

Draft Minutes
MSSNY Committee on Long Term Care
Thursday, October 7, 2021
Via zoom

Present

Todd Demmy, MD
Elaine Healy, MD
Timothy Holahan, MD
Steven Kaner, MD Vice-chair
Thomas Madejski, MD
Helena Mirza, Alliance
Sandita Seecharan Reddammagari, MD
Jay Slotkin, MD

Absent

Raghu Ram, MD
Naheed Asad Van De Walle, MD

Excused

Gregory Pinto, MD Commissioner
Thomas Lee, MD Asst.
Commissioner

Invited Guests

Al Cardillo, President and CEO,
Home Care
Association of NYS

Staff

Troy Oechsner, EVP
Moe Auster, Esq. Senior VP,
Legislative and Regulatory Affairs
Pat Clancy, Senior VP, Managing
Director
Raza Ali, Legislative Associate, Gov
Affairs
Maureen Ramirez, Administrative
Asst.

1) Welcome and Review of Committee List.

2) Adoption of May 6, 2021 minutes - approved

3) Update from Al Cardillo – President and CEO, Home Care Association of New York State –

The most difficult thing is separating the merit of the vaccine and even the merit of the mandate and how you apply it and implement it. No one is asking for relief from the judgement, they are asking for guidance on how to apply it. If we look at the vaccination rate, the numbers are very severe. No one is asking for relief or for a delay from the judgement, it is a matter of how you apply it. As the survey indicates, the mandate could decertify up to 40% of the home care delivery system. We have appealed to the governor that work in phases on it. Replacing an entire workforce in one fell swoop is dangerous for patients.

Mr. Cardillo indicated that the previous issue has certainly been front and center. He is aware that the medical society shares the same view which is a very strong position regarding vaccination. Some of the broader areas that

are currently at play with regard to the home care system is the work staff shortage that affects home health care generally and this worsened severely during the pandemic. There has been \$1.6 billion dollars allocated to address and support this system. The health department put a proposal into the federal government and there has been a lot of back and forth about what components would be included. Another area HCA is focusing on is the state has filed a new waiver. In that waiver they would create entities like a PPS, but oriented more towards focusing on health disparities, inequities and racial barriers. The goals are tremendous. Mr. Cardillo also shared as a piece of news is we were asked to apply for a foundation grant. It addressed barriers to access and service to home care and working towards improving that. In this proposal it identified a number of partners that would be made sub-grantees under the proposal and the Medical Society was identified as an organization that we would work with. We would work with the MSSNY team to create something that the Medical Society would work with us on. Mr. Cardillo will send a copy of the grant proposal to the members of the committee for their information.

4) Discussion on A.8212 – psychotropic drug – Moe Auster

We saw the bill get introduced and we were alerted also by another lobbyist we've worked with from Archcare, the long-term care entity with the Archdiocese of New York. It seems very similar to the other bill that we have opposed previously and perhaps goes a step further, in making it difficult to prescribe anti-psychotics in long term care settings. Focus didn't seem to be New York, as much as it was other states like North Carolina and others. We have yet to circle back with the Senate and Assembly Health Committee members to get a sense of the support that is driving this bill. The legislature is not due back until January so we will continue to do our due diligence on this bill and circle back to see what is happening on this bill and will advise accordingly.

Three points were made. The article in the NY Times was about nursing homes changing the diagnosis to schizophrenia when it was not. Creating fraud and it's also about the loss of control of the health professional. There is a role for the advocate, but we can't let that it get out of control. Another issue what about inadequate staffing and how do you fill the need? It turns to staffing and activities that will keep these residents occupied so that their behaviors are not out of control. The state or the DOH would be better served if they focused on how to improve staffing in nursing homes vs limiting prescriber patterns. MSSNY should watch and be prepared. The Consulting Pharmacy Association is against it also. It needs to be more specific regarding the appropriate modification of medications. These points need to be brought to MSSNY 1) there is appropriate use for these medications and 2) staffing is a real issue. Staffing issues is an item on the agenda for this meeting. This is quite possibly the highest regulated issue in

63 long term care and there is a need for more data before moving forward. We
64 should prepare a letter from this committee stating our position. Need input
65 from other members of this committee and from Moe and Pat to determine
66 what is the best way to let MSSNY leadership know that this is on our radar.
67 The information should be communicated to leadership through MSSNY
68 Council in the form of a resolution or it can be incorporated into our
69 legislative package. Its important to understand that it affects patients on
70 the fringe, it affects assisted living facilities and people in unregulated areas
71 as well. Its also important to note that it will affect many specialties across
72 the board that treat patients in these residential and/or hospital settings. It
73 is felt that the minutes should suffice as an appropriate representation of the
74 committees' thoughts. Pat and Moe can bring it to leadership during the
75 weekly leadership call. The chair advised the committee that NYMDA and the
76 Pharmacy Association is writing a letter regarding this as well.

77 78 **5) Long Term Care Work Force Issues**

79 There is definitely a work force crisis. It is dependent on many disciplines.
80 There has definitely been a significant loss of RN's from long term care
81 facilities into the hospitals. There is a need to come up with helpful way to
82 increase staffing. Long term care facilities are not able to pay as much. A
83 medical director has to balance between advocating for the employees and
84 the facility themselves. There is a decrease in funding for care. There is
85 legislation that former governor Cuomo signed calling for minimum staffing
86 requirements in New York State. The numbers that were set were not
87 manageable. The nursing medical directors are worried about that. There are
88 many factors that have converged. There has been:

- 89 • decrease in census
- 90 • increased reporting
- 91 • staff decline

92 It is an industry in crisis and just mandating staffing levels places undue
93 hardship on facilities. In some facilities there is the equivalent of two FTE's
94 that just do reporting.

95 In the last several years, the department of health and the division of
96 budget have really targeted those programs for reduction. The state has a
97 proposal in the works right now that would reduce the number of
98 organizations that manage the administrative aspects of paying family
99 members to stay home and care for individuals. That program has grown
100 substantially, and it grew out of the niche of the self-directing disabled
101 adults. As the lack of investment grew in the traditional system it has looked
102 to more and more providing for basic care for older folks, etc. It is a
103 program that has grown so much it has become a target. The move to target
104 it are ill advised. It should be monitored, but with the proper perimeters.

105 The solution is going to required multiple programs.

- 106 • Need for creativity

107 • Need to put parameters on them so they're cost effective
108 • Need trained professionals, home care experts, finance experts
109 Care needs to be taken with the pendulum swinging too far. In nursing
110 homes there is probably a patient population that could be taken care of at
111 home. There is another population like people with severe dementia that
112 definitely need to be taken care of by skilled professional staff. There is a gap
113 with people living in assisted living locations where they could use more care
114 than the family is able to give. For example, with COVID – when facilities
115 were barring family members from entering, there became a gap in
116 coverage. Some facilities were able to figure that out by sharing a skilled
117 caretaker to cover several patients administering meds, etc. It needs to be
118 brought to the industry's attention that there are gaps that need to be filled
119 and find creative ways to do it. These collaborative organic models of care
120 are really producing positive results.
121 Moe and Pat will summarize much of what was said and bring it to leadership
122 as Dr. Madejski recommended.

123 124 **6) Medical Director Resolution – Update from MSSNY HOD – Pat** 125 **Clancy**

126 For the first time ever last year NYMDA was part of the meeting that MSSNY
127 has each year to develop their priorities. The resolution was to develop a
128 Medical Director Registry. The resolution put before the MSSNY HOD and
129 passed by the House of Delegates.

130 131 **7) New Business – the governors executive order as it relates to non-** 132 **physician staff.**

133 In the past MSSNY has been protective of physicians' scope of practice.
134 MSSNY had a meeting with the Governor's office. MSSNY is opposed to this
135 and has been vocal about our opposition. We have strongly supported the
136 vaccine mandate. The executive order was not about the hospitals, but it
137 was about the workforce issues as a result of many things, but mainly in the
138 face of the vaccine mandates and its impact. The executive order expires on
139 October 27th. If the hospitals and health facilities are still facing a staffing
140 shortage to due vaccine mandates, the executive order may be extended.

141 142 **8) Meeting dates for 2022**

143 February 3, 2022
144 May 19, 2022
145 October 20, 2022

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147 **Adjourned**
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