

AMDA: ADVANCING QUALITY

*Consumer Voice Annual Conference
October 26, 2013*

2013–2016 Strategic Plan

Goal 7: Advocate for AMDA’s mission of improved quality in PA/LTC medicine.

- Deliver effective public policy advocacy.
- Improve/strengthen external relations.
- Develop quality measures for long term care/quality improvement in PA/LTC.

Goal 1: Ensure that AMDA is a sustainable organization.

- Grow AMDA’s revenue streams
- Strengthen AMDA’s staff capacity and operations

Goal 2: Ensure that AMDA is well-governed.

- Optimize AMDA’s governance systems and structures

SOCIETY

Advocate for improved quality of care in PA/LTC medicine.

AMDA

Ensure that AMDA is a sustainable and well-governed organization.

MISSION

AMDA is dedicated to excellence in patient care and provides education, advocacy, information, & professional development to promote the delivery of quality post-acute & long term care medicine.

PA/LTC MEDICINE

Deliver timely, relevant professional development; standardize competencies to improve quality of care.

MEMBERS

Create value for AMDA members, and validate their evolving roles.

Goal 5: Deliver timely and relevant professional development to PA/LTC practitioners.

- Extend the scope and reach of AMDA’s professional development.

Goal 6: Standardize PA/LTC practitioners’ competencies for improved care.

- Promote the recognition of PA/LTC physician competencies.

Goal 3: Define, validate and support the evolving roles of AMDA members.

- Re-define AMDA’s brand, name & identity.
- Expand membership and increase value for current members.

Goal 4: Sustain and support AMDA State Chapters and affiliates.

- Strengthen and grow AMDA State Chapters

Ongoing Quality Initiatives

Education/Professional Development

- Core Curriculum on Medical Direction in Long-Term Care Medicine (2x/year)
 - Part 1 due to be delivered online in late 2013
- Advanced Curriculum on Medical Direction in Long-Term Care Medicine
- Quality Management Workshop for the IDT in Long-Term Care
- Navigating Mood and Behavior Challenges in Long Term Care: Strategies for Optimal Outcomes

Ongoing Quality Initiatives

Clinical Practice Guidelines

- Acute Change of Condition
- Altered Nutritional Status*
- Anemia
- Common Infections*
- COPD Management*
- Dehydration & Fluid Maintenance
- Delirium & Acute Problematic Behavior
- Dementia \pm
- Depression
- Diabetes Management*
- Falls & Falls Risk
- Gastrointestinal Disorders
- Health Maintenance \pm
- Heart Failure
- Osteoporosis & Fracture Prevention
- Pain Management \pm
- Stroke Management & Prevention*
- Transitions of Care (online)
- Urinary Incontinence \pm
- Parkinson's Disease
- Pressure Ulcers
- Sleep Disorders

**Updated 2011*

\pm Updated 2012

Ongoing Quality Initiatives

LTC Information Series:

- Anemia
- Antithrombotic Therapy in the LTC Setting
- Atrial Fibrillation
- Clinical Collaboration in the LTC Setting
- Constipation & Diarrhea
- Immunizations in LTC (revised)
- Influenza Immunization & the Health Care Worker
- Medical Necessity & Rehabilitation Services
- Palliative Care in the LTC Setting
- Seizures
- The Younger Adult (*new for 2013*)

Other Clinical Resources:

- Know-it-All Series
- Assisted Living Series
- Multidisciplinary Medication Management Manual
- CPG Implementation Guides
- Practitioner's Tool Box
- Multi-Media Disease Channels (*through Elsevier*)
- Clinical Corners

Ongoing Quality Initiatives

Certification Program for Medical Directors

- AMDA formed the American Medical Directors Certification Program (AMDCP) in 1991
- Based on a combination of work experience as a medical director and educational attainment; CMDs must re-certify every 6 years
- 60% of AMDA members are CMDs
- The presence of a Certified Medical Director (CMD) in a nursing home results in a 15% improvement in quality scores*

*Rowland FN, Cowles M, Dickstein C, Katz PR. Impact of Medical Director Certification on Nursing Home Quality of Care. J Am Med Dir Assoc. 2009 Jul;10(6):431-5.

Ongoing Quality Initiatives

JAMDA – *Long-Term Care: Management, Applied Research and Clinical Issues*

- Publishes peer-reviewed articles: original studies, reviews, clinical experience articles, case reports.
 - Ranked 4th out of 46 Geriatrics & Gerontology journals, up from 6th place in 2010 and 7th place in 2009.
 - JAMDA received an impact factor of 5.302 in 2012, compared to 4.645 in 2011, and 4.492 in 2010.
 - Indexed by Excerpta Medica, MEDLINE[®], EMBASE, Current Contents/Clinical Medicine, and the Cumulative Index for Nursing and Allied Health Literature.
- John Morley, MB, BCh, Editor-in-Chief since 2007

New Quality Initiatives

Promote the recognition of PA/LTC physician competencies

- Education
 - Curriculum development
 - Measurement of effectiveness
- Recognition
 - Certification development
- Validation
 - Outcomes research development

Develop quality measures for long term care/quality improvement in PA/LTC

- Identify quality measures appropriate for PA/LTC medicine
 - Propose PA/LTC measures reportable under PQRS
 - Develop new cross-cutting measures for PA/LTC
 - Explore the development of a PA/LTC quality measure registry

QAPI

- **AMDA's Role in QAPI**

- AMDA had representation on the initial Technical Expert Panel that reviewed pilot programs for QAPI.
- AMDA met with CMS to urge support for a strong leadership role for the medical director as new QAPI regulations are promulgated.

- **AMDA White Paper**

- The Role of the Medical Director in Quality Assurance and Process Improvement in Long-Term Care (March 2011)

- **AMDA Quality Improvement Subcommittee**

- Leonard Gelman, MD, CMD, *Chair*
- Develop sessions at the annual program 2013, national webinars, educational sessions at symposia (AHCA, Leading Age, others) local presentations at state chapter meetings and/or local AMDA supported meetings.

AMDA – Dedicated to Long Term Care Medicine

Five Things Physicians and Patients Should Question

1

Don't insert percutaneous feeding tubes in individuals with advanced dementia. Instead, offer oral assisted feedings.

Strong evidence exists that artificial nutrition does not prolong life or improve quality of life in patients with advanced dementia. Substantial functional decline and recurrent or progressive medical illnesses may indicate that a patient who is not eating is unlikely to obtain any significant or long-term benefit from artificial nutrition. Feeding tubes are often placed after hospitalization, frequently with concerns for aspirations, and for those who are not eating. Contrary to what many people think, tube feeding does not ensure the patient's comfort or reduce suffering; it may cause fluid overload, diarrhea, abdominal pain, local complications, less human interaction and may increase the risk of aspiration. Assistance with oral feeding is an evidence-based approach to provide nutrition for patients with advanced dementia and feeding problems.

2

Don't use sliding scale insulin (SSI) for long-term diabetes management for individuals residing in the nursing home.

SSI is a reactive way of treating hyperglycemia after it has occurred rather than preventing it. Good evidence exists that SSI is neither effective in meeting the body's insulin needs nor is it efficient in the long-term care (LTC) setting. Use of SSI leads to greater patient discomfort and increased nursing time because patients' blood glucose levels are usually monitored more frequently than may be necessary and more insulin injections may be given. With SSI regimens, patients may be at risk from prolonged periods of hyperglycemia. In addition, the risk of hypoglycemia is a significant concern



Dedicated To Long Term Care Medicine

Related Materials

- Additional information is available in the [Resources](#) section.

More patient-friendly materials are available from Consumer Reports at [Consumer Health Choices](#).

CONTACTS:

AMDA – Dedicated to Long-Term Care Medicine

11000 Broken Land Parkway, Suite 400
Columbia, MD 21044 ♦ 410-740-9743

Jonathan Evans, MD, MPH, CMD, *President*
evansjonathanm@yahoo.com

Christopher E. Laxton, CAE, *Executive Director*
claxton@amda.com

