



THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE

WWW.ALMDA.ORG



Registration is open for ALMDA's Mid Winter Conference

Jan. 28, 2017 • The Forum, Westin Hotel, Birmingham

Learning Objectives:

- Acquire knowledge to properly treat chronic pain.
- Recognize the importance of vaccinations in post-acute and long-term care.
- Use recent osteoporosis research
- Identify situations to legally and compassionately implement DNRs.
- Develop logical treatment plans based on evidence outlined by the Choosing Wisely Campaign.

See the full agenda on page 5

Conference approved for 5 *AMA PRA Category 1 Credits*[™]

Accreditation Statement: This live activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of AMDA – The Society for Post-Acute and Long-Term Care Medicine and the Alabama Medical Directors Association. AMDA – The Society for Post-Acute and Long-Term Care Medicine is accredited by the ACCME to provide continuing medical education for physicians.

This live activity is approved for a maximum of 5 *AMA PRA Category 1 Credits*[™]. Physicians should claim credit commensurate with the extent of their participation in the activity.

Accommodations

Room block for ALMDA's Mid-Winter Conference expires Dec. 28

The Forum Meeting Space, The Westin, 2221 Richard Arrington Jr. Blvd. N, Birmingham, Rates begin at \$149. Call (866) 716-8108.

Register and pay your dues online at www.tinyurl.com/ALMDA2017 or use the form on page 6.

ALMDA

News & Notes

Alex Bardakh, MPP, explains MACRA

www.paltc.org

It is hard to believe that we spent almost two decades trying to repeal the flawed Sustainable Growth Rate (SGR) formula that defined how physicians got paid and now, in a blink of an eye, we must get used to a whole new way of doing business. The game changing legislation known as MACRA (Medicare Access and Children's Health Insurance Program Reauthorization Act of 2015) builds on already existing programs and creates new ways physicians and other providers will now be getting paid. The legislation created two pathways for physician payment now known as the Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs). Both programs operate under the new umbrella term - Quality Payment Program (QPP). This new QPP program will be implemented over time with first reporting period just around the corner starting in January 2017 that will impact payment in 2019. Under the law, those subject to the QPP program are known as eligible clinicians (EC) which includes physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse anesthetists. Future years will include other professionals as well.

Before diving into the extensive details

continued on page 3

Introducing a new membership category for facilities

ALMDA is excited to announce a new membership category beginning in 2017. The Facility Membership category provides the opportunity for long-term care facilities to join ALMDA. Facility members may send two non-physician staff members to our two annual conferences and participate in our membership meetings, though without voting privileges. Facility members will also receive the ALMDA newsletter and other alerts and e-mail communications beneficial to long-term care providers.

For more information, contact ALMDA Executive Director Jennifer Hayes at (334) 954-2500 or by e-mail at jbayes@alamedical.org.

Registration is open for AMDA's Annual Conference

March 16-19, 2017 • Phoenix, Arizona

AMDA's Annual Conference is the only educational forum of its kind in the field of post-acute and long-term care (PA/LTC). It is filled with opportunities to enhance your knowledge and competencies in providing quality PA/LTC. Attendees are exposed to the latest clinical developments in geriatric medicine, best practices in medical direction, policy/regulatory updates, as well as practical tools to help implement new ideas in your practice setting.

If you are not currently a member of AMDA - The Society for Post-Acute and Long-Term Care Medicine, visit www.paltc.org/membership for full details on benefits and dues before registering. As a member you can take advantage of the lower member registration rate as well as receive all the benefits of the Society membership from now through Dec. 31, 2017.

Register online or send questions to registration@paltc.org.

Hotel Information

All education sessions and exhibits will be held at the Phoenix Convention Center located at 100 North Third Street, Phoenix, AZ 85004. For lodging, the Society is using two hotels conveniently located within walking distance to the Convention Center.

- Hyatt Regency Phoenix, 122 North Second Street, Phoenix, AZ 85004
- Sheraton Grand Phoenix, 340 North Third Street, Phoenix, AZ 85004

Room Rate: \$229 per night, single/double occupancy (plus state and local taxes - currently 12.57%). Reservation cut-off date is Wednesday, Feb. 8, 2017; unless the room block is sold out prior to this date.

Each hotel has a limited number of rooms available, so be sure to make your reservation early to ensure your preference. **Attendees MUST be registered for the conference before making hotel reservations** within the Society's group block and taking advantage of the group rate. Once your registration for the conference is processed, a confirmation notice will be sent to the e-mail address provided with information to make your hotel lodging reservations. You will be able to link from the confirmation notice to the hotel reservation website.

Early bird discount ends Jan. 10. Pre-registration for the conference closes Feb. 23, 2017, at 4:00 p.m. All those wishing to register after Feb. 23, can do so on-site at the Phoenix Convention Center beginning Wed., March 15.

Health Provider Standards UPDATE available online

ALMDA now offers online access to the ADPH Health Provider Standards newsletter.



The October 2016 edition includes:

- Director's Words concerning determination of death
- National Nursing Home Quality Care Collaborative: *C. Fificille*
- Zika Viral Disease
- Alabama Healthcare Coalition
- Summary of Instructions for Completion of the CMS-116 CLIA Application
- 2017 Annual License Renewal

View the newsletter in the "Newsletter" section of www.almda.org.

Help shape the future with thought-provoking Resolutions

"If you listen across the spectrum you will likely hear a common theme emerge - a similar challenge or issue that arises again and again, something that represents an opportunity or need for change," says Society House of Delegates Chair Suzanne Gillespie, MD, RD, CMD. Notably, recent Society resolutions on removal of pain scores from nursing home quality metrics and accurate mental status reporting have informed and been adopted into the American Medical Association's policies.

Now is your chance to submit a resolution and impact the Society's policy. Members may log on to the ALMDA website for details.

Note: Alabama will host a reception during the AMDA conference. Details coming soon!

MACRA continued

of each track (MIPs and APMs), it's important to take a quick step back and review how we got here. In short, the QPP is part of the much larger effort designed to move physician payment, like all other Medicare payment, into the value-based payment world and away from the fee-for-service world many physicians have come to know. In fact, to think of this program without understanding the bigger picture of the "tectonic plate like" changes occurring with health care delivery would be to misunderstand what this is all about. The SGR perpetuated the fee-for-service issues that plagued the Medicare program and did not allow it to move physician payment into the new way of thinking like hospitals and all other facility payments. The other trouble with the SGR was that all physicians would get a decrease or increase in their payment regardless of how they themselves performed regarding cost and quality (value). Basically, if I was the greatest doctor in the world and ran the most efficient practice but the doctor down the street spent more without any better outcomes, both would get the same decrease in pay because the overall spending that has always exceeded predicted levels would force a cut under the budget process – as it always did under SGR. With a value-based reporting approach, the concept is that physicians would still receive their fee-for-service dollars but whether or not they got an increase depends upon how well they perform in cost and quality (value). That was the idea of the first reporting program in 2007 known as the Physician Quality Reporting Initiative (PQRI) that later was renamed to PQRS (System). The idea was that physicians could receive a bonus, which would incentivize them to report on quality measures aimed at improving processes and outcomes. Meanwhile, the Centers for Medicare & Medicaid Services (CMS) could collect data and have a better understanding on variation of cost and quality. The criticism, of course, has always been that the complexity, administrative burden, and lack of relevant quality measures in these reporting programs far outweigh the payment increase practices could receive, and few took the time to participate in these reporting programs.

At the same time, other approaches that relied on more of a capitated payment

system with an element of quality reporting that relied on a shared savings approach, such as the Accountable Care Organizations (ACOs) and Bundled Payment for Care Initiative (BPCI), were beginning to materialize throughout the country. These approaches showed promise of higher returns with less head-to-head competition and some physician practices began to participate. First expanded by the Affordable Care Act (ACA), it led to MACRA as the culmination of all of this work that for the first time showed a possible alternative world of payment other than SGR. MACRA builds and doubles down on these concepts creating the physician payment of the future. If previously physician practices could simply avoid participating, MACRA will make it more difficult in the future.

Barring any significant changes with the new administration, which is certainly possible but not likely given the overwhelming nature in which MACRA passed both chambers of Congress, it's likely that these concepts are here to stay. The rules, such as the exact number of measures and minimum requirements for an APM may change, but the overall concept of value-based payment is unlikely to go away. To some physician practices who have become accustomed to previous programs, like PQRS and the Electronic Health Record (EHR) Incentive Program (Meaningful Use), these new acronyms are just a change in name and small adjustments will have to be made to meet the requirements of QPP. But for those who have yet to dive deep into the value-based world, this is an entirely new way of thinking that will require a shift in strategy. The APM track in particular is the endgame for everyone. It's clearly the intent of CMS to ultimately have everyone participate in an APM, however very few will be able to participate in the initial years of the program. Some practices may have experience with the concepts of such models by virtue of participating in Accountable Care Organizations (ACOs) or Bundled Payment for Care Initiative (BPCI) but for many it's a brand new world. Ultimately, it's a world that physicians and practices can no longer ignore.

Merit-Based Incentive Payment System (MIPS)

As was mentioned at the outset, MIPS

is one of two tracks ECs can choose starting in January 2017. Under the MACRA law all current pay-for-reporting programs (PQRS, EHR Incentive, and value-modifier) are streamlined. MIPS creates four new categories, Quality Measures (old PQRS), Resource Use (old value-modifier), Advancing Clinical Information (old Meaningful Use), and adds a fourth – Clinical Practice Improvement Activities. These four categories will be combined to create a final score. Each of these categories will be weighed differently and will change depending on the year of the program to establish the final score. Below percentages apply for the first year of the program only.

• Quality (60%)

For this category, ECs must report on at least six quality measures, with at least one that is an outcome measure or a high priority measure. While the final specifications for the more than 300 measures currently available have not been released, based on PQRS experience, it is likely that there will be measures reportable in the skilled nursing facility/nursing facility (SNF/NF) settings (meaning the denominator of the measures contains one of the CPT codes 99304-99318). The Society has provided a PQRS Tool Kit on its website that lists the measures that are reportable based on these CPT codes. A similar tool kit will be available for MIPS quality measure reporting.

• Resource Use (0%)

For the first year of the program CMS has elected not to count resource use as a performance category. While CMS originally proposed to count this category at 10%, the agency decided that due to problems with attributing costs they will forgo this category in the initial year and will seek comment and propose to include this category in the future. The 10% originally proposed has been added to the quality component.

The Society supported this exclusion and is working with CMS to ensure this category is applied fairly to those who see the most medically complex patients. From experience under the value-modifier, the Quality Resource and Use Reports (QRUR) showed that

continued on page 4

MACRA continued

those who practice in PA/LTC settings scored much higher in cost than their peers in internal and family medicine. It may seem obvious that it would be the case without proper risk adjustment, or comparison category, however CMS' algorithm has not yet been able to accurately and fairly account for these factors. In fact, due to the Society's advocacy on this issue, in the proposed final proposed rule, CMS actually excluded SNF codes (99304-99318) from this category. The Society has also discussed the use of place of service (POS) codes as well as a potential self-designated specialty codes to establish more accurate comparison groups than the current ones based on American Board of Medical Specialties recognized specialties. These discussions are ongoing.

• Advancing Care Information (ACI) (25%)

Under this category ECs must report on a basic set of measures similar to meaningful use. It's probably not feasible to go into detail about each one, as many that practice in PA/LTC settings will not be able to achieve these measures. In that instance, CMS has carried over the exclusion from Meaningful Use (MU) that states that if a clinician faces significant hardship and is unable to report ACI measures they can apply to have their performance category score weighed to zero. For PA/LTC based-ECs there is an exclusion that states if 50% or more of your practice is in a setting where you don't control the existence of an EHR, you can apply and will likely be excluded from this category. This is a carryover from MU.

Although the Society advocated to have an automatic exclusion for those that practice in SNF, allow for optional reporting, and have the category count if you choose to report, CMS did not provide such an exemption. They did carry over the automatic exemption from MU for hospital-based clinicians and those that do not have patient interaction (such as Radiology). The Society will continue to advocate for an automatic exemption with the option to report.

• Improvement Activities (15%)

CMS has provided a list of 90+ activities that are divided into 9 general categories including expanding practice access, APM participation, care coordination and others. ECs will have to attest that they completed up to 4 of these activities for 90 days. More information on how to select and attest to these activities is available on the CMS QPP website.

Alternative Payment Models (APMs)

In order to be completely excluded from MIPS participation, ECs will have to be enrolled in one of the following APMs which are considered Advanced APMs under the regulation:

- Medicare Share Savings Program (Tracks 2 and 3)
- Next Generation ACO Model
- Comprehensive ESRD Care
- Comprehensive Primary Care Plus (CPC +)
- Oncology Care Model (OCM) which carries a two-sided risk

If none of these models sound familiar to you, you need ensure you are comfortable with MIPS participation because you will be required to participate in that program.

CMS has heard criticism over lack of available Advanced APMs and seeks to expand the number available. On several provider calls since the release of the regulations, CMS staff has talked about expanding the "Advanced" label to current APMs like the BPCI and the CCJR programs. These are likely to occur but not until future reporting years. The Society plans to work with CMS to ensure availability of and Advanced APM for those that practice PA/LTC medicine.

Pick-Your-Pace in MIPS (Avoiding Penalties)

CMS also knows the complexity of switching gears on such a short notice. Thus, it has implemented a "pick-your-pace" approach for the initial year of the program. If you are completely overwhelmed right now and are ready to just give up, CMS has provided an opportunity to transition into this system by simply reporting on one measure (any measure available in SNF/NF) and

submitting some data. Just by doing that, you will not be penalized. If you are ready to take a deeper dive but would not be ready until later in the year, you can participate for 90 days and receive some bonus payment, although it may not be as high as those that participate for a full year. And if you are already used to doing business under PQRS, keep doing what you have been doing and you will at least avoid any penalties and are likely to receive some (although not large amount) bonus money.

The Society plans to work with CMS to advocate for its members and provide in depth education to ensure a successful transition into a new world of physician payment that's likely to impact your practices and your patients for years to come. Look for webinars and educational offerings at live conferences to keep up with the latest developments. 

ALMDA News & Notes

Alabama Medical Directors Association

19 S. Jackson Street
Montgomery, AL 36104
(334) 954-2500 | Fax (334) 269-5200
www.almda.org

J. Grier Stewart, MD, Publisher
Jennifer Hayes, Executive Editor
Charlotte H. Morris, Senior Editor

The Alabama Medical Directors Association (ALMDA) is the professional association of physicians and other professionals practicing in the long-term care continuum and is dedicated to excellence in patient care by providing education, advocacy, information and professional development.

The articles contained in ALMDA News & Notes are meant to provoke thought and comment and do not necessarily reflect the views and opinions of the members, Executive Council or staff of the Alabama Medical Directors Association. Comments and letters to the editor are welcome.

ALMDA

2017

1.28.17

Mid-Winter

Conference

The Forum Meeting Space, Westin Birmingham • Saturday, January 28

Agenda

7:30 a.m. - 8:30 a.m.

Meeting of the ALMDA Board of Directors, ALNHA's executives, ALAA executives and the ALDPH Medical Director Advisory Committee

8:00 a.m. - 8:55 a.m.

Registration
Strolling Breakfast with Exhibitors

9:00 a.m. - 9:05 a.m.

Welcome
J. Grier Stewart, MD, ALMDA President

9:05 a.m. - 10:05 a.m.

Management of Chronic Pain in Older Adults
Leanne Cianfrini, PhD, Program Director,
The Doleys Clinic
Learning Objective: Acquire knowledge to properly treat chronic pain.

10:05 a.m. - 11:05 a.m.

Vaccines in the Long-Term Care Facility
Spencer Durham, Pharm.D., BCPS (AQ-ID),
Assistant Clinical Professor, Auburn University
Learning Objective: Recognize the importance of vaccinations in post-acute and long-term care.

11:05 a.m. - 11:35 a.m.

Break with Exhibitors

11:35 a.m. - 12:35 p.m.

Osteoporosis in Post-Acute and Long-Term Care: Are We Missing Opportunities?
Ginnie Prater, MD, Fellow, Geriatric Medicine,
University of Alabama at Birmingham;
Emily Nance, MD, Fellow, Geriatric Medicine,
University of Alabama at Birmingham
Learning Objective: Use recent osteoporosis research to provide appropriate care for patients.

12:35 p.m. - 1:00 p.m.

Lunch with Exhibitors

1:00 p.m. - 1:30 p.m.

ALMDA membership meeting

1:30 p.m. - 1:45 p.m.

ANHA Update
Frank Brown, Chairman of the Board, Alabama
Nursing Home Association

1:45 p.m. - 2:45 p.m.

Advance Directive Law in Alabama - 2016 Update
Kenny W. Keith, MSN, JD, partner, Harbuck Keith &
Holmes LLC
Learning Objective: Identify situations to legally and compassionately implement DNRs.

2:45 p.m. - 3:45 p.m.

**The Choosing Wisely Campaign:
How it Can Be Beneficial for the Nursing Home**
Kendra Sheppard, MD, MSPH, CMD, Assistant
Professor, University of Alabama at Birmingham; Steve
Furr, MD, CMD, Family Medical of Jackson
Learning Objective: Develop logical treatment plans based on evidence outlined by the Choosing Wisely Campaign.

3:45 p.m.

Adjourn

Call the Westin Birmingham at (866) 716-8108 to reserve your room. Cut off date is Dec. 28, 2016. Rates begin at \$149.

If you have special needs or need assistance, please contact Jill Smith at (334) 596-0663 or jsmith@alamedical.org.



THE ALABAMA
MEDICAL DIRECTORS
ASSOCIATION

19 S. Jackson Street
Montgomery, AL 36104
www.almda.org
(334) 954-2500



2017 Individual Membership and Conference Registration

Name: _____ Professional Designation: _____

Facility Name: _____

Facility Address: _____
Street or PO Box City, State ZIP

*Home Address: _____
Street or PO Box City, State ZIP

Facility Phone: _____ *Cell Phone: _____

Fax: _____ *E-mail: _____

Check here to opt out of being listed in the 2017 ALMDA Member Directory.
(*Home addresses, cell phone numbers and e-mail addresses will not be published).

Select a Membership Category

Regular Membership: \$100
Physicians and Nurse Practitioners involved in
long-term care

Associate Membership: \$50
Nurses, Pharmaceutical Representatives, Administrators,
and any other professional involved in long-term care

Meeting Registration

Mid-Winter Conference (Jan. 28, 2017, Birmingham) (Add \$25 if registering after Jan. 1.)

Regular Member \$200 Physician Nonmember \$300
 Associate Member \$200 Associate Nonmember \$250

Accommodations

For hotel reservations, call the Westin at (866) 716-8108. Rate for Friday, Jan. 27, is \$149. **Room cutoff is Dec. 28, 2016.**

Annual Conference (July 27-30, 2017, Destin, Fla.) (Add \$25 if registering after July 1)

Regular Member \$300 Physician Nonmember \$400
 Associate Member \$300 Associate Nonmember \$350
 Guest(s) (meal functions only) \$75 each Name(s): _____

Accommodations

For hotel reservations, call the Sandestin Golf and Beach Resort at (800) 622-1038 and reference the Alabama Medical Directors Association room block. Rates begin at \$169 per night and will apply for three days before and three days after the conference based on availability. **The room block expires June 23, but we expect rooms to sell out before that date.**

PAYMENT: Online payment of individual dues and meeting registration is available at www.tinyurl.com/ALMDA2017.

Credit Card: VISA MasterCard American Express Check payable to ALMDA

Cardholder Name: _____

Billing Address: _____
Street or PO Box City, State ZIP

Card Number: _____ Exp. Date: _____ Security Code: _____

Signature: _____ Email for Receipt: _____ Amount: \$ _____

Complete form and return to: Alabama Medical Directors Association (ALMDA)
P.O. Box 1900 • Montgomery, AL 36102 • Fax: (334) 269-5200

For more information, please contact Jennifer Hayes at JHayes@alamedical.org or (334) 954-2500.