



# NORTH CAROLINA NEWS

A Newsletter for the North Carolina Medical Directors Association

in this issue

2007 Annual  
Joint  
Symposium

## A MESSAGE FROM THE NCMDA PRESIDENT

Greetings to all North Carolina Long-Term Care health professionals. For those who do not know us, the NC Medical Directors Association is the state chapter of the American Medical Directors Association. Among our objectives are:

- To promote excellence in medical care for patients of all ages in North Carolina nursing homes;
- To promote peer education among physicians and nursing home staff; and
- To act as liaison with other professional organizations and individuals for excellence in the care of nursing home patients.

We had a balmy time in Hollywood during the annual AMDA Symposium. If you missed it, you missed a fun-filled educational experience. It was also accompanied by up to 27 CME credits. North Carolina was fully represented in the House of Delegates. As the voting body of AMDA, the HOD passed the following resolutions

- The organization will request the center for Medicare and Medicaid Services to require that a medication profile, including indications, accompanies a patient discharged from a hospital to a nursing facility.
- AMDA supports the measure that all attending physicians caring for patients in long-term-care facilities have a performance review, even the medical director when serving an attending physician.
- AMDA supports better definition of the role of the consultant pharmacist in long term care including describing who in the facility has prescribing rights.

Education and training to improve nursing home quality is our mission. It is not a pipe dream, but an attainable goal. It does however require that all the entities that define quality are at the table together. That requires partnership. The executive committee has begun that process. The North Carolina State Board of Examiners for Nursing Home Administrators that trains long-term care administrators is one such group.

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Dr. Heidi White, NCMDA, Vice President presented the "The Role of the Medical Director" to the class of administrators in training. Dr. Buhr, Secretary/Treasurer and I will present to the classes later this year. A key partnership continues to be with DFS, the survey agency. This is especially true now in light of the new guideline changes dealing with medication management/pharmacy services and urinary incontinence. Revisions are expected in the next year to F-Tags on accidents, pain management, end of life care and infection control. Surveyors will again present during the combined NC/SC Medical Directors Association state meeting.

The Charlotte meeting will be held October 5 and 6 at the Marriott Executive Park. In addition to the surveyors, the newly installed AMDA president, Alva "Buzz" Baker will be on hand to address increasing quality in LTC.

NCMDA has been busy working for you. A joint website with SC has been established. It features links to the QIO and AMDA websites. You may also pay your dues and register for the conference online. One feature I am especially pleased about will be a Message Board. While not wanting to bombard you with multiple emails via a list serve, there are numerous questions/concerns of medical directors around the state. Right now all questions come to me. I am the first to admit I do not have all the answers. However, I am confident that; 1) several others have the same question(s) and 2) the answer lies in one of the state's 413 nursing homes negating the need to reinvent the wheel. Please visit [www.carolinasmda.com](http://www.carolinasmda.com).

Please note we are always interested in topics, speakers, and writers to help with these efforts. Contact Heidi, Gwen, Stephanie or myself with ideas.

Sincerely,

*Jamehl L. Demons, MD*

President, NCMDA

## Upcoming Meeting:

The NC/SC Annual Joint Symposium will be held October 5th-6th at the Charlotte Marriott Executive Park in Charlotte, NC. This meeting offers an unparalleled opportunity to meet with colleagues who share your interests and frustrations in the long-term care arena.

For more information regarding this meeting, go to our web site at [www.CarolinasMDA.com](http://www.CarolinasMDA.com) or contact Stephanie Guest at 803-699-5612 /[stephanieguest@shamd.com](mailto:stephanieguest@shamd.com)

# CODING CORNER

BY JOHN LANGLOIS, MD, CMD

**Q:** You are seeing an 88 year old patient for an annual review and update of their history and physical. She has vascular dementia which has been stable. Her hypertension is under good control. She had some weight loss but this has stabilized with supplements started 2 months ago. Your note includes a detailed interval history, an update of her past medical history and a comprehensive physical exam.

What is your CPT code for this visit?

- A) 99304
- B) 99309
- C) 99310
- D) 99318

**Q:** You are seeing a 76 year old man who has been in your facility for 25 days for rehabilitation from a hip fracture. He is to be discharged the day after tomorrow. Today you review his medications and provide the necessary prescriptions and write discharge orders. On the day of discharge you see and examine the patient complete the brief discharge form required by your facility, and dictate a note to his primary physician who will be resuming his care upon discharge.

This visit and related documentation that you performed on both days takes 40 minutes of your time.

What is your CPT code for this visit?

- A) 99309
- B) 99315
- C) 99316
- D) 99318

**See answers on Page 7**



## MEMBER SPOTLIGHT



Jamehl Demons, MD  
President, NCMDA

Section on Gerontology and Geriatric Medicine  
Wake Forest University, School of Medicine

Dr Jamehl Demons is a native of Fort Valley, GA. She received her BS in Chemistry at Spelman College in Atlanta. She graduated from Emory University School of Medicine also in Atlanta. She completed the Internal Medicine residency at Wake Forest University School of Medicine. Having developed an interest in caring for elders during her 11-year career as a Girl Scout she completed a Clinical Fellowship in Geriatrics also at Wake Forest. She states, "at the end of my training the university was building a \$40million building devoted to what I wanted to do, care for the elderly, the J Paul Sticht Center on Aging and Rehabilitation, so I decided to stay." Board Certified in Internal Medicine and Geriatrics, she is now an Assistant Professor of Internal Medicine in the Section on Gerontology and Geriatric Medicine. Dr. Demons practices in outpatient and hospital settings as well as the nursing home. She is also currently Medical Director of the Prince Nursing Center of the Brookridge Retirement Community, a CCRC in Winston-Salem.

Dr. Demons' research interests include geriatric rehabilitation, Alzheimer's disease, alternative medicine use in the elderly, and aging in the African-American community. She is affiliate faculty with the Maya Angelou Center for Research on Minority Health and authored a chapter *Health Disparities at End of Life* for the textbook Minority Health.

Her community affiliations include Alpha Kappa Alpha Sorority, the Community Coalition for End of Life Care, and the Twin City Medical Society. Dr. Demons is married and has two sons.

# Get Involved – Become a member today

NCMDA is dedicated to making it easier for physicians to practice in the challenging long term care continuum. NCMDA is guided exclusively by the needs and issues of long term care physicians. NCMDA addresses the responsibilities inherent in the role of the attending physician and medical director and is your best source for help in dealing with difficult clinical, administrative, and ethical issues in long term care.

All NC medical directors, attending physicians, nurse practitioners, and physician assistants who work in long term care can benefit from membership in our established and growing organization. Membership dues are just \$50.00 per year. Most skilled nursing facility administrators are more than willing to cover this cost for their medical directors, because they recognize the information and professional support provided. Please consider adding your name to our roster of members.

*Benefits include:*

**Newsletter**– Provides up to date information on coding, state/federal regulations, and helpful resources.

**Communication**– Join a committed network of colleagues with similar interests and experiences. Valuable opportunities to build relationship that support your LTC efforts.

**Advocacy** -for NC long-term care related issues

**Education**– CME provided close to home. Annual October in conjunction with SC state chapter. Sample topics include:

- *Revisions to the F-Tag 501*
- *Insights on Medicare Part D*
- *Medication reduction in LTC*
- *Best practices for incontinence, falls, and behavior management*
- *Quality improvement methodology*
- *Disaster Planning*

## Wanted: New Members

On-Line Memberships & Renewals Now Available!

Please visit our web site at:

[www.CarolinasMDA.com](http://www.CarolinasMDA.com)

Or mail this form with payment

of \$50.00 to  
Stephanie Guest, NC/SC MDA  
401 N Woodlake Dr  
Columbia, SC 29229

SIGN ME UP!	
Name	
Address	
City, State, Zip	
Telephone	
E-Mail	
Facilities where you are Medical Director:	
Circle any facility that will pay for your NC/SC MDA membership. We will invoice the facility for you.	

# Join Your Colleagues in Charlotte!

## The Annual Joint Symposium of the NC / SC Medical Directors Associations



Join us in welcoming  
AMDA's President,  
**Dr. Alva "Buzz" Baker,**  
who will be presenting on both  
Friday and Saturday.

### Registration Register On-Line at [www.CarolinasMDA.Com](http://www.CarolinasMDA.Com)

Name MD DO CMD PA NP RPh PharmD RN NHA

Address (members only may leave blank)

City, State, Zip (members only may leave blank)

Telephone

E-Mail

Preferred Badge Name

Spouse or Guest name, if attending:

Vegetarian: Y N (attendee)

Y N (guest)

#### Friday, October 5, 2007

6:30 Registration 7:00 Dinner Presentation Dr. Alva "Buzz" Baker \_\_\_@\$20 each= \_\_\_

#### Saturday, October 6, 2007

Physician Registration \_\_\_Member \$100.00 \_\_\_Non-Member \$200.00

Nurse Practitioner/ Physician Assistant \_\_\_Member \$100.00 \_\_\_Non-Member \$161.00

Allied Health Professional (RPh, RN, NHA) \_\_\_Member \$100.00 \_\_\_Non-Member \$150.00

In-Training (student, fellow, resident ) \_\_\_Member\$50.00 \_\_\_Non-Member \$88.00

Guest Registration (guests may attend all sessions, but will not receive educational credits or meeting materials. ) \_\_\_Guest Registration \$50.00

#### HOTEL

**Total Enclosed:** \_\_\_\_\_

Hotel reservations should be made through the Charlotte Marriott Executive Park by calling **1-800-228-9290** or on-line at [www.Marriott.com](http://www.Marriott.com). Reservations must be made by **September 12th** to guarantee the group rate of \$85.00. Please use the group code NMCNMCA so that our group will receive proper credit.

**RETURN REGISTRATION FORM TO: Stephanie Guest, 401 N Woodlake Dr, Columbia, SC 29929 or FAX 803-699-7350**

# Charlotte 2007

## FRIDAY, OCTOBER 5

**6:30 Registration and Reception**

**7:00 Dinner**

**7:30pm Alva "Buzz" Baker, MD**

The clinician's role in managing cognitive impairment in the nursing home

## SATURDAY, OCTOBER 6

**8:00am Alva "Buzz" Baker, MD**

Understanding biological aging as it is experienced by older persons

**9:00am Arline Bohannon, MD**

Assisted Living and Transitional Care Unmet need in the Care Trajectory

**10:00am Break**

**10:15am Kaycee Sink, MD, MAS**

Pharmacological treatment of neuropsychiatry symptoms of dementia

**11:15am Panel discussion**

**Kaycee Sink, MD, MAS**

**Robert E. Williams, MD**

**Gwen Buhr, MD, MHS**

**Perry Kemp, PharmD, FASCP, NHA**

**12:00pm Lunch and Business meetings**

**12:00pm—1:45pm Exhibits Open**

**2:00PM Perry Kemp, PharmD, FASCP, NHA**

Physician's role in quality assurance

**3:00PM NC & SC State Surveyors**

Physicians role in survey process, FTags 329 and 315

**4:00PM Adjournment**

## FACULTY

**Alva "Buzz" Baker, MD, CMD**

President, American Medical Directors Association  
Sykesville, MD

**Arline Bohannon, MD**

Assistant Professor of Internal Medicine  
Virginia Commonwealth University  
Richmond, VA

**Kaycee Sink, MD, MAS**

Assistant Professor of Medicine  
Department of Internal Medicine  
Section on Gerontology and Geriatric Medicine  
Wake Forest University

**Robert E. Williams, MD**

Clinical Associate in Psychiatry  
Duke University School of Medicine

**Gwen Buhr, MD, MHS**

Associate, Dept of Medicine  
Division of Geriatrics  
Duke University School of Medicine

**Charles Perry Kemp, PharmD, FASCP, NHA**

Clinical Services Pharmacist and Physician Services Liaison  
Ethica Health and Retirement Communities  
Executive Director, Georgia Medical Directors Association

## AMDA comes to North Carolina

### Plan Ahead for March 5-8, 2009

That is when the AMDA Annual Symposium will be held in Charlotte, NC. It is a thrill to be the host state for this outstanding symposium that always provides ample high quality continuing medical education (CME). For the meeting to be a complete success we are hoping that every medical director and every nursing facility in North Carolina will plan to participate. Certified medical directors can use CME credits from this meeting to attain the necessary credits for certification renewal. Medical directors should encourage all physicians who care for long-term care patients to attend this outstanding meeting even if they are not medical directors. There is so much for any physician, nurse practitioner or physician assistant who participates in the long-term care continuum to learn and this is the place to get the best information on federal/state regulations, the survey process, medical updates, ethics, quality improvement, end of life care and many more long-term care focused topics. Bring your Administrator and Director of Nursing. The meeting also provides continuing education credits for nursing home administrators, nurses, and pharmacists. There will also be opportunity at this time next year to submit proposals for the program. If you have a particularly excellent quality improvement program or uniquely effective aspect of care you may want to submit and program proposal or poster. Details can be found at the AMDA website ([amda.com](http://amda.com)). North Carolina has much to showcase regarding innovation and excellence in care. As usual North Carolina and South Carolina will hold a state meeting on Friday night which will be a time to network with colleagues and plan our state chapter events for the year. Please plan now to attend!

# Nutrition in Assisted Living

By Gwen Buhr, MD, MHS

Assisted living (AL) blossomed in the past 15 years, so that now there are almost half as many assisted living beds as there are nursing home (NH) beds in the U.S. Providing optimal nutrition to the AL population is a serious concern, though one that may not be adequately met. In a presentation at the annual symposium of the American Medical Directors Association at the end of March, this issue was discussed by Connie Bales, PhD, RD, Gwendolen Buhr, MD, and Heidi White, MD. Dr. Bales is an Associate Professor in the Division of Geriatrics at Duke University Medical Center, a registered dietician, and an expert on geriatric nutrition. Drs. Buhr and White are medical directors at continuing care retirement communities and faculty in the geriatrics division at Duke.

Dr. Buhr began by reviewing the characteristics of AL and implications for nutritional health of AL patients. AL care differs from nursing home (NH) care in its emphasis on maintaining privacy, independence, and a homelike environment, while providing assistance with at least 2 activities of daily living. At the same time, there are many similarities in AL and NH residents, namely similar medical conditions, the same number of medications on average, and comparable prevalence of depression, anxiety and psychosis. In spite of the serious clinical concerns of AL residents most AL corporations follow a hotel model, rather than a healthcare model. While the risk of poor nutritional health is well-documented for NH residents, the same is not true for AL residents. Nevertheless, several characteristics of the AL populations strongly suggest that malnutrition is a concern; these include declining functional status, depressive symptoms, polypharmacy, and multiple chronic illnesses. It is regrettable that in this light, AL residents are less likely than NH residents to be assessed for eating and drinking difficulties, less likely to receive treatment for eating difficulties, and less likely to receive physical assistance. Dr. Buhr concluded by advocating for nutritional monitoring among AL patients, and emphasizing that this is the responsibility of the primary care provider since few other professionals are readily available in the AL environments.

Dr. Bales reviewed an 11 state sample of nutrition-related regulations for AL facilities. Surprisingly, no states had requirements for nutritional assessment. She then discussed risk factors for poor nutritional health which included the following: (1) poor appetite and low food, nutrient intakes, (2) restrictive therapeutic diets, (3) dysphagia and other conditions requiring texture modifications, and (4) eating dependency. Unfortunately, AL care is often not sufficient to counteract these medical concerns and support good nutrition. For instance in AL, there is little medical supervision, no regular nutritional surveillance or dietitian consults, and personalized assistance with meals is not routinely provided. Dr. Bales then proceeded to discuss screening tools that may be useful for identifying malnutrition among AL patients. While clinical indicators of under-nutrition comprise a vague list of symptoms, serial measurement of body weight or body mass index (BMI) is probably the single most important strategy for the evaluation of nutritional status in the frail elderly. The elderly are at risk of under-nutrition if they have lost 5% of usual weight in 30 days or 10% of usual weight in 6 months, or if the BMI is less than 22.

Dr. White finished the session with a case discussion, from which she reached conclusions regarding the AL environment and implications for nutrition. In several respects AL supports good nutrition for its residents; these include appealingly presented meals, flexible dining schedules, social interaction that could help counteract depression or isolation, and a homelike environment that enhances the overall quality of life. However negative aspects of AL care are also present that undermine nutrition; these include the lack of close medical and nutritional supervision, frequent inability to accommodate special dietary needs, unreliable support for those with eating dependency, very limited ability to accommodate use of tube feeding, and prevalent dysphagia that may go unnoticed and untreated.

## 2007 Meetings

**August 22–24**                      **Lexington, KY**  
Palliative Care Leadership Center Training

**August 24 – 25**   **Columbia, MD**  
17th Annual Caring for the Frail Elderly Conference

**Sep 7–9**                              **Arlington, VA**  
Evidence-Based Clinical Management and Leadership for Experienced Medical Directors and Attending Physicians

For more information visit [www.AMDA.com](http://www.AMDA.com)

**October 5–6**                              **Charlotte, NC**  
NC / SC Annual Joint Symposium

**Oct 17–19**                              **Los Angeles, CA**  
UCLA Mini-Fellowship in Geriatrics

**Oct 26 –28**                              **Orlando, FL**  
FDA's Best Care Practices in the Geriatrics Continuum 2007

**Oct 28– Nov 3**   **Kansas City, MO**  
AMDA Core Curriculum on Medical Direction in LTC

# CODING CORNER

BY JOHN LANGLOIS, MD, CMD

## Question #1, continued from page 2

Correct Answer: D) 99318

Annual updates of Histories and Physicals are useful in order to maintain an up-to-date summary of the patient's medical history on the chart for transfers or referrals and to assist with an annual MDS update. The latest revision of the CPT codes for long term care has included 99318 as a special code for this purpose. The visit requires these three key components:

- A detailed interval history
- A comprehensive examination
- Medical decision making of low to moderate complexity

Usually the patient is stable or improving. Codes for other services should not be submitted for the same day.

99304 is an Initial Visit code and is not used for established patients.

99309 is a subsequent visit code. Some physicians might use this code for an annual update on a more complex patient who is acutely ill and whose visit requires moderate or more complex level of decision making (99309 pays more than 99318) but this patient is stable and there is a low level of complexity.

## Question #2, continued from page 2

Correct Answer: C) 99316

Nursing facility discharge day management codes are to be used to report the total duration of time spent by a physician for the final discharge of a patient. The service could include final examination of the patient, discussion or the stay, instructions or communications to continuing care providers, preparation of prescriptions, discharge records and forms. The time spent by the physician does not have to be continuous but the physical visit associated with the service must be on the day of discharge. 99316 is the appropriate code for discharge services requiring more than 30 minutes.

99315 is the discharge day management code for service of 30 minutes or less.

99309 is a subsequent care code and is not appropriate for this service.

99318 is the code for annual update of histories and physicals.

AMDA's Guide to CPT Coding, Reimbursement and Documentation in Long Term Care is a useful resource that is available at <http://www.amda.com/resources/index.cfm>

## Why Should I Become a Certified Medical Director?

Regulations stemming from OBRA '87, recent clarification by CMS of F-Tag 501, changes in the long term care population and environment, and the importance of the medical director in long term care continuum create a unique environment to acknowledge physician education and experience in medical direction in long term care.

Since 1991, the American Medical Directors Certification Program has certified nearly 2,100 medical directors in a variety of settings across the long term care continuum. The Certified Medical Director in Long Term Care (AMDA CMD) recognizes the dual clinical and managerial roles of the medical director. The CMD credential reinforces the leadership role of the medical director in providing quality care and provides an indicator of professional competence to long term care providers, government, quality assurance agencies, consumers, and the general public.

## Peer Recognition

CMDs are recognized with a certificate suitable for framing, a window decal to display at their facility(ies), through press releases prepared for use in local media publications, a letter of notification to the facility(ies) as identified by the CMD, posting of their names on AMDA's CMD web site after each application review meeting, and with recognition at a reception and general session during AMDA's Annual Symposium.

## Certification Requirements

The AMDCP Board of Directors reviews certification applications twice each year. Due dates are October 1 and April 1. For more information regarding the certification process, please visit [www.amda.com](http://www.amda.com).



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