

**DRAFT MINUTES**  
**MSSNY's Long Term Care Subcommittee**  
**September 27, 2017**  
**Via Web and Teleconference**  
**11:00 AM – 12:30 PM**

**Long Term Care Subcommittee**

Evelyn Dooley- Seidman, MD, Chair  
Steven Kaner, MD  
John Ostuni, MD  
Jay Slotkin, MD  
Frank Dowling, MD  
Greg Pinto, MD  
Cornelius Foley, MD  
Joan Cincotta, MSSNY Alliance

**MSSNY Staff:**

Moe Auster, Staff, Division of Governmental Affairs  
Carrie Harring, Staff, Division of Governmental Affairs  
Anna Cioffi, Staff, Division of Governmental Affairs

**Invited Guest: Presentation of the Dwyer Peer to Peer**

Marcelle Leis, CMSgt (Ret), USAF/A, Program Director, Joseph P. Dwyer Veterans Peer Support Project and Frank Dowling, MD

**Welcome and Introductions:** Dr. Dooley welcomed the subcommittee

**1. Approval of the Minutes:** The minutes of May 10, 2017 were approved.

**2. Report of the Long Term Care Home Care Task Force**

Moe Auster made the presentation in lieu of Mr. Cardillo who had a prior commitment. There will be another meeting of the HCA-MSSNY Task Force scheduled for October 10 and the chief item is the implementation of the Medicaid Face-to-Face requirement that just went into effect this past July. MSSNY has worked closely with Al Cardillo to achieve changes to the F2F request. The 80% who are enrolled in Medicaid Managed Care are not subject to this new requirement. This is a one-time requirement at the start of services that the face-to-face requirement is not applicable for recertification. That will reset if the patient needs a brand new episode of care, but they will have to get a new face-to-face approval. It has to be done within 90 days prior to the start of the certified home health care agency or 30 days after the home care is involved in providing these services. The DOH staff clarified that not only was it Medicaid Managed Care cases that are exempted from this, it also applies to other types of situations such as personal care only, exempting the FIDA type cases and exempting HARP type cases. There is still about a million or so Medicaid recipients in New York State that this is applicable to, but the overwhelming percentage Medicaid recipients are not covered. MSSNY has been trying to get that exemption even wider to encompass all forms of managed care in New York State, including situations where care is being provided through a DSRIP performing provider system. The state, however, is not ready to spread the exemption further, but we will continue to focus on it. One of the focuses of the October 10<sup>th</sup> meeting is to get an update from the home care agencies how this is practically working and what types of mechanical issues they are seeing with it so far so that we can together bring those issues to the department all for redress. MSSNY sent around just a follow-up from the AMA House of Delegates. Dr. Ostuni might be able to speak to it as well because he was in attendance. At the last meeting we had talked about the resolution that MSSNY has passed calling for changes to the Medicare Face-to-Face requirements and what the AMA House of Delegates ended up doing was reaffirming existing policy. The existing policy calls for the AMA to work with CMS to assure physicians understand the means of complying with face-to-face encounter policies, assuring education of home health agencies about the requirements and monitor legislative and regulatory proposals on Medicaid Face-to-Face encounters and also work towards expanding the use of telehealth for covering this type of service. Moe has contacted the AMA on this, but are still waiting to hear back from the AMA and we will forward to the committee as soon as we receive this information.

Dr. Ostuni asked about the 85% enrolled in managed Medicaid. Moe responded by saying there are about 6 million or so people that are actually enrolled in Medicaid across the state in a variety of different

formats. There is about 4.3 million or so that are enrolled in pure Medicaid Managed Care. There is about another 90,000 or so that are enrolled in this Medicaid Advantage who are also exempted from it. There is another 700,000 who are dual eligibles to which this new requirement would have applied anyway through being a Medicare enrollee.

Dr. Dooley said that she went onto the AMA website and was not able to find a policy statement on the F2F and she asked Moe if he could take off the AMA website what their comments or positions are on this issue. Is there an explanation as to why there is a difference in the DOH addressing these two issues when it comes to regulatory requirements? Moe responded by saying that he would like to think that the DOH does, in fact, recognize the challenges to get this done. Dr. Dooley said that she is hopeful that the task force can also address a number of other issues that were identified by the physicians during previous discussions in our committee meetings with regard to the shortcomings and difficulties with implementing home care services.

Moe also highlighted the Home Care Association was given a grant from the New York State Health Foundation on sepsis and MSSNY wrote a letter in support for the grant application. MSSNY will have a representative on their sepsis committee and one of the objectives is to partner on education programs for physicians on sepsis awareness. There was discussion regarding sepsis in the long term care community and whether this should be part of the quality issues. Moe indicated that the grant HCA got is about home care. MSSNY is going to be working with the HCA on that aspect of it.

### **3. Sepsis Program: Postponed til next meeting.**

### **4. MSSNY Veterans Training Initiative:**

Carrie Harring presented an update on this initiative. MSSNY is currently preparing for its Train-the-Trainer program on October 4<sup>th</sup>. MSSNY is also working with NYSPA and the social workers on a joint program that will be on October 14<sup>th</sup> and 15<sup>th</sup> in Niagara Falls. MSSNY is also planning hospital grand rounds and seminars to present these programs. Dr. Dooley focused on the educational conferences that have been structured with regard to the three main subject areas regarding the work with the veterans. Moe responded that back in May we had done a joint conference with NYSPA and the social workers in the Long Island area and that was very successful. There is the upcoming training session in Niagara Falls. Seminars and webinars will continue on PTSD and TBI, on suicide prevention and on substance abuse disorders in military and veterans.

There was also a discussion regarding a survey that MSSNY physicians conducted asking if anyone would be interested in treating veterans even if they were not VA physicians. There were over 300 physicians that said yes. When we followed up to find out what happened there, an issue came up that insurance coverage was not in place to see these veterans. Dr. Dowling's understanding is that this initiative emanated from the AMA about three years ago. If the veteran is a civilian, they can get private insurance, but those who have Tricare, the network is limited and become difficult to find providers for general medical, specialty or mental health care. There has been legislation passed that, under certain circumstances, if a veteran lives a certain distance from the nearest VA, or if there is too long a wait list, they can opt to get care outside of the VA. The provider does not have to register to do that. Moe said that Dr. Dowling outlined the criteria that you need to wait 40 minutes or more than 40 miles. Dr. Dooley said that this a wonderful project to work with the VA system to improve access to care. Dr. Dowling wanted the committee to be aware that the planning committee is focusing much more on the training initiative and developing the CME and having faculty training and be able to present.

### **5. Dwyer to Dwyer**

Marcel Leis and Dr. Frank Dowling presented on the Dwyer Peer to Peer. The namesake of the program was a combat medic that worked post 9/11 and came back after multiple deployments and struggled with post-traumatic stress. He died in 2008. Four years ago, the Dwyer to Dwyer Peer program was introduced in Suffolk County. The group now has a working partnership with the Association for Mental Health and the Suffolk County Veterans Service Agency to deliver the peer-to-peer program. The Vietnam veterans are the largest population served and is also looking at an aging population of veterans from Vietnam, Korea and the World War II veterans. These groups seek long term medical and mental

care. The program sees a lot of the "signature" wound post-traumatic stress in a large percentage of the population especially the current Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans because of the construct of the way the U.S. is serving overseas and because of modern medical science. Post Traumatic Stress Disorder (PTSD) is not unknown to other periods of service and it goes back as far as the Civil War was Soldiers Heart, World War I was Shell Shock, World War II was Battle Fatigue, and Vietnam it was commonly known as Combat Stress until PTSD became a part of the nomenclature. More importantly, just to recognize that wars today are fought differently and combat veterans coming back really don't have a lot of time to transition.

Ms. Leis said that peer support can do is foster social networking, improve quality of life, promote wellness, improve coping skills, support acceptance of illness, improve compliance such as medication adherence, reduce concerns and increase satisfaction with the health status. We try to cultivate wellness and coping skills in community-based systems. We help them improve compliance by sharing others' experiences to get through with dealing with issues that they might currently be dealing with in crisis.

Ms. Leis presented slides on the program and then answered questions. Dr. Ostuni said that after Vietnam we did away with the draft and now we have a volunteer army. Is there anything different between the soldier? Does he go in with different expectations of previous military service. Is he afraid to get help because he volunteered for service? Ms. Leis responded that from her experience with Vietnam, that when they came home, they stuffed all their feelings because it was an embarrassment to them to say that they even served. The Vietnam veterans that are baby boomers are starting to access social services and they are now coming to the realization of coming to accessing services and talking about their experiences. In Suffolk County more Vietnam veterans and the older peacetime veterans, which is peacetime, are accessing the program. There have been no any outstanding conflicts but there were things going on. The Vietnam age veterans are accessing peer services because they haven't had an opportunity to speak on their behalf. Ms. Leis indicated that it didn't seem to be that the draft was a barrier. It is more on the way they were received when they came home, and how they felt about war.

Dr. Dooley inquired about the issue of veterans not having access to care improving in order to reduce the negative effects of not having to access to care, like suicides and behavioral disorders? Ms. Leis said it goes to the perception of the new leadership at the VA and then the barriers that might be there as far as access because of discharge status. She believes that there is going to be a shift in how the treatments are happening based on the fact that there is legislation in Congress working to help reverse what they call bad papers discharges. Regardless, if you are a victim of military sexual trauma, you have access to care through the VA. The VA is putting an initiative out to try and have any kind of compensation and benefit claims turned over within 30 day which some benefits could take up to two years to go through which goes to access to VA care.

### **2018 Meeting/Items:**

It was agreed that a sepsis presentation be held and a speaker from DOH secured for the next meeting.

There was discussion about the death and dying survey. This survey is being done by the MSSNY Bioethics Committee. An email will be sent shortly to subcommittee members regarding the status of this survey.

**Next Meeting:** Next meeting will take place on January 24, 2018.

