


Stay Calm
Stay Prepared
Stay Informed
CALTCM.org

CALTCM COVID-19 Webinar Series

March 8, 2021

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Webinar Planning Committee

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Heather D'Adamo, MD
Janice Hoffman-Simen, Pharm.D., EdD, APh, BCGP, FASCP
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Albert Lam, MD
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Tina Meyer, DHSc, MS, PA-C
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Michael Wasserman, MD, CMD



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Upcoming Webinars

March 22
April 5 & 19

CALTCM CALTCM.org @CALTCM #CALTCM March 8, 2021

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Webinar Faculty

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

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Webinar Moderator

Karl E. Steinberg, MD, CMD, HMDC
President-Elect, AMDA: The Society for Post-Acute and Long-Term Care Medicine;
CALTCM BOD Member; Chief Medical Officer,
Mariner Health Care; Past Chair, Coalition for
Compassionate Care of California



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Webinar Faculty

Henry Stern
California State Senator
27th District



March 8, 2021

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Webinar Faculty

Michael Wasserman, MD, CMD
Geriatrician
Immediate Past-President and
Chair, Public Policy Committee
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- Louise Aronson, MD, MFA
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- Terri Ballesteros
- Flora Bessey, PharmD, BCGP
- Jennifer Birdsall, Ph.D.
- Araceli Chavez, LVN
- Lindsay Coate
- Heather D'Adamo, MD
- Kathleen "Suki" De Jesus, BSN, RN
- Rebecca Ferrini, MD, MPH, CMD
- Elizabeth Fuller
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- Allison McGeer, M.D., FRCPC
- Kaylee Mehlman PharmD, RPh, BCGP
- Tina M. Meyer, DHSc, MS, PA-C
- Deborah Milito Pharm D, BCGP, FASCP
- Tracie E. Murray, JD, NHA
- KJ Page, RN-BC, LNHA
- Meenakshi Patel, MD, FACP, MMM, CMD
- Denise Rettenmaier, DO
- Dana Saffel, PharmD
- Shannon Scott-Vernaglia, MD
- Pamela Sebastian, MD
- Lisa Seo, MD
- Chris Wilson, RN, JD, MS, HEC-C

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CALTCM MISSION & VISION


- CALTCM promotes quality patient care across the long-term care continuum through medical leadership and education.
- Provide quality education for long term care professionals;
- Promote effective medical leadership;
- Promote ethical delivery of care; and
- Promote the rights of patients.



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Cc: Dan Osterweil

MARCH 5TH
EMAIL TO
CALIFORNIA
DEPARTMENT
OF PUBLIC
HEALTH



...We've all been giving a lot of thought to ways we can reduce the risk of concern of public health based on my experience in the industry. I am concerned that the Infection Management Training Program to focus on Infection Prevention efforts in nursing homes and infection prevention nurse as part of the leadership team if there are to be a program.

...program. If you think that this might be helpful, we'd be happy to quickly develop a discussion to help safeguard the lives of nursing home residents throughout the state. Thank you

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MARCH 6
WEBINAR
SUGGESTION


Heidi@CDPH <Heidi.Steinecker@cdph.ca.gov> @
COVID-19 Training Office
ASSISTANT, Cc: Dan Osterweil, Dean, Charity A@CDPH <Charity.Dean@cdph.ca.gov> & 1 more

Hi Mike,

We will keep in mind of your offer. At this time though, you may want to find ways to morph your one c training to a webinar training that can reach many facilities remotely. So far our Healthcare Association assist Infection Control education and prevention but again, we will keep you and your team in mind.

Thank you again,
Heidi

Heidi W. Steinecker
Deputy Director
Center for Health Care Quality (CHCQ),
California Department of Public Health




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MARCH 19 & 20
CALTCM BOARD
RESOLUTIONS:
DON'T ADMIT
COVID PATIENTS
MINIMIZE
TRANSFERS
MANDATE A
FULL-TIME
INFECTION
PREVENTIONIST

California Association of Long Term Care Medicine
Promoting quality patient care through medical leadership and education

Date: March 20, 2020

To: CALTCM Membership and Post-Acute and Long-Term Community

From: Mike Wasserman, CALTCM President

Subject: CALTCM Resolution: COVID-19

In response to the COVID-19 outbreak, the California Association of Long Term Care Medicine (CALTCM) Board of Directors voted to support the following two recommendations regarding infection prevention.

- The CALTCM Board of Directors recommends resident's suspected of COVID-19 who are clinically stable should be tested in the facility using appropriate infection prevention guidelines. Transferring residents strictly for COVID-19 testing risks introducing COVID-19 to the patient and the facility.
- The CALTCM Board of Directors urges the Governor to immediately mandate that the Infection Preventionist in every nursing facility be focused solely on infection control in a full-time capacity for the duration of the COVID-19 Crisis.

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CALTCM'S
LONG TERM
CARE
QUADRUPLE
AIM FOR
COVID-19
RESPONSE

- Sufficient and properly used PPE
- Readily available testing of staff and residents
- Stellar Infection Prevention
- Emergency Preparedness/Incident Command Mode
- <https://www.facebook.com/msnbc/videos/dr-wasserman-on-nursing-homes-and-coronavirus/229542274964255/>

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BREAKING NEWS

LONG-TERM CARE FACILITIES STRUGGLE TO TEST ALL RESIDENTS

MSNBC

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1ST DELPHI
PANEL
PROJECT:
MAY 31ST

15th April, 2020/21
For open Access International IAS, part of Springer Nature


EDITORIAL

DIAGNOSTIC TESTING FOR SARS-CORONAVIRUS-2 IN THE NURSING FACILITY:
RECOMMENDATIONS OF A DELPHI PANEL OF LONG-TERM CARE CLINICIANS

M. WASSERMAN^{1,2}, J.G. OUSLANDER³, A. LAM⁴, A.G. WOLK⁵, J.E. MORLEY⁶,
S. VON PREYSS-FRIEDMAN⁷, N. MARCO⁸, A. NAZIR⁹, D. HAIMOWITZ¹⁰, F. BESSEY¹

¹ Elmhurst Village, Los Angeles Jewish Home, USA; ² California Association of Long Term Care Medicine, USA; ³ Charles E. Schmidt College of Medicine, Florida Atlantic University, USA; ⁴ Palo Alto Medical Foundation, USA; ⁵ Alpert Center, University of California, San Diego, USA; ⁶ Division of Geriatric Medicine, St. Louis University Medical School, USA; ⁷ Avon Health Care Group and University of Washington, USA; ⁸ Los Angeles Jewish Home, USA; ⁹ Signature HealthCare, USA; ¹⁰ St. Anthony's Community, Longwood, PA, USA. Corresponding author: Michael Wasserman, MD, CMD, California Association of Long Term Care Medicine, 205 New Ave., Newberg Park, CA 91320. Email: wasserman@caltcm.org, Ph: 710-411-5322

Abstract: With the COVID-19 pandemic progressing, guidance on strategies to mitigate its devastating effects in nursing facilities (NFs) is critical to preventing additional tragic outcomes. Asymptomatic spread of COVID-19 from nursing facility staff and residents is a major accelerator of infection. Facility-wide point-prevalence testing is an emerging strategy in disease mitigation. Because time is not available to await the results of randomized controlled trials before implementing strategies in this high-risk setting, an expert Delphi panel composed of experienced long-term care medicine professionals has now met to provide testing guidance for SARS-



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2ND
DELPHI
PROJECT



State of California—Health and Human Services Agency
California Department of Public Health



September 22, 2020

ATI 20-13

TO: Skilled Nursing Facilities

SUBJECT: Advance Care Planning, Physician's Order for Life Sustaining Treatment (POLST) and Coronavirus Disease 2019 (COVID-19)

AUTHORITY: Title 22 California Code of Regulations section 72027


All Facilities Letter (AFL) Summary

With AFL, you will receive the information you need to understand the requirements for the new COVID-19 testing and treatment protocols. The information is available in a user-friendly format.




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ANOTHER
DELPHI
PROJECT



JAMDA
Journal homepage: www.jamda.com



Original Study

Recommendations for Welcoming Back Nursing Home Visitors During the COVID-19 Pandemic: Results of a Delphi Panel

Christian Bergman MD, CMD^{1,2}, Nathan M. Stall MD³, Daniel Haimowitz MD, CMD⁴, Louise Aronson MD⁵, Joanne Lynn MD⁶, Karl Steinberg MD, CMD⁷, Michael Wasserman MD, CMD⁸

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²Division of Geriatric Medicine, Department of Medicine, University of Illinois, Urbana, Illinois, USA
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⁵University of Illinois, Chicago, IL, USA
⁶University of Illinois, Chicago, IL, USA
⁷University of Illinois, Chicago, IL, USA
⁸Elmhurst Village, Los Angeles Jewish Home, part of Springer Nature, Los Angeles, CA, USA

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CALTCM
INITIATIVES

Weekly calls with facility IPs

• Collaboration with HSAG (QIN-QIO)
• Started as one call per week
• Added a weekly webinar
• Highly successful

Biweekly calls with CDPH Leadership

Monthly calls with DSS Leadership

AFL & PIN Input

Participation in State Advisory Committees

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AB 2644: FULL-TIME INFECTION
PREVENTIONIST

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1255.9 is added to the Health and Safety Code, to read:


1255.9. (a) (1) A skilled nursing facility shall have a full-time, dedicated Infection Preventionist (IP).

(2) The IP role may be filled either by one full-time IP staff member or by two staff members sharing the IP responsibilities, as long as the total time dedicated to the IP role equals at least the time of one full-time staff member.

(3) The IP shall be a registered nurse or licensed vocational nurse and shall not be included in the calculation of three and one-half hours of direct patient care per day provided to skilled nursing facility residents.

(b) A skilled nursing facility shall have a plan in place for infection prevention quality control.

(c) A skilled nursing facility shall ensure all health care personnel receive infection prevention and control training on an annual basis.



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VALUE OF AN
ENGAGED
AND
COMPETENT
MEDICAL
DIRECTOR

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. Racz, MD, CMD

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: 4 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

average score) for each home, and the homes with certified medical directors compared with the other homes in the database. Regression analysis was then used to attempt to identify the most important contributors to measured quality score differences between the homes.

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 = 15,230). (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: 431-433)

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AB 749:
MEDICAL
DIRECTOR
CERTIFICATION

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 DIGEST

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.

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"DOES PRIVATE EQUITY INVESTMENT IN
HEALTHCARE BENEFIT PATIENTS?
EVIDENCE FROM NURSING HOMES"

- 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





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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

HEALTH AFFAIRS BLOG

RELATED TOPICS: NURSING HOMES | QUALITY OF CARE | MEDICARE | PAYMENT | AFFORDABLE CARE ACT | MEDICAID | PHARMACEUTICALS

These Administrative Actions Would Improve Nursing Home Ownership And Financial Transparency In The Post COVID-19 Period

Charlene Harrington, Anne Montgomery, Terris King, David C. Grabowski, Michael Wasserman

FEBRUARY 11, 202110.1277/10102008.197573



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SB 650: RELATED PARTY TRANSPARENCY BILL

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 COUNCIL'S HEADLINE

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 financial statement disclosing 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 to 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 these organizations, but that contract with or have entered into leases with, one of these organizations, to file an annual consolidated financial report. The bill would require the office to post these reports and related documents to its internet website.

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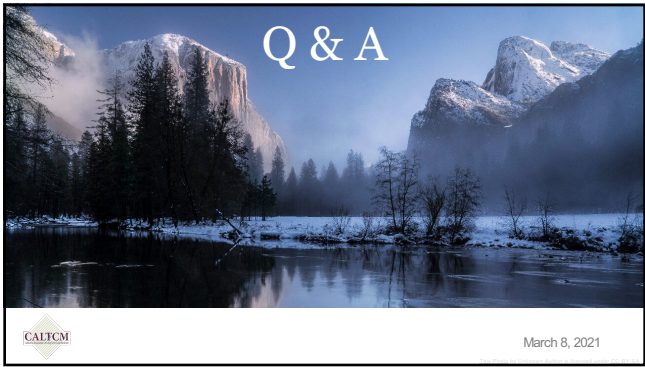
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