



## FROM THE PRESIDENT'S DESK

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### Succeeding Through Failures, Keeping the Growth Mindset

Avoiding an apparently tough challenge that carries an inherently high risk of failure may not always be the best strategy. Failures teach us valuable lessons that may then be applied to tackle the same challenge with a new approach or to address a whole new problem. In *Mindset: The New Psychology of Success* (New York: Random House, 2006), Carol Dweck, PhD, shares her credible research supporting this approach, referring to it as the “growth” mindset. People and organizations with such an attitude, she argues, are set for more success than those with the “fixed” mindset.

Recently, I took on the role of president for AMDA – The Society for Post-Acute and Long-Term Care Medicine. During the annual conference in March, I got to interact with many friends, peers, and mentors. “Times are tough, and it’s hard to have an impact with so much changing” was a comment from one of those peers. Another stated, “It seems we have run into a mountain of challenges, none of which is under our control.” A few others echoed these assessments. I concur with the enormity of the unprecedented health care challenges we face, but the question is, “How should we, the Society, respond?”

*People and organizations with the “growth” mindset are set for more success than those with the “fixed” mindset, according to researcher and author Carol Dweck, PhD.*

Lucy Kennedy, a resident of Washington Rehabilitation and Nursing Center, a Signature HealthCare skilled facility in Florida, offers us the most inspiring lesson. In 2014, Lucy, who is more than 80 years old, learned that two state legislators were going to be visiting her facility — so she began to rehearse. Unintimidated by stubborn regulatory frameworks and 150 years of history, when Lucy finally got to meet the legislators, she had donned her most formal attire and was prepared to make her demand: an increase in the \$35 per month personal needs allowance for Medicaid-eligible residents of Florida nursing homes.

When challenges are daunting and barriers unprecedented, it takes courage and out-of-the-box thinking for effective solutions. Often, when faced with such challenges, people and organizations



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The growth mindset encourages us to invest in bold strategies.

revert to a self-preservation mode; they merely “ride the tide,” hoping that solutions will emerge from others. Instead of pushing for new ideas, harder advocacy, and new collaborations, they settle for the status quo, citing lack of resources, time, and control as excuses.

The growth mindset encourages us to invest in bold strategies, such as “budgeting” for experimentation and potential failures. Eric Ries, author of *The Lean Startup* (New York: Crown Business, 2011), advocates for swift (but inexpensive) implementation of new ideas and “quick failures” to gain experience. This is also a guiding principle of the Quality Assessment/Process Improvement (QAPI) paradigm, which is now a mandatory part of nursing facilities’ quality programs. Such approaches can help organizations take the lead when the going gets tough. Jim Collins, author of *Good to Great* (New York: HarperBusiness, 2001), also recommends discipline in creativity and experimentation to attain greatness for organizations.

We, the clinicians and advocates of the post-acute health care system, face a very tough restructuring of the health care system. For example, the rising acuity of patients in our setting, increasing expectations of stakeholders, inadequate reimbursement, lack of trained staff, and transitional care woes along with ever-changing regulatory frameworks are making lives hard for post-acute health care teams. But there is a silver lining: a readiness to change and openness to ideas among stakeholders that did not exist before. Between regulators, academicians, researchers, clinicians, and others, there is an ongoing dialogue to redesign and test new models of care, build new collaborations, and much more.

I truly believe that the stage is set for the Society to emerge as the leader in the post-acute care redesign. Our dedicated and expert membership, most diverse Board of Directors, capable House of Delegates, and committed volunteers are ready to lead, collaborate, design, and experiment. Keeping a growth mindset will be the key — no idea is off the table or unrealistic. From upgrades in education programs and agility in clinical products, to innovative models of care and use of technology, the Society should seek to bolster all its aspects.

I also believe that we won’t succeed alone, and strengthening our current partnerships and building new ones will be crucial. We need to initiate and participate in all key dialogues that are happening with relevance to all patients in the PALTC space. We should be the first to test new models and embrace new technologies. Any opportunity to experiment and to fail modestly needs to be taken so that we can learn key lessons that will contribute to successful solutions.

Finally, in the context of health care redesign, I cannot overemphasize the key role AMDA Innovations could play, not just for the future of the Society but for the future of health care as well. With almost three years of hard work invested in the Innovations infrastructure for the Society, we stand ready to lead and embrace change. AMDA Innovations has provided us with the foundation of the growth mindset that is required for the exciting years ahead.

In December 2015, the two state legislators visited Lucy’s facility once again. This time they brought along a shiny plaque — a recognition of Lucy Kennedy’s unwavering advocacy, which led to the passing of “Lucy’s Law” by Florida state legislators: a regulatory

tweak that increased the monthly personal needs allowance to \$105 for more than 50,000 residents. Now *that* is the power of a growth mindset. If Lucy can do it, so can we! 

Dr. Nazir is chief medical officer for Signature HealthCare and president for SHC Medical Partners. He is the president of the Society and is also the past chair of its Innovations Platform Advisory Council.

## Payment Model

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formulary and provide clinical expertise regarding appropriate medications.

### Opti-scribing

Optimizing medication management strategies such as discontinuing unnecessary medications, deprescribing, antibiotic stewardship, and Part A formulary management is essential to minimizing adverse events in patients, improving patient outcomes, and reducing unnecessary medication costs. Consultant pharmacists are the medication experts who possess the knowledge to provide optimal medication management.

Over the last several decades, the pharmacy profession has seen new prescribing terms evolve such as e-prescribing and deprescribing. I have created yet another new term to describe the action consultant pharmacists will perform in response to the 2019 PDPM reimbursement model: *opti-scribing*. Opti-scribing by consultant pharmacists will ensure that the health care team in a SNF documents medication orders and responds appropriately, chooses the most effective medication therapy to achieve the intended outcomes, and minimizes adverse events for the patients while maximizing the reimbursement to the SNF. 

Dr. Manzi has been a licensed pharmacist since 1990 and a Board Certified Geriatric Pharmacist since 1998. She is currently a clinical advisor for CVS/Caremark, coordinating with account teams and health plans on the details of their pharmacy benefit offerings, formulary implementation, medication utilization management, and MTM as well as providing clinical information and geriatric expertise. Any opinions in this article are that of the author and not of CVS/Caremark.