PDPH/LTCF Conference Call Wednesday, 6/13/25

Agenda

- Closed PODs: Partnering to Protect the Health of Your Organization and Your Community
- Antibiotic Stewardship Survey for SNF Consultant Pharmacists
- The Philadelphia Model: Integrating Behavioral Health in Long-term Care
- Medication Assisted Therapy in SNF Program
- Resources and Services



Closed PODs:

Partnering to Protect the Health of Your Organization and Your Community

Spring 2025





1. WHY?

2. WHAT?

3. **HOW?**

4. WHAT'S NEXT?



Objectives

- Explain the meaning of PODs and MCMs.
- Learn the differences between a public POD and a closed POD.
- Understand the logistics of setting up a POD.
- Learn how PDPH will support your POD.
- Understand liability and cost during a public health emergency

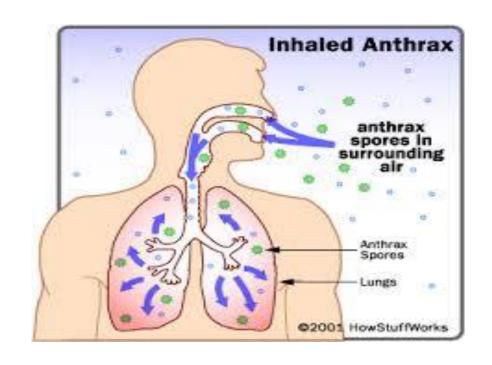
Why would we need to set up a Closed POD?

Bioterrorism attack using aerosolized Anthrax

Bacterial spore if inhaled, almost always fatal if untreated

How many people would we need to give medication? How fast?

Goal: Provide medicines to 1.55 million people within 48 hours



What is a Point of Dispensing (POD)?

Public PODs

Places where can the public go to receive medical countermeasures (MCMs)



Closed PODs

- Closed PODs are <u>private</u> locations that can dispense medications to <u>their own</u>
 <u>populations.....YOU decide</u>:
 - Employees and their families
 - Contractors/Vendors
 - Patients/residents/students/inmates/clients



Closed PODs: Oral MCMs Only



Head of Household (HoH) Model-

One person may accept pill bottles for the whole household



How does becoming a Closed POD benefit an organization?

- Helps to ensure the organization's <u>continuity</u> <u>of operations</u> during and after an emergency
- Peace-of-mind for employees knowing where they will be able to get medications for themselves and their families
- Faster and easier access to life-saving medications at no cost
- Real-time guidance and messaging



What is the organization's role as a Closed POD?

Develop a plan including:

- Provide 2 emergency contacts available on a 24/7 basis
- Decide who will be medicated and how much medication will be needed
- Maintain the necessary supplies and equipment needed to operate a Closed POD plan
- Identify facility space and personnel to carry out the plan
- Establish a Memorandum of Understanding (MOU) with PDPH



Closed Point of Dispensing (POD) Plan (Pill Dispensing)

Publication Date: MM/DD/YYYY

[INSERT ORGANIZATION NAME]

Staffing the Closed POD

- The organization <u>uses its own personnel</u> to staff the POD.
 - Clinicians are not needed.
 - Staff who can follow directions can screen and dispense pill bottles.
 - PDPH will provide the guidance online for both pre-training and Just-in-Time training for staff.
 - PDPH will provide contacts to answer questions in real time.

No Cost for Medications

- Medical Countermeasures (MCMs) come from the Strategic National Stockpile.
- They would be provided to Closed POD partners by PDPH <u>at</u> no cost.
- Your costs are for ancillary supplies (paper, pens, etc.)

Liability Protection for Public Health Partners

• Immunity from tort liability claims (except for willful misconduct) is provided to Closed POD partners that are dispensing medical countermeasures when a Public Readiness Emergency Preparedness (PREP) Act declaration is issued.



How would Closed PODs receive their MCMs?

Closed POD Partners would send a vehicle to a PDPH emergency warehouse to pick up MCMs.



Large Closed PODs may be able to receive delivery of MCMs directly from the PA DOH emergency warehouse.



POD Set-Up

- Use the Closed POD Plan Set-Up Instructions
- Make copies of forms
- Locate tables, chairs, supplies and set them up
- Leadership ensures screening/dispensing stations are set up and staff are trained, MCMs are secured

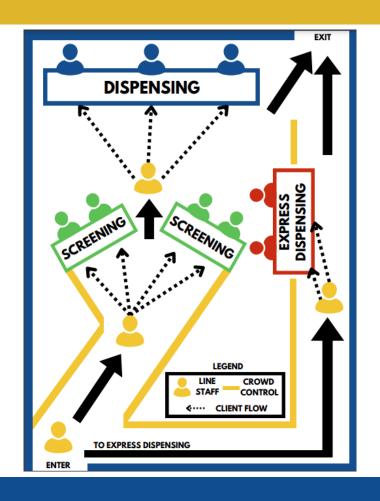


Staff Roles at a POD

- All POD Leadership will be pre-trained using PDPH online resources
- Just-in-Time-Training for remaining staff
 - Line
 - Express Dispensing
 - Screening
 - Non-express Dispensing



POD Layout (example)

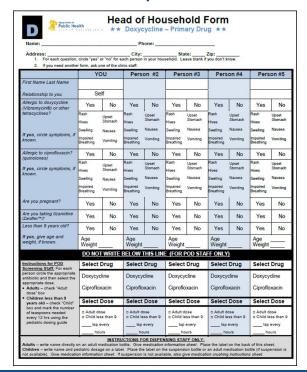


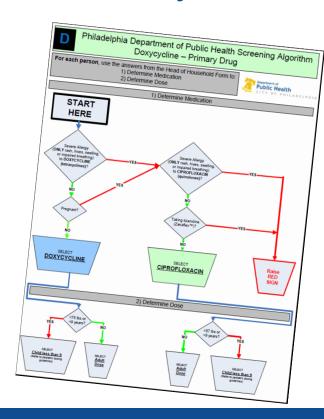
Form Production

• Sample and actual forms required for response will be made available by PDPH.

• Forms will need to replicated as soon as possible.







Next Steps

- Provide contact information for two staff members who will lead your organization's planning.
- Attend a virtual training on how to use the plan template to fit the needs and resources of your organization.
- Feel free to send any questions to ClosedPOD@phila.gov.



Thank you!



Help Your Pharmacists Make an Impact!

Share Our Survey to Strengthen Antibiotic Stewardship in SNFs

Lea Widemann

Antibiotic Stewardship Epidemiologist

Division of Disease Control - HAI/AR Program



About the Survey



Brief: 5-10 minutes



Anonymous: cannot be linked back to your facility or the participating pharmacist



Beneficial to your facility:

- Help us develop resources that address real needs identified by pharmacists
- Contribute to improved antibiotic stewardship practices at Philadelphia SNFs
- Support citywide efforts to reduce antibiotic resistance and improve patient outcomes



Next Steps





Forward PDPH's survey to your consultant pharmacists

Email will be sent out immediately following this call



The Philadelphia Model: Integrating Behavioral Health in Long-term Care

City of Philadelphia

DBHIDS

DEPARTMENT of BEHAVIORAL HEALTH
and INTELLECTUAL disABILITY SERVICES

The Philadelphia Model

ADDRESSING THE NATIONAL MENTAL HEALTH CRISIS AMONG OLDER ADULTS:

- a. <u>Sub-population:</u> Individuals with Serious Mental Illness (SMI) requiring long-term skilled nursing care
- b. <u>Program:</u> Evidence-based clinical model for the care of individuals with SMI in a structured environment within skilled nursing facilities that directly meets the needs nationally of the aging population with SMI

AN EXAMPLE OF AN EXISTING ALTERNATIVE MODEL FOR A TARGETED POPULATION:

Dementia programs where secure settings were created for individuals with Dementia

CONNECTION TO STATE / FEDERAL PRIORITIES:

- 1. HEALTH EQUITY: Model creates improved access to existing entitlement programs for individuals of disproportionate minority and low socioeconomic status (SES), who would have otherwise been excluded from the programs due to their SMI
- 2. CREATING ACCESS: Creates capacity in hospitals, psychiatric units, and community residential behavioral health facilities for individuals who require that level of care
- 3. REDUCING COST: Reduces the medical and behavioral health resources on the system related to an individual's extended stay in hospitals, Extended Acute Care (EACs), and acute psychiatric units due to a lack of behavioral health services in long-term care

Purpose of Today: To provide an overview of the implementation and evaluation of The Philadelphia Model.

Initial Long-term Care Population

Inclusion Criteria

- LOC Determination: Nursing Home Clinically Eligible including PASRR determination
- Insurance: CBH eligible
- Diagnosed with SMI
- Must benefit from the program's services

Included on a case-by-case basis

- Megan's Law
- Under 60
- History of substance use disorder (SUD) with or without Medications for Opioid Use Disorder (MOUD)
- Forensic history
- Co-occurring Conditions (e.g., dementia, intellectual disabilities, traumatic brain injuries)

Sub-populations excluded:

- High or medium risk to harm self, property, or others
- Active SUD of any illegal substance
- Open/Pending Charges
- Individuals with a forensic history that are on parole outside of designated area

Program Description

- Nursing home staffing per regulations
- Nursing home care, room and board supported by traditional funding streams
- 24/7 behavioral health services provided by CBH-credentialed provider
 - Behavioral Health Nurses
 - Social Workers
 - Life Enrichment Staff
 - Behavioral Health Technicians (BHTs)
 - Clinical Liaison
 - Peer Support Specialist
 - Psychiatric Medical Director
 - o Psychiatric Nurse Practitioner

Current Status - Site 1 Be Well at MPAC



LAUNCHED: November 2023

STATUS:

• 48 bed-unit

1 open beds

Approx 6 referrals under review for final bed

REFERRAL LINK: Be Well at MPAC Referral Form



POPULATION

Schizophrenia or schizoaffective disorder: 100%

Nursing Home Clinically Eligible: 100%

Race: Two-Thirds participants Black / African American

Gender: Slightly more females than males

Age: Avg 63 Years (41-83 Years)

Required Assisted Device: Two-Thirds participants

Forensic and/or homelessness History: ~40%

	BE WELL AT MPAC OUTCOMES
Reduced Healthcare Costs	\$3.3 M Estimated Annual Cost Savings to the Current Pennsylvania Medicaid and Behavioral Health Systems
Improved Health of the Population	 No escalated BH events that required higher level of care Increased throughput and access in both behavioral health and physical health levels of care
Improved Participant Experience Obtained through the Consumer Satisfaction Team	6-month vs. baseline MHQoL Compare Results are equivalent or better than baseline scores for psychological well-being, self image, and optimism about the future



Referral Location

Referral Location Type		Pending Referrals	Admissions	Discharges
Acute Care Hospital		2	3	0
Acute Inpatient Psych		6	4	0
Community Residential Rehab / Residential Treatment Facility for Adults		2	6	0
Extended Acute Care		3	19	0
Long-term Care Facility		3	4	0
Long-term Structured Residence	10	0	9	4
Norristown State Hospital	6	0	3	0
Personal Care Home		0	0	0
Private Home	1	0	0	
Recovery House		0	1	0
Behavioral Health Temporary Housing		0	1	0
Total		16	50	4

Current Status - Site 2 WesCare at West Park



LAUNCH: Expected Summer 2025

STATUS:

24 bed-unit

4 individual preliminarily accepted

• 22 open referrals

REFERRAL LINK: WESCARE AT WEST PARK REFERRAL FORM



Referral Location

Referral Location Type		Pending Referrals	Pending Admissions	Discharges
Acute Care Hospital		3	0	0
Acute Inpatient Psych		3	0	0
Community Residential Rehab / Residential Treatment Facility for Adults		2	0	0
Extended Acute Care		8	1	0
Long-term Care Facility	1	1	0	0
Long-term Structured Residence	3	2	1	0
Norristown State Hospital	1	1	0	0
Personal Care Home	0	0	0	0
Private Home	0	0	0	
Recovery House	0	0	0	0
Behavioral Health Temporary Housing	4	1	2	0
Total		22	4	0



Program Goals & Objectives

GOAL: To develop pathways for skilled nursing facilities (SNFs) to facilitate access to Medication-Assisted Treatment (MAT) for individuals in early or sustained remission.

OBJECTIVES

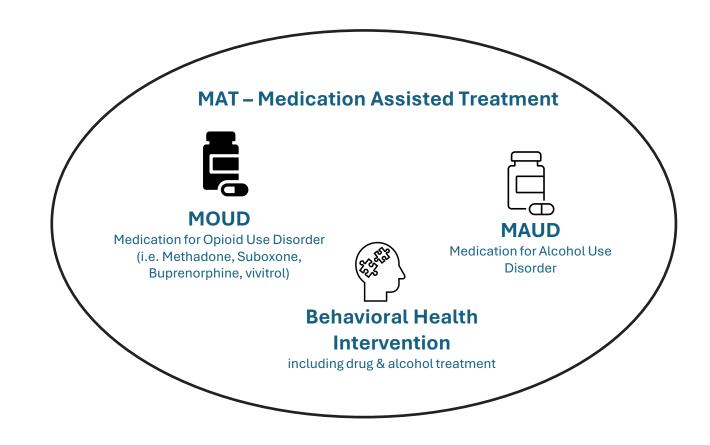
- 1. To pilot a program(s) to meet the needs of individuals who are stabilized in their recovery and prescribed MAT who require skilled nursing care.
- 2. To develop a toolkit and resources needed to support accessing MAT in nursing homes across Philadelphia

Defining Early and Sustained Remission

- Early remission can be reached over 3 to 12 months in recovery treatment as diagnosed by a credentialed provider. ³
- Sustained remission is reached after 12 months without meeting substance use disorders criteria other than craving

Individuals in acute care newly prescribed MOUD are not considered in early remission and not eligible for this program

Understanding key terms and concepts: MOUD vs. MAT



Knowledge deficit -> MOUD or MAUD alone is NOT recovery treatment

Common Barriers to Supporting Individuals Stable in Recovery in Nursing Homes

- Currently supported by champions without formal infrastructure
- Lack of staff to coordinate medication and patient transport
- Training needs around substance use disorder (SUD), methadone storage and dispensing
- Concerns about reimbursement, potential fines, impacts to quality measures, and post-SNF care transition
- Need for communication and coordination between SNF, hospitals, and Opioid Treatment Providers (OTPs)
- Methadone can only be dispensed by OTPs
- Individuals stable in recovery experience stigma

Information retrieved via facility interviews & Literature Review

CASE EXAMPLE

66 year-old male

- In stable remission for 20 years
- Surgical procedure that required skilled care for recovery
- Rejected by > 30 area nursing homes because of history of SUD
- Finally placed in SNF using MAT ordered as a pain medication

Next Steps

- 5-minute Survey will be distributed via email
- Please complete one survey for each facility by <u>June 20th.</u>

If you or someone at your organization is interested in participating in a learning collaborative, please note contact information in the survey. The first collaborative will be in July.







Connecting LTCF IPs to a professional organization offers:

- Online educational resources
- Online peer community and support
- Local chapter networking opportunities and LTC Focus Group support

PDPH Organizational Membership (annual):

- One membership per facility
- Can be transferred to a new IP
- Link to sign up:

https://app.smartsheet.com/b/form/3e8cffae22f84c2692ee614321f816f0



Over \$200 in value!



Reminder: HAI/AR Services

- Infection Control Assessment and Response (ICAR) visit
- Onsite Education
 - Onsite Education Topics:
 - Hand Hygiene
 - Environmental Services
 - Personal Protective Equipment
 - C. auris
 - Injection Safety
 - Escape Room
 - Virtual Education Topics:
 - Injection Safety
 - C. auris
- N95 Qualitative Fit Test Train-the-Trainer
- Quarterly newsletter
- Sign-Up Form for HAI/AR Services







Thank you and have a great summer!

Our calls will reconvene in the fall