

**Stay Calm  
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CALTCM.org**

**CALTCM**  
**COVID-19 Webinar Series**

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April 19, 2021

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**Webinar Planning Committee**

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Patricia Latham Bach, PsyD, RN  
Heather D'Adamo, MD, CMD  
Janice Hoffman-Simen, Pharm.D., EdD, APh, BCGP, FASCP  
Ashkan Javaheri, MD  
Albert Lam, MD  
Dominic Lim, MPH  
Jay Luxenberg, MD  
Tina Meyer, DHSc, MS, PA-C  
Karl Steinberg, MD, CMD, HMDC  
Michael Wasserman, MD, CMD



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*Upcoming Webinars*

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**May 3**  
**May 17**

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Save the Date!

CALTCM

*Summit for Excellence*

October 7-9, 2021  
A Virtual Event

*Promoting quality patient care through medical leadership and education*

CALTCM April 19, 2021

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### Webinar Faculty

**Ashkan Javaheri, MD, CMD**  
Geriatrician  
Mercy Medical Group–Dignity Health Medical Foundation  
Head of the Geriatric Division, Associate Clinical Professor, UC Davis School of Medicine



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### Webinar Moderator

**Albert Lam, MD**  
Geriatrician  
Chair, Dept of Geriatric Medicine, Palo Alto Foundation Medical Group, CALTCM President



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**Webinar Faculty**  
**Jay Luxenberg, MD**  
Chief Medical Officer, On Lok  
CALTCM, Wave Editor-in-Chief



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**Webinar Faculty**  
**Karl E. Steinberg, MD, CMD, HMDC**  
President, AMDA: The Society for Post-Acute and Long-Term Care Medicine  
CALTCM BOD Member  
Chief Medical Officer, Mariner Health Care



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**Webinar Faculty**  
**Michael Wasserman, MD, CMD**  
Geriatrician  
Immediate Past-President and  
Chair, Public Policy Committee  
CALTCM



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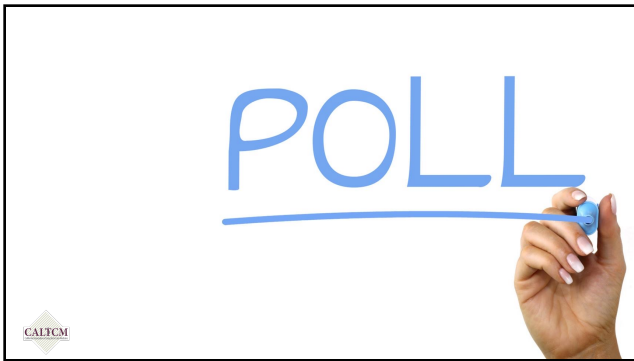
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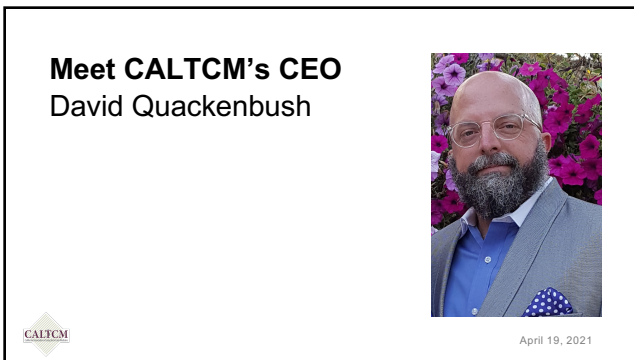
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### COVID-19 Vaccines Comparison

**COVID-19 vaccines: What you need to know**  
The U.S. now has three vaccines in its arsenal against the coronavirus. Here's how they compare.

	Johnson & Johnson	Pfizer	Moderna
<b>Type of vaccine</b>	Viral vector	RNA	RNA
<b>How it works</b>	Teaches the immune system to attack the protein the virus uses to infect other cells. The instructions are carried by a non-dangerous virus.	Uses RNA to teach the immune system to target the virus's surface, preventing infection.	Uses RNA to teach the immune system to target the virus's surface, preventing infection.
<b>Effectiveness*</b>	66%	95%	94.5%
<b>Storage conditions</b>	At least three months at refrigerator temperatures	Two weeks at freezer temperatures (-4°F), five days in the refrigerator (36° to 46°F)	One month at refrigerator temperatures
<b>Doses needed per person</b>	One shot	2 shots, three weeks apart	2 shots, four weeks apart
<b>Status of availability</b>	FDA authorized	FDA authorized	FDA authorized

\*Note: The Johnson & Johnson vaccine was tested at a time when faster-spreading viral variants were common and in countries where these strains are known to exist.  
Sources: Pfizer; Moderna; Johnson & Johnson; U.S. Food and Drug Administration; World Health Organization

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### J&J Janssen Pause.....

- On April 13, 2021, CDC and FDA recommended a pause in the use of Johnson & Johnson's Janssen COVID-19 Vaccine.
- Nearly 7 million doses administered in the United States.
- 6 reports of cerebral venous sinus thrombosis with thrombocytopenia (CVST) in people after receiving the J&J/Janssen COVID-19 Vaccine.
- All reports occurred among women between the ages of 18 and 48, and symptoms occurred six to 13 days after vaccination.
- Report adverse events to the [Vaccine Adverse Event Reporting System \(VAERS\)](https://www.fda.gov/oc/ohrt)

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safetv/JJUpdate.html>

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## CVST



- Symptoms
  - Including severe headache, backache, new neurologic symptoms, severe abdominal pain, shortness of breath, leg swelling, petechiae, or new or easy bruising
- Do not treat with heparin unless HIT test is negative
- High dose IVIG is recommended
- Mark any Janssen COVID-19 vaccine in your inventory “Do not use. Awaiting guidance.”



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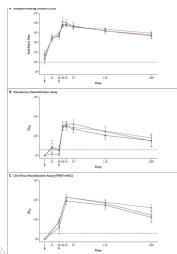
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THE NEW ENGLAND JOURNAL OF MEDICINE



## How Long Does the Vaccine Last?

- Antibody activity remained high in all age groups (18-55, 56-70, >71) at day 209.
- All participants had detectable activity in different assays
- Relationship between titers and vaccine efficacy is unknown

April 6, 2021  
<https://www.nejm.org/doi/full/10.1056/NEJM2103916>



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## Vaccine Against Variants

Wednesday, March 31, 2021

NIH clinical trial evaluating Moderna COVID-19 variant vaccine begins

- Phase 1 variant vaccine trial has begun enrolling participants in several US cities
- The variant vaccine candidate developed by Moderna, differs from the currently-authorized Moderna vaccine in that it delivers instructions for making the SARS-CoV-2 spike that incorporates key mutations in the B.1.351 (South Africa) virus variant.



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### Pfizer and Biontech Report

- Vaccine is highly effective with 91.3% vaccine efficacy observed against COVID-19, measured seven days through up to **six months** after the second dose
- > 44,000 participants, with > 12,000 vaccinated participants having at least six months follow-up
- Vaccine was 100% effective in preventing COVID-19 cases in South Africa, where the B.1.351 lineage is prevalent

<https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-confirm-high-efficacy-and-no-serious>



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### What to Expect in the Near Future

- 3<sup>rd</sup> shot?
  - “The way to get the answer is to just follow people closely enough to determine when that level of efficacy or protection diminishes, both with regard to the level of the antibodies as well as clinical data with regard to breakthrough infections,” Dr. Fauci
  - People may need to get booster shots for the COVID vaccines in a year
- Other variants
  - P1 (Brazil) and B.1.1.7 (UK)



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### Clinical Implications of Legislation

Michael Wasserman, MD,  
CMD  
Chair, Public Policy  
Committee  
California Association of  
Long Term Care Medicine



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CALIFORNIA LEGISLATURE—2021—22 REGULAR SESSION  
**ASSEMBLY BILL** No. 749  
 Introduced by Assembly Member Nazarian  
 February 16, 2021

An act to add Section 1261.4 to the Health and Safety Code, relating to health facilities.

**LEGISLATIVE COUNSEL'S OFFICE**

AB 749, as introduced, Nazarian. Skilled nursing facilities: medical director certification.  
 Existing law provides for the licensure and regulation of health facilities, including skilled nursing facilities, by the State Department of Public Health. Existing regulations require each skilled nursing facility to employ a medical director who is responsible for standards, coordination, surveillance, and planning for improvement of medical care in the facility. Existing law makes it a misdemeanor for any person to willfully or repeatedly violate these provisions.  
 This bill would prohibit a skilled nursing facility from contracting with a person as a medical director if the person is not, or will not be within 5 years, certified by the American Board of Post-Acute and Long-Term Care Medicine as a Certified Medical Director. By expanding the scope of an existing crime, this bill would impose a state-mandated local program.  
 The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

AB 749:  
 Medical  
 Director  
 Certification

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**F841, §483.70(h)  
 Medical Director**

- The facility must designate a physician to serve as Medical Director. §483.70(h)
- The Medical Director is responsible for—
- Implementation of resident care policies; and
- The coordination of medical care in the facility.

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ORIGINAL STUDIES

**Impact of Medical Director Certification on Nursing Home Quality of Care**

Frederick N. Rowland, PhD, MD, CMD, Mick Cowley, BA, MS, Craig Dickson, BA, MS, and Paul R. Kercz, MD, CMD

VALUE OF AN ENGAGED AND COMPETENT MEDICAL DIRECTOR

**Objective:** This study tests the research hypothesis that certified medical directors are able to use their training, education, and knowledge to positively influence quality of care in US nursing homes.

**Design:** F-tag numbers were identified within the State Operations Manual that reflect dimensions of quality thought to be impacted by the medical director. A weighting system was developed based on the "scope and severity" level at which the nursing homes were cited for these specific tag numbers. Then homes led by certified medical directors were compared with homes led by medical directors not known to be certified.

**Data/participants:** Data were obtained from the Centers for Medicare & Medicaid Services' Online Survey Certification and Reporting database for nursing homes. Homes with a certified medical director (547) were identified from the database of the American

**Results:** The standardized quality score of facilities with certified medical directors (n = 547) was 0.8958 versus 1.0037 for facilities without certified medical directors (n = 15,280). (Lower number represents higher quality). When nursing facility characteristics were added to the regression equation, the presence of a certified medical director accounted for up to 15% improvement in quality.

**Conclusions:** The presence of certified medical directors is an independent predictor of quality in US nursing homes. *J Am Med Dir Assoc* 2009; 10: 431-439

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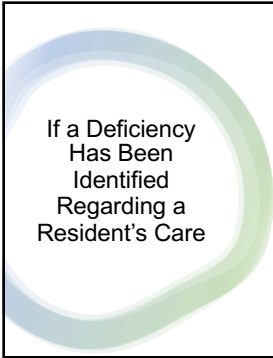
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- Medical Director *should have had* knowledge of a problem with care, or physician services, or lack of resident care policies and practices that meet current professional standards of practice
- **\*If there is a clear facility issue and they did not bring their Medical Director into the loop, this is problematic**—facilities need to solicit and implement Medical Director input into identified clinical problems.

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CALIFORNIA LEGISLATURE—2021-2022 REGULAR SESSION

**SENATE BILL** **NO. 650**

Introduced by Senator Stern

February 19, 2021

An act to amend Section 1418 of, and to add Section 128734.1 to, the Health and Safety Code, relating to skilled nursing facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 650, as introduced, Stern. Skilled nursing facilities.

Existing law requires an organization that operates, conducts, owns, or maintains a health facility, and the officers thereof, to make and file with the Office of Statewide Health Planning and Development specified reports relating to the facility's finances, including, among other things, a balance sheet detailing the assets, liabilities, and net worth of the health facility at the end of its fiscal year.

This bill would require an organization that operates, conducts, owns, manages, or maintains a skilled nursing facility or facilities to prepare and file with the office an annual consolidated financial report that includes data from all operating entities, license holders, and related parties in which the organization has an ownership or control interest of 5% or more and that provides any service, facility, or supply to the skilled nursing facility. The bill would also require management companies and property companies that are not related by ownership or control to one of those organizations, but that contract with, or have entered into leases with, one of those organizations, to file an annual consolidated financial report. The bill would require the office to post those reports and related documents to its internet website.

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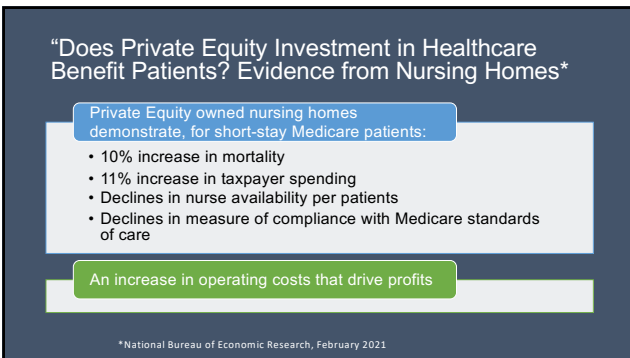
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**Private Equity owned nursing homes demonstrate, for short-stay Medicare patients:**

- 10% increase in mortality
- 11% increase in taxpayer spending
- Declines in nurse availability per patients
- Declines in measure of compliance with Medicare standards of care

An increase in operating costs that drive profits

\*National Bureau of Economic Research, February 2021

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### Specific Financial Aspects Related to Private Equity: Tip of the Iceberg

- Management Fees
- Lease Payments
- Interest on Debt
- Expenses that do not go towards staff or clinical resources




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### Examples of Related Parties That Have an Impact on Nursing Home Finances

- Real estate
- Medical supplies
- Service providers
- Wound Care
- Construction
- Management




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### AB 749 (Nazarian): Medical Director Certification

- **HSC 1261.4.**
- A skilled nursing facility shall not contract with a person as a medical director if the person is not, or will not be within five years, certified by the American Board of Post-Acute and Long-Term Care Medicine as a Certified Medical Director.

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## What Is a CMD?

- Credential through the American Board of Post-Acute and Long-Term Care Medicine (ABPLM)
  - Only organization providing such a credential
- Requires 46 hours of education (core curriculum)
  - Can be done online
- Covers 22 critical areas of PALTC practice, administration and leadership
- Requires ongoing education (CMD credits) and must be renewed every 6 years
- Total cost to achieve certification ~\$3500

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## CMDs In California

- About 150 current CMDs
- ~1300 Skilled Nursing Facilities
- So only a small fraction of California facilities have certified medical directors
  - Some have medical directors who lack basic knowledge of geriatric medicine principles and the complex regulatory framework of SNFs
  - Some have medical directors who serve only to drive admissions to the facility
- The problems that arise from poorly qualified, disengaged medical directors have been highlighted during the pandemic

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## AB 749 (Nazarian): Medical Director Certification

- CURRENT ORGANIZATIONAL POSITIONS**
- CMA: Watch
    - Longstanding policy: Support the concept that nursing home medical directors should seek formal training and certification in long-term care medical direction
  - CAHF: Support if amended
  - CANHR: Support

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