LONG TERM CARE (LTC) ADVISORY COMMITTEE MEETING
June 20, 2014
Office of the Long Term Care Ombudsman (LTCO)
3855 Wolverine NE, Suite 6
(Training Room)
Salem, Oregon

MINUTES

MEMBERS PRESENT:
Bill Bard, Chair
Claudia Kyle, Vice Chair
Teena Ainslie
Dan Dunham
Michele Edwards
*Peter Fuchs

STAFF PRESENT:
Mary Jaeger, Director/State LTC Ombudsman
Ana Potter, Deputy State LTC Ombudsman
Molly Twarog, Deputy State LTC Ombudsman
Mary Ann Lebold, Office Manager

MEMBERS ABSENT:
Glenn Berk

LTCO VOLUNTEERS PRESENT:
Jerry Walker, Volunteer CFO

GUESTS:
Tyler Anderson, Assistant Attorney General, Department of Justice
May Dasch, Alzheimer's Association of Oregon
Megan Moyer, Governor's Appointee to the Residential Facilities Advisory Committee (RFAC)
Chuck Richards, Governors Commission on Senior Services (GCSS)
Fred Steele, JD, Legal Services Developer, State Unit on Aging, Department of Human Services
Betsy Welch, Governor's Appointee to the Residential Facilities Advisory Committee (RFAC)

CALL TO ORDER: Mr. Bard called the meeting to order.

PUBLIC COMMENT: There was no public comment.

COMMITTEE BUSINESS - *ANNOUNCEMENTS AND WELCOME TO NEW MEMBERS:* Mr. Bard welcomed Betsy Welch and Meghan Moyer who will officially be part of the Committee beginning July 1. Mr. Bard introduced Tyler Anderson, the new LTCO primary counsel through Oregon's Department of Justice. Mr. Anderson described his education and experience.

APPROVAL OF MINUTES: Dan Dunham moved that the minutes be approved as written. The motion was seconded and passed.

CORRESPONDENCE AND RELATED ACTIVITIES: Mr. Bard reported on the Elder Abuse and Prevention Summit sponsored by Oregon Health Care Association and LeadingAge Oregon on June 10. He described his participation in yesterday's live webcast from Washington, DC lead by AARP on the Long Term Services Scorecard and distributed information about the webcast.

*Participated via telephone

Mr. Bard distributed copies of a face sheet from an email that he received recently from the National Consumer Voice for Quality Long-Term Care about better staffing in LTC facilities. Discussion about a variety of issues regarding LTC facilities and residents followed the presentation of each of these items.

Mr. Bard distributed copies of a letter that he sent on behalf of the Committee to Senators Wyden and Merkley and Representative Blumenauer earlier this month asking for their support of funding for State LTC Ombudsman Programs. Committee Members were asked to send similar letters to their Representatives. Mr. Bard will provide Committee Members with a template.

Mr. Bard distributed copies of memo from Michael Jordan, COO in the Department of Administrative Services regarding Prosperity Agenda Best Practices. Mr. Walker suggested that the Committee respond by pointing out that the creation of the Oregon Public Guardian and Conservator Office will directly raise awareness about the crises of poverty and potential solutions.

Teena Ainslie suggested that the Committee invite Chris Bouneff, Executive Director of NAMI Oregon, and NAMI's trainer to a future Committee meeting so that Committee Members could learn more about issues that families face when a family member has mental health issues. Discussion followed about how Committee Members could best learn about mental health issues.

Ms. Ainslie also distributed an article about doctors' ignorance standing in the way of quality care for elders. The article is attached.

Mr. Dunham commented that President Obama issued a Proclamation declaring Sunday, June 16, Elder Abuse Awareness Day.

CHARLES RICHARDS, GOVERNOR'S COMMISSION ON SENIOR SERVICES LIAISON: Mr. Richards expressed his appreciation of Ms. Moyer's work on SB 21. Mr. Richards and his wife have been congratulated for their work on fiduciary and silver alert issues on a national level. He reported that the Federal Government has released new rules to be effective in five years about the rights of residents in LTC facilities that are of concern to adult foster home providers.

ANA POTTER, DEPUTY STATE LTC OMBUDSMAN: Ms. Potter described the unique characteristics of the Certified Ombudsman volunteers and LTC facilities in Clackamas and Marion Counties. She went on to describe the projects that she is working on with the LTCO's state and community partners and distributed printed information about one of those projects. She described presentations that she has made to groups on LTC issues and the role of the LTC Ombudsman. She recently completed training a group of new Certified Ombudsman volunteers who will work in Marion and Linn counties.

COMMITTEE BUSINESS (Continued) - *NOMINATION OF COMMITTEE OFFICERS FOR JULY VOTE:* Mr. Bard nominated Dan Dunham to serve as Chair. Ms. Edwards seconded the nomination of Dan Dunham as Chair. Mr. Dunham nominated Bill Bard to serve as Vice Chair. The nomination of Mr. Bard to serve as Vice Chair was seconded by Peter Fuchs. At Mr. Bard's

request, Ms. Kyle will continue to serve as the Committee's liaison to the GCSS and other governmental panels and advocacy organizations.

NEW BUSINESS: Mr. Bard acknowledged Ms. Ainslie's eight years of membership on this Committee and announced that she will continue her service to the LTCO as an Executive Volunteer.

FRED STEELE, JD, LEGAL SERVICES DEVELOPER, STATE UNIT ON AGING, DEPARTMENT OF HUMAN SERVICES: Mr. Steele brought Committee Members up to date on the activities of the Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS). Development of a third tool – a person centered guide for family members serving as guardians – is nearing completion.

Mr. Steele distributed copies of a brochure titled *Protecting Residents From Financial Exploitation* that was released yesterday by the Consumer Financial Protection Bureau (CFPB) and discussed the importance and relevance of its use when working with residents of LTC facilities. The link to view this brochure on line is:

http://files.consumerfinance.gov/f/201406_cfpb_guide_protecting-residents-from-financial-exploitation.pdf

He discussed other resources available at the CFPB's website.

He reported on discussions in a sub-work group of the Elder Abuse Work Group to reform Power of Attorney (POA) rules and regulations in Oregon because of concerns about elder abuse by people holding a POA.

Mr. Steele reported on progress on the re-authorization of the Older Americans Act.

At the request of the State Unit on Aging, Mr. Steele distributed copies of a booklet titled *Planning for Your Future*, an Aging and Disability Resource Connection of Oregon publication. He also distributed bookmarks about the ADRC.

MARY JAEGER, DIRECTOR/OREGON'S LTC OMBUDSMAN: Ms. Jaeger updated Committee Members on progress on posting the Recruitment for the Oregon Public Guardian and Conservator. The next recruitment will be for the first staff member to serve the DD and MH community.

Ms. Jaeger reported on progress on the legislative mandate to reduce nursing home capacity by 1500 beds in Oregon with facility closures, resident relocation and re-purposing of buildings over the next four years. She described and expressed her appreciation for the work of Deputy State LTC Ombudsman Todd Steele with nursing home residents in Eastern Oregon where the first reduction is being implemented. Regional community meetings are planned later this summer for LTC facility owners and operators to learn about this process. Ms. Jaeger hopes that there will be a meeting of stakeholders when this process has been finished in Eastern Oregon to facilitate an exchange of information to improve this process as it takes place in other parts of the state. There was significant discussion of the issues surrounding this process including the

comments by Ms. Edwards who serves as a Certified Ombudsman in the community where the initial reduction process is underway.

GRETCHEN JORDAN, COORDINATOR OF VOLUNTEERS, LTCO: Since Ms. Jordan was not able to attend the meeting today, Mr. Bard distributed copies of her May 2014 report and reviewed the report. There is a significant need for Certified Ombudsman volunteers in all regions of the state. There was discussion of current thinking on outreach and recruiting techniques in light of the changes in civic engagement.

COMMITTEE BUSINESS (Continued) - *BYLAWS REVISION TO CONFORM WITH STATUTORY CHANGES:* Dan Dunham moved that the requirement that proposed amendments to the bylaws be submitted to Committee Members 15 days in advance of any regularly scheduled meeting be waived. The motion was seconded and passed. A proposed revision to the bylaws to be effective July 1, 2014 was distributed and discussed.

The Committee's next meeting will be July 18 at the Office of the LTC Ombudsman. The meeting was adjourned at approximately 2:00 PM.

Teena K. Ainslie

To: Steve Weiss
Subject: RE: Doctors' Ignorance Stands In The Way Of Care For The Disabled.

From: Steve Weiss [mailto:stevesoc@teleport.com]
Sent: Monday, May 19, 2014 11:43 AM
To: Steve Weiss
Subject: Doctors' Ignorance Stands In The Way Of Care For The Disabled.
Importance: High

From NPR:

Doctors' Ignorance Stands In The Way Of Care For The Disabled

by Leana Wen

May 17, 2014 2:13 PM ET

Something curious was happening in the emergency room. Eight patients had come in within minutes of each other. Almost instantly, the junior resident, two interns and a medical student signed up for all of the them – except for one.

Half an hour passed, then an hour. As the senior resident doctor at the time, I supervised the others as they tended to the middle-aged man with chest pain, the elderly woman with a broken wrist and the teenage girl with a sore throat.

New patients kept coming in, and they, too, were seen quickly.

Still, there was that one patient everyone seemed to avoid, a man in his 20s with back pain. I watched as the medical student picked up his chart, then placed it back on the rack. Nurses, too, weren't going to his room. Finally, I assigned a team to care for him.

"We drew the short straw here," I overheard the nurse say.

The resident sighed. "I already ordered labs and an X-ray. It's going to take too long to examine him, so let's just get this started."

What was different about this patient? Was it a dangerous, contagious disease? A mental health problem marked by a violent streak? A history of weekly drunken visits to the ER?

No. All he had was a wheelchair.

He had been in a car accident five years before and was paralyzed from the waist down. He told me that he was used to waiting, to being the patient that providers avoided. His back pain was from a kidney infection, and it turned out that all he needed was an antibiotic.

Though nearly 20 percent Americans have physical or mental disabilities, studies show that less than 20 percent of medical schools teach their students how to talk with disabled patients about their needs.

More than half of medical school deans report that their students aren't competent to treat people with disabilities, and a similar percentage of graduates agree. Accreditation and licensing boards don't require clinicians to demonstrate knowledge or skills in treating patients with disabilities.

Numerous studies have found people with disabilities receive inferior health care, including less information about prevention and fewer screening tests.

Mistaken assumptions are a big reason. Doctors and nurses have expressed surprise to me when I explained that they have to discuss risks and benefits with patients who are cognitively impaired. Some doctors are also surprised to learn that they need to ask someone who has a physical disability about sexual activity.

Last year, researchers called doctors' offices in four U.S. cities to make an appointment for a fictional patient who was obese and wheelchair-dependent. One in five offices said that they wouldn't see this patient, citing reasons that included a lack of trained staff and a lack of equipment to help patients onto an examining table.

Medical offices routinely provide phone interpreters for patients who speak a language other than English. Medical schools teach students about diseases so rare that they affect only one in a million people. Yet there's been only halting progress in the care of tens of millions of Americans with disabilities.

The Americans with Disabilities Act is supposed to grant civil rights protection to individuals with disabilities, but it lacks specific provisions to ensure equal treatment in medical settings.

A few medical schools have started pilot programs to teach students about patients with disabilities. At the University of South Carolina, a single 90-minute lecture made medical students more comfortable treating people with disabilities. Other med schools are encouraging students to rotate through rehabilitation centers and are incorporating interdisciplinary learning with occupational and physical therapists.

These programs are a good start, but aren't nearly enough. Disabilities education needs to be a central part of medical training in the same way that learning to care for people from different cultural backgrounds is now.

A few weeks ago, I attended a workshop where a doctor and nurse practitioner who themselves had disabilities spoke about their experiences as patients. They talked about barriers to care and the stigma they face, and provided some suggestions to clinicians.

Afterward, I watched as two of the attendees, a resident and a nurse looked at a patient's chart. This was another patient in a wheelchair.

I held my breath. This time, nobody put the chart down. They went straight into his room.

Dr. Wen is an attending physician and director of patient-centered care research in the Department of Emergency Medicine at George Washington University. She is the author of "When Doctors Don't Listen: How to Avoid Misdiagnoses and Unnecessary Care," *and founder of* Who's My Doctor, *a project to encourage transparency in medicine.*