I t is now 2020, which means it is not only the beginning of a new year but of a new decade as well. That makes it a good time for reflection.

I always like to be transparent about the missions and goals of the Foundation for Post-Acute and Long-Term Care Medicine since I, as chair of its board of directors (BoD), interpret them to set our course. Transparency is important to me because you — the sponsors, contributors, and membership of AMDA — The Society for Post-Acute and Long-Term Care Medicine — direct the actions of your Foundation.

I rely on all of you to agree or disagree with the course that I set. That course is twofold.

First, we must address the workforce deficit in geriatrics in any way we can. This is the main goal of our Futures Program. We also work to augment our workforce by retaining our current clinicians, whose invaluable experience is irreplaceable. We also are looking to add clinicians who want to make midcareer transitions from their current practice specialty to a post-acute and long-term care (PALTC) practice. At the 2019 Annual Conference in Atlanta, I met several individuals who are doing just that. Your Foundation is eager to expand that transition.

Our second major goal is demonstrating our value in the PALTC space. That translates to improved reimbursement and recognition, with the subsequent retention of our PALTC clinicians.

The past year and decade have seen the world in which we practice expand enormously. We are no longer simply medical directors of PALTC facilities or clinicians practicing in an institutional setting. We are now deeply involved in and directing the care of increasingly aged patients who have multiple comorbidities along with rapidly decreasing lengths of stay. Instead of providing our unique care in one site — the nursing home — we now are transitional guides for this population as it flows into and out of sites of care as varied as hospitals, PALTC facilities, home health, rehabilitation, palliative care, and hospice/end-of-life care.

Each site of care has its specialists, but none of them have our expertise in seeing the big picture from the patient/family level. Knowing the correct level of care at any point in time is what separates our specialty from the rest. The savings in costs and human suffering we deliver have a value that the Society and your Foundation are working to calculate and define for patients, families, and payors. With your help we will achieve that calculation.

Some of the current Foundation accomplishments to fulfill our goals include:

• Continued growth of the Futures program
• Investment to determine the value of a knowledgeable, experienced PALTC clinician
• Giving of the William Dodd Founder’s Award, the James Pattee Award for Excellence in Education, and the Medical Director of the Year outstanding Society clinicians
• Expansion of the Institutional Advisory Board to augment the Foundation’s mission
• Recognition of outstanding quality improvement work performed in facilities
• Support for PALTC research

The other purpose of this new year and new decade message is to share some exciting initiatives your Foundation sees for the future. The boards of directors of the Society, the American Board of Post-Acute and Long-Term Medicine (ABPLM), and the Foundation have all revised their strategic plans to better coordinate their activities in support of the Society’s membership. Your Foundation, as part of its strategic plan, has pledged financial assets to sustain some of the planned activities of the Society’s BoD and the ABPLM. Those plans include:

• Providing leadership training for medical directors. To be more of a value to the facility, medical directors need to understand the business side of the operation, quality improvement, and state and federal regulations as they pertain to the facility. This initiative is designed to fulfill that need.
• Creating a template and strategy to access the civil monetary penalty (CMP) funds collected by the states. Millions of dollars are collected through the CMP program that are designated to be used for quality improvement and other programs to improve care in skilled nursing facilities (SNFs). No one is better positioned than the Society and its state affiliates to understand how to apply grants from these funds to the benefit of SNF residents. The Society wants to understand how to win such grants and properly apply them.
• Performing a study to determine which states maintain a registry of SNF medical directors. The Society feels this study can be used to pressure the Centers for Medicare & Medicaid Services to begin to maintain a registry as well.
• Addressing the lack of information for the public on the role of SNF medical directors. Patients, families, facilities, corporate chains, surveyors, and others involved in SNF care need to know more of the true value of the medical director.

The best way to celebrate the new year and the new decade is to embrace and enact these exciting new initiatives. Your Foundation has bold plans to expand the role of the Society, the medical director, and knowledgeable PALTC clinicians. This will be done in concert with the Society itself and the ABPLM. But to fulfill this vision the Foundation needs your support.

I ask you to invest in your future by creating a strong, responsive Foundation.

Dr. Lett has practiced in the PALTC continuum for more than three decades as a hands-on clinician and medical director. He has served AMDA in multiple capacities including as president, on multiple committees, and is the current chair of the Foundation for PALTC Medicine.

Dr. Lett has practiced in the PALTC continuum for more than three decades as a hands-on clinician and medical director. He has served AMDA in multiple capacities including as president, on multiple committees, and is the current chair of the Foundation for PALTC Medicine.

The buzz-phrase of the year is “patient-centered care,” coupled with a renewed focus on the “patient experience.” With great enthusiasm, I have joined the movement as a member of the Beryl Institute’s Global Patient and Family Advisory Board. But what do these terms really mean to a family caregiver? Perhaps the definitions are a bit different than you might expect.

**Patient-centered care**

The American College of Physicians (ACP) defines it as “an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.” The ACP went a step farther and developed four core principles to patient- and family-centered care:

1. Patients and families should be treated with dignity and respect.
2. Patients and families should be active partners in all aspects of their care.
3. Patients and families should contribute to the development and improvement of health care systems.
4. Patients and families should be partners in the education of health care professionals.

If these principles are put into practice across the health care continuum, this looks like a step in the right direction. In my opinion, this will require enormous cultural change — but will pay big dividends.

An adult daughter like me is often the point person for her aging parents. We help manage chronic conditions and medications, make care decisions, and interface with the health care system. So I have a few specifics to enhance the definition of patient-centered care.

First, I need to be acknowledged and considered a member of the team. When you see me arrive with my mom in the middle of the workday at an appointment — or in the middle of the night for an emergency department (ED) visit — it will quickly become obvious that I am a caregiver. Make a point of getting to know me, my role, and my limitations. Record these in mom’s electronic medical record. If I am providing transportation for mom to a follow-up appointment, please work with me to schedule it at a time that works with my schedule. My ability to remain employed depends on it.

Second, listen to me. I have valuable information on mom’s health history, her preferences, her living situation, and her level of independence — all of which need to be considered as a care plan is being developed. I am the one who will ensure the care plan is followed, so I need to be involved in its creation.

Third, connect me to resources and services for mom when she is discharged from acute or post-acute care. Simply discharging mom with a pile of paper instructions (written in medical jargon) is not enough. I also need to be educated on continued to next page