

# SAVE THE DATE

## 2019 ANNUAL CONFERENCE

March 7 – 10, 2019 • Hyatt Regency Atlanta



# ATLANTA

## GEORGIA 2019

SUBMIT POSTER ABSTRACT AT:  
[paltc.org/annual-conference](http://paltc.org/annual-conference)  
Deadline is November 30, 2018

MEETING REGISTRATION OPENS NOVEMBER 1, 2018.



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



## INNOVATIONS IN PA/LTC

Arif Nazir, MD, CMD

### Facilitating Out-of-the-Box Solutions

Health care systems are facing resource constraints, with the post-acute and long-term care field facing perhaps the most pressure. Unfortunately, not much relief is in sight: there are worsening shortages of skilled and competent staff and no projected significant increases in reimbursements. AMDA – The Society for Post-Acute and Long-Term Care Medicine, as a leader in PA/LTC, is redefining its role in these resource-constrained times. In addition to offering our members high-quality education and much-needed advocacy, one of the Society's aims is to create efficiencies and value through innovation.

A way to create more value by working efficiently is to innovate. As one of my mentors at Indiana University said to me, "Our health care system is rife with waste. Don't be a partner in crime. Think hard when you visit a patient. How can your visit bring more value to the patient and to the health care system?" This advice changed my approach, and I started to focus on bringing more value. For example, I emphasized deprescribing and questioned the need for laboratory tests and specialist consultations for frail patients. This approach has helped me to evolve not only as a clinician but as a responsible citizen.

The transition from volume-based to value-based care is challenging, both conceptually and procedurally. And, unfortunately, the demand for transformation is so intense that it can be exhausting to keep up. For example, studies have shown physicians and nurses are spending a lot of time doing administrative and documentation tasks to prove the value of their work, and this quality reporting is costing us around \$15 billion each year. What can be the role of technology and innovation in this situation? Can we leverage the power of bytes and digital speed to rescue these weary health care teams?

Many are skeptical about technology saving the day for practitioners. After all, the available technology in the form of clunky, traditional electronic medical records (EMRs) has been the antithesis of heightened efficiency. Even though EMRs are improving with time, the damage has been done — providers are skeptical about technology's potential. Surveys show that more than 50% of physicians are facing burnout symptoms, and they are attributing much of this to struggling with dysfunctional technological platforms.

Having said all that, we must acknowledge that technology and non-technology innovations still present us

with unlimited potential to ultimately improve our medical practice, and our patients' care and well-being.

Even now, technology is enhancing our patients' engagement in individualized activities and their communities. Innovators also are creating platforms to transform the care of older adults by predicting health outcomes such as injuries related to falls, hospitalizations, and pressure ulcers. Other innovations that are ready to take our setting by storm include smart rehabilitation equipment, robotic companions, and virtual reality-based entertainment suites. The million-dollar question is, which technological advances will go beyond intriguing to represent meaningful innovations that fundamentally alter health care delivery?

*Surveys show that more than 50% of physicians are facing burnout symptoms, and they are attributing much of this to struggling with dysfunctional technological platforms.*

For any invention to be impactful, it requires an intense investment of intellectual and financial capital — yet only a small proportion will revolutionize care practices. And what works in one market may not work in another; for example, although telehealth-based innovations have improved after-hours care in some parts of the country, the lack of physician buy-in and support in other regions has hindered the technology's effectiveness. Successful dissemination of any innovation requires a culture where leaders promote the acceptance of new thoughts and ideas.

In his book *The Medici Effect* (Boston: Harvard Business School Press, 2006), author Frans Johansson describes how a culture of innovation may be promoted. Citing many examples from the Renaissance Era, Mr. Johansson introduces us to the concept of the intersection of ideas through patronage of innovators in a community. The patronage by the Medici family and other prominent community leaders of artists such as Michelangelo and Leonardo da Vinci resulted in an explosion of new concepts, techniques, and strategies in the fields of arts, transportation, and warfare, which not only impacted their

## Ease the ADVANCE CARE PLANNING Conversation



Everything is easier with preparation — even difficult conversations. AMDA assembled The Advance Care Planning (ACP) Series to discuss advance care decisions with your patients. It includes:

- ▶ A discussion guide with conversation topics and suggested patient questions
- ▶ 25 copies of an individual ACP Visit Documentation Template on convenient tear-off pages
- ▶ A pocket card

**Be prepared for the conversation.**  
Order your copy today at <https://paltc.org/>.



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

own era, but continues to inspire innovation in current times.

The Society's leadership believes that our organization is well poised to fill the patronage gap for innovation in PA/LTC. For the last 2 years, the Innovations Platform Advisory Council (IPAC) has established an infrastructure to inspire a culture of innovation for our members. IPAC is convinced that innovation happens every day at the frontlines of the PA/LTC community, thanks to our members and other clinicians with limited resources who are trying to meet the needs of frail, seriously-ill patients. IPAC is seeking ideas to systematically capture these ideas and create platforms to share with other members and with startups who may be able to produce scalable solutions.

*IPAC aims to create opportunities for any member to contribute to a game-changing innovation in our setting.*

Several quick successes have confirmed that the Society is on the right path to create innovative frameworks for our members. AMDA On-The-Go (AOTG), our new podcast series, is one example of a successful innovation that has been enthusiastically received by members. IPAC envisioned a portable medium that could bring key information and innovations to members in a convenient format. More than 5,000 downloads of the first 12 episodes speaks to our members' need for this product. Wayne Saltsman, MD, PhD, CMD, has done a remarkable job in hosting these insightful podcasts, which confer American Board of Post-Acute and Long-Term Care Medicine (ABPLM) CMD credit hours for the time spent listening to them. Check out AOTG at <https://www.paltc.org/podcast>.

A second IPAC success includes the 2018 Shark Tank competition, presented at the Society's Annual Conference. Four innovators presented their concepts to a panel of judges and an audience who voted on the projects with the greatest potential to improve PA/LTC. The session was standing room only and has led to significant interest among members for similar future competitions. The two winners of the competition are already collaborating with Society members who are pilot testing their products and receiving complimentary consultations. You can learn more about the Shark Tank winners through AOTG episode 10 (available at <https://paltc.podbean.com/e/innovation-1530637613/>). For the Society's 2019 meeting in Atlanta, IPAC is planning another exciting Shark Tank competition.

At the annual conference, IPAC will formally kick off the AMDA Innovations Portal. As the name indicates, the Portal is intended to transport members to a world of startups and innovators.

Through this portal, members will be able to explore many innovations in the pipeline and will be able to sign up to collaborate as early adopters or even as consultants for these companies.

IPAC is proud to have made significant progress over the last few months, thanks to the efforts of many out-of-the-box thinkers who have joined the council. IPAC includes members from the frontline, academia, *JAMDA* editors, corporations, and startups. IPAC has created the time and space for a robust

intersection of ideas, resulting in new solutions.

Although a lot has been accomplished, the innovation work is just getting started. It is clear to IPAC that there are unlimited opportunities to create new value for our members and help the Society achieve its vision. Through the various platforms described here and other exciting collaborations that we are building with established innovation accelerators, IPAC aims to create opportunities for any member to lead or contribute to a

game-changing innovation in our setting. Please stay tuned! 

This column is sponsored by AMDA – The Society for Post-Acute and Long-Term Care Medicine's Innovation and Implementation Workgroup. Dr. Nazir is chief medical officer for Signature HealthCare and president for SHC Medical Partners. He is president-elect for the Society and chair of the Society's Innovations Platform Advisory Council.



## APRN Gerontological Specialist Certification Exam

**Is your practice primarily with older adults?  
Do colleagues come to you for help with older patients?**

***Demonstrate your expertise!***

***We have a seat reserved for you!***

**Where: Computer-based testing at a location near you!  
When: Beginning June 1, 2018, you set the date and time**

Be among the first APRNs to be certified as a Gerontological Specialist and earn the GS-C credential. This is the ONLY specialty certification that recognizes your gerontological advanced practice nurse expertise.

**The challenge:** The health care needs of the older adult are complex. Patients require expert providers who create, apply, and communicate knowledge specific to gerontological care.

**The solution:** Highly skilled APRNs who are validated in managing care of older adults to ensure patients' needs are being met.

**The pivotal role:** You, the distinguished and validated APRN, helping to define a community of expert providers ready to meet the challenge.

**The outcome:** Older adults receive the right care, at the right time, by the right health care professional.

### Gerontological Specialist Certification Exam

Pre-registration is required. The certification application booklet is available at [gapna.org/certification](http://gapna.org/certification) or call C-NET for details 800-463-0786.

For test site locations, go to: [cnetnurse.com/test-site-locations/computer-based-locations](http://cnetnurse.com/test-site-locations/computer-based-locations)