas in LTC. I hope that you

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will share with the members of MiMDA what you do in your facility as Medical Director or attending physician. We can learn from each other what works and what challenges we have experienced; and (d) ICD-10 links.

If you have an interest in becoming more active in MiMDA, please contact Jan or me. We have committees including membership, education and legislative that are looking for assistance.

See you in Nashville in February,

Kris Gaumer, D.O.
gaumerkr@msu.edu

PLEASE JOIN US Feb. 28, 6:30-8:00 p.m., Gaylord Opryland Hotel, Nashville, for our annual MiMDA reception at the AMDA meeting. We will serve light hors d'oeuvres and libations and have a brief update on MiMDA activities and planning for the coming year.

Save the Dates!



October 10-11, 2014
for the
Eighteenth Annual Scientific Meeting
of the
Michigan Medical Directors Association
at the
James B. Henry Center
3535 Forest Road
Lansing, MI 48823

Who should attend?

This annual conference strives to engage medical directors, attending physicians, physician assistants, advance practice nurses, registered nurses, nursing home administrators, and other long term care health care professionals in an educational activity that will enhance quality of care and quality of life for Michigan's nursing facility residents. This is also a great opportunity to network with your colleagues from around the state and to participate in MiMDA activities.

SPONSORSHIP:

Your organization can show its support for this valuable educational event through co-sponsorship. Three levels are available: Gold (\$2500), Silver (\$1500) and Bronze (\$500). For more information write to michiganmda@gmail.com.

EXHIBITORS:

To reserve your space now, send an email to michiganmda@gmail.com or call 1-517-410-3474.

HOTEL INFORMATION

As a reminder, we now plan an educational program and dinner on Friday night of the conference, so we recommend you reserve your hotel room for Friday night, October 10, 2014, as soon as possible. Candlewood Suites adjoins the conference facility and a limited number of rooms are being held at the special rate of \$89 for a studio suite (plus taxes) or \$119 for a one-bedroom suite (plus taxes). You can reserve your hotel room now by calling the **Candlewood Suites at 517-351-8181**. Be sure and mention our group block name, Michigan Medical Directors Association.

More information about the conference will be posted on our website www.mimda.org as details become available. We look forward to hosting you in October!

Legislative Update on PA 322

Dr. Mark Jackson continues to represent MiMDA on the Stakeholders Committee, the steering committee for enactment of PA 322, nursing home reform legislation passed in 2012.

The Clinical Advisory Committee was tasked with reviewing the existing guidelines on the Michigan LARA website and updating them, as well as creating several new guidelines. In the absence of any funding, the Committee will recommend to Senator Hansen that there be no official State of Michigan Guidelines, that the existing (outdated) guidelines be removed from the website, and facilities be encouraged to use a number of existing guidelines, such as those from AMDA. It was cost-prohibitive to require all facilities to use the AMDA guidelines.

Innovative Practices and Approaches in a LTCF

Restaurant Dining in the Nursing Home

Lindsay Best, D.O.

“Let food be your medicine”
-Hippocrates

I am the Medical Director for Grandvue Medical Care Facility in East Jordan, Michigan. Back in 2011, Grandvue embarked on a plan to revolutionize the dining process throughout the facility. The concept of Restaurant Style Dining allows Residents to select what they want to eat, when they want to eat it. Food is prepared as it is ordered, in kitchenettes adjacent to dining areas. Residents make their choices at mealtime from a seasonal menu.



Restaurant Style Dining increases Residents’ dining satisfaction and provides other benefits to the facility. Several recent studies support the feasibility of this type of decentralized dining model:

- The use of real food that Residents enjoy improves clinical outcomes in areas such as weight loss (69% reduction in the first three months and a decline in the medication usage of laxatives and appetite stimulants; Bump, 2010).
- Organizations save money by reducing the use of supplements and plate waste as Residents eat foods of their choice (Bowman, 2010).
- A recent study found that enhanced dining options resulted in a 52% increase in Resident satisfaction (Remsburg, 2010).
- Research shows that independence with eating improves the quality of life for Residents with dementia (Carrier, West & Ouellet, 2009).

Resident Style Dining is now in place at Grandvue as of July 2013 and it is well received and enjoyed by the Residents.

If you have questions for Dr. Best, you can contact her at: lindsaymerqos@yahoo.com.

Share your practice changes or quality improvement implementations with MiMDA members. Please send to michiganmda@gmail.com.

Legislative Update on PA 322, continued from page 2

The Information Technology Committee will use the April 1, 2014, Joint Provider/Surveyor Training (JPST) Day in Grand Rapids to introduce new methods of communication between the surveyors and facilities. The entire JPST will focus on technology. I am hopeful that AMDA CMD credits will be available for the course.

The Communications Committee will introduce a Customer Service Survey that will be completed electronically by the surveyors and facility staff at the conclusion of a survey visit. There will be opportunity on both sides to point out the good and the bad. It is intended to be as a learning tool for both facility staff and surveyors.

The Stakeholder Committee is chaired by Carol Engel, Director, Bureau of Health Care Services, State of Michigan, with participation by the following: Leslie Shanlian, LTC Director; Cindy Landis, LTC Executive Assistant; Beth Bacon, Health Care Association of Michigan (HCAM); Renee Beniak, MI County Medical Care Facilities Council; Kevin Evans, Leading Age Michigan; Mark Jackson, Michigan Medical Directors Association; Charlene Kawchak-Beltisky, Michigan Peer Review Organization (MPRO); Sylvia Simons, Consumer Representative; and Sarah Slocum, Ombudsman.

Meaningful Use in the ECF...Yes, there is an exemption for ECF Care

Submitted by Mark Jackson, MD, CMD, Immediate Past President, MiMDA



As we heard from MPRO at the October MiMDA Meeting, Meaningful Use will apply to our nursing home practice as well as our office. I think that this is fairly new ground that we are covering, and there is not a lot of experience out there to guide us. I would like to generate a discussion of how our members are going to meet these requirements by October 1.

As a full time extended care facility (ECF) doc, I do not have a pre-existing EMR like many of you with office practices have already established (although I did when I still had an office practice). As I see it, I have 4 options:

The first option is to do nothing. The penalty for non-compliance is 1% in 2015, 2% in 2016 and 3% in 2017. There are also penalties for not e-prescribing and participating in PQRS that would raise the penalty to 7% in 2017. I do not know what happens after that.

A second option is to purchase my own EMR and carry it with me from ECF to ECF. This is a very expensive start up, will likely not interact with your facility's EMR, and will require a lot of duplication of efforts e.g. vital signs, meds, orders in your EMR and the facility's EMR.

A third option is to try to meet meaningful use requirements through the existing EMR at my facilities. Advantages would be that the facility has covered a lot of the overhead expense and that a lot of data is already entered in the system by others, like demographics, insurance, meds, vital signs, etc. At this point, the EMR at my 3 facilities are not certified for physician meaningful use.

Lastly, I am looking at an exemption from meaningful use. Please refer to this link: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html. This may be my best option for out to 5 years. Basically, as I understand it, I can be exempted if my nursing homes use EHR that are not certified for meaningful use. My understanding is that I can keep my handful of Assisted Living patients as long as they are less than 50% of my practice.

For those of you who have Nurse Practitioners working with you, I understand that they are exempt from Medicare Meaningful Use but would be subject to Medicaid Meaningful Use if over 30% of their service was to Medicaid residents. I am requesting an exemption for the two NPs in our nursing home practice.

I am exploring my options, and looking over the horizon at that October 1 deadline. It is evident that I do not have the answers to meeting Meaningful Use in the ECF. I am hoping to get some feedback from our membership on how they plan to participate, which I can then share. It would be great if there were members out there that are expert in this area and would be willing to guide the rest of us.

I hope to hear from you. You may call me at (231) 645-9112 or email majdeerhunter@gmail.com.

Mark Jackson MD, CMD

Michigan Medical Directors Association

MiMDA Mission Statement: The Michigan Medical Directors Association (MiMDA), the state chapter in Michigan for the American Medical Directors Association, the professional association of medical directors, attending physicians and others practicing in the long term care continuum, is dedicated to excellence in patient care and provides education, advocacy, information, and professional development to promote the delivery of quality of long term care medicine.

To join MiMDA and AMDA, go to: <http://www.amda.com/membership/benefits.cfm>

MiMDA Board Members are available for questions pertaining to your long term care practice. Perhaps one of us has experience with an issue that you face. Let us know how we might help. Contact information for Executive Board Members is listed below.

Michigan Medical
Directors Association

To submit news, articles or
comments, please contact

Jan Lloyd, MSA
Executive Director
P.O. Box 125
West Chester, OH 45069

Phone:
517-410-3474

Email:
michiganmda@gmail.com
Website: www.mimda.org

MiMDA Board Members:

Kris Gaumer, DO, President

gaumerkr@msu.edu

Geriatrician & Practice Leader, Senior Health Center,
Sparrow Health System, Lansing, MI
Medical Director, Eaton County Medical Care Facility, Charlotte, MI
Clinical Faculty, College of Osteopathic Medicine
Michigan State University, East Lansing, MI

Mark Jackson, MD, CMD, Immediate Past President

majdeerhunter@gmail.com

Medical Director, Grand Traverse Pavilions, Bortz Healthcare and
Orchard Creek ECF, Traverse City, MI

Iris Boettcher, MD, CMD, Treasurer

iris.boettcher@spectrum-health.org

Chief, Division of Geriatrics,
Spectrum Health Medical Group, Grand Rapids, MI

Pankaj Jandwani, MD, CHCQM

MidMichigan Health, Midland, MI

Bruce Johnson, DO, CMD, FACOI

Hampton Medical Center, Roseville, MI

Nadir Abdelrahman, MD

Department of Family Medicine
Michigan State University, East Lansing, MI

Lindsay M. Best, DO

Medical Director, Grandvue MCF, Meadowbrook MCF, and Bortz Health
Care, Petoskey, MI

Dennis Perry, MD

Meridian Primary Care, Okemos, MI

