

Clinical Care in Nursing Facilities:

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My Background

- ▶ Academic Physician at VCU Health, Richmond, VA
- ▶ Board Certified in Internal Medicine and Geriatric Medicine (ABIM)
- ▶ Certified Medical Director (CMD) from the American Board of Post-Acute and Long-Term Care Medicine (ABPLM)
- ▶ Nursing Home Attending
- ▶ Nursing Home Medical Director
- ▶ Member of:
 - ▶ Virginia Governors COVID19 Long Term Care Taskforce
 - ▶ Chair of AMDA State Based Policy and Advocacy Committee
 - ▶ AMDA – The Society for Post-Acute and Long-Term Care Medicine (national organization)
 - ▶ VAMDA – Virginia’s Society for Post-Acute and Long-Term Care Medicine (state organization)
 - ▶ AGS – American Geriatrics Society
 - ▶ VGS – Virginia Geriatrics Society
- ▶ <https://medschool.vcu.edu/expertise/detail.html?id=cjbergman>



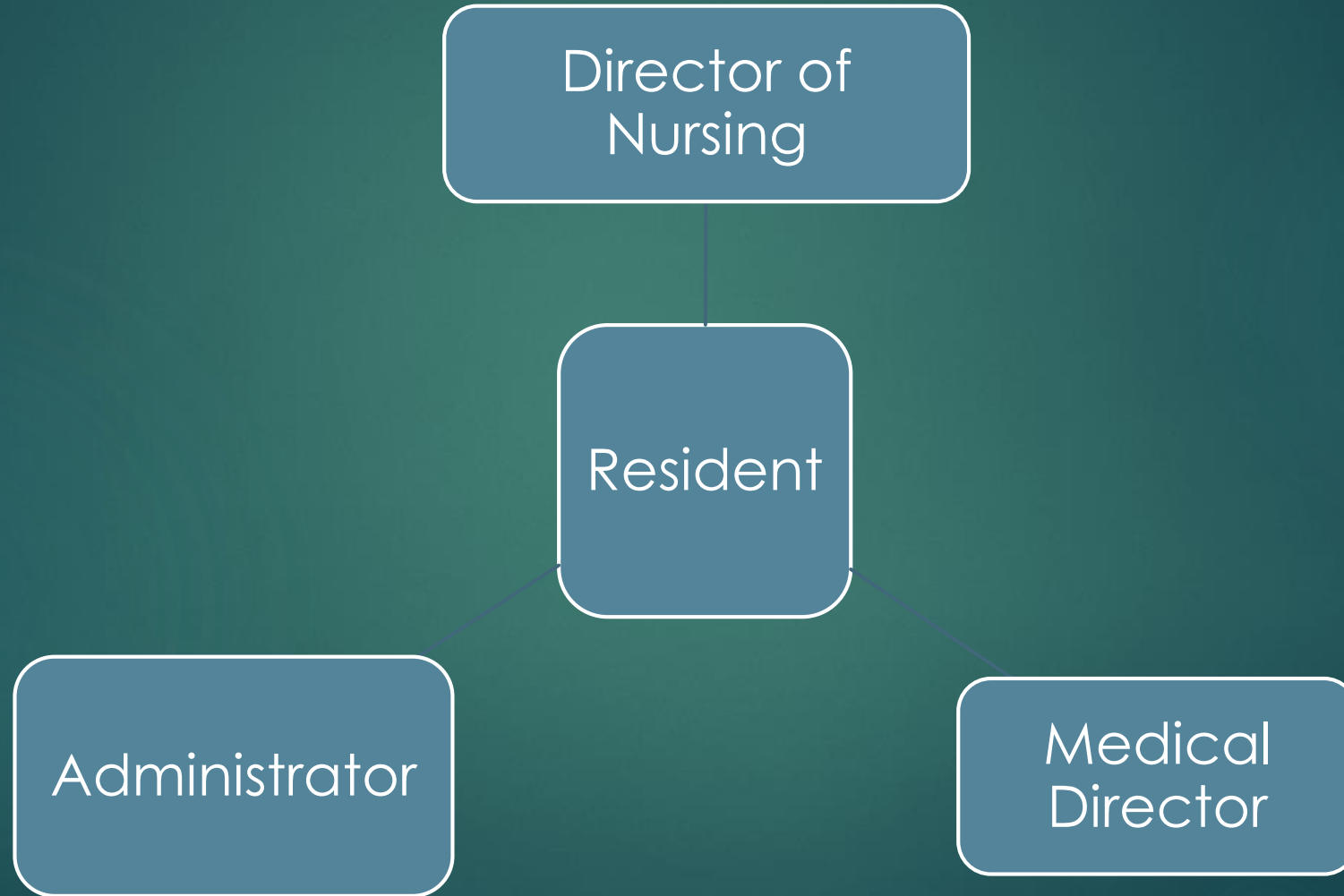
Disclosures

- I have no relevant financial or ethical disclosures.
- I was invited to participate in this discussion.
- I work for Virginia Commonwealth University (VCU) and the VCU Health System.
- I am a member of AGS, VGS, AMDA and VAMDA.
- The opinions expressed in this presentation are my own professional views.
- I have not consulted with any party (other than JCHC) regarding the content of this presentation.

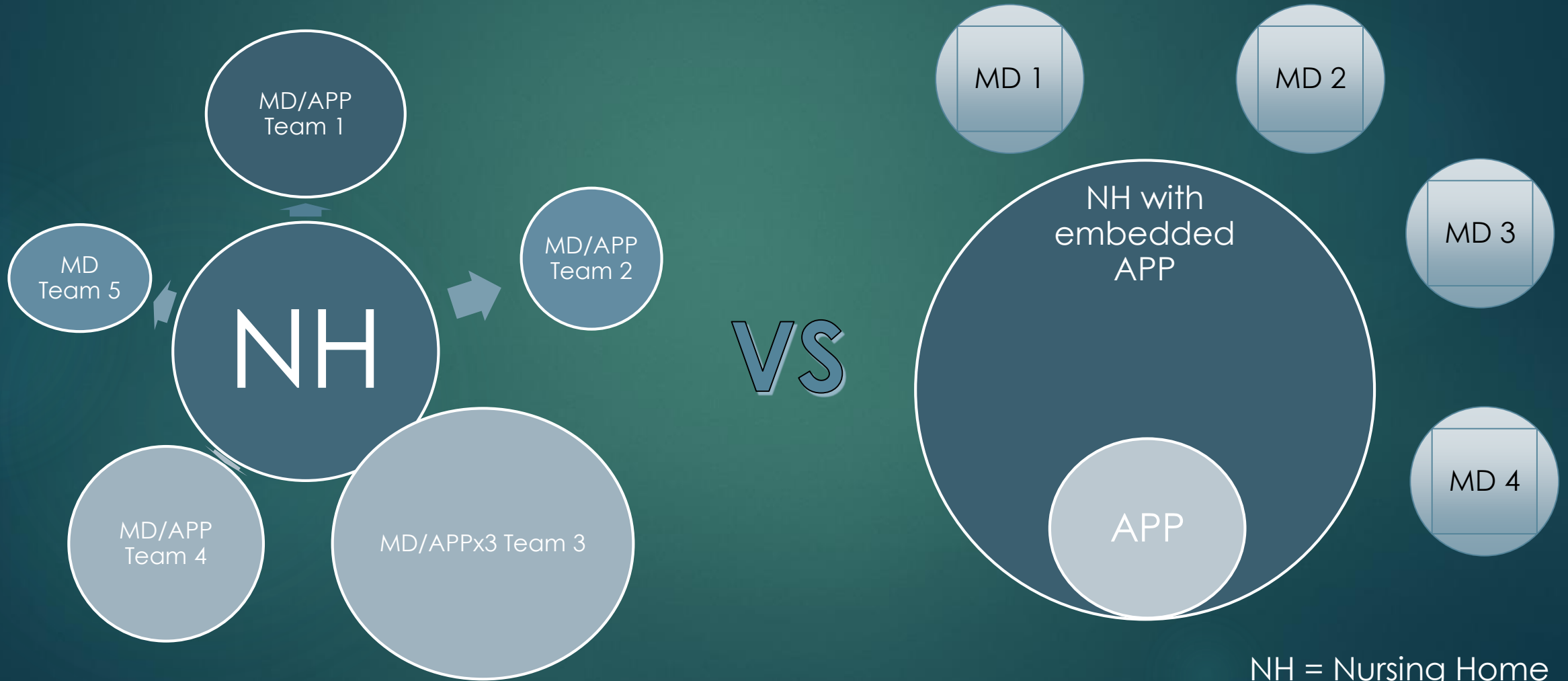
Outline

- Clinical care in modern nursing homes
 - Nursing home triad and medical staff
 - Resident care complexity
 - Behavioral health needs
 - Vital role of frontline staff
 - Role of medical directors

Nursing Home Triad



Nursing Home Medical Staff Models



NH = Nursing Home

Nursing Home Residents

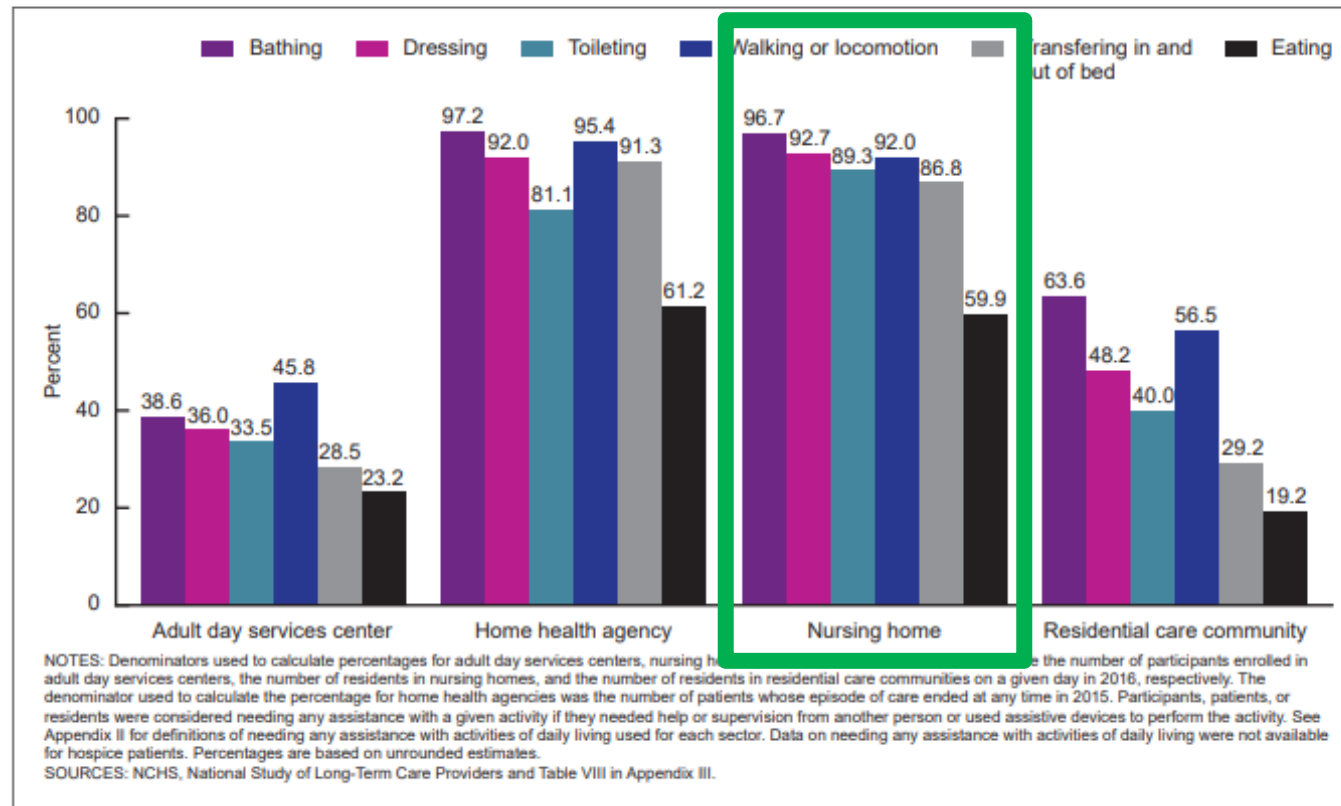
- Complex medical care

- ▶ Older adults: 65% are over the age of 75 (39% over the age of 85)
- ▶ Multiple co-morbid conditions:
 - ▶ Dementia: 48% of residents
 - ▶ Depression: 46% of residents
 - ▶ Diabetes: 32% of residents
 - ▶ Heart disease: 38% of residents
 - ▶ Hypertension: 72% of residents

Nursing Home Residents

- Require hands on assistance

Figure 25. Percentage of long-term care services users needing any assistance with activities of daily living, by sector and activity: United States, 2015 and 2016



CDC/NCHS, National Study of Long-Term care Providers, Series 3, Number 43, Table VI in Appendix III.

Nursing Home Residents

- Behavioral health needs

- ▶ 20% of older adults have mental or substance abuse conditions
- ▶ By age 85, number increases to 50% (dementia, depression, anxiety, etc.)
- ▶ In nursing homes, 50% have mental disorder other than dementia
- ▶ Mental disorders are associated with neuropsychiatric symptoms (NPS)
 - ▶ NPSs include psychiatric symptoms (such as delusions, hallucinations, depressive symptoms, anxiety, or euphoria) and behavioral symptoms (such as agitation, aggression, apathy, and disinhibition).
 - ▶ NPSs are an individual risk factor for increased caregiver burden, earlier institutionalization, and higher costs of care.

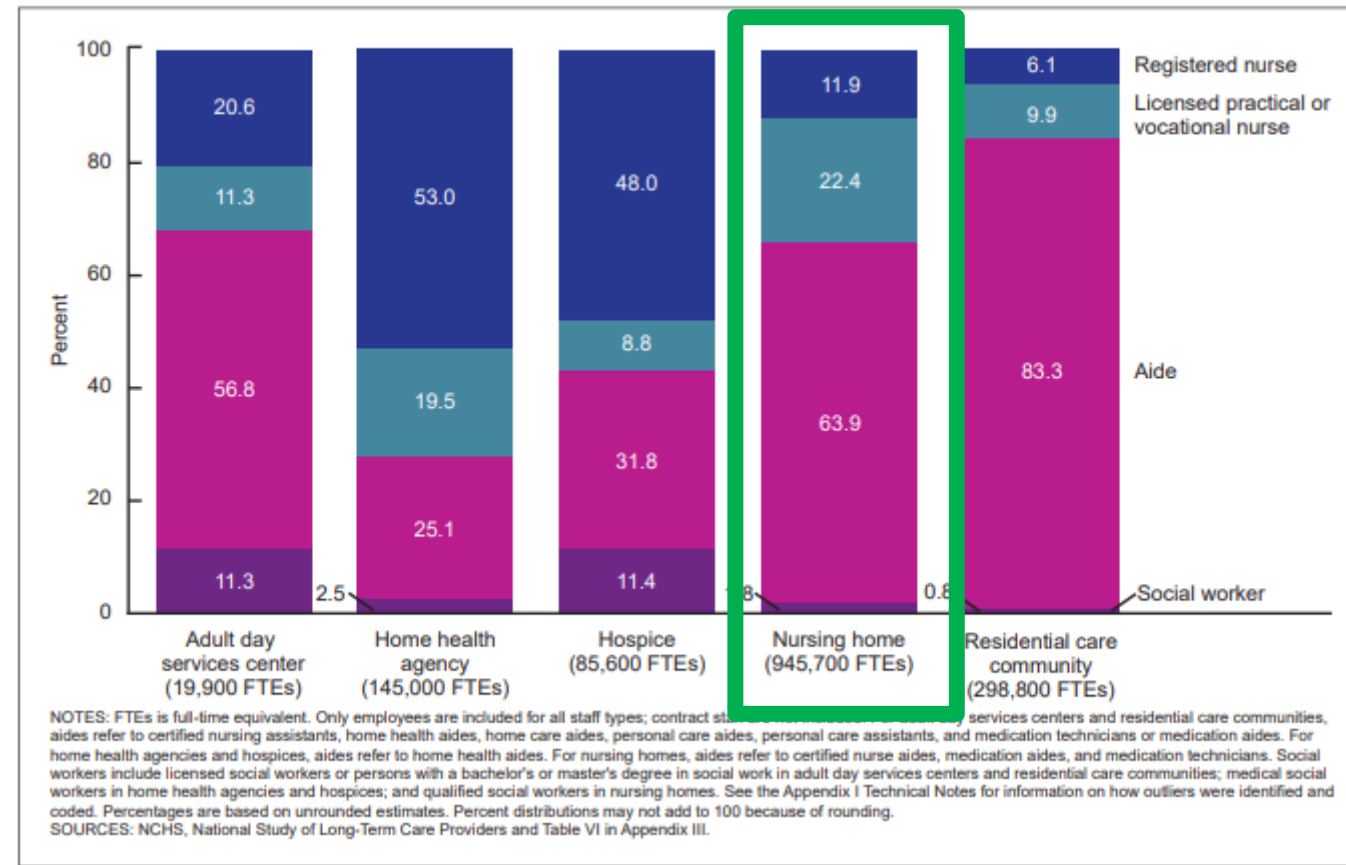
Nursing Home Frontline Staff

- ▶ The good:
 - ▶ Amazing people
 - ▶ Eyes/ears on residents well being
 - ▶ Often first to recognize acute change of condition
 - ▶ Carries out daily treatment plan
- ▶ The bad:
 - ▶ Hard manual labor
 - ▶ Long hours
 - ▶ High burnout
 - ▶ No specialized dementia training or support

Nursing Home Frontline Staff: - 64% are aides

- ▶ 6-12 week CNA certificate program (80-120 hours)
- ▶ 40 hours of direct clinical care

Figure 9. Total number and percent distribution of nursing and social work full-time equivalent employees, by sector and staff type: United States, 2016



CDC/NCHS, National Study of Long-Term care Providers, Series 3, Number 43, Table VI in Appendix III.

Dementia Training

▶ 5 Basic Criteria

1. Address the unique needs and behaviors of individuals with Alzheimer's disease and other dementias
2. Learn how to communicate with cognitively impaired residents
3. Understand the behaviors of cognitively impaired residents
4. Respond appropriately to the behavior of cognitively impaired residents
5. Mitigate the effects of cognitive impairments

Build and support programs that support dementia training for all CNA and other frontline nursing home staff

Medical Directors

- ▶ Role defined in CMS Requirements of Participation State Operations Manual (SOM) as:
- ▶ F tag: 841
 - ▶ §483.70(h) Medical director.
 - ▶ §483.70(h)(1) The facility must designate a physician to serve as medical director.
 - ▶ §483.70(h)(2) The medical director is responsible for—
 - ▶ (i) Implementation of resident care policies; and
 - ▶ (ii) The coordination of medical care in the facility.
- ▶ However, an engaged and effective medical director can provide support to other members of the team in routine clinical care or in a crisis.

Table 1. Key Roles of the Nursing Home Medical Director During the COVID-19 Pandemic^a

Key Role	Description	Relationship to COVID-19
1. Physician leadership	Serves as physician responsible for the overall care and clinical practice carried out at the facility	<ul style="list-style-type: none"> Leads and collaborates with clinicians in updating and implementing current COVID-19 treatment guidelines and recommendations Guides clinicians in communicating clinical information, including disease trajectory and prognostic information, to residents and families Promotes initiation of serious illness conversations, POLST completion and advance care planning
2. Patient care-clinical leadership	Applies clinical and administrative skills to guide the facility in providing care	<ul style="list-style-type: none"> Collaborates with facility leadership to develop and revise COVID-19 clinical guidelines Collaborates with other Attending Physicians and Advanced Practice Clinicians to implement standardized approaches to patient needs
3. Quality of care	Helps the facility develop and manage both quality and safety initiatives, including risk management	<ul style="list-style-type: none"> Interprets, implements, and updates infection control and prevention policies, including COVID-19 treatment recommendations from CDC, CMS and state and local health authorities
4. Education, information, and communication	Provides information that helps others (including facility staff, practitioners and those in the community) understand and provide care	<ul style="list-style-type: none"> Keeps abreast of COVID-19 literature and updates clinicians and clinical staff accordingly Interprets clinical implications of federal, state and local regulations and policies for staff and administration Communicates evolving clinical information to residents and families Communicates evolving federal, state and local regulations and policies to residents and families Acts as the clinical voice of post-acute and long-term care to collaborate with federal, state and local health authorities and policymakers

^aAdapted from AMDA—The Society for Post-Acute and Long-Term Care medicine. White Paper on the nursing home medical director: leader and manager. 2011.

Food for Thought

- ▶ What is the capacity of specialized training programs to focus on Nursing Home frontline staff?
 - ▶ Clinical care
 - ▶ Dementia specific care
 - ▶ Behavioral health interventions
 - ▶ Staff wellness and burnout prevention
- ▶ How do we support the nursing home triad (DON, Administrator, Medical Director) to provide effective and compassionate clinical care?
- ▶ What resources (staff, training) are available in the community that can be utilized to improve nursing home community support?



Thank you!

Open Discussion

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