FR6- Rural LTC: A Crossroads in Medical Director Management and Clinical Support

Friday, March 23
11:00 AM- 12:00 PM

Session Description

Rural LTC is a challenge for medical directors at a number of levels, including: coordinating regulation with practice, systems development and process, and staff mind set. Rural facilities that are community supported and single entities have a unique set of issues as do rural facilities that are part of corporate chains. Clinical outcomes and care delivered should be raised to acceptable levels. This session will discuss the challenges encountered in rural LTC facilities and provide successful strategies to overcome these challenges.

Learning Objectives

Discuss challenges that Medical Directors and PCPs encounter in rural LTC settings.

Describe strategies successfully used in rural settings to remain current with new regulations and evolving practice principles in Geriatric Medicine.

Explain approaches that have been successful in rural settings to keep staff focused on LTC initiatives and QAPI supervision.

Utilize strategies to reach out to rural families to educate them on the aging process and LTC expectations.

Presenter(s): August Anneberg, MD, CMD; Cynthia Works, MD, CMD; Fred Feinsod, MD, CMD

Presenter(s) Disclosures: All speakers have reported they have no relevant financial relationships to disclose.
EDUCATIONAL OPPORTUNITIES TO ASSIST RURAL MEDICAL DIRECTORS

A. Lee Anneberg MD, CMD
Fred Feinsod MD, CMD
Cynthia Works MD, CMD

LEARNING OBJECTIVES:

- By the end of the session:
  - Will have an overview of long term care Medical Direction in rural Colorado
  - Have awareness of electronic and internet resources available to rural LTC providers
  - Illustrate web-based learning for rural Medical Directors

RESOURCES TO KEEP PHYSICIANS/NPPS AND FACILITIES UPDATED

- Dr. Feinsod:
  - Telephonic Journal Clubs
  - Ethics Committees
- Dr. Anneberg:
  - Electronic resources
  - Internet based learning
  - Portability
- Dr. Works:
  - Challenges and Successful Approaches in Rural Wyoming
  - Geriatric Training in a Rural State
  - Geriatric Care in Rural Nursing Homes

DISCLOSURES

- Multi Facility Medical Director
- Genesis Colorado Regional Medical Director
- Assistant Clinical Professor of Medicine – University of Colorado Anschutz School of Medicine
- Physician Advisor UR/CM for two HealthOne Hospitals
- Physician Consultant Claims Department COPIC

LET'S GET STARTED: RURAL COLORADO

SELF-EVALUATION SURVEY FOR AMDA CONFERENCE: COLORADO NURSING HOME MEDICAL DIRECTORS

Survey disseminated December 2017

- 8 out of 9 reported adequate access to resources for clinical and medical director role
- 8 of 9 had adequate information about Phase II of CMS regulations
- 7 of 9 felt they would like more information on Falls Prevention
- 6 of 9 felt they would like more information on Prevention and treatment of pressure ulcers
- 4 of 9 felt they would like more information on Recognition and Reporting of Abuse and Neglect
- 7.6 minutes to complete survey; average size of facility: 61; ave. # physicians other than medical director: 4.6; and ave. # of NPP: 1.2
Rural Facility Medical Director’s Educational Expectations

- Continue to educate staff as knowledge evolves
- Support changes in care with changes in regulations
- Educate and support physicians & NPPs
- Provide education and support to families
- Provide chart reviews in light of new rules and approaches.

Stay Up to Date with Resources

- New regulations bring new challenges
- Updated standards and literature
- Ready resources to assist with coordination of care
- The rate of change of information is exponential
- Residency/Fellowship
- Textbooks
- Journals

Provide Education on Never Ending List of New Topics

- Infection control (preventionist)
- Antibiotic stewardship
- Influenza preparation
- Influenza treatment and outbreak management
- Immunization practices
- Anticoagulation
- NOACs vs warfarin
- Survey readiness
- Expectations of Medical Directors is ever expanding

Who Needs Information in the Long Term Care Setting?

- Physicians and NPPs
- NHAs, DONs
- Nursing leadership and staff
- Consultant pharmacists
- Department of health surveyors
- Ombudsmen
- Residents and their family members

Medical Director Locations

- Rural
- More than just miles to the “city”
- Remote
- Few physicians
- No local hospital
- Mountain passes in the winter
- Other States than Colorado and Wyoming
- Challenges of multiple facilities
- Challenges of multiple corporations

Education Follow Up

- QAPI meeting discussions
- Include articles in QAPI minutes
- Facility newsletter
- Review charts of similar topics
- Falls, infections, antibiotic usage
- Polypharmacy
- Multimorbidity
- Diabetes
- COPD
- CHF
BRINGING RURAL FACILITIES INTO THE LTC FAMILY THROUGH EDUCATION

- Providing standards of care.
- AMDA/PALTC CPG
- American Geriatric Society
- Benefiting from published updates in treatment.
- Promoting Medical Directors as educators and leaders.
- Rapid sourcing of information by nationally recognized experts, websites, etc.

COLORADO HIGH COUNTRY

NATIONAL ORGANIZATIONS

- AMDA/PALTC
- American Geriatrics Society (AGS)
- American Academy of Family Practice (AAFP)
- American College of Physicians (ACP)

AMERICAN GERIATRIC SOCIETY - REVIEW SYLLABUS SLIDE SETS

- Geriatric Review Syllabus
  - For Physicians
  - For Geriatric Nursing
- Annual Membership Fee for AGS
  - https://www.acponline.org/

OBSESSIONS

Know and understand:

- What is delirium?
- How to recognize and diagnose delirium
- The predisposing or precipitating risk factors for delirium in elderly patients
- How to evaluate and treat elderly patients with delirium
- Interventions to prevent delirium
TOPICS COVERED

- Incidence and Prognosis
- Diagnosis and Spectrum
- Neuropathophysiology
- Risk Factors
- Special Populations: Surgery, Dementia
- Evaluation, Management, and Prevention
- Delirium Guidelines

AMERICAN GERIATRIC SOCIETY

- Geriatric Evaluation & Management Tools (GEMS)
  - Behavior Disturbance in Dementia
  - Delirium
  - Dementia
  - Depression
  - Diabetes
  - 14 more

AMERICAN GERIATRIC SOCIETY - GEMS

BACKGROUND
All patients with dementia should be screened for behavioral symptoms, because these symptoms are common and increase with progressive cognitive decline. Risk factors include: 

- Age and idiopathic
- Comorbid conditions
- Family history
- Life stressors
- Medications

SCREENING
- Symptom burden
- Social isolation
- Communication problems
- Depression
- Anxiety
- Agitation
- Delirium
- Dementia
- Depression
- Diabetes

AMERICAN GERIATRIC SOCIETY - HEALTHINAGING.ORG

HealthinAging.org

Trusted Information. Better Care.

Alternatives for Medications Listed in the AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults

Recently, the American Geriatric Society (AGS) released the 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. For more than 20 years, the Beers Criteria have been a valuable resource for healthcare providers about the advisability of prescribing drugs for older people.

To accompany the updated AGS Beers Criteria, the AGS also developed a list of safer alternatives that are alternatives to some of the medications listed in the criteria. This list of alternatives focuses on medications that are used in various patient groups, which are used for America's health plans to measure performance on important aspects of care. Your healthcare provider may choose to substitute these alternatives in place of potentially inappropriate medications included in the criteria.

AMERICAN ACADEMY OF FAMILY PRACTICE

Geriatrie Medicine Clinical Recommendations & Guidelines

https://www.aafp.org/home.html

Annual Membership Fee
Rural LTC: A Crossroads in Medical Director Management and Clinical Support
Educational Opportunities to assist rural Medical Directors - Anneberg

AMERICAN ACADEMY OF FAMILY PRACTICE

AMERICAN COLLEGE OF PHYSICIANS (ACP)

- https://www.acponline.org/
- Medical Knowledge Self Assessment Program (MKSAP)
- Annals of Internal Medicine (The Annals)
- DynaMed® Plus (EBSCO Health)
- Annual Membership Fee for ACP

AMERICAN COLLEGE OF PHYSICIANS (ACP) - THE ANNALS

Does Cognitive Training Prevent Cognitive Decline?
A Systematic Review

Background: Structured activities stimulate brain function that engages in a manner that increases the speed or rate of learning.

Methods: To summarize evidence on the effects of cognitive training on cognitive performance and incidence or severity of cognitive decline.

Results: The 31-group studies included a total of 2,323 adults. The results were consistent across all studies. The effect sizes were larger in studies that included older adults, women, and those with lower educational attainment.

Conclusion: Cognitive training may be effective in preventing cognitive decline in older adults.

AMERICAN COLLEGE OF PHYSICIANS (ACP) - DYNAMED

DynaMed Plus: A Benefit for ACP Members

DynaMed Plus
EBSCO Health

Overview and Recommendations

Background:

- A pressure ulcer is a local injury to the skin and/or underlying tissue, often over a bony prominence, caused by constant pressure, or pressure with shear.
- A pressure ulcer may develop over bony prominences, such as the sacrum, trochanters, heel, ischial tuberosities, and earlobes. Pressure ulcers may develop over bony prominences, such as the anterior tibial and posterior tibial areas, where the skin is thin and the underlying bony prominences are palpable.
- Pressure ulcers are most common in patients with limited mobility and are more common in patients 65-70 years old.
- Pressure ulcers are more common in patients with chronic conditions, such as diabetes, peripheral arterial disease, immunosuppression or the use of cytotoxic chemotherapy, and smoking. They impair pressure ulcer treatment in the case of additional stress.

DynaMed Plus

Pressure ulcer

DynaMed Plus

Overview and Recommendations

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**Universty of Nebraska - Geriatrics**

- Geriatric Education website: [https://www.unmc.edu/meded/divisions/geriatrics/education/resources/education-modules.html](https://www.unmc.edu/meded/divisions/geriatrics/education/resources/education-modules.html)

- Dementia in Long-term Care: [https://www.unmc.edu/intmed/divisions/geriatrics/education/resources/dementia.html](https://www.unmc.edu/intmed/divisions/geriatrics/education/resources/dementia.html)

- All free access

**Dealing With Difficult Behaviors I**

Thomas Magnuson, MD
Assistant Professor
Department of Psychiatry
UNMC

**Universty of Iowa - Geriatrics: Info-Connect**

- Website: [https://IGEC.UIOWA.EDU](https://IGEC.UIOWA.EDU)
- [https://igec.uiowa.edu/gerialearning/info-connect](https://igec.uiowa.edu/gerialearning/info-connect)

- Registration is necessary (to track who uses the site), but all resources are free

Dealing With Difficult Behaviors I

Aggression Tip Sheet

1. Context is important and will affect treatment planning. Specific information about exactly what happened, when it occurred, how often it happens is essential to convey to the provider.
2. Aggression is not the content of caregiving only, that comes immediately when the interaction with staff members ends is least likely to respond to medication management.
3. Stressed individuals, spontaneous aggression tends to be more to treat and takes a great deal more effort to try and locate causes.
4. Focused aggression, especially when seeking out individuals, can be the most concerning and should be subjected to consider and decisions-makers promptly.
5. Perspectives on their own needs by reviewing educational materials about maximizing safety with physically aggressive patients. Links are provided on the webpage.
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**Need-Driven Dementia-Compromised Behaviors (NDB)**

**The Facts...**

- Disruptive, agitated, and aggressive behaviors often result from one or more unmet needs — physical, psychological, emotional or social.
- Loss of ability to express needs in language causes the person to "communicate" through behavior.
- NDB Model emphasizes the interaction between stable individual characteristics and fluctuating environmental factors that may cause stress or discomfort.
- Assessment is the key to accurate interventions and quality of care.

**Management Strategies**

- Are highly individualized.
- Arise out of assessment data.
- Rely on thoughtful review and assessment of individual characteristics that are fairly stable and longstanding:
  - Health conditions
  - Level of disability due to dementia
  - Personal history and experiences
  - Long-standing personality traits and coping patterns
- Environmental triggers that tend to fluctuate and vary:
  - Personal environment
  - Social environment
  - Physical environment

**Assessment is Key**

- Comprehensive and ongoing assessment is vital.
- Ask: Who is this a problem for?
  - The patient?
  - Others around him/her?
- Listen carefully for the message the person is attempting to convey.
- Observe for possible "hidden meanings" in actions, words.
- Involve family who may understand meanings of words or phrases.
- Look for patterns and document habits.
- Attend to nonverbal cues and messages.
- Rule in, rule out medical and/or physical problems.
- Seek to understand the person's internal reality.
- Re-frame the problem: Think of the person as DISTRESSED vs. DISTRESSING.
- Brainstorm with staff and family regarding possible causes and interventions that work even part of the time.
- Reevaluate frequently.
- As person's status changes due to dementia, so will the response to interventions. Keep trying!

**The NDB Model**

- Need-Driven Dementia-Compromised Behavior (NDB) presents a different way of thinking about "problem" behaviors.
- Developed by a group of nurse researchers who sought to better understand and manage "problem" behaviors in dementia.
- Arose out of the desire to "re-frame" caregivers' thinking and provide an alternative view.
- Provides a framework to understand behaviors that have been called Difficult, Disturbing, Disruptive, Problematic.

**Essential Features**

- Problem behaviors are the result of interaction between:
  - Relatively stable INDIVIDUAL CHARACTERISTICS
  - Ever-changing ENVIRONMENTAL TRIGGERS
- Problem behaviors are an "expression" of one or more unmet needs — physical, psychological, emotional, or social.
- Persons with dementia are unable to form thoughts or express needs in language.
- Unmet need emerges in behavior symptom(s).
- Comfort and quality of care depend on accurate assessment and intervention.

**NDB Behaviors**

- Wandering, elopement
- Disruptive vocalizations
- Agitation and aggression
- Sleep disturbance
- Resistance to personal care

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THE HARTFORD INSTITUTE FOR GERIATRIC NURSING
Website: https://higo.org/ and https://consultgeri.org/
• General Assessment Series
• Specialty Practice Series
• Dementia Series
• Quality Improvement Series
• All Access is Free of Charge

Geriatric Depression Scale: Short Form
Choose the best answer for how you have felt over the past week:
1. Are you basically satisfied with your life? YES / NO
2. Have you dropped many of your activities and interests? YES / NO
3. Do you feel that your life is empty? YES / NO
4. Do you often get bored? YES / NO
5. Are you in good spirits most of the time? YES / NO
6. Are you afraid that something bad is going to happen to you? YES / NO
7. Do you feel happy most of the time? YES / NO
8. Do you often feel helpless? YES / NO
9. Do you prefer to stay at home, rather than going out and doing new things? YES / NO

Source: http://www.stanford.edu/~yesavage/GDS.html
This scale is in the public domain.

POGoE – THE PORTAL OF GERIATRICS ONLINE EDUCATION
Caring for the Older Adult – 622 articles
Geriatric Syndromes – 473 articles
Diseases – 263 articles
Geriatric Palliative Care – 107 articles
Patient Safety – 129 articles
Care Settings & Models – 215 models
Most access is free but web-GEMS now has a fee

STATE AMDA CHAPTERS – COLORADO MEDICAL DIRECTORS ASSOCIATION
https://cmda.us
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THE END
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Using J Club and Ethics outreach to impact rural Medical Directors - Feinsod

USING J CLUB AND ETHICS OUTREACH TO IMPACT RURAL MEDICAL DIRECTORS

Fred Feinsod MD, CMD
A. Lee Annesberg MD, CMD
Cynthia Works MD, CMD

DISCLOSURES

- Multi Facility Medical Director
- Division Medical Director, SAVA Senior Care Administrative Services
- Medical Director, Schryver Laboratory, Mobile X-Ray, and Respiratory Services
- Geriatric Consultant, VIVAGE Senior Living
- Vice President, Board of Directors, Mt. St. Francis Nursing Facility
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RURAL FACILITY EXPECTATIONS OF THEIR MEDICAL DIRECTOR

- Educate staff
- Support changes in care
- Educate physicians & NPPs
- Explain changes in care to families
- Review charts in light of new rules and approaches.

PROVIDE RESOURCES

- New topics
- Updated articles
- Coordinate care
- Support policy and educate physicians

DISCUSS AND PROVIDE LEADERSHIP ON TIMELY TOPICS

- Active shooter protocol
- Black Friday shooting of police officer in CO Springs on nursing home grounds (November 28, 2015)
- Influenza vaccination, treatment, outbreaks
- Anticoagulation (NOACs, etc.)

METHODS TO KEEP PHYSICIANS/NPPS AND FACILITIES UPDATED

- Telephonic Journal Club
- Ethics Committees
- Adjuncts to:
  - AMDA and State AMDA chapters
  - University Grand Rounds
  - On-line resources
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**TELEPHONIC JOURNAL CLUB**
- Updated approaches to common problems
- New medications
- Safer use of medications
- Insights into diagnosis and testing
- Less invasive and more effective treatments
- Review of common issues
- Prevent dated practice, intellectual isolation

**WHO ATTENDS TELEPHONIC JOURNAL CLUB**
- Medical Dir’s, Physicians, NPPs
- NHAs, DONs
- Nursing leadership and staff
- Department of Health
- Ombudsmen

**PARTICIPANT LOCATIONS**
- Local and widespread
- Rural/Remote
- Other states
- Multiple facilities
- Multiple corporations

**JOURNAL CLUB PROCESS**
- Dedicated leadership
- Dependable call-in line
- Topic selection
- Notification
- Pre-meeting preparation by leadership and participants

**J CLUB LEADERSHIP (INTERDISCIPLINARY TEAM)**
- Medical Director
- Consultant Pharmacist
- Nurse leadership
- Key: Obtaining articles for distribution
- Membership presentations

**J CLUB TOPIC SELECTION**
- Timely
- Effecting practice and care
- CMS and CDC guidance
- Regulatory issues
- Legal issues
J CLUB MONTHLY TOPICS

- Re-hospitalizations
- Congestive heart failure
- Nursing home-acquired pneumonia
- Antibiotic stewardship, MDROs
- Sepsis in frail elderly patients
- Opioid stewardship
- Diabetic foot
- NOACs

J CLUB TIMING

- Monthly
- Specific date and time
- Call-in number fixed
- Limited to 30 minutes

J CLUB FOLLOW UP

- QAPI meeting discussions
- Include articles in QAPI minutes
- Revisit topics in clinical and QAPI scenarios.
- Review charts with topic issues

“Wy’ve been farming too long!”

“You been farming long?!”
ETHICS COMMITTEES REFLECT THEIR LOCAL MEMBERSHIP

Terri Schiavo case analysis: (Right-to-die legal case)
Denver Ethics Cmte
CO Spgs Ethics Cmte

ETHICS COMMITTEES ENCOURAGE STANDARDS OF CARE

- Decision making process based upon Ethical Principles.
- “Ten Ethical Principles in Geriatrics and LTC”
- Meetings end with a 10 minute discussion on Ethical Principles.

10 ETHICAL PRINCIPLES IN GERIATRICS AND LONG-TERM CARE

- Beneficence, Non-maleficence
- Futility of Treatment
- Confidentiality, Autonomy and Informed Consent
- Physician-Patient relationship, Truth telling
- Justice, Non-Abandonment
- Limited resources


BENEFICENCE

- Prevent harm
- Remove harm
- Provide a benefit

LIMITED RESOURCES

- Utilizing resources efficiently & effectively
- Identifying available resources
- Utilizing means to obtain affordable resources
- Providing options
- Educating residents/families- available options
- Working together as a community to identify needs, available resources, & limits
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WHEN ETHICAL PRINCIPLES CONFLICT

- Autonomy versus Beneficence
- Beneficence versus Maleficence
- Beneficence versus limited resources
- Physician/NPP responsibility
- Abuse: “Intent” versus “willful”.
- Following the Law.

ETHICS COMMITTEE FORMULA FOR SUCCESS

- Monthly meetings at designated time.
- Partnership with Ombudsman, Department of Health, CMS.
- Facility & corporation leadership support.
- Discussions based upon Ethical principles.
- Encourage case presentations.
- Open and non biased approach.

ADDITIONAL CRITICAL MEMBERS

- Chaplain
- Senior community representative
- Ethicist
- Hospital participation
- Behavioral health representatives
- Police Department (reporting abuse, neglect)
- Probate attorneys
- Local politicians
- Students and their faculty

TOPICS FOR PROVIDING “CARE, SAFETY, AND WELL-BEING”

- Hospital communications with LTC facilities.
- Partnering with Behavioral Health hospitals.
- End of life care options.
- Identifying and reporting abuse/neglect.
- LTC residents participating in elections.
- Active shooter protocols.
- Hospice responsibilities.

OUTREACH SUCCESSES

- Treating children timely with oseltamivir during outbreaks of Influenza A.
- Respecting elderly patients in ERs.
- Creating a system of emergency housing for abused elderly patients.

BRINGING RURAL FACILITIES INTO THE LTC FAMILY THROUGH J CLUBS AND ETHICS

- Providing standards of care.
- Benefiting from innovations in treatment.
- Maximizing safety while respecting comfort and choice.
- Supporting Medical Directors in their role as educators and leaders.
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Caring for elders in a rural state

CYNTHIA WORKS, MD
ASSOCIATE CLINICAL PROFESSOR
UNIVERSITY OF WYOMING
FAMILY MEDICINE RESIDENCY PROGRAM

Leaning Objectives:

- By the end of the session:
  - Will have an overview of long term care in rural Wyoming
  - Have awareness of resources available to rural LTC providers
  - Have discussed some strategies for training providers to work in rural LTC

Wyoming geography

- Population: 579,315
- 97,818 square miles
- 5.8 persons per square mile
- Least populous state; second least densely populated state

Senior Population in Wyoming

Wyoming Physicians

UWFMRP Grads Practicing in Wyoming
Geriatric training of UWFMRP physicians

- Teaching geriatrics to rural family practice doctors
- Institutional support for elder care
- Unopposed community based training setting
- Average nursing home patients: 12-20 in 2 facilities; Residents rotate on average every 2 months to care for 3/4 patients at nursing homes
- 4 weeks geriatric rotation
- Resident can choose Geriatric track to focus on geriatric care during residency (attend AMDA meeting as part of fellows program)
- Geriatric fellowship

Nursing home challenges in a rural state

- Not enough skilled nursing long term beds close to home
- Long distances often separate family from patient; this is especially difficult in winter months
- Long distances separate elders from services
- Limited choices on care setting close to home
- Limited trained personnel to staff nursing homes
- Limited number of providers with geriatric expertise
- Limited geriatric specialty care (i.e. Geropsychiatry) to support attending providers

Nursing home blessings in a rural state

- Possible to get hand off directly from physician who is sending patient even in another town
- Physicians know the community, history and family of many patients
- Easier to have difficult conversations, set goals of care, less futile intervention, as seeking advanced medical care often means transport hundreds of miles away
- Physician often has name recognition and collaboration with many providers around the state so calling for a hand off is easier
- Same provider or group of providers likely to care for patient in all settings (i.e. hospital, outpatient, and skilled nursing facility)
- Care staff often have long history with patients, which helps during transition to the nursing home and their history comes into the building with the patient

Survey disseminated December 2017

- 30 percent of respondents completed survey
- 11 family practice and 1 internal medicine participants
- 3 CMD/AMDA medical directors
- Areas of interest:
  - Beers List (Medications to avoid in the elderly)
  - CDC/CMS guidance on opioid prescribing
  - Anticholinergic stewardship
  - NOAC / Select Oral Anticoagulants
  - Ethics Committee in ability of Consultation
  - Prevention of Falls
  - Prevention and treatment of pressure ulcers
  - Recognizing and reporting abuse
- Time to complete survey: 5-15 minutes
Staying current: resources for rural providers and medical directors

- Wyoming Center on Aging (WyCOA)
- ECHO program for dementia through WyCOA
- Webinars
- Journal clubs with surrounding states
- Attending AMDA conferences (usual 2-6 attendees at annual conference)
- Online resources

WyCOA additional resources

- http://www.uwyo.edu/wycoa/educational_and_training_opportunities/echo.html

- Technology for Optimal Aging Certificate Program: Technology for Optimal Aging is an online certificate program that will review the aging process, aging demographics, theories of aging, available technologies, impact of technology on aging, and application of technology.

- UW ECHOs Networks (Geriatrics and Rural/Frontier Care Transitions): Project ECHO is a model for lifelong medical learning and collaborative practice that links front-line healthcare providers with specialist care teams to manage patients who have chronic conditions requiring complex care. Project ECHO is transforming the way medical knowledge is shared and translated into everyday practice – and, in the process, enabling thousands of people in remote and medically underserved communities to get care they couldn’t get before, if at all. Professional Continuing Education will be available.

- Dementia Care Certificate: The certificate is designed for professional direct care providers of older adults in various care settings. The program will help people with dementia gain the knowledge and skills to address a broad range of behaviors associated with dementia.

- Caring with Confidence DVD Training Series: Caring with Confidence is a program designed to educate Certified Nursing Assistants (CNAs) and other direct care workers on how to manage challenging behaviors that are often associated with dementia. The program helps direct care workers develop skills to address these behaviors with compassion and respect.

- Transition Across the Community Team© (TACT): TACT is powered by the Wyoming Institute of Population Health, a division of Cheyenne Regional Medical Center.

Discussion

- Share experiences in audience of LTC in rural settings