



Good Morning Mr. Chairman and members of the committee. The Michigan County Medical Care Facilities Council is the association that represents the 35 county owned nursing homes in the state of Michigan and we welcome the opportunity to provide testimony in support of SB 64 before your committee today. We want to thank you for taking up this important legislation, and also thank Senator Hansen for his support and leadership in working on this issue.

PA 322 of 2012, which as you may recall, was enacted to make a number of important reforms to the way skilled nursing facilities in Michigan are regulated. We fully supported PA 322 and welcomed the formation of the Stakeholder workgroup and the Clinical Advisory Committee, a subcommittee within the Long-Term Care Stakeholder's Workgroup created under PA 322. The clinical advisory committee was charged with updating the Michigan Clinical Process Guidelines (CPGs). So why use guidelines?

When treating residents, doctors, nurses and other healthcare providers often are faced with difficult decisions and considerable complexity in treating the elderly with multiple diagnoses. Health professionals wisely rely on the scientific literature, in addition to their knowledge, experience, and resident preferences, to make informed decisions regarding treatment. Clinical practice guidelines (CPG) are evidence based statements; frequently accompanied by checklists or algorithms that include recommendations intended to optimize resident care.

One example on how a CPG may be useful is that a facility notes that their Long-Stay Pain Quality Measure is 9% and state averages are 7.4% and national 7.6%. Lower is better, so they decide to initiate an improvement project to lower pain and improve outcomes. So one step that they would take would be to look at their policies, procedure and processes with regards to pain management and compare what they are doing to say the American Medical Directors Association (AMDA) Clinical Process Guideline for Pain Management in nursing homes. The

goal would be to identify any gaps in their process as compared to a best practice guideline for pain screening, assessment and treatment and make recommended changes.

With the implementation of MDS 3.0 and the new Care Area Assessment (CAA), facilities need to show they are using evidence based and expert endorsed resources. As one example, AMDA Guidelines emphasize key care processes and are organized for ready incorporation into facility-specific policies and procedures to guide staff and practitioner practices and performance. CPG implementation follows the medical care process of recognition, assessment (root cause analysis), treatment (based on assessment), and monitoring.

After a thorough review of the MI CPGs, the Committee, to which MCMCFC appointed a member, determined that many of the MI guidelines were outdated. Since the creation of the MI CPG's many more relevant and peer reviewed long term care best practice guidelines have been created by organizations such as the American Medical Directors Association, Centers for disease control (CDC) and others. It became clear that from a practical standpoint updating MI guidelines did not make sense for a number of different reasons. 1) We would be looking to those new guidelines anyway to update MI Guidelines, 2) it would be a costly process, 3) guidelines need continual periodic review and updates to stay current adding more time and cost on an ongoing basis with no real benefit. That mechanism of periodic updates already exists with the other national guidelines now available. Therefore, the committee concluded that LARA should not update or revise the current guidelines and instead, LARA should allow and encourage providers to use any evidence-based nationally recognized CPGs or best practice resources available when creating policies and procedures related to resident care or seeking to improve resident outcomes. SB 64 incorporates these recommendations by the workgroup while still maintaining high standards for the health, safety and welfare of our most vulnerable citizens that reside in skilled nursing facilities.

Thank you and that concludes my testimony. I am happy to take answer any questions.

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