MMDA's official newsletter serving members in Maryland, Delaware, and Washington, D.C.

Special 2025 Annual Conference Edition

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Message from the President



very moment holds a story for you and all those around you, of resi-

lience and wisdom. As geriatricians, we are privileged to walk alongside older adults in their life's most profound chapters. And as leaders in this space, we carry the respon-

sibility of shaping systems that honor not just longevity but meaning.

Summer is already over! Schools and Fall semester for colleges have started, time and change are two moving constants. I am deeply inspired by the ways our Education and Membership Committee teams are fulfilling their commitments to MMDA.

MMDA's Annual Conference is planned



Dr. Fatima Naqvi

for Nov. 8, 2025, at Ingleside at Rock Creek Retirement Community's Cultural and Arts Center. The topics covered in the Annual Conference will encompass updated educational tools, recent policy changes, net-working opportunities and beyond. From patient centered care to administrative leadership tasks, to

efficient leadership tools, this conference will allow attendees to learn and reflect on the full narrative of a patient's life and how to improve it in the given environment. We are moving beyond metrics to embrace what truly matters: effective relationships, autonomy, leadership, and trust with improved patient care.

It is crucial to understand that aging is

not a problem to be solved, but a journey to be supported. It takes courage to assist our patients grow older with dignity. Transition of age, loss of independence, cognitive decline adds more challenges to advancing age. The language we use to communicate within ourselves and with our patients matters most. For example, calling a person being non-compliant to treatment can be replaced by non-adherent to therapy, similarly demented patient can be called as a person





MMDA's 32nd Annual Conference

Nov. 8, 2025

Leading with Compassion, Advancing with Knowledge





ENGAGED LIVING

An Ingleside Community

3050 Military Road, NW Washington, DC 20015

Joint Provided by MMDA – The Mid-Atlantic Society for Post-Acute and Long-Term Care Medicine and AMDA – The Society for Post-Acute and Long-Term Care Medicine

(561) 689-6321 https://connect.paltmed.org/midatlantic/home

MMDA is the regional affiliate chapter of AMDA – The Society for Post-Acute and Long-Term Care Medicine, supporting medical directors, physicians, nurse practitioners, and other clinicians practicing in the post-acute and long-term care continuum in Maryland, Delaware, and DC. MMDA provides education, advocacy, information, and professional development for its members.



MMDA's 32nd Annual Conference Agenda, Saturday, Nov. 8, 2025.

Leading with Compassion, Advancing with Knowledge

7:30-8:30 am	Registration – Coffee and Continental Breakfast with Sponsors
8:30-8:35 am	Welcome: Fatima Naqvi, MD, CMD – President, MMDA; Elisa Gil-Pires, MD, FACP, CMD; Chair, Education Committee, VP, MMDA; Karen Cousins, MD, CMD; Co-Chair, Education Committee; Jason Basile, MHA, NHA, CRCFA; Executive Director, Ingleside at Rock Creek
8:35-9:35 am	Session #1 – Legislative and Public Policy Update (1.0) Alex Bardakh, MPP, CAE, PLC; Senior Director, Advocacy and Strategic Partnerships, Post Acute and Long-Term Care Medical Association.
9:35-10:35 am	Session #2 – What a Pain in the Where? Heuristic and Cognitive Biases in Diagnosing Neuromusculoskeletal Symptoms in the Geriatric Population (1.0) Dominique Luong Vinh, MD, MBA, CMD; Adjunct Assistant Professor, Physical Medicine and Rehabilitation, Johns Hopkins School of Medicine Faculty
10:35-11 am	Visit with Exhibitors
11-11:45 am	Session #3 – Regulatory Update (0.75) Heather Reed, Deputy Director, Long Term Care; Maryland Dept. of Health Care Quality
11:45 am-12:15 pm	Session #4 – Literature Review (0.5) Douglas Gyamfi, BSN, RGN; 2 nd Year PhD Student, Univ. of Maryland School of Nursing Marta Zampino, MD; Geriatric Fellow, Johns Hopkins
12:15-1:15 pm	Exhibit Time/Lunch & Annual Business Meeting – Dr. Fatima Naqvi, President, MMDA Presentation of Awards
1:15-2:15 pm	Session #5 – Use of AI in Nursing Homes (1.0) Steven Buslovich, MD, MSHCPM; Chief Medical Officer, PointClickCare
2:15-2:30 pm	Visit with Exhibitors
2:30-3:30 pm	Session #6 – AI In the Skilled Nursing World – A Legal Perspective and Overview (1.0) Christopher M. McNally, Esq.; Partner, Bodie, Friddell & Grenzer, P.C.
3:30-5:20 pm	Session #7 – Latest CMS Updates and Guidance with an Expert Panel (1.75 – includes 5 min. break) Barbara Bates, MSN, DNS-MT, RAC-CT, QCP-MT; Executive Trainer, MDS Consultants Naveen Maddineni, MD; Psychiatry Director, Maryland, PsychoGeriatric Services Melissa "Missy" Mansfield, BSN, MS, RN; Regional Vice President, Complete Care MidAtlantic Ziad K. Mirza, MD, CPE, CMD, FACP, MBA, ABIM, ABPM/UHM; Multi-Facility Medical Director, AlignedMed Partners Naudine Mokhtari, PharmD; Clinical/Consultant Pharmacist; CEO, NTM Rx Consultant
5:20 pm	Closing Remarks/Door Prizes/Adjourn
	Speakers and topics are subject to change without notice.

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MMDA's 32nd Annual Conference

Early-Bird DEADLINE is Oct. 25, 2025

Ingleside at Rock Creek

3050 Military Road, NW | Washington DC 20015 | Phone: (202) 499-6543

Nov. 8, 2025

CONFERENCE REGISTRATION Post-Acute and Long-Term Care Medicine, Inc. Physician Medical Student am a: Nurse Practitioner Medical Resident (Please check one) Fellow Nurse Physician's Assistant Administrator/Admin, Staff Other Health Professional: _____ Credentials: _____ Phone: State: ZIP: Street: Fax: Email: By checking this box, I consent to have MMDA share my contact information with conference exhibitors and sponsors. MMDA relies on exhibitors and sponsors to help support the organization. We hope that you will opt-in to sharing your contact information with our supporters as they promote their presence at MMDA's 32nd Annual Conference. Early-Bird Registration Fees (Until Oct. 25) I am Renewing/Joining MMDA - 1-Year Membership ☐ MMDA Members...... \$209 practice - \$150 ☐ GENERAL MEMBER: Physicians, NPs, and PAs in practice - \$150 ■ Non-Members...... \$239 AFFILIATE: Nurse, DON, DDS, CNS, PharmD, DPM, and trainees in all disciplines - \$75 Post-Early-Bird Registration Fees (Starting Nov. 1) ■ EMERITUS - \$40 (Retired) MMDA Members..... \$229 Students, Residents & Fellows - No Fee ■ Non-Members........\$259 Total fees and/or dues enclosed: \$ ☐ Students, Residents & Fellows - No Fee ☐ Payment by check enclosed ☐ Payment submitted at https://midatlantic.paltmed.org/home Payment by credit card below Name on Card: _____ → Visa. ☐ MasterCard Card Number: Expiration: _____ Security Code (3 or 4 digits):_____ American Express Billing Address ZIP Code: _____ Phone: _____ _____ Fax: _____ Email: _____ Cardholder's Signature: _____

Make payments payable to MMDA and mail to: MMDA, c/o Corecare Associates
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Email: mmdawebsite@gmail.com

Please Help Us Better Process Your Registration: 1. ☐ Yes, I would like to make a special meal request and we will try to accommodate you. Contact mmdawebsite@gmail.com 2. ☐ Yes, I am a 1st-time attendee. 3.

NOTE: Due to space limitations, planned conference meals are provided only to registrants.

CANCELLATION POLICY: All registration cancellations must be made in writing to MMDA. Notices should be emailed to: mmdawebsite@gmail.com or faxed to (561) 689-6324, Attention: Registrar. Cancellations received by Oct. 4, 2025, will receive a refund less a \$50 administrative fee. Cancellations received after Oct. 18, 2025, will be refunded one-half of the registration fee using the same method they were paid. Please allow 2 to 3 weeks for refund if payment was made by check. Cancellations after Oct. 25, 2025, will result in the forfeiture of all registration fees. If you do not attend, you forfeit all registration fees. Partial or full registration fees that have been forfeited will not be applied to subsequent meetings and events. Absolutely no exceptions will be made to the cancellation policy.

Area Map



Addresses and Notes on back.

Hotels: Within 2 miles of IRC Food: Within 1 mile of IRC Food: Within 2 Miles of IRC



Embassy Suites by Hilton

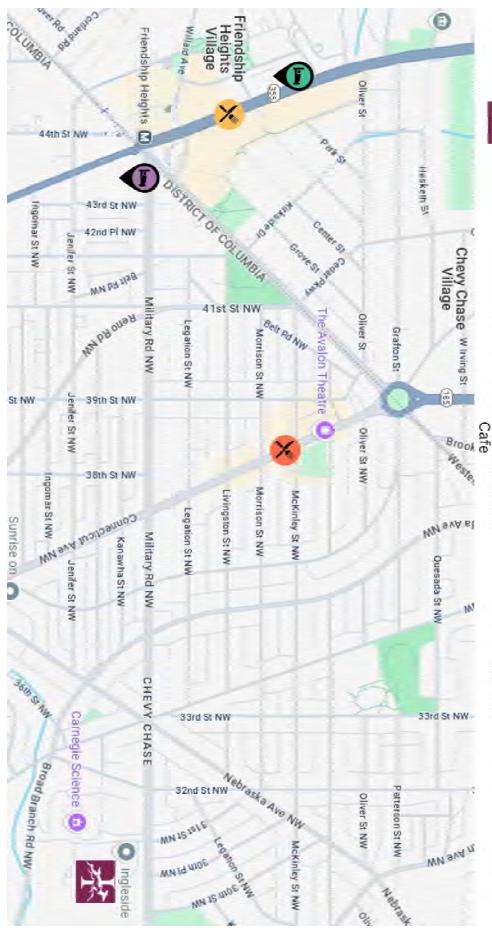
Ingleside at Rock Creek (IRC)

- Little Beast Cafe & Bistro
- Parthenon Greek The Avenue
- Bread & Restaurant
- Momma Lucie's Chocolate

Clyde's

- Jay by Seven Reasons
- The Capital Grille Maggiano's Little





<u>Area Map</u>

Addresses and Notes.





Food: Within 1 mile of IRC

- **Little Beast Cafe & Bistro**
- 5600 Connecticut Ave NW, Washington, DC 20015
- The Avenue
- American Restaurant
- 5540 Connecticut Ave NW, Washington, DC 20015
- Parthenon Greek Restaurant
- Greek Restaurant
- 5510 Connecticut Ave NW, Washington, DC 20015
- **Bread & Chocolate**
- Breaktast
- 5542 Connecticut Ave NW, Washington, DC 20015
- Momma Lucie's Cafe
- Italian Restaurant
- 5504 Connecticut Ave NW, Washington, DC 20015



Food: Within 2 Miles of IRC

- Clyde's of Chevy Chase
- American Restaurant
- 5441 Wisconsin Ave, Chevy Chase, MD 20815
- Italian Restaurant

Joy by Seven Reasons

- 4435 Willard Ave, Chevy Chase, MD 20815
- The Capital Grille
 - 5471 Wisconsin Ave, Chevy Chase, MD 20815
- Fine Dining
- 5310 Western Ave, Chevy Chase, MD 20815
- Maggiano's Little Italy
- Italian Restaurant
- 5333 Wisconsin Ave NW, Washington, DC 20015
- Sushiko
- Sushi Restaurant
- 5455 Wisconsin Ave, Chevy Chase, MD 20815



Ingleside at Rock Creek (IRC)

3050 Military Rd NW, Washington, DC 20015 202-534-1507

ircdc.org

Hotels: Within 2 miles of IRC



5520 Wisconsin Ave, Chevy Chase, MD 20815

301-656-1500

marriott.com

Embassy Suites by Hilton Washington DC Chevy Chase Pavilion

4300 Military Rd NW, Washington, DC 20015 202-362-9300

hilton.com

Hotels: Within 5 miles of IRC

Hyatt Regency Bethesda

7400 Wisconsin Ave, Bethesda, MD 20814

301-657-1234

nyatt.com

Hilton Garden Inn Bethesda Downtown

301-654-8111 7301 Waverly St, Bethesda, MD 20814

hilton.com

Marriott Bethesda Downtown at Marriott HQ

7707 Woodmont Ave, Bethesda, MD 20814

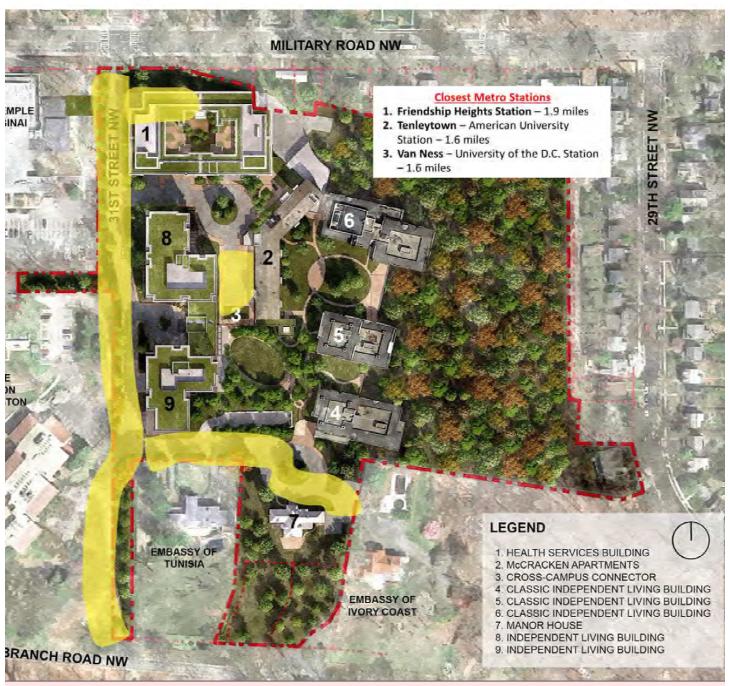
301-276-7707

marriott.com

MMDA Annual Conference

— Street Map of Ingleside at Rock Creek Conference Entrance is at the Residences at No. 8 & 9.

Parking for MMDA's 32nd Annual Conference will be on the campus of Ingleside at Rock Creek, 3050 Military Road NW, Washington, DC 20015. The yellow highlighted areas below are the designated parking spots for our conference. They are available near building 8 (on the map below) identified as Residences at No. 8 & 9, where our Annual Conference will be held.



Hotel Reservations: Use these hotlinks to book a room at either the **Courtyard Bethesda Chevy Chase** or **Embassy Suites by Hilton Washington DC**. The deadline is Oct. 14 and both are within 2 miles of Inlgeside at Rock Creek and offer a discounted MMDA conference rate of \$179 per night, from Nov. 7-9, 2025, based on availability.

Updates from the June 2025 Advisory Committee on Immunization Practices (ACIP)

By Barbara Resnick, PhD, CRNP; ACIP representative, American Nurses Association



uring June 2024-May 2025, the COVID-19 work group within ACIP recommended

age-appropriate COVID-19 vaccines for all infants and children 6-23 months; for those 2-

64 years-of-age for those at high risk; and 2 dosages for those 65+ and persons 6 months+ years-of-age who are moderately or severely immunocompromised.

Immunization against COVID-19 continues to provide effectiveness based on evidence of a decrease in emergency room and urgent care visits in children and others; hospitalizations and critical illness for those 65 years-of-age or more.

Safety of the vaccines for the three types of COVID-19 vaccines [mRNA (Pfizer-BoNTech Moderna); Protein based (Novavax) and viral vector (Janssen)] was supported: Local irritation, anaphylaxis, syncope or shoulder injuries can occur with any vaccine. Myocarditis and pericarditis can occur with the MRNA COVID-19 vaccine. There were no safety concerns for pregnant woman or children. No risk of death associated with immunizations.

Of note COVID-19 vaccines have been evaluated under the most extensive safety monitoring program in U.S. history. CDC continues to monitor safety closely.

Coverage of vaccination for older adults improved in the 2024-2025 immunization cycle. Lets try and keep it up in 2025 – 2026. Recommendations from ACIP on the coming year are still pending for older adults.

Respiratory syncytial virus (RSV) continues to be recommended for all older adults 60 years-of-age and older and now is also recommended for those 50-59 who are at high risk of RSV and associated complications due to comorbid conditions. Best time to give RSV is in the Fall along with Flu and Covid immunizations. For older adults RSV immunizations can help prevent



hospitalizations, ICU stays and deaths due to disease.

Here is some guidance for which vaccine for RSV to give.

Influenza Vaccine Updates

Epidemiologically influenza has a significant impact on health care settings and results in a significant disease burden for the population. The 2024 to 2025 season was classified as high severity for all age groups. The vaccine prevented an estimated 240,000 hospitalizations mostly in adults aged 65 and older and likely prevented the season from being even more severe.

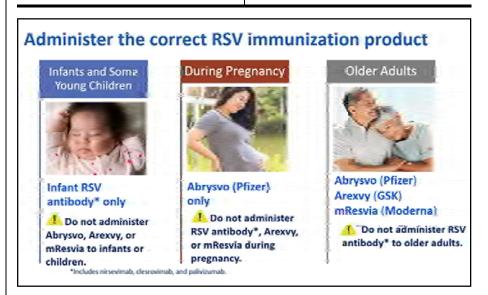
The Influenza Vaccine Workgroup recommendations for the 2025-2026 year from ACIP included:

- Use of FluMist (Live attenuated influenza vaccine, trivalent) for selfor caregiver administration
- Change in age indication for Flublok (recombinant influenza vaccine, trivalent) from greater than or equal to 18 years old to greater than or equal to 9 years-of-age.

- Annual influenza vaccination remains recommended for those aged 6 months or greater who do not have contraindications.
- No preferential recommendations are made with the exception that high dose inactivated, recombinant, and adjuvanted inactivated influenza vaccines are preferentially recommended for persons aged 65 and older when available.
- Age-appropriate vaccines should be given except solid organ transplant recipients age 18 through 64 who are on immunosuppressive medications can receive either high dose or adjuvanted inactivated influenza vaccine.

These were all approved by ACIP voting members. In addition, please note that all flu vaccinations will now be single dose and free of thimerosal.

Be a champion for immunizations this Fall in your communities and make sure all of your residents and staff are immunized appropriately.



Save Big! Join MMDA Today and Your Membership Will Run Through Dec. 31, 2026.

At the forefront of Post-Acute and Long-Term Care (PALTC) Medicine, MMDA-The Mid-Atlantic Society for PALTC Medicine (MMDA) invites you to join our esteemed community of healthcare professionals dedicated to excellence in patient care. Membership with MMDA offers you unparalleled opportunities for networking, education, and professional growth. Here are a few of the benefits of membership:

- Networking Opportunities
- Education and Training
- ► Advocacy and Recognition
- Resources and Support
- Exclusive Member Benefits
- Leadership Opportunities
- Join us in Advancing Excellence
- Special Member Discount Fees for the Annual Conference.



MMDA Membership Update

Visit our New Website — https://connect.paltmed.org/midatlantic/home

"Hot Topics" — See information about the recorded webinar list of on page 16.

Call for Awards Nominations — Your colleagues work tirelessly throughout the year! We invite you to consider nominating them for the Steve Levenson Medical Director of the Year Award or the Clinician of the Year Award. See the nomination forms on pages 13-14. Call the business office at (561) 689-6321 with any questions you may have. The Awards will be presented during the business meeting at the Annual Conference on Nov. 8, in Washington, D.C.

Your Membership is Appreciated...Your Engagement is Essential — Share your professional expertise and knowledge of good governance practices by serving on one of MMDA's committees. MMDA committee chairs and members are listed on page 1. If you would like to be considered for committee membership, send an email to MMDA staff at mmdawebsite@gmail.com.

Call for Poster Proposals — MMDA's Poster Session will be held during its 32nd Annual Conference on Saturday, Nov. 8, 2025. Posters provide an opportunity to share research results, best practices, and outcomes with colleagues. The sessions are visual presentations using diagrams, charts, and figures. Poster presentations may be on any aspect of clinical care, pharmacology of medicine, medical education, medical direction, medical care delivery, medical/nursing/pharmacist ethics, economics of medicine, pediatric long-term care — and in any post-acute and long-term care setting. All poster abstract proposals must be submitted online at https://form.jotform.com/251975803266162. For more information, call Ian Cordes at (561) 689-6321.



MEMBERSHIP APPLICATION

One (1) Membership Year: January to December

MMDA – The Mid-Atlantic Society for Post-	Name Credential(s)			
	Affiliation			
Acute and Long-	Address			
Term Care Medicine, Inc.	City, State, ZIP			
	E-mail (REQUIRED)			
Maryland Washington, DC Delaware	Telephone (office) Fax			
	I have served as a Medical Director for years.			
Chapter of PALTmed	I have served as a clinician in long-term care for years.			
	☐ Yes, I would like to <u>Join</u> or <u>Renew</u> MMDA!			
Membership	General: Physicians, APNs, PAs in practice \$150			
Fees:	Affiliate: Nurses, DONs, DDSs, CNSs, DPMs, and other IDT members \$75			
	Emeritus: Retired \$40 Students of all disciplines, Residents, and Fellows \$0			
	TOTAL AMOUNT ENCLOSED \$			
Payment Methods:	PAYMENT OPTIONS: You may go to the MMDA website at https://midatlantic.paltmed.org/ and pay using a credit card that will be processed through our Stripe account.			
Charle	Check enclosed. Please make checks payable to MMDA.			
Check Payments:	☐ Visa ☐ MasterCard ☐ American Express			
Credit Card	Card NumberExp. Date Security Code			
Payments:	ZIP code of billing address			
	Print Name (as it appears on the card)			
	Signature Date			
	I am interested in working on the following committee(s) – Each are for 1-year terms. ☐ Quality Assurance/Patient Care ☐ Education/Program ☐ Finance ☐ Public Policy ☐ Membership			
Mailing Payment Address:	MMDA – The Mid-Atlantic Society for Post-Acute and Long-Term Care Medicine, Inc. 3123 Breakwater Court, West Palm Beach, FL 33411			
	You may also email this form to mmdawebsite@gmail.com , fax to (561) 689-6324, or mail the check separately. If you have questions regarding membership, please visit https://midatlantic.paltmed.org/, email mmdawebsite@gmail.com , or call lan Cordes, Administrator, at (561) 689-6321.			
	Join MMDA: http://bit.ly/3UPLzAj			

You Can't Make This Stuff Up — Letter to the Editor

By Ian Cordes, MBA; Administrator, MMDA



n response to the last newsletter, when I shared how I met Dr. Julia Bellantoni at CMDA's (Colorado) annual conference in April, we

received this wonderful response from her mother:

Hi Ian, Fatima, Elisa, and Cynthia,

I was checking my emails late last evening as my husband was driving us home from a wonderful Tom Chapin concert in Scaggsville, MD (near Columbia). I was commenting to him that the MMDA newsletter is fabulous with timely information for our members, professionally formatted, and with uplifting articles and photos.

I laughed aloud when I read Ian's anecdote about meeting Julia. Of course I forwarded a copy to the entire Bellantoni geriatrics clan!

You may in your professional travels run into LCDR Maria Bellantoni, MD, U.S. Public Health Service, the Lead Geriatrician for the Indian Health Service. She is based in Phoenix but serves as the national leader for the Corps in geriatric medicine services.

You may also meet Anna (Bellantoni) Gendron, a senior health policy analyst for the Office of Management and Budget (OMB) Medicare at the Executive Office Branch. I find it ironic that the government compliance lawyers have required Anna to defer any policy duties related to post-acute and long-term care due to the conflict with my work! Don't they have more significant issues to address?

I've done all I can to support our pipeline of geriatric medicine providers! In truth, my husband just retired as a private practice obstetrician, and none of our three daughters wanted Dad's "work all night hours"! God knows, Jon and I will need their geriatric medicine expertise soon and expect quality service given the amount of tuition we covered over the last 35 years (Anna is completing her public health doctoral degree at Hopkins so we are celebrating that we have only one more tuition bill to pay!).

Thanks for including the story in the *MMDA Bulletin* newsletter! I am very proud of our three daughters and have loved sharing my work with them. They often came to our nursing home on the Bayview campus as children, and Maria completed her internal medicine residency at Johns Hopkins Hospital then spent a year of fellowship with our geriatric medicine division before the Indian Health Service sent her to Phoenix.

One weekend while rounding with Maria, she introduced herself to the patients as, "Hi, I am Dr. Bellantoni, and this is my attending, Dr. Bellantoni, but I call her Mom!"

Julia was mentored while she was a Duke

undergraduate by Heidi White, nothing I arranged. Julia took a senior year seminar with the physician lead of the Duke ACO and he gave Julia a one-year post-graduate fellowship working with the ACO on a project with Heidi. The rest is history!

Julia relocated from Durham to Denver after medical school as her Duke classmate/ husband is from Denver and loves to One weekend
while rounding
with Maria,
she introduced
herself to the
patients as, "Hi, I
am Dr. Bellantoni,
and this is my
attending,
Dr. Bellantoni,
but I call her
Mom!"

ski! Now Cari Levy is her mentor, but Mom stays in touch personally and professionally!

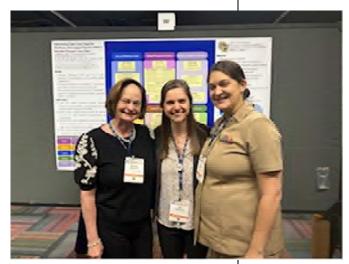
Here's a photo of the three of us at the AGS meeting in Chicago. Maria is expecting her second child in two weeks, but felt comfortable traveling to the meeting given Dad was also present for informal obstetrical guidance!

Thanks again for including our family story!

Best wishes,

Michele

 Michele Bellantoni, MD, CMD, is Associate Professor & Clinical Director Division of Geriatric Medicine & Gerontology, at Johns Hopkins University School of Medicine and Past President of MMDA.



Updated Regulatory Guidance on the Use of Psychotropic Medications in Nursing Facilities

— Elizabeth Galik, PhD, CRNP, FAAN, FAANP



pdated regulatory guidance on the use of psychotropic medications in nursing facilities

The Centers for Medicare and Medicaid (CMS) has made significant updates to long-term

care surveyor guidance on the unnecessary use of psychotropic medications which went into effect on April 28, 2025. Psychotropic medications include antipsychotics, anticonvulsants, anxiolytics, sedative hypnotics, antidepressants, and any medication that impacts cognition and behavior, such as antihistamines if prescribed for their sedative properties.

Surveyor guidance for the unnecessary use of psychotropic medications that previously existed in F758 has now been re-categorized into F605 and focuses on a resident's right to be free from chemical restraints (State Operations Manual, Appendix PP, Issued 7/23/25). You can best prepare for these changes by making sure that your clinical practices and documentation focus on avoiding chemical restraint, consent for use of psychotropics, integration of non-pharmacological interventions, and careful monitoring of potential adverse events.

Avoidance of Chemical Restraint

Psychotropic medications should only be utilized to treat medical symptoms and should include documentation of the diagnosis or indication. If a medication is prescribed for the convenience of the staff or to sedate the patient, this would be interpreted as a chemical restraint and would result in a deficiency. Use of prescribed psychotropic medication must have evidence of ongoing monitoring and assessment. Has the medication resulted in



a decrease in the target symptom or indication? Has the resident experienced any adverse effects such as sedation, increased confusion, loss of function, etc.? Has a reduction in the medication been attempted if an adverse event is identified?

If a medication
is prescribed for
the convenience
of the staff or to
sedate the patient,
this would be
interpreted as a
chemical restraint
and would result
in a deficiency.

The use of PRN psychotropic medications is limited to 14 days and requires a reassessment by the prescriber. The reassessment is most stringent for antipsychotics. There must be face to face assessment of the patient by prescriber if a PRN antipsychotic is used and documentation from the nursing staff that nonpharm-

acological interventions were attempted and failed before a PRN antipsychotic can be administered.

Consent for Use

There is now additional guidance that patients or their legally authorized representative have the right to be informed before starting or increasing psychotropic medication.

Some facilities utilize a consent form; however, a consent form is not mandatory. Documentation of the rationale for the use of the psychotropic medication, risks, benefits, alternatives, and the patient or legally authorized representative agreement or refusal for the use of the medication can be documented in the medical record and serve as documentation of consent.

— Elizabeth Galik, PhD, CRNP, FAAN, FAANP is Professor and Chair, Department of Organizational Systems and Adult Health at the University of Maryland School of Nursing. She is also the Editor-in-Chief of PALTmed's Caring for the Ages newsmagazine.

Message from the President Continued from page I

with cognitive challenges. What matters most is how we think, what we say, and how we say it. Together, we want to build a healthcare landscape where aging is not dreaded but embraced — and where every story is heard and well respected.

Let us reflect beyond our day-to-day tasks and ponder how we can build our next steps in shaping the future of older adult care.

Warm Regards, Fatima A. Naqvi, MD, CMD; President, MMDA



STEVE LEVENSON MEDICAL DIRECTOR OF The Mid-Atlantic Society for Post-Acute and Long Term-Care Medicine, Inc. The Mid-Atlantic Society for Post-Acute and Long Term-Care Medicine, Inc.

Nomination Deadline is Sept. 26!

The Medical Director of the Year Award was established to recognize the many contributions of Mid-Atlantic Medical Directors to the quality of healthcare. In 2024, the award was named in honor of Dr. Steven Levenson, a physician and medical director in Maryland. He is widely recognized for his pioneering work in medical direction and efforts to improve geriatrics and long-term care. He wrote four books and almost 100 articles. His book, Medical Direction in Long-term Care, was the first ever written about how to be a nursing home medical director. He also authored a major policy handbook for medical directors and the Subacute and Transitional Care Handbook, which is the only comprehensive clinically oriented reference on the topic of post-acute care.

HOW TO NOMINATE A CANDIDATE: MMDA welcomes the nomination of exemplary Mid-Atlantic Medical Directors.

CRITERIA: We seek to honor Mid-Atlantic Medical Directors who are currentily: 1) a physician in good standing; 2) an MMDA member in good standing; 3) an experienced (≥ 3 years) Medical Director; 4) an experienced attending physician; 5) a proven team leader; 6) a proven clinical leader; and 7) an effective educator.

NOMINATION PROCESS - Each Nomination will be Reviewed by a Selection Committee.

Nominations should consist of: (Please check off each box below and attach the documents to this form. Use a separate form for each nominee.)

п	ΔΙ	etter of Nomination	,

- One Additional Letter of Support from a Colleague(s), including the facility's Director of Nursing and/or Administrator
- Nominee's Curriculum Vitae

Please note, the nomination letter should specifically address how the individual's accomplishments relate to the purpose of the Medical Director of the Year Award and how the individual meets the eligibility criteria. Also, the letter of nomination should include any necessary background information that further qualifies the nominee for the award.

NOMINEE

Name:	Credentials:
Affiliation:	
Address:	City/State/Zip:
Email:	Telephone:
NOMINATOR	
Name:	Credentials:
Affiliation:	
Address:	City/State/Zip:
Email:	Telephone:

All nomination materials must be received by the DEADLINE of Friday, Sept. 26, 2025 no later than 5 p.m. Materials may be submitted via: Email at mmdawebsite@gmail.com, Fax at (561) 689-6324, or postal mail at MMDA, 3123 Breakwater Court, West Palm Beach, FL 33411. The Steve Levenson Medical Director of the Year Award will be presented at the MMDA Annual Meeting/Conference on Nov. 8, 2025.

The Clinician of the Year Award is established to recognize the many contributions of Mid-Atlantic practitioners to the delivery of quality healthcare to long-term care residents, as well as the importance of the clinician to our healthcare delivery system. Through these clinicians' efforts, the application of medical advances is integrated into the practice of long-term and post-acute care medicine, resulting in improved well-being and quality of life for those served.

HOW TO NOMINATE A CANDIDATE

MMDA welcomes the nomination of exemplary Mid-Atlantic practitioners whose primary focus is the delivery of medical care in a long-term care facility or post-acute care settings, such as a skilled nursing or assisted living facility. Nominees may have part-time clinical appointments at academic university settings, but the majority of their activities should be in the delivery of patient care or in the education of those who perform such delivery of patient care. Nominees may be physicians, advanced practice nurses, or physician assistants practicing in this area of healthcare. Membership in MMDA is not required.

CRITERIA

A Letter of Nomination

We seek to honor practitioners who display: 1) Clinical excellence in post-acute and long-term care; 2) professional competence through continuing medical education; 3) availability and accessibility to patients, families, and healthcare settings; 4) clear and careful communications with long-term care residents, post-acute inpatients, their families and facility staff; and 5) awareness of the ethical and social issues inherent in the practice of this field of medicine.

NOMINATION PROCESS - Each Nomination will be Reviewed by a Selection Committee.

Nominations should consist of: (Please check off each box below and attach the documents to this form. Use a separate form for each nominee.)

One Additional Letter of Support from a Colleague(s)
Nominee's Curriculum Vitae

purpose of the Clinician or tion should include any ne specifically address the no	ation letter should specifically address how the individual's accomplishments relate to the f the Year Award and how the individual meets the eligibility criteria. Also, the letter of nomina-ecessary background information that qualifies the nominee for the award. The letter should cominee's role in the delivery of patient care or the education of those who perform such delivery
of patient care.**	Nomination Deadline is Sept. 26!
NOMINEE	Tommation Deadine is Sept. 20.
Name:	Credentials:
Affiliation:	
	City/State/Zip:
Email:	Telephone:
NOMINATOR	
Name:	Credentials:
Affiliation:	
	City/State/Zip:
Emoil:	Tolonhono

All nomination materials must be received by the <u>DEADLINE of Friday, Sept. 26, 2025, no later than 5 p.m.</u> Materials may be submitted via: Email: mmdawebsite@gmail.com, Fax: (561) 689-6324, or postal mail: MMDA, 3123 Breakwater Court, West Palm Beach, FL 33411.

The Clinician of the Year Award will be presented at the MMDA Annual Meeting/Conference on Nov. 8, 2025.

Primary Duty

By Rebecca D. Elon, MD, MPH, CMD



everal years ago, a colleague gave a presentation about ethical issues involved in working

in nursing homes. He posed the question, "Where does the physi-

cian's primary duty lie?" Using polling question technology within his PowerPoint presentation, he tallied the audience responses. The slide read:

The physician's primary professional duty is to:

- A. The patient
- B. The patient's family
- C. The facility
- D. The payor
- E. The dashboard metrics
- F. All the above.

I thought, "This is a no-brainer. Of course, the physician's primary duty is to the patient." I was surprised when the attendees' responses were tallied for all to see that only about a third selected option "A. The patient." Over half of the attendees selected option "F. All of the above," with the rest divided between the other options.

I raised my hand to challenge my colleague who was presenting the talk, saying, "This is not a good question, since you cannot ask, 'What is the **primary** duty' and then have as one of the answers, 'All of the above.' Primary indicates a singular duty, so the answer can't be 'all.' He responded, "Well, Rebecca, that is the point of the slide, isn't it?

We are pulled in so many directions today and expected to serve so many masters, it is really not possible to have a primary duty to the patient anymore." I protested, "Of course, it is possible! Your primary duty is to the patient even though you must be mindful of all the other pressures. Those other entities must be secondary, tertiary or quaternary considerations.

If your primary duty is not to the patient, you are no longer a physician and have

violated your professional oath." My colleague responded, "Oh, Rebecca, that is so twentieth century."

In 2004, Med Chi, The Maryland State Medical Society, created The H. Margret Zassenhaus Physician

Profile in Courage Award. (See R Elon. The H. Margret Zassenhaus MD Profile in Courage Award. Maryland Medicine 2008, 9(2):32-34. PMID: 19058456). The award is intended to recognize:

- Actions related to exemplary conduct and improvement in health care delivery;
- 2. Actions involving some risk to the physician's personal or professional status for the good of patient care;
- 3. Actions of social significance in keeping with Med Chi and AMA Principles of Medical Ethics. (https://code-medical-ethics.ama-assn.org/principles)

The foundational ethical principles of medicine do not change over time, though the pressures placed upon medical practitioners certainly evolve and today can feel quite intense. There are many opportunities for physicians, nurse practitioners, physician assistants and the entire health care team to take courageous action on behalf of our patients every day.

We should keep our eyes out for the courageous acts exhibited by our colleagues in advocating for their patients and honor their commitment and dedication. We must prioritize the needs of those among us who are the most vulnerable and lift up the workers who make their professional obligations to their patients their primary duty on a daily and nightly basis.

Rebecca D. Elon, MD, MPH, CMD, is Associate Professor of Medicine and Voluntary part-time faculty in the Division of Geriatric Medicine at Johns Hopkins University School of Medicine; CMO Emerita, FutureCare Health and Management.

A New Fellowship Opportunity from PALTMed

By Barbara Resnick, PhD, CRNP

PALTMed has just initiated a Fellowship program at https://paltmed.org/fellow. Being recognized as a PALTmed Fellow is a prestigious award and is indicative of your clinical knowledge, expertise and dedication to PALTC care medicine and what was AMDA and now is PALTmed.

By definition a fellow is a distinguished, learned, or skilled individual working with academia, health care, research or a specific industry. The allocation of a being a fellow is usually given in recognition of work and achievements. Within an organization, fellows are the highest grade of membership. Fellowships are earned but not bought! Every fellowship program within an organization establishes their own criteria for admission. These can vary from being focused on work within the organization to recognition in the field.

PALTmed Fellowship Eligibility

Eligibility for this recognition involves meeting four criteria. Further the application needs to provide a brief personal statement for your rationale for applying for this honor and what membership and working in the PALTC arena means to you. A brief resume is required (maximum 7 pages), a letter of recommendation from another PALT med member and evidence that you have been active within the organization. Activities can include such things as participating in the annual meeting, publishing in JAMDA, or being involved at the chapter level.

We encourage all those clinically working in this environment and meeting the requirements to quickly consider and put together your application for this opportunity. The call for Fellowship applications was opened in April, 2025 and closes **Sept. 15, 2025**. Get recognized as a member of the first class of PALTMed Fellows!

Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP; Distinguished University Professor, University of Maryland, Baltimore; Sonya Ziporkin Gershowitz Chair in Gerontology, University of Maryland School of Nursing

Hot Topics – Webinars On Demand



ast year, MMDA hosted six (6),1-hour live CME/CMD approved webinars that are available free online for all current MMDA members!

Visit the "Hot Topics" section at https://connect.paltmed.org/midatlantic/home where you may earn up to six (6) CMEs and CMDs until 2027.

Overview:

MMDA is thrilled to share this exceptional member benefits – *Hot Topics on Demand*! In this rapidly evolving post-acute and long-term care landscape, staying ahead of the curve is paramount, and with *Hot Topics on Demand*, we're empowering our members to do just that – with six (6), separate 1-hour presentations that are CME and CMD approved until 2027!

Whether it's the latest advancements in treatment protocols, emerging trends in patient care, or insights into navigating regulatory changes, our on-demand platform delivers timely and relevant content straight to your fingertips. With a diverse array of topics curated by experts in the field, and presented by



subject matter experts, members can delve into the sessions that matter most to them, at their convenience.

List of Hot Topics Webinars

Topic: Osteoporosis Diagnosis and Management in PALTC

Presenter: Dr. Michele Bellantoni

Topic: Buprenorphine for Opiate Use Disorder and Chronic Pain Presenter: Dr. Megan Buresh

Topic: Raising the Bar (the Tide) for Nursing Care: Strategies for Performance Improvement Presenter: Dr. Rebecca Elon

Topic: Coding Changes That Impact

Your PALTC Practice
Presenter: Dr. Robert Zorowitz

Topic: Psychotropic Safety & Regulatory Updates in Long-Term Care

Presenter: Bill LeGallee, PharmD

Topic: Wound Care Delivery in Subacute Care Centers

Presenter: Dr. Zaid Mirza

Earning CMEs and CMDs

- After each session you view online, complete the evaluation by using the link at the bottom.
- 2. If you viewed the entire webinar, you may claim one (1) CME/CMD hour.
- 3. Answer each question and press the "Submit" button once the evaluation is completed.
- 4. A Certificate of Attendance will automatically be emailed to you from MMDA.
- 5. MMDA will report the earned credit directly to PALTmed.
- 6. For assistance, email MMDAwebsite@gmail.com

Click Here to access Hot Topics on Demand – For members Only https://connect.paltmed.org/ midatlantic/home

Delaware Update — Medical Aid in Dying

By Cynthia Kuttner, MD, CMD; Medical Director, Community Living Center, Wilmington VA Medical Center; Co-Editor (DE), MMDA Bulletin; Treasurer, MMDA



he big news for PALTC providers in Delaware is passage of the Medical Aid in Dying Act in May 2025. This made Delaware the

twelfth state to have such a law go into effect.

The new law will be implemented no later than January 2026. However, there are caveats and requirements that may bring barriers to patients seeking medical aid in dying. The law requires that the patient must personally make the request twice verbally, at least 15 days apart, and then again in writing. The patient must have been determined to have a life expectancy of six

months or less, regardless of the amount of suffering the patient is experiencing. The patient must be able to self-administer the lethal medications and pay for those medications which are not covered under Medicare of Medicaid. The cost of the lethal medication is anticipated to be between \$800 and \$1,200. Many patients with neurologic

disorders or physical disability may be unable to fulfil all of the requirements for the request. If they cannot request the medical

aid in dying verbally or in written form, they will not be eligible for the program.



Some patients with progressive neurologic disorders may be desperate to access medical aid in dying but may not be eligible under this program. Delaware Gov. Matthew Meyer did sign the law into effect after it was passed by the Delaware House and Senate. It remains to be

seen how it will be implemented and how often it will be utilized by terminally ill patients. It also remains to be seen how the nursing homes in the state will handle these requests for medical aid in dying.

Your Conference Road Map!

