

Medical Model of Care in Long Term Care

RGP International Virtual Town Hall

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- Andrea Moser, MD, MSc, CCFP(COE), CMD
- Employee of Baycrest Health Sciences
- Fees for consultation to Sienna Living on medical services since August 2020

- Medical Director
 - Overwhelming majority are family physicians/GPs
- Attending Physician
 - In Ontario 1190 family physicians working in LTC
 - 12% of all family physicians
 - 628 (53%) providing care to 90% of the LTC residents
- Nurse Practitioners
 - 75 Funded positions from MOHLTC – attending NP and collaborative role
- Consultants
 - Geriatric psychiatry, wound care specialists
 - Geriatric Medicine, Palliative Care

- “ Impact of Medical Director Certification on Nursing Home Quality of Care”
 - F Rowland, M Cowles, P Katz, JAMDA, 2009:10:431-435
- 15,777 nursing homes in US
 - 547 with certified medical director
- US Medicare data of survey/inspections data and standardized survey score
- Certified Medical Director is independent predictor of quality in US nursing homes
- 15% improved quality outcomes

- **Nursing Home Medical Staff Organization: Correlates with Quality**
 - P Katz, J Karuza, J Lima, O Intrator, Nursing Home Medical Staff Organization: Correlates with Quality, JAMDA 2011;12:655-659
 - Improved quality outcomes with organized medical staff
 - Pain, depression, ulcers, restraint use, catheter use
- **Association between Clinical Effort in Nursing Homes and Potentially Avoidable Hospitalizations**
 - Y Kuo, M Raji, F Goodwin, JAGS 61:1750-1757, 2013
 - 1094 Nursing Homes in Texas, 12,249 residents, MDS data, Medicare provider data
 - **Risk of avoidable hospitalization increased with decreasing level of NH effort (p<0.001)**
 - No difference between MD, APN, PA
 - Cost increased for residents cared for by PCP with less than 5% NH effort compared to those with >85% (p<0.001)

- Nursing Home Quality and COVID-19 cases and deaths
 - 1223 California Skilled Nursing Facilities (SNF)
 - 5 star quality rating* – decreased # cases and deaths(* inspection findings, reported quality measures, staffing patterns)
 - M He et al, JAMDA 21(2020) 905-908

- Emerging Evidence / Best Practices
 - Leadership Triad (Administrator/Director of Care/Medical Director)
 - Collaborations with acute care in preparation and management
 - IPAC supports, PPE training
 - Importance of proactive goals of care discussion/advance care planning
 - Active medical and nursing management
 - Change in status – hydration/nutrition
 - Hypoactive delirium
 - Respiratory symptom management/oxygen
 - End of life care
 - Balance of virtual and onsite care
 - Increased visits with increased size of outbreaks

- Competency in Medical Direction and LTC
- Engaged member of LTC home leadership team “the triad”
- Regular onsite presence in administrative role
- IPAC and outbreak mgt
- Collaboration with health care system, acute care
- Medical Staff management
 - Recruitment and retention
 - Planning and engagement
 - evaluation
- Active participation in Quality Committees

- Clinical Competency in LTC
- Commitment to continuing professional development in LTC
- Engaged, regular presence
- Manageable roster size
- Collaborative member of medical staff
- Active member of interprofessional clinical team
- Balance of virtual and in person
- Responsive, available

- Thank you!!!

Collaboration and Preparedness for COVID-19

- Acute care collaboration with Skilled Nursing Facility (SNF) – Virginia, USA : Archbald-Pannone et al, JAMDA 21 (2020) 939-942
- Acute care teams working with LTC teams (Medical Director, IPAC , DOC)
 - Project ECHO – daily COVID management, weekly didactic on specific topic
 - Nursing Liaison
 - Infectious Disease Advisory consultation
 - Telemedicine consultation
 - Geriatrics, Respiratory, emergency med, intensivist
 - Resident social connectedness