


Continued from previous page

- We made a commitment to promote health and social equity, and to speak and act to eliminate disparities in an intentional way that is baked into all of our Society's work.
- We supported our California affiliate, the California Association of Long Term Care Medicine (CALTCM), in sponsoring AB 749, a bill that passed without a single "No" vote and was signed into law in September. It will require that all California skilled nursing facilities engage medical directors with a certified medical director (CMD) certification through the American Board of Post-Acute and Long-Term Care Medicine within 5 years. We are hoping this success will improve the quality of care (and we are looking for ways to demonstrate this through research) and will also serve as a springboard for other states to advocate for similar legislation.
- We convened new workgroups for state-based advocacy and policy, leveraging the apparent newfound interest in our care sector to help our state affiliates and members be more active and influential in state-wide policy around COVID-19 and beyond. We are hoping this results in our ability to help direct and benefit from Strike Team funding opportunities in multiple states.
- We created policy supporting mandatory vaccination for COVID-19 in all health care workers (not only those working in nursing facilities) and policy prioritizing availability of monoclonal antibodies for appropriate nursing home residents, along with many other independent and collaborative letters to governmental authorities.
- We continued to fine-tune the AMDA App. (If you haven't downloaded it yet, please do!)
- We planned for an ambitious hybrid 2022 Annual Conference in Baltimore to help meet the needs of our diverse membership. (If you haven't registered yet, please do! You can switch from in-person to virtual if your circumstances change.)
- We continued to advocate strongly for a federal medical director registry, which would have been very useful for dissemination of information throughout the pandemic. This may require actual legislation because the Centers for Medicare & Medicaid Services has been puzzlingly reluctant to implement it, despite requests from a variety of stakeholders including members of Congress.
- We participated in organized medicine at the American Medical Association (AMA), with two delegates

and two alternates to their House of Delegates. We have submitted resolutions that have become AMA policy, although none this year.

- We were a sponsoring organization for the Drive to Deprescribe (D2D) campaign, which has enrolled over 4,500 nursing facilities across the country, to promote discontinuation of unnecessary medications.
- We reviewed and updated our position paper on staffing, addressing the workforce shortage crisis and supporting the requirement for facilities to supply nursing personnel at a level sufficient to meet the needs of the residents — and we will continue to revisit this policy. Meanwhile our Board of Directors, Public Policy Committee, and Ethics Subcommittee have been considering taking a position on ownership transparency (which may be resolved by the time this article is in print).
- We continuously worked on creating and revising evidence-based clinical practice guidelines and other tools for our members, including a revision of the pain CPG, the release of a new Parkinson's disease pocket guide (available free on the AMDA App), and the upcoming and long-awaited CPG on the "3 Ds" — depression, dementia, and delirium.

My presidency has whizzed by like a flash of lightning, and in March I will gladly step down and welcome Suzanne Gillespie, MD, CMD, to the presidency. I am honored and humbled to have been given the opportunity to lead such a passionate and dedicated group of professionals. I am also deeply grateful for Chris Laxton's expert association management skills and the remarkable staff he has assembled to help us achieve our mission. They are a true pleasure to work with.

I'm proud of what we have accomplished during the pandemic, and I am looking forward to what lies ahead. My heartfelt thanks go to all of our board and committee members and the many others who have generously donated their time and expertise, even in times of great turmoil, to transform our Society into the thriving, well-respected, and influential organization we have evolved into. Your contributions are greatly appreciated. To our members and readers who have not yet had the opportunity to serve, please consider it — we can't do any of this without your support. And here's hoping for a less hectic, more predictable 2022, with continued substantial improvement in the quality of care our PALTC patients and residents receive. 

Dr. Steinberg is president of AMDA – The Society for Post-Acute and Long-Term Care Medicine and editor emeritus of *Caring for the Ages*.

AMDA Certified Medical Director: 12 Years Later, Chief Medical Officer Reflects on CMD Skills He Uses Daily

Studies Show Quality Scores Raised by 15% in Facilities With Certified Medical Directors

By Marcia Meredith

In 2008, Danny Felty, MD, was accepted into the Certified Medical Director (CMD) Certification program of AMDA – The Society for Post-Acute and Long-Term Care Medicine. Now a chief medical officer with Legacy Care, he reflects on how this program shaped his medical career.

When Danny Felty, MD, took a role as an attending physician in a nursing home in 2007, he had been working as a family medicine physician in private practice for almost a decade.

"My family medicine residency exposed me to post-acute and long-term care, but only briefly," said Dr. Felty, who is still a practicing family medicine physician and is a medical director of several long-term care facilities in Virginia. He was eager to expand his continuing medical education as he settled into his new role in a skilled nursing environment.

Dr. Felty excelled, and soon he was asked to serve as a medical director. Backed by the encouragement of his administrative partner, he decided to pursue a CMD certification from the American Board of Post-Acute and Long-Term Medicine.

A distinct quality indicator, becoming a CMD demonstrates a practitioner's commitment to career development and specialized training in PALTC medicine. In fact, a study found that having a certified medical director contributes positively to a nursing home's quality of care. Data analysis showed that quality scores rose by 15% in facilities that had certified medical directors (*J Am Med Dir Assoc* 2009;10:431-435).

"It was about this time I attended my first national AMDA conference with thousands of post-acute care colleagues," Dr. Felty said. "It was overwhelming and exciting, and helped further launch this journey."

Dr. Felty soon found that managing a busy medical practice and family life wasn't a deterrent from committing to the CMD program. At the time, Dr. Felty was seeing up to 25 patients a day. Married with two young sons, he also had a busy home life that included volunteering with several organizations. "Unlike a fellowship, you don't have to stop your life to complete the training. This fits into your professional life. It's not a time-based process. It's self-directed, and you can very easily complete various components of the program to get you going."

Dr. Felty received his certification in 2009, and he still relies on key principles he learned during the accreditation

process. "CMD's Core Curriculum shows up in my practice every day," Dr. Felty said. "The curriculum is a primer to becoming a skilled physician and advocate for the aging population."

The Society's Core Curriculum focuses on 22 important issues and topics in long-term care, including infection control, residents' rights, working with families, and more.


"For those physicians in the post-acute care arena, I wholeheartedly recommend obtaining a CMD," Dr. Felty said. "It's a user-friendly program, attainable in a reasonable way and provides the best information in this specialty you can find."

Renowned for his expertise in post-acute care, Dr. Felty was appointed to serve on the governor of Virginia's COVID-19 Long-Term Care Facility Task Force. He also serves as president of the Society's Virginia state chapter. A distinguished graduate of the Virginia Military Institute, Dr. Felty earned his Bachelor of Science degree in biology with a minor in psychology. He then earned a Doctor of Medicine degree from the Medical College of Virginia at Virginia Commonwealth University.



"You don't have to stop your life to complete the CMD program, and its core curriculum still shows up in my practice every day." -Danny Felty, MD

Recently, Dr. Felty's colleague from Legacy Care, Padmalatha Dharanikota, MD, also received her CMD certification.

To learn more about the CMD, visit www.abplm.org, email cmd@paltc.org, or call (410) 992-3117. 

Ms. Meredith is the vice president of communications & culture at Legacy Care in Virginia.