

**DRAFT MINUTES**  
**MSSNY's Long Term Care Subcommittee**  
**September 30, 2018**  
**-Via Web and Teleconference**  
**7:30 AM – 9:00 AM**

**Long Term Care Subcommittee**

Jay Slotkin, MD, Chair  
Steven Kaner, MD, Vice-Chair  
Joanne Cobler, MD  
Timothy Holahan, MD  
Gregory Pinto, MD, Commissioner  
Thomas Lee, MD, Assistant Commissioner  
Thomas Madejski, MD, MSSNY President  
Joan Cincotta, Alliance

**MSSNY Staff**

Moe Auster, Esq., Staff, Division of Governmental Affairs  
Carrie Haring, Legislative Associate  
Anna Cioffi, Staff, Division of Governmental Affairs

**1. Welcome and Introductions:** Dr. Slotkin welcomed the subcommittee.

**2. Approval of the Minutes:** The minutes of May 18, 2018 were approved.

**3. Presentation by the NYS Office for the Aging and OFA Staff:**

John Cochrane, Jennifer Rosenblum and Naila Kabiraj  
OFA staff: Anthony Ehern Rosen, MD and Thomas Caprio, MD.

The committee was provided information on elder abuse screening to have a clear context of what we were talking about and what they wanted to present. The basic foundation on this is that legislation was passed and signed (Chapter 328 of the Laws of 2017) that requires NYSOFA to develop guidelines for those working in health care settings to identify suspected self-neglect cases and maltreatment of older adults. They put together a Rubric that will help educate people in those settings in ways that can more easily identified as elder abuse. As part of our process to identify ways that we can more effectively do this, the NYSOFA is charged with working with the DOH and also the Office of Children and Family Services. OCFS is involved because of their role in their as overseers of the adult protective services system. MSSNY is a key player in this process. This is not a mandatory function.

Dr. Thomas Caprio stated that the goal is to increase awareness with regard to elder abuse. There is a dis-connect between a lot of health care settings in getting linked in to the appropriate services to address their needs. There is a whole spectrum when we think about elder abuse from physical abuse to financial exploitation and many complex issues. Some of the challenges because of the fact of where the state of research is as well as what the screening tools have been designed for is that there are two areas there is real gaps of our knowledge base and that's home care and the nursing home settings in terms of how do we navigate them and be able to identify elder abuse. In the nursing home it is more complicated because it is not just about the interface with families and potentially with a nursing home resident getting admitted and that there is concerns that there is neglect at home or there is financial exploitation of things going on but also acknowledging the fact there is also the effect of caregiver elder abuse that can take place within a facility.

Dr. Anthony Rosen stated that from their perspective they wanted to emphasize that what has been prescribed by the law and what is not mandatory. They want to offer a tool that can be used and offer recommendations about which tool to use. Healthcare providers have a central role in identifying and initiating intervention and the literature is pretty clear that we don't right now take much of a role. Unfortunately, elder abuse is a common problem among the patients that we care for and just don't recognize it as we treat their other acute medical issues. From our perspective this offers an opportunity to not mandate anything, but rather an opportunity to offer tools, to offer guidelines and to also to set up opportunities for education to our colleagues. There is a new tool that is being designed and validated and tested out

specifically for the emergency department. We realize that every clinical site has challenges and every clinical site has different opportunities. Many of the members of this committee are focused in a long term care setting, that it is in the long term care setting and transitions to and from the long term care setting that we may see unintended consequences of increased recognition of this issue. This is as an opportunity to work with physicians other agencies to make sure that we are able to describe the fate of the research to our clinical colleagues in the state of New York to provide recommendations based on the fate of the research but to use this as an opportunity to raise awareness and build training and build competencies around this very important issue. What we are offering is recommendations, not mandates, and one of this is going to be required or assessed from a quality perspective.

Art Mason, is head of the Elder Abuse Lifespan Program, a not-for-profit in the Rochester region. He gave a quick overview of how to tie these pieces together and how it can help the MSSNY and the Home Care Association. The demographics are changing, the nature of the issue in terms of who the perpetrators and the drug addictions in terms of those taking advantage of it. A number of years ago, besides the DOH regulations on long term care, the Elder Justice Act. They handle about 350 cases every year in collaboration with adult protective services in Monroe County. The number three number of referrals that we have now gotten since we have been doing education with Dr. Caprio's group, the University of Rochester in this region, with home health care aides, with long term health care, with physicians, the number three referral source health care. In our elder abuse program, we work for older adults. We will work with MSSNY to continue our efforts to move this effort forward.

John Cochrane stated that moving forward with the assistance of MSSNY in moving the ball is processing our recommendation in regard to the use of the easy tool. This is a document that has been vetted in Texas and other countries. Canada has used it with substantial success for use in primary care settings. We thought it would be a perfect fit for a look by MSSNY as a validator.

Dr. Lee asked how much of the new program on the checklist is the result of prior successful programs that are new? There are obviously quite a few blanks in settings such as the long term care facilities. The presenter stated that what we are looking at this point is the utilization of the easy tool in primary care settings and that the other areas that are identified in the Rubric, such as in home care, home visits and EMS. We identify long term care as being a complicated place and other related settings in dental offices and what not we would make the recommendation that there be a tool that will revolve around offering guidance to individuals. They would recommend the easy tool be used in primary care settings and other domains which will provide them with an overview of the issue and tips for recognizing that there is a problem.

Dr. Caprio added that, as we were going through this whole process in terms of recommendations for implementing availability of these tools, the best evidence to date is fairly limited. We do have some sense about the utilization and feasibility of using these types of screenings. If you are a nursing home physician, the easy tool may not be the appropriate screening tool for a regulatory visit but it may actually give a resource to a clinician who is admitting a patient on post-acute rehab.

Dr. Holohan said that this is great program. Two things that could be helpful is the role of the medical director who plays a huge role in terms of implementation. In regard to long term care, we need to be better at its self-policing about this, and rehab setting post-acute care is a spot that can be a focus in long term care. The presenters were in agreement with Dr. Holohan recommendations.

Dr. Pinto said that this was a excellent presentation and should be given at the county medical societies in getting this educational material out to the communities and also providing county medical societies real value for their membership. The response was that this will definitely be an outgrowth of our presentation today as we move forward.

Dr. Slotkin asked if discharge planning in the hospital been looked at. So much has been put on the nursing homes and is screening done in the hospital before they leave. Dr. Rosen said that they think of screening as the doorway to the hospital, the emergency department, but an idea of an additional screen as part of the discharge planning process to ensure safety when there is a little bit more time and, when there is a social worker is typically part of that process, we think that is a good suggestion. The discharge planning process from an admitted patient to the hospital, whether it is discharged to a long term care facility or whether it is discharged to home or whether it is discharged to a sub-acute rehab with the expectation that ultimately the patient will be transitioned to home or to a different care setting, that is an opportunity to fundamentally think about risks and thinking about the issues with home safety and issues with a

discharge plan working. This is a perfect addition to our Rubric and additionally an important setting for us to be thinking about.

#### **4. Update on End of Life Task Force:** Steven Kaner, MD

The committee met at the end of the summer. It broke-up the area into three different subgroups beginning to meet. There was one that met recently and it is chaired by Dr. Maese. The next subgroup is scheduled to meet at the end of this week and that is going to be a public policy group. There is work in progress. Input to these areas is certainly appreciated. Moe said that once the legislative session starts in January this will have life again.

#### **5. NYMDA E-prescribing:** Timothy Holahan, DO, CMD, Chair, Public Policy Committee, NYS Medical Directors Association.

Approximately six months ago the New York Medical Directors Association established a public policy committee to expand the voice of the medical director. One of the first concerns was the issue of mandatory e-prescribing. Their focus is mainly in the nursing home setting and some of the challenges surrounding that and a lot of the homes and places have been applying for waivers and not have it apply for them, but is becoming more difficult. They drafted a letter in support of a bill (A.11127) to grant a permanent waiver for e-prescribing for nursing homes. This letter was widely distributed. Many are in support of this bill for a variety of reasons. The main issue is that e-prescribing itself creates a much more convoluted workflow and increases the risk of patient harm. They want MSSNY to support the bill.

Dr. Kaner said that it is becoming an annual event that this statewide waiver has to be reviewed. Dr. Holahan was in total agreement. Certain nursing homes are not live EHR-s yet. A bill with a permanent waiver would be better than just a yearly thing. Dr Kaner said that the other issue of the e-prescribing initiative was started in order to deal with prescribing of opiates abuse and that has extended to e-prescribing for all medications and it is not a one size fits all. Moe stated that the bill passed the Senate this year and did move in the Assembly, likely because I suspect that the DOH said they were addressing this issue on a year-to-year basis.

#### **Sepsis Update**

Moe gave a synopsis as to where we are with the sepsis program. On October 3, 2018, Dr. Sanders from Albany Medical Center is participating at one of the panels. We are trying to identify another physician to participate in that October program. Dr. Slotkin asked if there was anything going on with sepsis in the nursing home setting. Dr. Kaner said that it has been on his radar screen and one of the challenges is in the assessment of early sepsis and getting serum lactate is one of the things that gets done in the ER or hospital setting to get a serum lactate and get turn-around time is definitely not something that is going to get done. There was a survey from DOH that came out that is due on October 17<sup>th</sup> assessing lab capabilities in the nursing homes and getting a serum lactate, along with electrolytes, and CBC with a quick turn-around time was one of the areas that they were assessing.

#### **6. Review of 2018 Priorities**

Dr. Slotkin asked the committee members to look at the 2018 priorities as we move ahead. He has been working on that

Dr. Slotkin asked if anyone was familiar with the hospital-at-home program. He has been working on that. It has been developed by Hopkins. Mt. Sinai had a very successful program. Somebody shows up at the ER with pneumonia and relatively stable, the home care situation is pretty stable, let's treat them at home instead of the hospital and they get waivers so they can get follow-up at home, follow-up antibiotics and so forth. It is interesting the challenge is a logistical challenge. He thought it might be helpful and the committee agrees to get someone from Johns Hopkins or Mt. Sinai to make a presentation at the next meeting.

#### **7. Adjournment**

To be determined