**DDAWNY Nurses Meeting**

**8/1/2018**

1. **Breakfast Sponsor**
2. Sheryl Montanari at UCB with a presentation on seizures & epilepsy and the use of Breviact.

Breviact and Vimpat both are for partial onset seizures (focal) seizures both medications have received approval for 4 years and up for treatment.

Mono therapy, conversion therapy, and adjunctive therapy is a great addition to treat pediatrics.

Breviact is therapeutic dose from day one you do not have to titrate. Medicaid will pay for these medications when your provider says it is medically necessary if your patients are on Medicaid.

Vimpat has the safest AED on the market there are no drug interactions with any other ante epileptics and no clinically significant drug interactions with any other product on the market including warfarin (please refer to handouts for further information covered in presentation)

1. **OPWDD Updates**
2. OPWDD Emergency/Proposed Regulation – Telehealth Comments due Monday October 8th, 2018

We reviewed the proposed draft Teleheath amendments to 14 NYCRR Part 679 and Subpart 635-13 proposed changes to authorize telehealth as a new mechanism to deliver clinical services. If you would like to send comments please send by October 8th to the Office of Counsel, Bureau of Policy and Regulatory Affairs. This will allow group homes to be designated as homes so that are able to adapt a telehealth model to have services paid for through OPWDD in the financial structure they have. This is a great stride forward that they are accepting these services. People Inc. is currently piloting this service and working with a few agencies with great feedback. People age able to stay in their homes and receive the services they need without a trip to the emergency room. This will allow for the expansion of these services. Currently People Inc. is working the Millennium/DSRIP group to provide tablets in each home and equipment in some of the homes so there is a direct connection between the telehealth provider and the patient. The tablet allows for the provider to see in real time the wound, or rash, or injury. When the tablets go into the group homes that we are working with we are hoping that this will increase our efficiency. At times, a nurse will receive a call from staff and the situation sounds really bad, but when you visualize it sometimes it isn’t as bad as you think. This will allow the doctor to view in real time the actual situation. It helps with the decision process of whether to send an individual out to the ER, or non-emergent care. The hope is that this will become a model not just for our individuals, but this will be a model for the entire population. This model involves Nurses which is different than the current models out there. Nurses are integral to this model from triaging to the actual visits that occur .We are currently working with 3 agencies and are looking to expand this process to many more agencies in the near future.

The ultimate goal is to provide the individuals with the right care, in the right place, at the right time, and to hopefully do this at a lower cost that the ER visit when we are able to safely treat in the home.

1. **Lunch Sponsor**
2. Christine Macarelli, Prevention Specialist from Gilead Sciences, Inc. introduced Dr. Tony Martinez to speak about HIV, HCV PrEP (Pre-Exposure Prophylaxis) and preventative services and addiction.

Right now in the United States there are about 1million people that are at risk to get HIV. We still have 40 thousand new cases a year. Certain states have a much higher rate of new cases a year. The same areas at risk for HIV are the same areas at risk for HCV. Right now we are working on HIV PrEP to help prevent an HIV negative person from getting HIV from a sexual or injection-drug-using partner who’s positive. Truvada is a drug that combines two HIV medicines (tenofovir and emtricitabine) for daily use as PrEP. Studies have shown that PrEP is highly effective for reducing the risk of HIV if it is used as prescribed. 35 thousand providers using this to prevent the spreading of HIV sounds like a lot but when you figure there are about 1 million people at risk that still leaves a huge hole that we need to fill.

How do we identify candidates for PrEP?

It starts with a good sexual history, identifying other risk factors, education, counselling, testing and adherence. Providers need to ask specific questions to get the most accurate answers the more you talk to your clients the more comfortable they will become and the more open they will be. Be open minded and non-judgmental regarding the sexual history and preference of your individuals. Individuals must know their HIV, HCV & Hep B status or be tested prior to starting with PrEP. Once PrEP is starting continued screening must be done every 3-6 months for STI, HIV, HCV.

1. **Open Discussion**
2. Pill packs or Multi dose blister packs/QuickMAR

Several agencies are using the multi dose blister packs for individuals that live in apartments to make it easier for them. It can be challenging with the blister packs because if something changes with dose or medication the packs need to be changed. With the blister packs the pharmacy generally gives fewer doses so that if there are changes they can just come and take them back they don’t have to change so many. This can simplify things as long as when using either of these packs systems you have certain policies and procedures in place to help staff. Most of the group homes are using an electronic medication administration record system which seems to work well. Most group homes are using Quickmar or Therap for medication administration. It requires a great deal of training and at times seems to make the process longer but once the staff is trained, using these systems are safer and faster. The more of the system you use the better the system gets. The electronic system is great when you are an appointment with an individual you can pull up the medications in the system and give the physician any information they need quickly. There was a discussion about adding people who use different pharmacies to QuickMAR through Parkview pharmacy. There may be a cost involved with this you will have to reach out to Parkview and discuss with them. There are some pharmacies that are willing to use QuickMAR if you have individuals that use a different pharmacy. Upstate is another pharmacy that uses QuickMAR that several of the agencies use. It was suggested to keep a paper back up system in case the system is unavailable for a period of time.

1. How are agencies implementing the Range of Motion (ROM) and home exercise programs/maintenance for their individuals within the PT/OT therapies?

Individuals are receiving these during the day at program and then at their homes in the evenings with the 3-11 DSP staff. The DSP staff are trained by PT staff to implement and monitor the ROM program. It is found that the 3-11 staff have the most time available to do the ROM and exercises with the individuals. For wheelchair individuals the staff work to have the individual walk with a walker from their room to dinner and back (if that is part of their exercise program). Continuing to struggle with adequate funding to have enough staff to be able to do all the ROM and exercises that our individuals need and all the other programs. There was an individual that was refusing to go to a program where she would be receiving PT in researching it was found that Buffalo Home Therapy <https://www.buffalohometherapy.com> go right to the individuals home and they do take Medicaid and Medicare and with a referral from individual’s PMD, for home therapy and it was automatically covered. People Inc. allow the staff to oversee the active PT but for passive PT it has to be a nurse or physical therapist. People Inc. has a special needs CHHA, and depending on the needs of the individual you can refer to People Inc.’s CHHA as well.

1. PMD nutritional supplements if it is medically necessary we are obligated to pay for any uncovered costs.

It was suggested to work with the pharmacy for your overall cost and see if there are any options. One location works with their nutritionist who helps to get the supplements at a cheaper price or search out pricing on amazon, or the medical companies for discounts. When the nutritionist recommends a supplement you should always discuss this with the individual’s physician for necessity vs recommendation and if there are any contra indicators for the individual.

4. How do other agencies handle On-call nursing pay/incentives/salary?

Aspire uses their supervisors to take the calls after hours and a select few RNs. The supervisors get a straight supplement whereas the RNs extra pay for taking the afterhours calls.

Southern Tier has 4 RNs that rotate calls after hours and on weekends.

People Inc. has an On-call RN department that handles calls and initiates Telemed. They also take call for other agencies and initiate Telemed.

1. Future meetings – we are going to try and get back on track to have them quarterly.

There have been some changes to meeting and we have gotten off the quarterly track. The next meeting will be December 3rd at 10:00am at People Inc. Walden Boardroom at that meeting we will be deciding on the quarterly meetings dates for the rest of the year.

**Next Meeting: 12/3/2018**

**Location: People Inc. 3332 Walden Avenue**