Newsletter for March 2019

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News from around our organizations and our members:

Event Website: https://paltc.org/annual-conference

President Ron Schreiber will lead the Wisconsin delegation to the AMDA House of Delegates, which will also include Paula Hardgrove, Raul Mateo, Curt Hancock and Rex Flygt.
We will again share a state chapter reception with Minnesota Friday March 8. All encouraged to attend. This is a great opportunity to meet and network with colleagues from across the state.

And, of course, save the date for our annual meeting October 11-12 at the Radisson in Madison:
While the structure and content of our 2018 annual meeting is set, and the program will start being shown in a couple months, the board decided it was time to poll the membership as a whole on preferences for how the meeting is done. Survey links to that and the other semi-annual surveys are below.

Other News from around our state and our partners:

All members who are medical directors should take this survey:
- https://www.surveymonkey.com/r/FWV9PVX
All physician members who attend patients should take this survey-
- https://www.surveymonkey.com/r/FJQZKTC

All non-physician providers who attend patients should take this survey-
- https://www.surveymonkey.com/r/F73HS78

From the Trenches - questions about the meaning of PA/LTC life

Yeah, yeah, we all learned how to write discharge summaries as medical students and ours are pretty good, right? Well, that’s actually an empiric point—can yours standard up to the scrutiny of research? Do you need to share this document with people you handoff too (and from)?

- Objective: To design and implement an enhanced discharge summary for use by internal medicine providers and evaluate its impact.
- Methods. Pre/post-intervention study in which discharge summaries created in the 3 months before (n = 57) and 3 months after (n = 57) introduction of an enhanced discharge summary template were assessed using a 24-item scoring instrument. Measures evaluated included a composite discharge summary quality score, individual content item scores, global rating score, redundant documentation of consultants and procedures, documentation of non-active conditions, discharge summary word count, and time to completion. Physician satisfaction with the enhanced discharge summary was evaluated by survey.
- Results: The composite discharge summary quality score increased following the intervention (19.07 vs. 13.37, P < 0.001). Ten items showed improved documentation, including documented need for follow-up tests, cognitive status, code status, and communication with the next provider. The global rating score improved from 3.04 to 3.46 (P = 0.01). Discharge summary word count decreased from 717 to 701 (P = 0.002), with no change in the time to discharge summary completion. Surveyed physicians reported improved satisfaction with the enhanced discharge summary compared with the prior template.
- Conclusion: An enhanced discharge summary, designed to serve as a handoff between inpatient and outpatient providers, improved quality without negative effects on document length, time to completion, or physician satisfaction.
Other Reviews - publications from around the world of geriatrics and PA/LTC

Hallucinations Are Everywhere
Experiences like hearing voices are leading psychologists to question how all people perceive reality.
Joseph Frankel in The Atlantic 2 October 2018

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<th>Table 1. Discharge Summary Quality Elements</th>
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<td>Discharge location</td>
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<td>Follow-up tests after discharge</td>
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<td>Provider responsible for follow-up tests</td>
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<td>Provider responsible for pending tests</td>
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<td>Follow-up appointments</td>
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<td>Medication reconciliation</td>
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<td>Cognitive condition</td>
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<td>Indwelling devices at discharge</td>
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<td>Consultants</td>
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<td>Contact info of hospital physician</td>
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There's a good chance you’ve hallucinated before.

If you’ve ever felt the buzz of your phone against your thigh only to realize the sensation was entirely in your head, you’ve had a sensory perception of something that isn’t real. And that, according to the psychologist Philip Corlett, is what makes a hallucination.

To many, this definition may seem shockingly broad. Hallucinations were long considered the stuff of psychoses or drug trips, not a regular and inconsequential part of life. But Corlett operates on the idea that hallucinations exist within a hierarchy. At the highest level, according to Corlett’s collaborator Albert Powers, they would be something like hearing “whole sentences of clearly spoken speech of a being who seems quite real.” But, moving further down the line, hallucinations can be far more banal: an imagined text message, a phantom raindrop, a new parent’s mistaken sense of her child by her bedside.

This hierarchy perspective represents an ongoing revelation in how widespread and varied hallucinations can be. A survey in the early 1990s found that 10 to 15 percent of the population of the United States experienced vivid sensory hallucinations at some point in their lives. And scientists have begun to take seriously the idea that voice hearing and other forms of auditory hallucination can be benign or “nonclinical.” This newfound ubiquity has come with a host of questions. Why is it so common for people to perceive what isn’t there, and how does the brain allow this to happen in the first place? To find answers, researchers have turned to the mechanics of how we perceive reality itself.

For Corlett and Powers, both from the Yale School of Medicine, hallucinations have everything to do with expectations. In a new paper in *Science*, they explore how the mysterious experiences fit into a larger, speculative idea about how the brain works—and, in a sense, what the brain is. The pair recounts a 2017 study they conducted, in which their group tried to induce hallucinations both in people who commonly report hallucinations across the psychotic spectrum and in people who don’t normally hallucinate. The participants were taught to expect to hear a tone after being shown a flashing light, and then were made to press a button when they thought they heard a tone. They were told to hold down the button longer to rate their confidence in what they heard. People who regularly hallucinate held the button—that is, they hallucinated—significantly longer than those who don’t.

Corlett and Powers see this experiment as evidence for their perspective on how people understand the world around them. By their way of thinking, the brain works by “predictive coding”: integrating new information based on the beliefs built on old information. “When we go about the world, we're not just passively perceiving sensory inputs through our eyes and ears,” Corlett says. “We actually build a model in our minds of what we expect to be present.”

This mental setup works great for allowing us to move smoothly through the world, taking in each detail without a second thought. But sometimes, Corlett
and Powers say, the brain has the capacity to overpredict: It can expect something that isn’t there, and this expectation can be so strong that we actually perceive the nonexistent thing. Thus, a hallucination.

The idea of predictive coding is part of a way out of a knotted, overlapping, and sometimes competing lineage of trying to explain hallucinations. Another model, inner-speech theory, was popularized in part by the writings of the 20th-century psychologist Julian Jaynes. It holds that people who hear voices are really hearing their own thoughts that feel like someone else’s. This explanation has been propped up more recently by corollary-discharge theory, which states that the body’s tracking of its boundaries and actions (the neural machinery that makes your arm feel like your arm and your foot feel like your foot) fails for the thoughts and voices of people with psychotic disorders who experience auditory hallucinations.

“We’re still working to see how our model fits in with those models,” Corlett says.

This quest for a leg to stand on in researching hallucinations has yielded some theatrical—and sometimes even poetic—experiments. In his book on the science and history of auditory hallucinations, Charles Fernyhough, a psychologist at Durham University, tells how a psychiatrist in the ’40s found that as a group of people with schizophrenia hallucinated voices, muscles in their throats responsible for speech would twitch along with the words they heard. The voices seemed to be their own words hidden elsewhere.

Decades later, researchers recorded the voices of hallucinators with psychotic disorders and presented these subjects with electronically distorted copies. They wanted to see if the hallucinators could identify their own distorted voices. In the same vein, researchers have explored using computerized avatars à la Second Life in the past decade to try and help hallucinating psychotics assign their “presumed persecutors” a face to talk to, with the goal of softening the things these voices said to them.

Corlett also pointed me toward sine-wave speech, a particularly stunning example of the way expectation can seem to shape our reality when it comes to language. You can try it yourself: Listen to this sound (don’t turn your volume too loud). Most people will hear an R2-D2-like swell of vocoder-tinged whistling. Next, listen to this recording of a woman saying, “It was a sunny day, and the children were going to the park,” in a soothing, southern English accent. Now try R2-D2 again. Listening to the whistling sine-wave speech, you’ll likely hear a distorted version of the same “sunny day” sentence. And in all likelihood, you won’t be able to unhear the words in the first recording now.

Hallucinators may have an easier time parsing the R2-D2-like sounds, even before listening to the other recording. In a 2017 study, nonclinical voice hearers were far better at recognizing the presence of a voice in sine-wave speech than their non-voice-hearing counterparts. And as a group, their brains fired along a pattern distinct from those who couldn’t tell that the sine-wave
speech was a voice. This example, Corlett says, builds the case that auditory hallucinations are linked to the processes of expectation and prediction.

Still, Fernyhough points out, there are some potential holes in the idea of predictive coding. "Compared to the conventional view of the brain as a device that processes information coming from the environment, predictive coding starts with a different set of assumptions about how the brain makes predictions about what is in the environment and then learns from them," he said.

Corlett, meanwhile, argues that there's a gap in inner-speech theory. Citing a study in which people rendered mute from birth reported hearing voices in their heads, he says that the phenomenon can't be completely explained as the brain misreading itself.

Whatever explanations stand the test of time, the stakes of this science are much higher than understanding why many of us imagine text messages. For some people, hallucinations can be more persistent and disturbing. The science of how these hallucinated touches, sounds, and sights manifest in the mind is still unclear. It's too early to say how much the causes of auditory hallucinations and other kinds might overlap, Fernyhough says. So far, the research has focused on auditory hallucinations. And to many, the need for that work is quite clear. Eleanor Longden, a mental-health researcher and advocate, has publicly recounted how her own auditory hallucinations have shifted between neutral and distressing at different points in her life. She's made the case that the social stigma and judgment she received from her doctor at the time made them more negative.

"Hallucinations can be very distressing and debilitating. They can also be neutral or positive," Fernyhough says. "A better understanding of how they occur and how they can be managed could alleviate a great deal of mental distress."

**Reflections**
The Wis-PALTCM Mission Statement

It will be the purpose of this organization:

- To promote quality and compassionate medical care for patients of all ages in post-acute and long-term care.
- To establish better communication among physicians serving as medical directors and other providers.
- To promote better communication between medical directors and (a) other post-acute and long-term care professionals, (b) various long-term care associations, and (c) officials of various government agencies.
- To represent medical directors in defining their roles and equitable compensation.
- To serve as a conduit between AMDA and the WAMD membership.
- To conduct continuing education programs, emphasizing the area of geriatrics and post-acute and long-term care.
- To promote a better understanding by the public of issues concerning the post-acute and long-term care facilities and residents.
- To support evidence-based treatments and best practice policies to manage post-acute and long-term care facilities.

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