In May 2020 I graduated from the University of Maryland School of Nursing with a Doctor of Nursing Practice degree and prepared as an adult-gerontology primary care nurse practitioner. For most of my degree I had worked hard and was ready to take care of my adult and geriatric population — but then the uncertainty of the COVID-19 pandemic hit. We knew very little about this novel virus and its mortality rate, but as the death rate started to climb in nursing homes and the doors were shut, I became very unsure of what to do. How was I going to embark on my new career? It is already hard enough to find a job as a new nurse practitioner and trying to gain experience while navigating the ever-changing policies and guidance of the pandemic didn’t make it any easier.

Although I had worked as a nurse who cared for older adults for most of my career, I knew that as a nurse practitioner I needed more tools to guide me as a post-acute and long-term care provider. Caring for older adults, especially those residing in nursing homes, requires a team effort, and navigating the process requires a lot of guidance. As a new PALTC nurse practitioner, I was trying to juggle providing excellent care to my residents while trying to meet the slew of quality measures as required by the Centers for Medicare and Medicaid Services. Just when I thought help could not come any sooner, I was fortunate to receive AMDA — The Society for Post-Acute and Long-Term Care Medicine’s Foundation Futures Educational Grant through the Gerontological Advanced Practice Nurses Association (GAPNA). Due to COVID-19 restrictions, the program was held virtually.

The Leadership Skills presentation by Suzanne Gillespie, MD, RD, CMD, and Elizabeth Galik, PhD, CRNP, still stands out to me. They pointed out the value of finding mentors and sources of inspiration. I thought of all my amazing professors throughout my doctoral education who were instrumental in my academic and professional growth, as well as the doctors and nurse practitioners I have connected with at my practice and during networking events. The presentation struck a chord with me, and I knew I needed to make an official move to help me in my clinical and professional growth. The program inspired me to approach my medical director for further mentorship; he has since been helpful in building my confidence and management skills, including navigating the quality measures guiding our practice as PALTC providers.

During the Futures Program, I was unsure of how the class would connect virtually, but I quickly realized that the organizers had this in mind: they created a breakout session where we worked in groups of four or five. In my small group, we were able to connect on a more personal level. I was the only nurse practitioner in my group, and the others were geriatric fellows. Fortunately, I was already practicing and was able to provide my experience to the group, especially on how we were handling COVID-19 cases and the ever-changing COVID-19 protocols. We also discussed how the pandemic had affected our institutionalized elderly population, especially with increased depression, rapid cognitive decline, and failure to thrive. At that time most of the residents had not physically seen their loved ones for over a year. We discussed ways we could help families stay connected with their loved ones and how we could keep them in the loop with more frequent phone calls and through interdisciplinary team meetings. It was a very productive discussion and also helped alleviate my fears. I felt safe and understood.

As a Futures participant, I also attended the Society’s 2021 Annual Conference, which is a four-day event that follows the Futures Program. It was packed with very informative clinical sessions that follow the most current PALTC guidelines and are geared towards the management of older adults. I gained so much knowledge of how to handle certain acute and chronic issues, from common infections to implementation of Medical Orders for Life-Sustaining Treatment (MOLST)/Physicians Orders for Life-Sustaining Treatment (POLST).

Since my participation in the Futures Program and through the great connections I have made professionally, I have been more active in many organizations, including being the current president-elect for the GAPNA Maryland chapter. I have also become an editorial board member for the journal Geriatric Nursing. Although we continue to learn every day, I am more confident in my ability to manage certain acute and chronic diseases and also know that I have a team of physicians and practitioners, all experts in the field, who are willing to collaborate with me when needed. My future plan is to help educate and mentor aspiring advance practice students and novice practitioners.

Dr. Erondu is an adult geriatric nurse practitioner at Personalized Health Partners, part of CommuniCare Family of Companies, where she specializes in post-acute and long-term care and also provides mentorship for newly hired nurse practitioners.

SPOTLIGHT ON POLICY

2020 Quality Payment Program (QPP) Performance Information Is Now Available on Care Compare

The Centers for Medicare & Medicaid Services (CMS) has added new Quality Payment Program (QPP) performance information to the doctors and clinicians section of the Medicare Care Compare site (https://www.medicare.gov/care-compare/). Care Compare helps patients and caregivers search for and compare the care providers enrolled in Medicare. CMS notes that “publicly reporting 2020 QPP performance information helps empower patients to select and access the right care from the right provider.” QPP performance information can also be found in the Provider Data Catalog (PDC): https://data.cms.gov/provider-data. Visit https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Care-Compare-DAC-Initiative for a full description of the changes and how to contact the QPP Service Center.

CMS Makes Nursing Home COVID-19 Booster Vaccination Data Available Online

CMS is now providing COVID-19 booster shot information for individual nursing homes, including resident and staff vaccination rates and their comparison to the national and state averages. Go to https://www.medicare.gov/care-compare/#search and find the complete national data here: https://data.cms.gov/covid-19/covid-19-nursing-home-data. These data are updated weekly.

Nursing homes are required to report vaccination information to the Centers for Disease Control and Prevention’s National Healthcare Safety Network (NHSN). Nursing homes must also educate residents and staff on both the benefits and potential side effects of the vaccine and offer the vaccine (https://www.cdc.gov/nhsn/). As of February 27, 2022, CMS reported 87.3% vaccinated residents per facility nationally as well as 84.9% vaccinated staff. The national percentage of vaccinated residents and staff with booster doses per facility was at 73.4% for residents and 40.5% for staff. There have been over a million COVID-19 confirmed cases in both residents and staff, 151,191 total resident deaths, and 2,306 total staff deaths.

CMS Innovation Center Global and Professional Direct Contracting (GPDC) Model Transition Announcement

As part of its renewed vision and strategy for driving health system transformation, the CMS Innovation Center has released a Request for Applications for the Accountable Care Organization (ACO) Realizing Equity, Access, and Community Health (REACH) Model: https://innovation.cms.gov/media/document/aco-reach-rfa. The application portal closes on April 22.

ACO REACH is “a redesign of the Global and Professional Direct Contracting (GPDC) Model in response to stakeholder feedback, participant experience, and the Biden-Harris Administration’s priorities, including a commitment to advancing health equity” (press release, Feb. 24, 2022, https://go.cms.gov/37ydGPr). On the ACO REACH website, CMS reports that this new name was chosen “to better align the name with the purpose of the model: to improve the quality of care for people with Medicare through better care coordination, reaching and connecting health care providers and beneficiaries, including those beneficiaries who are underserved, a priority of the Biden-Harris Administration” (https://innovation.cms.gov/innovation-models/aco-reach). The site also outlines the REACH model.

Further, in an effort to improve transparency, CMS has released more information on current GPDC Model participants, which can be found in the “Global and Professional Direct Contracting (GPDC) Model Participant Overview” (https://innovation.cms.gov/media/document/gpdc-model-participant-summary). GPDC will transition to ACO REACH on January 1, 2023. To continue participation, current GPDC Model participants must agree to meet all the ACO REACH Model requirements by that deadline.