



The University of Oklahoma
Health Sciences Center
COLLEGE OF MEDICINE

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PROTECTIVE HEALTH SERVICES

March 26, 2008

Dear Subcommittee Member,

Enclosed are the Minutes from our inaugural meeting of the Oklahoma State Department of Health "Best Practices Medical Directors Subcommittee".

Earlier this month at the recent annual meeting of the American Medical Directors Association (AMDA), I learned that similar committees had been established in other states (e.g., Kansas and Missouri) and I plan to follow up with physician contacts prior to our next meeting.

Please note that our next meeting is scheduled:

WEDNESDAY, JUNE 11TH 2:30 pm - 4:30 pm
OKLAHOMA STATE DEPARTMENT OF HEALTH
ROOM 314

Thank you so much for agreeing to be a member of this important Subcommittee! We look forward to your continued participation. The agenda for the June 11 meeting will be mailed out by mid-May. Please call in any agenda items you would want discussed to my secretary, Linda Stewart, at 405 271-1910. Thanks!

Sincerely,

Peter Winn

Peter Winn, MD, CMD
Subcommittee Chair

cc: Dr Tim Cathey, OSDH
Dorya Huser, OSDH
Karen Gray, OSDH
Trenesha Harrison, OSDH
Dr. Doug Cox

Oklahoma State Department of Health
“Best Practices Medical Directors Subcommittee”

Inaugural Meeting - February 20, 2008
OSDH Board Room 307, OSDH, Oklahoma City, OK

Minutes

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1. **Meeting called to order** at 2:40 PM by Chair, Dr. Peter Winn; Co-Chair, Dr. Jean Root, present
2. **Opening Remarks**
 - 2.1 The Chair reminded members of the subcommittee that this subcommittee had been created as a subcommittee to the OSDH Long-Term Care Facilities Advisory Board in response to the OSDH Long-Term Care division request that quality issues related to long-term care nursing facilities need to be better addressed per the request of Dr. Jim Crutcher, Commissioner of Health.
 - 2.2 Accordingly, the subcommittee will forward any minutes, supporting documentation, and recommendations to the LTC Facilities Advisory Board for consideration and appropriate action.
 - 2.3 Representative Doug Cox, MD is not a member of the subcommittee but will receive information distributed by the subcommittee as well as meeting minutes.
3. **Introductions**
 - 3.1 Subcommittee members introduced themselves.
 - 3.2 List of subcommittee members in attendance is enclosed as an attachment.
4. **Subcommittee Membership**
 - 4.1 Members agreed that the list of contact information be distributed amongst the members only and not distributed to third parties except....
 - 4.2 A copy of the membership was also distributed to representatives of the OSDH (Dr Tim Cathey and Dorya Huser).
5. **General overview of ongoing quality initiatives in nursing facilities in Oklahoma.**
 - A. **National Initiatives**
 1. CMS “Nursing Home Quality Initiative” (NHQI), related to the 7th and 8th Scopes of Work (SoW) and the “Nursing Home Compare” website. Briefly reviewed.
 2. “Advancing Excellence in America’s Nursing Homes”. Briefly reviewed.
 3. National Commission for Quality Long-Term Care. Its final report was released December 3, 2007 (copies had previously been provided by mail to all subcommittee members). Title: From Isolation to Integration: Recommendations to Improve Quality in Long-Term Care. (Website: www.ncqltc.org)

B. Oklahoma State Initiatives

1. Oklahoma Foundation for Medical Quality (Lisa Bewley).

Briefly reviewed its work related to the CMS NHQI 7th and 8th Scopes of Work. Distributed "Performance Over Time" quality measure data on physical restraints and occurrence of skin pressure ulcer in high-risk residents for 2004 Q2 through 2007 Q2.

2. Focus on Excellence.

Mr. Cassell Lawson of the Oklahoma Health Care Authority reviewed this initiative. Two handouts on this initiative were distributed to subcommittee members. Two hundred-sixty-five facilities have voluntarily enrolled in this initiative, of which 123 have already received incentive payments between \$1.09 to \$5.36 per patient per day. One hundred thirty-two did not meet the threshold so received no incentive payment. Tentative March 2007, this information will be publicly reported at the OCHA website.

3. An example of a "Facility Quality Indicator Profile" and a "Quality Measures Report" was distributed to subcommittee members. Explanations were given on how to interpret this data.

C. Stakeholders

1. Includes facility residents and family members, facilities, public payers (Medicare and Medicaid) and legislators (national and local).
2. Other stakeholder representatives on the subcommittee include: physicians and medical directors who provide care in LTCFs, consultant pharmacists, AHCA, OKAHSA, OHCA, facility administrators board, ombudsman office, facility owners, Oklahoma Chapters of AHCA and AAHASA and representatives of the public.

6. Where We Are in Oklahoma - Where We Want to Be - Brainstorming Session

General discussion was held. Information and issues discussed included the following:

- 6.1. **CMS 9th Scope of Work** through OFMQ: primary focus to be on safety of health care and transitions in care. Indicators to be followed are physical restraints, pressure ulcers, MRSA, immunizations and continue to work with SFFs (special focused (nursing) facilities), to be called "Nursing Homes in Need" (NHIN)
- 6.2. **Factors** possibly related to the inappropriate use of physical and chemical restraints, inadequate staffing ratios, inconsistent staff schedules, lack of nonpharmacologic interventions. The OSDH was asked if they could obtain comparative state data.
- 6.3. Noted that Oklahoma currently has about 340 nursing facilities in which 19,000 people reside, while the Advantage Program now serves more community-based persons in that program than the current nursing home population. There are currently 30 "restraint-free" facilities in Oklahoma.
- 6.4. **Pay for Performance (P4P)** Initiatives and reporting at all levels of healthcare: hospitals, nursing facilities, home health, hospice, physicians' offices.
- 6.5. **"My Inner View"** website related to nursing facility family and resident satisfaction surveys
- 6.6. **Money Follows the Person (MFP)** CMS initiative, of which Oklahoma was chosen as one of only a few to receive a contract, to be administered through the OHCA. It was stated that up to 40% of residents in Oklahoma LTC nursing facilities could possibly live in the community if supported by community-based services.

6.7. **Dr. Tim Cathey re-iterated that from the perspective of the OSDH, the main issues that need to be addressed by the subcommittee are:**

- high use of physical restraints (48th in US)
- high-risk residents with pressure ulcers (48th in US)
- percent of long stay residents with hospital admission (45th in US)
- percent of NH residents with hospital re-admission within 3 months (43rd in US)
- overmedication with psychotropic medications

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Information from the **Commonwealth Fund State Scorecard**, 2007 for Oklahoma (see above) was distributed to subcommittee members. It was noted that this data was somewhat out of date, ie pressure ulcers - 2004, physical restraints - 2004, and admission data - 2000. Since 2004, several National and State quality initiatives have resulted in improvements in 2007 in several of these areas.

6.8. There is a great **need for leadership and education** at all levels and amongst all disciplines represented in long-term care facilities. How do we address this?

6.9. **Roles and responsibilities of medical directors** of NFs and SNFs.

6.9.1 How can we contact them?

6.9.2 F- tag 501 (SOM), are surveyors looking at this? - need to obtain survey data as to whether any deficiencies have been sited.

6.9.3 Noted that both Maryland and Florida require that LTC facility medical directors have LTC medical director certification through the American Medical Directors Association (AMDA).

6.10. **Over Medication Concerns**

6.10.1 Over-reliance on pharmacologic agents to control difficult resident behaviors rather than non-pharmacologic interventions.

6.10.2 F tag 329: have OSDH report on survey data citations

6.11. **Physician Services**

6.11.1 Lack of physician providers in LTCFs (those who are not medical directors).

6.11.2 Inadequate knowledge base.

6.11.3 NF administrators need to more effectively include medical directors in important issues such as quality improvement and infection control

6.12. **Facility Emergency Medical Box**

6.12.1 Totally inadequate at this time; needs to be re-addressed. OSDH agreed.

7. **Next two meetings scheduled for Wednesday, June 11 and Wednesday, September 17 at 2:30 - 4:30. Location to be at Oklahoma State Department of Health.**

8. **Meeting adjourned at 4:40 pm**

Submitted by:

Peter Winn, MD, CMD

Chairperson

"Best Practices Medical Directors Subcommittee
Meeting Date 2-20-2008

	A	B	C	D	E
1	NAMES	Present	Absent	Excused	Represents
2	Bewley, Lisa	X			OK Foundation Medical Quality
3	Brinkley, Mary		X		OKAAHSA
4	Cathey MD, Tim				OSDH, LTC Division
5	Clark, Gene	X			Grace Living Centers
6	Cranmer MD, Kerry	X			LTC Private Practice (OKMDA)
7	Crawley, Theo	X			Public Representative (LTCFAB)
8	Hambric, Diane			X	Medallion Group (LTCFAB)
9	Hartman MD, Richard	X			Private Practice, Psychiatry
10	Houser, Esther	X			Ombudsman Office (LTCFAB)
11	Lawson, Cassell	X			OHCA (LTCFAB)
12	Magness, Mich	X			OK Department of Health (LTCFAB)
13	Moore, Becki		X		OK Chapter AHCA
14	O'Connor DO, John T	X			LTC Administrators Board
15	Qayyum MD, Qaisar			X	Private Practice (OKMDA)
16	Root DO, Jean	X			Private Practice (OKMDA)(LTCFAB)
17	Taaca MD, Perry	X			LTC Private Practice (OKMDA)
18	Timmons, H.F.	X			Public Representative (LTCFAB)
19	Wilsie, Gara	X			Omnicare, Consultant Pharm (OKMDA)
20	Winn MD, Peter	X			Private Practice (LTCFAB, OKMDA)
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