



**Based on conference attendee evaluation feedback, the following has been identified as issue(s)/problem(s) in practice attendees want education in to help resolve:**

<p><b>Assisted Living</b></p> <ul style="list-style-type: none"> <li>• Bridging the gap between regulations in home/assisted living setting.</li> <li>• Defining medical direction in the assisted living setting.</li> <li>• More on assisted living facilities.</li> <li>• Optimal teaching in an assisted living facility.</li> </ul>
<p><b>Billing/Coding/Documentation</b></p> <ul style="list-style-type: none"> <li>• Address appropriate billing practices.</li> <li>• Billing HMO- and LTC Medicaid Admit.</li> <li>• Billing session talk with FUTURES program.</li> <li>• Billing between NP/PA and the MD in long term care.</li> <li>• Coding to the best of our abilities.</li> <li>• Documentation requirements.</li> <li>• ICD 10 coding, frequency of PA visits to prevent rehospitalization.</li> <li>• Introductions to reimbursement, more targeted information for physicians new to PALTC.</li> </ul>
<p><b>Collaboration</b></p> <ul style="list-style-type: none"> <li>• Best practice two-way collaboration between CMDAs &amp; NPs/PAs.</li> <li>• Better discussion of strategies to work better with administrators/financial people.</li> <li>• Collaboration and conflict resolution strategies.</li> <li>• Collaboration between providers- example psychiatry and psychology.</li> <li>• Dealing with administrator as a valued partner.</li> <li>• Dealing with for profit nursing homes who say they want to engage with SNFists but don't.</li> <li>• Facility collaboration.</li> <li>• How to improve the ability of physicians to work together.</li> <li>• How to work with PACE for the nursing home medical director.</li> <li>• Improving interaction between physicians and other staff.</li> <li>• Interacting with specialists.</li> <li>• Interdisciplinary committee work and better ways of doing so.</li> <li>• Managing a difficult physician.</li> <li>• Medical directors/clinicians develop better relationships with administrators.</li> <li>• Relationship between Administrator and Medical Director.</li> <li>• Teamwork.</li> <li>• Working in cooperation with attendings.</li> <li>• Working more closely with administrator.</li> <li>• Working with networks - ACO, bundled payments, etc.</li> <li>• Working with resistant Executive Directors.</li> </ul>
<p><b>Communication/Conflict Resolution</b></p> <ul style="list-style-type: none"> <li>• Better communication between acute and long-term care.</li> <li>• Collaboration and conflict resolution strategies.</li> <li>• Communication techniques.</li> </ul>

- Dealing with difficult families.
- Improved communication strategies between multiple medical providers.
- Improving communication between provider, facility and patient/families.
- Interdisciplinary collaboration and specific tool for communication and collaboration.
- Involvement of family members.
- Meaningful conversations about goals of care and advance directives.
- Multidisciplinary meetings.
- Nursing communication.
- Resolve Attending/facility conflicts, especially when Medical Director isn't in the building.

#### **Clinical Conditions**

- Alzheimer education.
- Aspiration for pneumonia.
- Current treatment of geriatric medical problems in long term care.
- Decreasing pressure ulcer rates.
- Dementia education.
- Diabetes control.
- Dysphagia issues.
- Electrolytes imbalance.
- Hip fractures.
- Management of medically complex patients such as recent transplant recipients.
- Management violent aggressive residents.
- Managing multimorbidities.
- Mental health.
- Neurorehabilitation, neurological diseases.
- Oral hygiene.
- Solutions to complex patient care.
- Urological problems.
- UTIs.
- When/how to use fluids in PALTC setting, common diagnosis which require, hyponatremia, dehydration, etc.

#### **EMR/EHR/IT**

- Better integration of acute and post-acute records.
- Computer systems.
- EHRs.
- EMR integration.
- IT solutions for documentation.
- New technology.

#### **Guidelines/Best Practices**

- CDC guidelines for geriatric immunization.
- Collecting and analyzing data properly.
- Creating practical protocol which are same throughout.
- Creation of methods for innovation and experimentation.
- Easily implementable tools.
- How to help facilities reduce and address burden of paperwork.
- How to help facilities share their data and best practices.
- How to implement tools to improve QOL and QOC.
- How to improve quality of clinical care provided.
- Implement more evidence-based strategies.
- Implementation of practice guidelines.
- Implementing toolkits.

<ul style="list-style-type: none"> <li>• Innovations to improve care and allow increased acuity in the SNF setting.</li> <li>• Insight into how to fix a completely dysfunctional facility.</li> <li>• Nursing home safety.</li> <li>• Ongoing development of LTC appropriate guidelines.</li> <li>• Positive guidance to implement changes in health care delivery system.</li> <li>• Practical tools on evaluating impact of interventions.</li> <li>• Practice guidelines.</li> <li>• Protocols for CHF management.</li> <li>• Protocols for nursing assessments and streamlined charting opportunities.</li> <li>• Safely improve work efficiency in the nursing home practice.</li> <li>• UTI protocol.</li> </ul>
<b>Infection Prevention/Control</b>
<ul style="list-style-type: none"> <li>• C. diff isolation.</li> <li>• Infection prevention/control</li> <li>• Sepsis management.</li> </ul>
<b>Leadership</b>
<ul style="list-style-type: none"> <li>• Leadership skills.</li> <li>• How to integrate physician leadership into the hospitality model of senior housing.</li> <li>• Leadership at local and national levels.</li> <li>• Leadership steps to work with QAPI when we are contract consultants.</li> <li>• Approaching the providers on the nursing standpoint as the leader of a facility.</li> <li>• Being an effective leader in facilities and instrumental in creating positive change.</li> <li>• Leadership training for NPs.</li> </ul>
<b>Legal Issues /Risk Management</b>
<ul style="list-style-type: none"> <li>• Ethical issues.</li> <li>• Improve initial nursing assessments and review other ways to minimize our risks with admissions.</li> <li>• Legislative representation.</li> <li>• Legal implications and deemed as refusal for care or restrictions on patient autonomy.</li> <li>• Risk management.</li> </ul>
<b>Medical Direction</b>
<ul style="list-style-type: none"> <li>• Acknowledging that medical directors have a mandated role that is often unable to fulfill.</li> <li>• Basics for new medical director.</li> <li>• Efficient medical director in PALTC facilities.</li> <li>• How to establish the value of the CMD certification.</li> <li>• How to keep from being terminated as medical director when there is a slump in admissions.</li> <li>• Medical director contracts.</li> <li>• Medical Directors being recognized and reimbursed for the value.</li> <li>• Medical Director talent and time.</li> <li>• PDP information for medical directors.</li> <li>• Proper expectations of medical directors.</li> <li>• Salaries for medical directors rural vs urban areas, size of nursing homes etc.</li> <li>• The role of the medical director.</li> <li>• Medical direction for experienced MDs.</li> </ul>
<b>Medication Management</b>
<ul style="list-style-type: none"> <li>• Antibiotic stewardship.</li> <li>• Antipsychotic deprescribing and non-pharmacologic approaches to BPSD.</li> <li>• Antipsychotic use the NH.</li> <li>• Deprescribing.</li> <li>• Dermatology Dx and Tx.</li> </ul>

- Effective medication reconciliation.
- Guidelines on deprescribing cardiovascular medications in frail elderly population.
- Managing behavioral problems in dementia and reducing use of antipsychotic.
- Medical marijuana in acute care, PALTC Facilities.
- Naloxone for opioid intoxication, etc.
- OUD treatment in SNF - the DEA and other pragmatic issues related to methadone, etc.
- Safely remove medications they have recommended while reducing litigation risk.
- Substance abuse.
- Narcotic prescribing guidelines.

#### **Pain Management**

- Opioid use in the PALTC setting.
- Pain management when staff lack education and are resistant to learning.
- Pain management-strategies to help wean patients on chronic opioid therapy.

#### **Palliative Care/Hospice/End-of -Life**

- Address issues related to hospice patients.
- Advance care planning and end-of-life care.
- Collaboration between hospice and PALTC.
- End of life education to general public.
- Families and advance care planning.
- Hospice issues
- Palliative care in long-term facilities.

#### **Policy/Advocacy**

- Advocacy on national level.
- Advocacy for the residents and for fair reimbursement for providers caring for the most vulnerable.

#### **Practice Management**

- Allowing ARNP's to manage all of the LTC patient regulatory visits.
- Budget discussions that account for potential penalties with VBP.
- Compensation models for PALTC providers.
- Concerned bundled payments and being discouraged to send back to the hospital
- Developing quality measures for physicians in long term care.
- Discuss practice styles for different venues.
- Financial models of medical practices in the SNF setting.
- How to lead a medical practice in a nursing home.
- How to set up and practice independently in a big corporation.
- Implement frailty in routine clinical practice.
- Improve facility star ratings.
- Increasing overlap with home-based medical care delivery models.
- MACRA
- MIPS applicability to PALTC setting.
- Navigating new payment models.
- Payment models of care bundling of payments.
- PCP visit planning.
- PDPM issues
- Physician's role in PDPM and next year PDGM.
- Practical PIPs.
- Practice change to meet the new challenges.
- Practice management of independent doctors.
- Simplification of practice.
- Support for rural LTC.

- Telemedicine.
- Understanding the business aspects faced by administration better.
- Value Based Care delivery.
- Ways to become more efficient, e.g. voice dictation for charting, effective practice mechanic

#### **QAPI**

- Educate our nurses about how to implement a good QAPI program.
- Improve common cause variation.
- Navigate and improve new quality measures.
- QAPI and physician involvement.
- QAPI course like the two-day course on infection control.
- QAPI data analysis.
- QAPI implementation.
- QAPI meetings
- QAPI projects.
- Statistical evaluation of our QAPI process.
- How to use run charts, Pareto charts.

#### **Regulatory/CMS/Survey**

- CMS regulations.
- Complying with Medicare impositions on my practice.
- Compliance / inspection issues.
- Information on new/anticipated regulatory.
- Invite CMS to give their perspective.
- New Ftags and CMS regulations, survey issues and problem resolution.
- Survey processes in LTC.

#### **Staffing**

- Addressing incompetent staff.
- Challenging of recruiting physicians.
- Competence of attending for frail elderly patients.
- Employee recruitment and retention.
- Engage front line staff in key aspects of care of patients in PALTC.
- Engaging with NHAs.
- Establish full time SNFist value to our health care organization.
- Holding facility staff accountable.
- How to engage physicians to achieve value-based measures.
- How to help the staff utilize alternative treatments.
- Implementing staff consequences and ways of practice.
- Influencing facilities to adequately staff.
- Management in a setting without round the clock nursing and nursing assistants.
- Managing the administrators.
- Medical director involvement to reduce turnover of staff particularly at NA level.
- Motivating staff to care.
- Nursing staff to patient and CNA to patient ratio.
- Physician management.
- Shortage of nurses and aids in assisted living.
- Shortage of PCPs.
- Staff competency.
- Staff turn-over.
- Upcoming crisis of shortage of CMDs.

#### **Training/Teaching/Education**

- Different types of physician practices within PALTC.
- Educating acute care providers about geriatric care consideration in medication prescribing.
- Education delivery to team members in a usable, accessible delivery tool.
- Empower younger generation of CMDs through employers.
- Empowering Assisted Living physicians.
- Getting necessary results from attending NP & MDs without causing them undue harm.
- How to make a new attending successful in a post-acute facility.
- Lack of clinical assessment skills for LPNs.
- Medical student education.
- Mentorship for younger medical directors.
- Optimal teaching in an AL facility.
- Time management skills.
- Training front line staff.
- Uninterested and uneducated Medical Directors.
- How to do more in-service training.

#### **Transitions/Readmissions**

- Data analysis for length of stay and readmissions.
- Discharge planning.
- Guidelines for appropriateness of transfers to ER.
- Readmissions solutions.
- Strategies to reduce rehospitalizations.
- Transitions of care.
- Transitions of care/Communication with other care providers.
- Tools to collect metrics on re-admissions.

#### **Other**

- Access to specialists.
- Aging in place and the tuning of institutional care to community care.
- Balance of medical director role and responsibilities.
- Burnout in the PALTC setting.
- Capacity assessment.
- Change culture.
- Continue to approach issues with an intra/inter-professional focus.
- Corporate practice of medicine. What are MY rights?
- Dealing with corporate goals - care about numbers far more than patients.
- Decision making in my organization.
- Decreasing the number of UA C&S.
- Destining decision support systems to deal with acute changes in condition.
- Devaluation of our work.
- Difficult cultures to manage in the nursing home.
- Disaster planning (Phase 3 requirements).
- Ethics committee or partner with an outside/existing ethics committee.
- Evaluation of medical practitioners.
- Fall prevention.
- Financial burden of quality measures compliance in terms of time and resources.
- Funding to homes to run programs, ie. music therapy, socialization for residents.
- Higher level of exercise/movement to all residents in NH care.
- How to get the support we need to adequately treat our patients.
- How to start a research project in a facility.
- How to treat disorders better in the nursing homes.

- HR documentation at my facilities.
- Information on pragmatic trials in LTC setting.
- Issues related to community dwelling, ie. non-PACE independent living) elders, families and caregivers.
- LGBTQ needs and approaches and HIV treatment sessions.
- Lifestyle change suggestions.
- Maintaining authority to treat patients properly.
- Negligence vs. abuse.
- Negotiation techniques.
- Non-pharmacologic behavior management.
- On call solutions.
- Protecting patients on transfer for elective surgery.
- Psycho-behavioral problems and management.
- Psychological issues and interplay with medical/cognitive issues.
- Public awareness.
- Review roles/functions/tasks and compare to actual services provided/desired/permitted.
- Support changes in practice with limitations inherent in setting.
- The atypical nursing home resident (younger residents, developmentally challenged).
- Therapy services.
- Trauma informed care.
- Understanding of effects of their actions and ability to assess.
- Understanding the operations of skilled nursing facilities.
- Work/life balance.
- Strategies for creating high performance organization.