

**The Latest in PALTC**

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FMDA Annual Meeting  
October 21, 2023  
Alex Bardakh, MPP, CAE – Senior Director, Advocacy and Strategic Partnerships

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**Disclosure**

- The speaker has no relevant disclosures

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<p><b>2023 Public Policy &amp; Advocacy Priorities</b></p> <p style="text-align: center;"><b>AMDA-Specific Issues</b></p> <ul style="list-style-type: none"> <li>• Telemedicine in PALTC</li> <li>• CMS Medical Director Database</li> <li>• Quality Measurement</li> <li>• Reform of Requirements for Long-Term Care Facilities</li> <li>• MACRA Implementation and new models of payment (i.e. Merit- Based Incentive Payment System (MIPS) and Alternative Payment Models (APM))</li> <li>• Post-Acute and Long-Term Care as a Specialty</li> <li>• Clinical Technologies in PALTC (HIT)             <ul style="list-style-type: none"> <li>» Interoperability of EHRs</li> <li>» Use of Data</li> </ul> </li> <li>• Strengthen and Add Value to Role of Medical Director</li> </ul> <p style="text-align: center;"><b>Issues to Monitor</b></p> <ul style="list-style-type: none"> <li>• General Practice Issues</li> <li>• General Physician Issues</li> </ul>	<p><b>Coalition-Building Issues</b></p> <ul style="list-style-type: none"> <li>• PDPM Transition</li> <li>• Payment/RUC             <ul style="list-style-type: none"> <li>» Annual Physician Fee Schedule</li> <li>» E/M Rework</li> </ul> </li> <li>• Improving Dementia Care in Nursing Homes</li> <li>• Assisted Living (work with NCAL and ALFA)</li> <li>• Minimum PALTC Staffing Requirements</li> <li>• Appropriate Management of Pain             <ul style="list-style-type: none"> <li>» Recognize nurse as agent</li> <li>» Define emergency in the PALTC setting</li> </ul> </li> <li>• Infection control (HAI)s</li> <li>• Geriatric workforce issues</li> <li>• Medicare observation status/3 day stay</li> <li>• Hospice/End of Life             <ul style="list-style-type: none"> <li>» Physician Choice</li> <li>» Relatedness to Terminal Prognosis</li> </ul> </li> <li>• Transitions of Care</li> <li>• Medical Liability</li> <li>• Clinical Issues             <ul style="list-style-type: none"> <li>» Marijuana Use in PALTC Setting</li> </ul> </li> <li>• Infection Control (HAI)s</li> <li>• Antibiotic Stewardship</li> </ul>
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### AMDA Policy Development Structure

- Board of Directors – Milta Little, DO, CMD - President
- Public Policy Steering Committee – Chair, Vicki Walker, MD, CMD, Tim Holahan, MD, CMD Vice-Chair
  - Clinical Issues Subcommittee – Tom Lehner, MD CMD – Chair
  - Telehealth Subcommittee – Dallas Nelson, MD, CMD, Chair
  - State-Based Advocacy Subcommittee – Christian Bergman, MD, CMD – Chair; David Polakoff, MD, CMD – Vice Chair
- Society House of Delegates – Wayne Saltsman, MD, CMD - Chair
- RUC/CPT Representatives – Chuck Crecelius, MD, CMD; Bob Zorowitz, MD, CMD; Dallas Nelson, MD, CMD
- AMA House of Delegates – Karl Steinberg, MD, CMD; Leslie Eber, MD, CMD
- Practice Group Network – Tom Halthcoat – Chair

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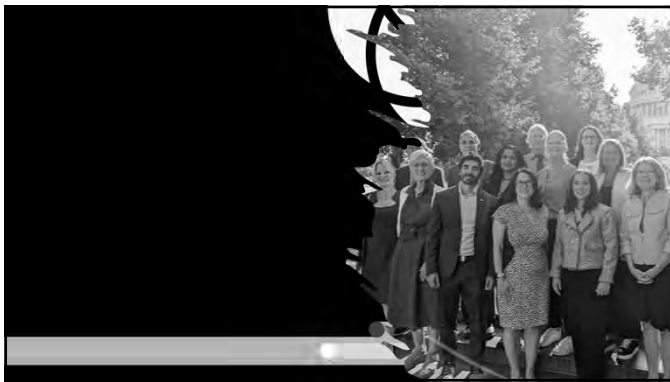
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### Congress "in"Action or (Total Pandamonium)

- Government Shutdown? Have until Sept 30 to pass a continuing resolution
- Series of spending bills to fund various parts of the Federal government
- Must pass legislation – likely one big package at the end of the year



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**HR177 – Nursing Home Transparency Act (It’s a Marathon)**

- Co-sponsored by Reps. Mike Levin (D-CA) and Brian Fitzpatrick (R-PA)
- Require nursing facilities to report medical director information and CMS to post on Care Compare website
- Public and policymakers need to have access to this information

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**The Nursing Home Disclosure Act**

Scan Below to Email Your Congressional Representative Asking Them to Support H.R. 177



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**Admin Plan NH Reform**

- Establish a Minimum Nursing Home Staffing Requirement
- Single occupancy rooms
- Strengthen SNF Value-Based Purchasing Program
- Safeguards Against Unnecessary Medication and Treatments
- More funding for NH oversight
- Beef up scrutiny on Special Focus Facilities
- Expand Financial Penalties and Other Enforcement Sanctions
- Provide Technical Assistance to NHs
- Improve transparency around NH Ownership and role of private equity
- Improve workforce
- Strengthen requirements for infection preventionist

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### CMS Issues Staffing Rule – Hit it out of the Park?

- Reactions have been mixed — but mainly negative. Long-term care facilities say that they can neither find nor afford more workers. On the other hand, some lawmakers argue the proposed rule doesn't do enough to protect care quality for patients. As for labor unions, they seem generally happy with the rule – first result in Google search

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### Staffing Proposed Rule Details

- 3.0 hours per patient day of direct care
  - .55 hours by RN
  - 2.45 by nurse aide
- 24/7 RN
- Non-rural nursing homes – 3 years to comply
- Rural nursing homes – 5 years to comply
- Request for Information on "alternative approaches"
- Potential exemptions
- 60 Day Comment Period



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### Society Reaction

- AMDA - The Society for Post-Acute and Long-Term Care Medicine, while applauding the effort by CMS to support staffing in nursing homes, is concerned about a "one size fits all" approach of mandating a specific minimum number for all nursing facilities to meet - <https://paltc.org/amda-urges-prioritization-adequate-staffing-over-minimum-staffing-response-new-staffing-rule>

Society's position statement <https://paltc.org/?q=amda-white-papers-and-resolution-position-statements/position-staffing-standards-long-term-care> (as of August 10, 2022)

Society statements:

- Staffing and trained workforce are key to quality care
- Benefits/career ladders and training all factors for direct care workforce
- Continued support Geriatric Workforce Enhancement Program (GWEP) and Geriatric Academic Career Awards (GACA)



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## National Academies Of Sciences Report

- The way in which the United States finances, delivers, and regulates care in nursing home settings is ineffective, inefficient, fragmented, and unsustainable.
- Minimum staffing standards
- Must improve minimum education and competencies if interdisciplinary staff
- Transparency around medical director role!
- Improve financing mechanisms including value-based medicine!
- Adopt Health Information Technology in all nursing homes

• Full report <https://www.nationalacademies.org/our-work/the-quality-of-care-in-nursing-homes>

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### Moving Forward Action Plans Released

- Addressing Residents' Goals, Preferences, and Priorities
- Strengthening Residents Councils
- Improving Certified Nursing Assistant Wages and Support
- Expanding Certified Nursing Assistant Career Pathways
- Enhancing Surveyor Training on Person-Centered Care
- Designing a Targeted Nursing Home Recertification Survey
- Increasing Transparency and Accountability of Ownership Data
- Developing a Nursing Home Health Information Technology Readiness Guide
- Financing Household Models and Physical Plant Improvements

Click [here](#) to access the full action plan.

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• "But today's society is characterized by achievement orientation, and consequently it adores people who are successful and happy and, in particular, it adores the young. It virtually ignores the value of all those who are otherwise, and in so doing blurs the decisive difference between being valuable in the sense of dignity and being valuable in the sense of usefulness. If one is not cognizant of this difference and holds that an individual's value stems only from his present usefulness, then, believe me, one owes it only to personal inconsistency not to plead for euthanasia along the lines of Hitler's program, that is to say, 'mercy' killing of all those who have lost their social usefulness, be it because of old age, incurable illness, mental deterioration, or whatever handicap they may suffer. Confounding the dignity of man with mere usefulness arises from conceptual confusion that in turn may be traced back to the contemporary nihilism transmitted on many an academic campus and many an analytical couch."  
— Viktor E. Frankl, [Man's Search for Meaning](#)



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### Highlights From Physician Fee Schedule Proposed Rule

- 3.3% pay cut
- AMDA Supports Legislation to fix Medicare Payment (Strengthening Medicare for Patients and Providers Act HR 2474)

Code	Total 2024 Rate	2024 Payment Rate	Total 2023	2023 Payment Rate	Percentage Change
99304	2.39	\$78.27	2.38	\$80.64	-2.94%
99305	3.07	\$130.01	3.04	\$133.50	-2.61%
99306	5.42	\$177.49	5.38	\$182.29	-2.63%
99307	1.2	\$39.30	1.17	\$39.64	-0.87%
99308	2.22	\$72.70	2.2	\$74.54	-2.47%
99309	3.21	\$105.12	3.15	\$106.73	-2%
99310	4.58	\$149.98	4.53	\$153.40	-2.28%
99315	2.40	\$79.58	2.41	\$81.66	-2.55%
99316	3.9	\$127.72	3.88	\$131.46	-2.85%
00317	0.9	\$29.47	0.9	\$30.49	-3.35%

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### Telehealth

- All physician mandated visits MUST BE DONE IN-PERSON
- Medically Necessary Visits Can Be Done Via Telehealth with no restrictions (until end of 2023 at least)
- Nursing homes can bill per encounter as an originating site using code Q3014
- Home Visits Can Be Done Via Telehealth
- Advance Care Plan Can be Done Via Telehealth (Including Audio Only)
- Proposed rule extends these rules until Dec 31, 2024



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### MACRA/MIPS

- MIPS Penalties for non or poor performance are back!
- Proposal for 4 new Measure Value Pathways (MVPs)
- Establishing the Medicare Clinical Quality Measures (CQMs) for Accountable Care Organizations (ACOs) participating in the Shared Savings Program (Medicare CQMs) as a new collection type for Shared Savings Program ACOs under the APP.
- Requiring all MIPS-eligible clinicians, Qualifying APM participants (QPs), and Partial QPs participating in a Shared Savings Program ACO (regardless of track) to report the measures and requirements under the MIPS Promoting Interoperability performance category at the individual, group, virtual group, or APM Entity level.



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Looking Ahead

- Public Health Emergency Expired May 11, 2023
  - Expiration of 3-day stay waver
  - Expiration of waiver around CNA training
  - Payment for COVID-19 testing and treatments
- Administration Implementation of Nursing Home Reform
  - Proposed rule on Disclosure of Nursing Home Ownership
  - Staffing study leading to minimum staffing mandates (expected soon)
  - Antipsychotic use and inappropriate diagnosis of schizophrenia
- Moving Forward Coalition
  - More permanent flexibilities around telehealth (already extended until Dec. 2023)
- Medicare fee schedule pay and Quality Payment Program (MACRA) reform
- Experience with new coding guidelines

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FINDING YOUR VALUE IN EVOLVING PAYMENT MODELS

VIRTUAL FORUM NOVEMBER 17 10AM-3PM ET

Topics Covered

- Defining Value-Based Reimbursement Models
- Evolution and Trends of "Traditional" CPT Coding
- Impact of Diagnosis Coding/Documentation on PDPM and Value-Based Models – ICD-10/HCC Scoring
- Value-Based Medicine Reimbursement Perspective - The Ground View
- Ask the Experts: Where are Your Opportunities in Value-Based Reimbursement

REGISTER NOW: [paltc.org](http://paltc.org)

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 THE FOUNDATION FOR POST-ACUTE AND LONG-TERM CARE MEDICINE

## Donations to the National Foundation for PALTC Medicine Support

- Research – (Recent Awards \$75k)
- Clinical Resources – (More of a Good Thing & Drive to Deprescribe)
- Education
- Workforce Development (Futures Program)
- Unrestricted donations support any or all of the above as needs are identified

**TOGETHER WE ARE MAKING A BETTER PALC!**

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**2024 Excellence Awards – Nominations Due 9/30**

- William Dodd Founder’s Award for Distinguished Service
- James Pattee Award for Excellence in Education
- Medical Director of the Year
- Clinician of the Year

**Date Time**

**Futures Program 2024 Campaign**

\$1,500 donation supports 1 scholarship

\$3,000 donation supports 2 scholarships

All donations gratefully received

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**“Stars & Stripes Campaign Raffle” Benefitting the PALTC Foundation**

- \$100 per ticket / Only 200 tickets to be sold
- \$2,400 Value for Winning Ticket
- Share with your membership for Fun & to support the 2024 Futures Program!

**Buy Your Ticket By 9/30 to Win!**

[paltcfoundation.org](http://paltcfoundation.org)



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**Moving Needles**  
A CDC FUNDED INITIATIVE

**Improving Adult Immunization Rates in PALTC**

A five-year, CDC-funded cooperative agreement with AMDA

THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE  
amda

WWW.MOVINGNEEDLES.ORG

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**Overview**

**Goal**

Make routine adult immunizations a standard of care for PALTC residents and an expectation for employees.

**Main Components**

- Align existing immunization policies and procedures in PALTC
- Develop **pilot programs** to test standardized routine adult immunizations across all PALTC settings, for both residents and staff
- Establish **baseline data** and measure improvement
- Integrate routine immunization and reporting to **state IISs into workflows and EHR systems** for both staff and residents
- Demonstrate both **clinical benefits and operational/cost benefits** to implementation
- Establish a **permanent resource** on PALTC immunization

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SAN ANTONIO • TEXAS

**paltc 24**  
ANNUAL CONFERENCE

**NEW DATES:**  
SATURDAY, MARCH 9 -  
TUESDAY, MARCH 12, 2024

Registration opens November 1, 2023  
[paltc.org/annual-conference](http://paltc.org/annual-conference)

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Visit us at:  
<https://paltc.org/policy>

**paltc 23**  
March 8-11 • Tallahassee

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“From this one may see that there is no reason to pity old people. Instead, young people should envy them. It is true that the old have no opportunities, no possibilities in the future. But they have more than that. Instead of possibilities in the future, they have realities in the past - the potentialities they have actualized, the meanings they have fulfilled, the values they have realized - and nothing and nobody can ever remove these assets from the past.”

— Viktor E. Frankl, *Man's Search for Meaning*

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