

DRAFT MINUTES
MSSNY's Long Term Care Subcommittee
May 10, 2017
Via Web and Teleconference
11:00 AM – 12:30 PM

Long Term Care Subcommittee

Evelyn Dooley- Seidman, MD, Chair
John Ostuni, MD
Cornelius Foley, MD
Steven Kaner, MD
Ruth Kleinman, MD
Jay Slotkin, MD
Gregory Pinto, MD
Thomas Lee, MD
Al Cardillo, Executive Vice-President, Home Care Association

MSSNY Staff:

Moe Auster, Esq., MSSNY Staff, Division of Governmental Affairs
Pat Clancy, MSSNY Staff, Division of Governmental Affairs
Anna Cioffi, MSSNY Staff, Division of Governmental Affairs

- 1) Welcome/Introductions: Dr. Dooley-Seidman welcomed the subcommittee and guests.
- 2) Approval of Minutes from May 10, 2017: Approved as written.

Dr. Dooley inquired about the VA program and asked if the Subcommittee was required submit a report to the House of Delegates. Pat Clancy will check to see if there was a resolution.

LTC/Task Force Resolution and HOD Action

Moe said that Dr. Dooley, Dr. Slotkin and Dr. Kleinman have been participating in a series of meetings with representatives of the Home Care Association of New York State. The group has raised a number of issues but the most significant has been the face-to-face requirement as pre-condition for eligibility for home care services under Medicare. It was decided that the most impactful steps the committee could take was a resolution to go to the MSSNY House of Delegates. The original resolution had called for the elimination of the face-to-face requirement or to substantially revise it. At the House of Delegates there were some modifications but it essentially is calling for MSSNY to work with our congressional delegation and the AMA to simplify the Medicare requirements for the face-to-face visit. Dr. Ostuni, Dr. Barrick, an othopaedic surgeon in Dutchess County, Dr. Salzberg, a family physician in Sullivan County and Dr. Maria Basile, a surgeon in Suffolk County, also spoke in favor of this resolution. The final resolution called upon MSSNY to work with the AMA to advocate to simplify the Medicaid requirements for face-to-face visits by physicians and patients as a pre-condition for Medicare home health care coverage including advocating for alternatives for such face-to-face requirement.

This resolution has been submitted to the AMA and it going to be assigned to one of the Committeeø at the AMA. Moe Auster also attending the annual meeting of the Home Care Association of New York State and suggested to the representatives that they get in touch with their colleagues from other states so they can be in communication with their leadership of their state medical societies to help generate support for this resolution at the House of Delegates. Separate and apart from the work on the resolution simplifying F2F on the Medicare level. One of the other discussion points for the task force is that physicians are facing a similar requirement in the Medicaid program coming up in July 1st of this year. The requirement would not be applicable in Medicaid Managed Care as about 90% of Medicaid is delivered through managed care. However, the rest are fee-for-service could be applicable. He noted that MSSNY was working with HCA on a document to limit the Medicaid situation where an F2F would be required.

Al Cardillo said that the letter was written in a way that was as straightforward as possible. There was an initial attempt way back in the fall by the Department of Health to produce some guidance for implementing this and the guidance would scare probably most of the physicians away from ever referring another home care patient and encourage most home care agencies to close their doors. Mr. Cardillo indicated that perhaps someone tried to mirror all the federal regulatory language which people donø really need to know. That is what we tried to capture in this write-up. He noted that he has spoken to the health department and they are very interested in what we can provide to them. We are just waiting to see if there are any other comments or any other edits.

VA/MSSNY Collaboration and Educational Programs

Pat Clancy provided an update regarding the Veteransø Grant Program and there are three educational programs. One is in PTSD and traumatic brain injury in veterans, one on suicide in veterans and one on substance use in the veteransø community. This program is provided by webinars and grand rounds. MSSNY has been collaborating closely with the New York State Social Workersø and the New York State Psychiatric Association. We have just recently conducted a very successful and sold-out conference at the Clarion in Ronkonkoma, Long Island. We did a peer-to-peer panel and their involvement with the veterans from the Dwyer program. We have also begun to develop a survey of those 300 doctors and asking them if they are still interested and we are going to try and reconnect them with the Dwyer program or a similar peer program in their community. We have much broader survey in regards to whether or not physicians are actually seeing veterans within their office practice and if they have been seeing an increase with depression, suicide, PTSD and obviously substance abuse. \

There was discussion about the Dwyer program. The Dwyer program is a peer program whereby you have a veteran who talks to a veteran who is in need of assistance. Dr. Dowling is significantly involved in the peer-to-peer program. Al Cardillo said that this is a program that Congressman Zeldin, who is on the House Veterans Committee, has been involved with and Mr. Cardillo serves on Congressman Zeldinø Veterans Advisory Committee. It was trying to get veterans and social workers to become knowledgeable about the program but also to say here is how you can connect the veterans to these programs. Dr. Slotkin asked if it was true that most veterans prefer not to not go to the VA? Pat responded by saying that this is what her understanding is. She is talking about todayø veterans, not veterans from Vietnam, World War II or Korea but it seems to be that inclination is to not get services from the VA particularly for womenø veteransø It was agreed to ask Dr. Dowling to present at the next meeting regarding the Peer-to-Peer Program.

Setting Three Priorities for the Committee – Per Dr. Rothberg Directive

There was extensive discussion about setting three presentations for the Subcommittee including sepsis and infection disease preventionists. The Committee agreed to the following priorities:

- VA/MSSNY Collaboration and Education Program ó Dwyer to Dwyer.
- Home Care Regulations/Task Force.
- Long Term Care issues related to nursing homes - Quality and Safety Issues in Nursing Homes -Educational programming on sepsis, infectious disease preventionists.

Dr. Dooley asked Pat if we could have individuals from the state to discuss sepsis tools. Pat said that we will see what we can do as far as getting somebody from the Department of Health. The other presentation will be presented by Dr. Frank Dowling and Marcelle Leis on the Dwyer to Dwyer Program.

New Business: None

Old Business: None

Next Meeting and Adjournment: The Committee agreed on September 27, 2017 from 11:00 AM to 12:30PM for the next meeting.