From the Editor

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You’re invited to join the Society for Post-Acute and Long-Term Care Medicine: Answer YES!

I, along with many of my advanced practice nurse (APN) colleagues had the opportunity to attend the very exciting 2014 American Medical Directors Association (AMDA) meeting in Nashville. Aside from AMDA always being a wonderful gathering of individuals dedicated to care of older adults in institutional settings, why was the meeting particularly exciting this year? Through the four day meeting there was much discussion and debate over several of AMDAs pending resolutions: one focused on a name change and one focused on expanding membership. AMDAs structure is such that these resolutions are voted on by their House of Delegates. As APNs we have been welcomed into AMDA as associate members and as such unable to attend the House of Delegates meeting, serve on the board, or vote for officers. Thus neither I, nor my APN colleagues attending the meeting, could attend the House of Delegates meeting and/or participate in the voting. We heard, however, shortly after the meeting the very exciting outcomes of the vote. I want to share these with our readership and address the implications of these changes and our responsibility as APNs … and nurses.

The changes to expect and be ready for

The House of Delegates voted to change the organization’s name from AMDA — Dedicated to Long Term Care Medicine’s to AMDA — The Society for Post-Acute and Long-Term Care Medicine. The purpose and focus of this change is to be more inclusive of what is well known to be a major aspect of care in skilled nursing facilities, post-acute care. AMDA’s name change reflects the increasing prominence of post-acute care in the long-term care continuum. I believe that AMDA leadership wants to reach out and include those physicians who practice as hospitalists and attending physicians to consider AMDA as an important source of education. AMDA leadership, truly dedicated to care of those in these settings, wants to assure that all clinicians practicing in these settings will provide a level of care that, not only meets safety standards, is based on best practice and the many years of clinical expertise and research found in AMDA resources and among the membership.

The second resolutions to pass supported a long standing debate within AMDA around membership. Specifically, the House of Delegates voted to expand full membership to nurse practitioners (NPs) and physician’s assistants (PAs). NPs and PAs will now be able to participate fully in the activities of the organization, to serve on and chair national committees, to participate in state chapters according to conditions and requirements each chapter chooses to establish, including being Delegates to the AMDA House of Delegates. Six of AMDA’s national officers will remain physicians; however one of the three House of Delegates representatives on the Board, and one of the three State Presidents Council representatives on the Board may be a non-physician at any one time. This is a significant step toward a more inclusive membership and governance structure, and is consistent with the growing focus and recognition of interprofessional team care in geriatrics and in health care as a whole.

AMDA President Leonard Gelman, MD, CMD, commented, “These changes to AMDA’s bylaws directly relate to what’s happening on the ground in post-acute and long-term care facilities. All medical providers need to be properly trained and supported, including the medical directors, the attending physicians, the nurse practitioners, and the physician’s assistants, in order to provide the highest quality care. AMDA will serve as the professional home for this team as we work together to improve the quality of care for both our post-acute patients and long-term care residents.”

The tagline on the webpage now states

AMDA — The Society for Post-Acute and Long-Term Care Medicine is the national professional association of medical directors, attending physicians, and other professionals practicing post-acute and long-term care medicine and committed to the continuous improvement
of patient care. AMDA provides education, advocacy, information, and professional development to enable its members to deliver quality post-acute and long-term care.

WOW... as the American Geriatrics Society did back in 1996, AMDA is now reaching out and including us as equal members in the organization. Many have asked me if I thought that this meant nurse practitioner could also be medical directors. I want to clarify that this opening of membership is NOT about who is or who can be a medical director. I will also note that I personally am a firm believer that nurse practitioners and physician assistants should not be the medical directors in these settings. My rather strong beliefs are based on two very simple points—nurse practitioners and physician assistants are not trained to be diagnosticians in the same way that physicians are and we can not and should not be supervising physicians on medical management related issues. That being said, nurse practitioners and physicians assistants working in these settings can be invaluable in developing, facilitating and providing data for quality initiatives in these settings as well as many of the other administrative and care related requirements of the medical director. Maybe one day we will have an official recognized title of Assistant or Associate Medical Director with training programs using a team approach similar to the certified medical director program currently driven by AMDA. Who knows... the times they are a changing!

Respond to the invitation

I encourage you all to respond to the wonderful invitation AMDA has given us and JOIN! Say YES to the invitation so we don’t lose the opportunity. Does it mean joining yet another organization... YES. For those of us in aging there is already the Gerontological Advanced Practice Nurses Association (GAPNA), the National Gerontological Nurses Association (NGNA), the American Assisted Living Nurses Association (AALNA), the American Geriatrics Society (AGS), Gerontological Society of America (GSA), as well as our nursing organizations such as the American Nurses Association (ANA), the American Academy of Nurse Practitioners (AANP), among others. Despite the many challenges to interdisciplinary work it is finally being recognized and appreciated in academic settings as well as clinical. As we move forward in the coming years we may even figure out how to provide this type of care in a cost effective manner. An important first step in working in a team I believe is learning together as we are trying to do in academic settings and at conferences such as AMDA and AGS. Getting to know and appreciate what others have learned, what they know and how they practice is necessary for teamwork in the clinical setting. I encourage you all to take the hand that AMDA is reaching out and grab it and join. To my nursing colleagues who are not nurse practitioners, to consulting pharmacists, physical and occupational therapists and speech pathologists I want to remind you that AGS has full membership for all providers and you are wanted and needed as active members of that organization. Likewise, I am confident that AMDA wants and needs your involvement and encourage you to join AMDA in numbers as associate members. It is in this way that the AMDA leadership and membership will continue to recognize that your place at the table is critical to providing optimal care in the post-acute and long-term care arenas. Please feel free to contact me each and every one of you for ways you can get involved!

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