

**TENNESSEE ASSOCIATION OF LONG TERM CARE PHYSICIANS**  
**Supporting Quality Care for the Nation's Most Vulnerable Seniors**  
**May 2016**

**FROM THE PRESIDENT**

The US remains the only country in the world that requires a physician medical director for all nursing homes. I am bullish on the future of LTC and geriatrics and confident that the models of care we perfect constitute a winning strategy to improve care for all patients. Geriatricians should also be valued for the work we do. It is critical that we work smart, document clearly the scope of care we provide, and remain abreast of changing rules and regulations as well as the opportunities they provide to advance our field.  
Ralf Habermann, MD, CMD.

**AMDA ANNUAL CONFERENCE REPORT**

The Tennessee Association of Long Term Care Physicians was well represented at the 2016 Annual AMDA – Society for Post-Acute and Long Term Medicine Conference in Orlando in March with dozens of TN physicians in attendance. AMDA is committed to educating all healthcare professionals working in LTC regarding new developments from CMS such as standardization of patient measurement tools across transitions of care, rules regarding readmission to acute care, and engagement in Quality Assessment and Performance Improvement (QAPI) activities. Elected to office: Ralf Habermann, TALTCP President, and Jim Powers, General Secretary/Treasurer TGS/TALTCP.

**TENNMED-16**

The annual meeting of the Tennessee Medical Association was held at the Embassy Suites, Murfreesboro, in April. Geriatrics and Long Term Care components provided a half-day symposium covering Non-pharmacologic Management of Agitation in Dementia, as well as Successful Aging – How to Live to 100. The sessions were led by Jim Powers and Charles Mouton in association with Dr. Walter Bortz from Palo Alto inter-professional geriatric teams. We are excited that TMA has introduced non-physicians to geriatrics CME through participation in TENNMED-16. We hope to provide more of these interdisciplinary programs to all healthcare professionals in future years.

**TREASURER'S REPORT**

Our balance stands at \$6,800, with 27 members. Annual expenses are \$3891. TALTCP/TGS membership has voted to donate \$500 to AMDA's Educational and Research Foundation to fund scholarships for fellows and residents to attend the Futures Educational Program in LTC Medical Direction.

**LEGISLATIVE REPORT**

Insure Tennessee, proposed by Governor Haslam, proposed to utilize a managed care system to expand Medicaid to cover up to 138% of poverty at no cost to the state. While defeated in during the 2015 legislative session, house Speaker Harwell has appointed a task force "The Three Star Healthy Project" to study an alternative plan. Lack of Medicaid expansion has been tied to closure of 57 rural US hospitals including five in Tennessee. TN Senator Dr. Richard Briggs is a member of the committee and reports credible debate on expansion proposals and study of CMS approval processes.

The American Geriatrics Society contributed to the open public comment period in November on behalf of practicing physicians related to MACRA, the Medicare Access and CHIP Reauthorization Act that replaced the Sustainable Growth Rate Formula. AGS believes the Merit Based Incentive Payment System (MIPS) will have far-reaching positive effects on practice and the care of elderly patients.

AGS is also issuing guidance to be published soon in The Journal of the American Geriatrics Society, regarding ethical care of unbefriended elderly. These older adults who lack capacity and have no decision maker require special attention so that treatment decisions regarding these highly vulnerable patients are made in a practical and ethical manner.

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**TENNESSEE GERIATRICS SOCIETY**  
**Improving the Quality of Life and Medical Care to Older Tennesseans**  
**May 2016**

**FROM THE PRESIDENT**

The Tennessee Geriatrics Society remains one of the most active state affiliates of the American Geriatrics Society and is represented on the Council of State Affiliates. We remain active in promoting geriatrics education and quality senior care in our state, working with other societies and organizations around the state promoting quality care for our most vulnerable citizens. We remain optimistic that continuing changes in the American medical landscape will ultimately be beneficial to our field. James Powers, MD, CMD

**AGS ANNUAL MEETING**

Tennessee was well represented at the annual AGS Meeting at Long Beach in May. As COSAR Chair, Jim Powers introduced a discussion of the ‘Branding’ of Geriatrics and invited Mike Wassermann, AGS Fellow, to speak on the topic “Making a Living in Geriatrics.” Mike’s presentation challenged all clinicians to appropriately code for the incredible work they accomplish. We truly have powerful tools to demonstrate the value of our services with appropriate use of CPT and E&M codes. A lively discussion ensued, followed by AGS Policy presentation on alternative payment methods (for physicians involved in ACO’s and Medicare Shared Savings programs) and merit based incentive payment (MIPS, for 90% of physicians).

**TREASURER’S REPORT**

Our balance stands at \$10,000, with 29 members. Annual expenses are \$1900. Please help support your organization and our dues paying members by sending in your dues today.

**LEGISLATIVE REPORT**

CMS has issued guidance on the advance care planning code 99497, including the first 30 minutes of face-to-face discussion of advanced directives by billing providers in both inpatient and outpatient practice. Many AGS members are involved in educating their practices and institutions regarding this new CPT code. An add-on CPT code 99498 for an additional 30 minutes of discussion is not yet billable. The AMA’s RUC is seeking input regarding the RVU for the new E&M code 99XX3 regarding Cognitive Assessment and Care Planning. This new code is anticipated to begin in 2018 and to be utilized up to every 6 months when tied to complex care of dementia patients.

Older Americans Act Reauthorized: The president signed the Older Americans Act (OAA) Reauthorization Act of 2016, key legislation to deliver social and protective services to older Americans through 2018. The bill strengthened the landmark legislation—originally passed in 1965 and overdue for reauthorization since 2011. The legislation aims to address elder abuse; evidence-based care; effective coordination of services at the federal, state, and local levels; and several other challenges confronting older Americans and their healthcare professionals. The AGS and the Eldercare Workforce Alliance (EWA) have long advocated for reauthorization of the OAA.

**TENNESSEE GERIATRIC NEWS**

The Alzheimer’s Association of Middle Tennessee is promoting a new portal (also available as an app) for providers as well as families. This nicely designed site provides information on screening, diagnostic strategies, clinical management, caregiver support, and clinical trials. <http://alz.org/HCPportal>  
Also, AGS has developed a new tool to help prognosticate for many conditions geriatricians are asked to manage. This is patient-friendly, providing easy to understand graphics and charts that can be shown or given to patients, and also available as an app. [www.epronosis.com](http://www.epronosis.com)

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