Inspiring • Educating • Recognizing
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMDA Foundation Board of Directors</td>
<td>2</td>
</tr>
<tr>
<td>Message from the Executive Director</td>
<td>3</td>
</tr>
<tr>
<td>The AMDA Foundation Story</td>
<td>4</td>
</tr>
<tr>
<td>Futures Program</td>
<td>6</td>
</tr>
<tr>
<td>Quality Improvement &amp; Health Outcomes Awards</td>
<td>8</td>
</tr>
<tr>
<td>Leadership Awards</td>
<td>10</td>
</tr>
<tr>
<td>Research Projects</td>
<td>12</td>
</tr>
<tr>
<td>International Program</td>
<td>13</td>
</tr>
<tr>
<td>Financial Stewardship</td>
<td>14</td>
</tr>
<tr>
<td>AMDA Foundation Contributors</td>
<td>16</td>
</tr>
<tr>
<td>Independent Auditors’ Report</td>
<td>18</td>
</tr>
</tbody>
</table>
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Columbia, MD

*Executive Committee
Message from the Executive Director

In 2014, the AMDA Foundation engaged in a number of growth initiatives, including the following:

- An expanded strategic focus, to include a new public education goal. Under this goal the Foundation can play a role in advancing the public’s knowledge and appreciation of post-acute and long-term care (PA/LTC) practice and quality. As a first step, we will host the first “town hall” meeting about quality PA/LTC at the AMDA annual conference in Louisville, inviting members of the public, local ombudsmen, and others in the aging network.

- 2014 saw a record number of Futures participants – 73 – come to our Futures Program at the AMDA conference. This workforce development effort, while small, remains very popular and has produced consistent results over the years in bringing geriatricians into the PA/LTC field as a long-term career choice.

- In order to expand our reach around the Futures Program and the workforce challenges the PA/LTC setting will face, the Foundation exhibited at the AMA House of Delegates Specialty Showcase June 7 in Chicago for the first time in what we hope will be a yearly event.

- The Foundation was pleased to host a delegation from South Korea at the Nashville AMDA annual conference. This was in reciprocity for a group of Foundation leaders visiting South Korea the previous year, for mutual exchange and benefit. We look forward to hosting a group from the Netherlands at the Louisville conference in 2015.

- The Foundation worked to create a new “value proposition” statement: The AMDA Foundation supports the quality care and quality of life of residents in the post-acute and long-term care continuum by educating health care practitioners, fostering research, mobilizing worldwide expertise and providing public education. We bring value to residents and families as the Foundation of choice for post-acute and long-term care. We intend to use this as a platform for future fundraising efforts to support our programs.

It has been very gratifying to work with Dr. Katz and the Foundation Board as we engage our stakeholders both within and outside of the AMDA member community, to both sharpen the focus of the Foundation’s work and extend its reach and visibility.

I’d love to hear from you – our members, donors and stakeholders in the AMDA Foundation’s mission of education and workforce development. It truly helps us to know if our programs are responsive to stakeholder needs, and we benefit from the wisdom and energy of our community. Please reach out to me at 410-992-3104 or claxton@amda.com.

I want to thank Dr. Katz and all members of the AMDA Foundation Board of Directors for their unwavering service to the Foundation. We also owe a special thanks to Drs. Cari Levy and Heidi White for their tireless leadership of the AMDA Foundation Futures Program. And none of the Foundation’s programs would take place without the creative and dedicated efforts of Foundation Manager Christine Ewing. Chris, thanks for all you do.

Christopher E. Laxton, CAE
Executive Director
“AMDA is about the nuts and bolts of post-acute/long-term care medicine. The AMDA Foundation is the heart and soul. The Foundation’s programs inspire careers, encourage creative projects and research that addresses the most inventive of ‘what ifs,’ validate and honor practitioners’ tireless efforts to make a difference, bring together veteran and new practitioners as colleagues and friends, and touch lives in many ways every day.”

– Paul Katz, MD, CMD
The story of the AMDA Foundation is a tapestry of changes, discoveries, challenges, and triumphs. It is the tale of:

- the **young physician** weighing career decisions who realizes at the Futures Program that post-acute/long-term care is the perfect choice for her.

- the **interdisciplinary team** that has an idea about how to reduce antipsychotic use but needs support to move its vision forward.

- the **practitioner** who hosts colleagues from Korea who visited long-term care facilities and ensures that they went home with ideas about how to manage dementia and other conditions and how to improve teamwork and quality of life for elders.

- the **physician practice** that wants to contribute to the field and hopes to inspire young practitioners by sponsoring a Futures program participant.

- the **AMDA member** who celebrates the miraculous impact of his beloved dogs on his patients.

- the **physician** who works with the Foundation to complete an important research project that has the potential to help thousands of diabetic elders, including his own mother.

- the **physician** who works hard every day and makes sacrifices to be a great practitioner and team leader whose efforts are validated with an award from her colleagues.

- the **AMDA member** who sees a donation to the Foundation as his legacy to his profession, patients, and the organization that has been his professional home for years.

These people tell their stories in different ways with varying details, but the ending is the same. Their careers, their lives, their days are happier, better, and more successful because of their relationship with the AMDA Foundation.

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**Foundation Goals**

**Move Story Forward**

With a mission of advancing “the quality of life for persons in post-acute and long-term care through inspiring, educating and recognizing future and current health care professionals,” the Foundation’s strategic plan focuses on four key goals, and in 2014 we continued to move forward on these:

**Educate, mentor, inspire and recognize future and current long-term care health professionals.**
What happens when an engineer with an interest in research discovers geriatrics and long-term care medicine? The result is an AMDA Foundation Futures participant, an award-winning poster, and a physician eager to pursue his CMD and contribute to his profession. Ken Koncilja, MD, participated in his first AMDA annual conference in 2014 through the Futures Program, but he also had a poster, “Effectiveness of the Brief Interview for Mental Status (BIMS) as a Screening Tool for Cognitive Impairment in the Geriatric Heart Failure Population,” which won an award for best research poster at the conference.

“It was interesting to meet people who practice in different areas—academia, community settings, nursing homes, etc. I didn't know much about the medical director's role, and I really enjoyed learning more about that,” Dr. Koncilja said of his first AMDA meeting. He was pleased to learn how many practicing physicians also are involved in research. “That was enlightening to me because people often think that primary care physicians can’t or don’t do research. As someone who wants to do research and practice medicine, that was enlightening,” he said.

The Futures program itself was “amazing,” said Dr. Koncilja. “The speakers were excellent.” From Dr. Levy's presentation about various career paths to Dr. Handler's session about post-acute/long-term care research, Dr. Koncilja was hooked. He hopes to get his CMD someday and get involved in academic geriatrics. He said, “There is an opportunity to include CMD training as part of your fellowship. I don't think a lot of geriatric fellows realize this, but it's a great opportunity.”

Ken's Story: Evolution from Student to Researcher to Award Winner

The Futures Program is designed to provide an intensive learning experience to expose residents and fellows to the numerous career opportunities available in post-acute/long-term care. Held during AMDA's Annual Conference each year, it continues to be highly popular.

The 2014 AMDA Foundation Futures class included 72 participants, including two nurse practitioners. As has become the norm, this year's program received broad grassroots support. AMDA state chapters in Florida, Massachusetts, Missouri, Ohio, Oklahoma, Pennsylvania, South Dakota, Tennessee, Texas, Virginia, and Wisconsin all provided various levels of support. Two LTC private practices, Central Ohio Geriatrics and Continuum Care Consultants each supported scholarships. Dr. John Morley, BCh, Dammert professor of gerontology and director of the division of geriatric medicine, St. Louis University School of Medicine, included the Futures Program in his Gateway Geriatric Education Center grant, which provided unrestricted funds for the program. Dr. Barbara Resnick, professor of nursing, University of Maryland, arranged for the Geriatric Advance Practice Nursing Association (GAPNA) to fund a practitioner participant for the third consecutive year. She also personally funded a second attendee this year. Kindred Healthcare provided support for the seventh year in a row, as did NHC and Extendicare. Forest Research Institute once again provided support. Additionally, travel support came from residency and fellowship programs for 43 fellows.

In addition to program chairs Heidi White, MD, MHS, MEd, CMD, and Cari Levy, MD, PhD, CMD, participants heard from veteran practitioners about specialized careers in research and other areas. They learned about nursing home regulations, billing and coding issues, quality improvement, and clinical leadership and teamwork.
A special reception the night before the day-long program brought together Futures participants with Certified Medical Directors to promote networking and mentorship relationships.

Overwhelmingly, 92% of participants indicated that the Futures Program provided them with enough information to make an informed decision about their place in long-term care. As always, participants gave the program rave reviews. Among the comments:

“Thank you – this was an excellent program! I especially enjoyed the panel discussion, but really everything was very high yield, relevant, engaging, and practical. I already feel better equipped to pursue a care in long-term care (and confident).”

“I have been to a lot of professional conferences and this one was uniformly excellent. The speakers were engaging and informative and had an air of genuineness and friendliness.”

“It helped me see my options and potential. I got to meet great doctors who are good examples of leaders in LTC.”

“The opportunity to interact with experts in LTC was key for me. In general, geriatrics was seen as an extension of internal medicine and not a separate subspecialty like any others. I felt reassured that there was a need for trained specialists in this field.”

“It provides practical advice and information about long-term care that is not easily obtained elsewhere.”
Sea View Hospital Rehabilitation Center and Home in Staten Island, NY, received a 2014 QI award for “Reduction of Antipsychotic Medication in the Long-Term Care Dementia Population Utilizing Novel Non-Pharmacological Approaches.” Marian McNamara, RN, MSN, Sea View’s associate director of nursing noted that the facility had a higher than average rate of antipsychotic usage. “We brainstormed about non-pharmacologic interventions we could implement. We involved team leaders and staff, as well as family members,” she said. They identified several promising ideas and didn’t waste time implementing them. “We got some funding for a music and memory program. We purchased iPods and downloaded residents’ favorite music. This produced great results,” said Ms. McNamara. Another program involved the establishment of the “Sunshine Group,” for residents who participate in outdoor activities—such as picnic lunches with families and gardening. Elsewhere, Ms. McNamara and her team turned an unused room into a cinema, where residents and family members can watch favorite movies on an extra-large screen with surround sound. Additionally, they established a casino room with card tables and slot machines and a sensory room with a fish tank, scenic murals, soft furniture, and comforting items such as dolls and stuffed animals. “We have had great success, and we’re sustaining a 51% reduction in antipsychotics,” said Ms. McNamara. She attributed the success to the variety of activities they’ve been able to offer and staff’s ability to customize interventions according to each individual resident’s needs and interests. To encourage staff and others to consistently think about person-centered care, the facility put “bio frames” on the door of each resident’s room. “These provide a snapshot of what the patient was like before they came here. This has helped everyone see residents as individuals and determine what activities are most likely to comfort and interest them,” she said.

“These provide a snapshot of what the patient was like before they came here. This has helped everyone see residents as individuals and determine what activities are most likely to comfort and interest them.”

~ Marian McNamara, RN, MSN
The Quality Improvement & Health Outcomes Award (QIHO) program provides three awards to facilities that have implemented programs that improved the quality of life for their residents. These prestigious awards are based on programs medical directors and care teams have implemented and demonstrated to improve the quality of life for their post-acute/long-term care residents. The 2014 QIHO award recipients were:

**Reduction of Antipsychotic Medication in the Long-Term Care Dementia Population Utilizing Novel Non-Pharmacological Approaches**

Sea View Hospital Rehabilitation Center and Home
Nancy Endozo, RN, BSN
Marian McNamara, RN, MSN
Staten Island, NY

**Effects of Advanced Care Discussion in Patient Care Conferences at a Long-Term Care Facility**

John J. Kane Regional Center-Scott
Karen Zagrocki, DNP, CRNP
Nurse Practitioner
Pittsburgh, PA

**The New Med Surg.: A Skilled Nursing Facility Perspective on an Integrated Approach in Reducing Hospitalization through Value Based Healthcare**

CNR Centerlight Health System
Saka Kazeem, MD, CMD
Medical Director
Brooklyn, NY
Lilliana’s Story: A Caring Heart Leads to Quality Care, Joy, and Learning

AMDA 2014 Medical Director of the Year (MDOY) Liliana Oakes, MD, CMD, is like a long-distance runner. She never stops and seldom slows down. To her, winning this prestigious award isn’t the pinnacle of her career; it’s just the start.

“This award is a great honor, and it inspires me to work even harder to pursue excellence and enhance the value of our teams,” she said. “I was grateful to come back from Nashville and tell my own team that their work is successful and acknowledged by others.”

While her team likely was pleased to hear that their efforts are appreciated, they already knew that they had a great medical director. “She is a great doctor,” said Felecia Washington, EdD, MBA, MSN, director of nursing at San Antonio, TX-based Buena Vida Nursing and Rehabilitation, where Dr. Oakes is medical director. “She takes time with patients and family members, and she never rushes through conversations. She hosts get-togethers for families that need or want more time to talk. She listens to staff and values our opinions. She understands that we are close to patients and often know them best. She is the most involved medical director I’ve ever met. I probably will never work with another physician like her.”

While Dr. Oakes has accomplished much, including establishment of several facility-based committees, implementation of an innovative palliative care program, and development of a dementia education program in Spanish and English, she is just getting started. Among the items on her professional bucket list are ambitions to work in geriatrics/palliative care internationally (perhaps in her native Colombia), develop online educational materials and tools to help underdeveloped countries care for elders, and start an interactive blog to help caregivers.

Attending AMDA LTC Medicine—2014 as MDOY was memorable for Dr. Oakes. She said, “It was a wonderful experience. People were extremely kind and interested in hearing about my work. I felt so loved, and that’s always a great feeling.”

The Medical Director of the Year award is one of three major honors that the Foundation administers. This honor recognizes those individuals whose vision, passion, leadership, knowledge, and commitment succeed in taking patient care in the facilities they serve as medical director to exceptional levels of quality, excellence, and innovation. The William Dodd Founder’s Award for Distinguished Service, named after AMDA’s founder, recognizes significant contributions to building the organizational strength, image, and mission of AMDA (dedicated to excellence in patient care and provides education, advocacy, information and professional development to promote the delivery of quality post-acute and long-term care medicine). The James Pattee Award for Excellence in Education, named for the father of the Core Curriculum, recognizes significant contributions to the educational goals of AMDA to advance education specific to long-term care physician practice, and to promote AMDA leadership via educational endeavors within the long-term care continuum.

“This award is a great honor, and it inspires me to work even harder to pursue excellence and enhance the value of our teams.”

~ Liliana Oakes, MD, CMD
2014 Medical Director of the Year:
Liliana Oakes, MD, CMD, Medical Director of Buena Vida Nursing and Rehabilitation Center in San Antonio, TX, is AMDA’s 2014 Medical Director of the Year

William Dodd Founder’s Award:
The Dodd Award went to Jeffrey Burl, MD, CMD, director of Reliant Medical Group’s Division of Geriatrics in Worcester, MA, and director of the clinic’s nursing home and geriatric nurse practitioner program. He also is medical director of Masonic Health Care Systems. Dr. Burl said that the award is a justification of his efforts. He came to be a medical director serendipitously and soon came to love it, thanks in part to AMDA. “I heard about AMDA, and it was like drinking the Kool-Aid.” Through AMDA, he said, “I got to meet all of you, who appreciate the value of caring for our frail elderly.”

2014 Dodd Award Nominees
Liliana S. Oakes, MD, CMD
Joshua Schor, MD, CMD
Verna Sellers, MD, MPH, CMD
Linda Uhrig-Hitchcock, MD, CMD

James Pattee Award for Excellence in Education:
Heidi White, MD, MEd, MHS, CMD, received the James Pattee Award. She is associate professor of medicine at the Duke University School of Medicine and vice chief for clinical affairs in the Duke Department of Medicine Geriatrics Division in Durham, NC. Additionally, Dr. White is medical director of Croasdaile Village Retirement Community, also in Durham. Accepting the award, Dr. White said, “I consider many of my contributions to AMDA to be behind the scenes; but all of this work, particularly my involvement with the Futures Program, has been very rewarding.” She observed, “Everything is possible through team efforts and collaboration. Thanks to all of my teammates.”

2014 Pattee Award Nominees
Lory Bright-Long, MD, CMD
Jeffery Burl, MD, CMD
Daniel Haimowitz, MD, CMD
Barbara Messinger-Rapport, MD, CMD
Liliana S. Oakes, MD, CMD
Verna Sellers, MD, MPH, CMD
Eric Tangalos, MD, CMD
Z. Michael Taweh, MD, CMD
Heidi White, MD, MEd, MHS, CMD
I love doing projects and initiatives for national organizations such as AMDA and the AMDA Foundation. But when this diabetes research project arose and the Foundation approached me to be principal investigators, I initially said ‘no,’” said T.S. Dharmarajan, MD, FACP, AGSF. “I knew it would be challenging and I worried that I wouldn’t be able to do it justice. However, I believed in the study’s importance—my mother is in a nursing home and on sliding scale insulin—and the potential for this research to promote change and enable more practitioners to break the SSI habit. Ultimately, we were able to complete this study, with excellent results. I am very pleased and proud to have worked on this important initiative.”

Dr. Dharmarajan added, “As practitioners and team leaders, we need to think ahead and be willing to change. AMDA has to take this message into the future.”

Promoting and supporting quality post-acute/long-term care research remains a goal of the Foundation. In 2011, the AMDA Foundation received a grant to study outcomes in diabetes care in the long-term care setting. The main objective of the study is to compare the efficacy of basal/bolus insulin over sliding scale insulin in reducing mean fasting blood glucose concentration averaged over days 21-28 in nursing home patients with type 2 diabetes by use of an algorithm conversion tool.

In 2012, T.S. Dharmarajan, MD, FACP, AGSF, moved forward with facility recruitment and data collection. Throughout the year, the Foundation—working through Dr. Dharmarajan, sought facilities to participate in the study and began to provide participants with information and training. The study was completed in 2014, and Dr. Dharmarajan and his team drafted a paper with the results and is preparing to submit it to JAMDA for publication.

Through their research, the team reached several conclusions, including:

- Basal bolus therapy produced significantly lower fasting blood sugar levels at the end of the 21-day trial
- SSI and basal bolus insulin subjects had similar rates of hypo- and hyper-glycemia during the trial
- Basal bolus therapy provided better glycemic control than SSI therapy in this trial
- Switching to basal bolus insulin therapy appears feasible and safe in the long-term care setting.

“As practitioners and team leaders, we need to think ahead and be willing to change. AMDA has to take this message into the future.”

~ T.S. Dharmarajan, MD, FACP, AGSF
Paul Katz, MD, CMD, has always had a thirst for knowledge and a wanderlust to learn about the world. When he had the opportunity to become vice president of medical services and chief of staff at Baycrest in Ontario, Canada, he welcomed the opportunity to gain an international perspective. He said, “We don’t have all the answers in the U.S. Individual providers are doing things differently, and there are some innovative best practices out there. We also have a lot to learn from each other about how long-term care is practiced.” For example, he noted, “Even though health care is physician-centric in North America, many other parts of the world aren’t. Through organizations such as the International Association of Gerontology and Geriatrics, we can work together to do research that demonstrates what works. That is exciting. Each nation’s approach is a little different, and that offers a learning perspective for all of us,” said Dr. Katz. Talking about his travel to Korea with his AMDA Foundation colleagues, he said, “We flew the flag of AMDA; and in the process, we got their attention.” He added, “It was an excellent way to network. It is important for us to attend such meetings and identify potential collaborations. It’s essential for us to have an international presence.”

In 2013, Daniel Swagerty, MD, MPH, CMD, AMDA Foundation chair at the time, along with Drs. Paul Katz, Sabine von Preyss-Friedman and John Morley represented AMDA at the 2013 International Association of Geriatrics and Gerontology (IAGG) meeting in Seoul, Korea. They met many colleagues from around the world there and invited a delegation of Korean practitioners from the Korean Geriatric Hospital Association to come to the 2014 AMDA Annual Conference.

A group of several Korean physicians and administrators joined their AMDA colleagues in Nashville. Not only did they attend conference sessions, they also visited facilities in the area and met with AMDA leadership. “They have indicated that they would like to start a program similar to our Core Curriculum. There also may be opportunities for us to interact on CPG-related projects and the Choosing Wisely campaign,” said Dr. Swagerty. “It was well worth the trip to develop personal relationships between AMDA and the AMDA Foundation and the Korean Geriatric Hospital Association.”

“We don’t have all the answers in the U.S. Individual providers are doing things differently, and there are some innovative best practices out there. We also have a lot to learn from each other about how long-term care is practiced.”

~ Paul Katz, MD, CMD
Jim’s Story: Looking Back on a Rewarding Career and Forward to the Next Generation

As I look back on my career, it’s geriatrics, long-term care, and AMDA that have made it meaningful. Now, with a tidal wave of elders headed our way, we need young, committed practitioners who feel about post-acute and long-term care the way that we do. For me, the best opportunity to do this is through the Foundation and the Futures Program. This is a great way to bring interested young practitioners into this field and to inspire and encourage their love for PA/LTC. This means a great deal to me, and that is why I contribute to the Foundation.

One way I contribute is by donating books to the Foundation’s annual book auction. I have a plaque with a quote from Thomas Jefferson—“I cannot live without books,” said James Lett, MD, CMD. Books are part of my family. They’re something I love. It’s not easy to give them up; but when I donate them to the AMDA Foundation book auction, I know they’re going to a good home. And it’s gratifying to know that the books I love bring funds to the Foundation that we can invest in the Futures.

It’s always interesting to watch the auction and see how people get invested in certain books and subjects. I love seeing people get excited about books that have meant a lot to me. When they get out their checkbooks and take their new books home, I know that a story will live on with a new audience and some young practitioner will have a chance to learn about our field. To me, that’s the very definition of “win-win.”

I’m hopeful for the new generation of practitioners we are training through the Futures Program. I hope they will come in and care for my contemporaries and me with the same compassion and energy we had. I hope that—through the Futures Program and AMDA—they will start the journey with a greater knowledge base.

“I’m hopeful for the new generation of practitioners we are training through the Futures Program. I hope they will come in and care for my contemporaries and me with the same compassion and energy we had. I hope that—through the Futures Program and AMDA—they will start the journey with a greater knowledge base.”

~ James Lett, MD, CMD
Wall of Caring

The Wall of Caring began at the 2002 AMDA Annual Symposium and continues to be a respected tradition at each annual symposium and the most visible and sustaining of our fundraising efforts. The Wall is placed at the AMDA Foundation’s booth and contributors are asked to write a tribute to a mentor, family member, colleague or someone else who has been an inspiration to them in their life. The Wall is then constructed with individual “bricks” that have a personalized tribute on them. The Wall is a very visible means for AMDA members to support the activities of the Foundation by making a contribution to the Wall of Caring and honoring someone special. During AMDA Long-Term Care Medicine—2014 in Nashville, TN, the Wall of Caring raising nearly $46,000 from individuals and AMDA state chapters, all to benefit the 2014 Futures Program.

Auction at the Wall

The Foundation Caring at the Wall book auction continues to be fun and popular. In 2014, over 100 books and other items brought in nearly $7,800. The auction attracted over 120 bidders, and there were several friendly bidding wars over the most popular items. In addition to many AMDA-related products, such as a full set of clinical practice guidelines, there were donations from Foundation Immediate Past Chair Daniel Swagerty, MD, MPH, CMD; author, physician, New York Times bestselling author Tim Rowland, Academy Award winner Anthony Mendez, AMDA friend Al Power, MD, and others. Once again, Dr. Jeffrey Levine donated one of his acclaimed photographs to the auction and began a friendly bidding war.

Caring Canines Calendar

The 2014 Caring Canines Calendar sold nearly 500 copies. Dozens of submissions were received, and numerous facilities were represented. Increasingly, the calendar has presented an opportunity for practitioners and facilities to showcase the good work they do every day and their efforts to promote quality of life with person-centered care.
Thanks to Our AMDA Foundation Contributors

The AMDA Foundation gratefully acknowledges those who made the Foundation’s work possible in 2014.

Corporate Government and State Chapters

AMDA - American Medical Directors Association
Astellas Pharma, Inc.
Central Ohio Geriatrics, LLC
Extendicare
Florida Medical Directors Association
Forest Research Institute, INC
GAPNA Foundation
Kindred Healthcare, Inc.
Missouri Association of Long Term Care Physicians
New Jersey Medical Directors Association
NHC Foundation for Geriatric Education
Ohio Medical Directors Association
Oklahoma Medical Directors Association
Pennsylvania Medical Directors Association
Physicians Eldercare, PA
Purdue Pharma L.P.
Saint Louis University
South Dakota Medical Directors Association
The Retirement Research Foundation
Virginia Medical Directors Association

Founders Club ($10,000 over a lifetime)

David A. Brechtelsbauer, MD, CMD
Lori Bright-Long, MD, CMD
J. Kenneth Brubaker, MD, CMD
Charles A. Crecelius, MD, PhD, CMD
Keith Krein, MD, CMD
James E. Lett, II, MD, CMD
& Cheryl L. Phillips, MD, CMD, AGSF
Keith Rapp, MD, CMD
William Smucker, MD, CMD
& Helen Smucker, RN
Daniel Swagerty, Jr., MD, MPH, CMD

Legacy Club

J. Kenneth Brubaker, MD, CMD

Charter ($1000 to $4,999)

Jonathan H. Berg, MD, CMD
David A. Brechtelsbauer, MD, CMD
Lory E. Bright-Long, MD, CMD
J. Kenneth Brubaker, MD, CMD
Paul D. Garcia, MD, CMD
Murthy R. Gokula, MD, CMD
Paul R. Katz, MD, CMD
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Nora Reznickova, MD
Frederick N. Rowland, MD, PhD, CMD
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Patron ($250 - $999)

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Timothy M. Beittel, MD, CMD
William Brinton, MD
Frank T Caruso
Charles A. Crecelius, MD, PhD, CMD
Bruce H. Dentler, MD, CMD
James B. Donahue, DO, ACC, CMD
Thomas Edmondson, MD, FACP, CMD
Jonathan M. Evans, MD, MPH, CMD
Mary P. Evans, MD, CMD
Dawn M. Groten, MD
Ralf C. Habermann, MD
Linda Hamada
Linda Kuhn
Karyn Leible, MD, CMD
James E. Lett, II, MD, CMD
Patrick J. McCarville, MD, CMD
John K. Miller, MD, CMD
Ann M. Moore, DO, CMD
Cristina Negrea, MD
Raymond Owen, MD, CMD
Marjorie M. Renfrow, MD, CMD
John D Riley, MD, MPH, CMD
Wayne S. Saltsman, MD, PhD, CMD
Verna Reynolds Sellers, MD, MPH, CMD

Patron ($100 - $249)

Alan P. Abrams, MD
Florence T. Baralatei, MD, CMD
Michelle A. Benedict, MS, RN-C, ANP
Jeffrey Bourne, DO, CMD
Victoria L. Braund, MD, FACP, CMD
Ronald J. Buckley, MD, CMD
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Jeffrey N. Nichols, MD, CMD

Patron ($100 - $249)
Supporter

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Aman Ahmed, MD
Joseph Alessandro, DO, CMD
David J. Andrew, MD
Priscilla F. Bade, MD, CMD
Reuben J. Bareis, MD
Vctor Bartling, DO, CMD
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Samuel D. Benjamin, MD
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Lorraine Birskovich, MD
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Lynda W. Brumley, MD, CMD
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Owen Fox, DO, CMD
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Todd L. Fulcher, MD, CMD
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Timothy L. Gieseke, MD, CMD
Edward Gillie, MD, CMD
David A. Greene, MD, CMD
Michael Hanna, MD, CMD
Suzanne Harris
Janice R. Haycraft
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Malia M Jackson
Kathryn Jones, MD, CMD
Joanne Kaldy
Muhammad Y. Karim, MD, CMD
William A. Kerr, DO, CMD
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Reynaldo Lapid, MD
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Chris Lord, MD
Stephen Mangano
Mary Mann, GNP
Beatriz Elena Mariscal, MD
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Deborah McCoy, MEd
Thomas W McCulloch, MD, CMD
Kim L McKay, ARNP
Abisola B. Mesioye, MD, CMD
David Miller, GNP
Kenneth A. Neifeld, MD
Donovan F. Nembhard, MD
Bao Q. Nguyen, MD, CMD
Dixie L Olson, CRNP, MSN
Mark S. Ostrem, MD, CMD
Tomas P. Owens, Jr., MD, CMD
Mary R Painter-Romanello, NP
Natalia Patterson
Paul G Perniciaro, RPh, CGP
Artis Perret
Laurel A. Pfeil, MD
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Timothy A. Randall, MD
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A. Michele Ricard, MD, CMD
Anshu Rimal
Lidia P. Rodriguez Carranza, MD
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Jeri Takamiya
Clarence Thomas, MD
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Ralph Wang, MD
Bradley L Ward, MD
Pat Watson
Stephen Welton, MD, CMD
R.B. Whitney
Sheryl Zimmerman, PhD
INDEPENDENT AUDITORS’ REPORT

To Board of Directors
AMDA Foundation
Columbia, MD 21044

We have audited the accompanying financial statements of the AMDA Foundation (the “Foundation”), which comprise the statement of financial position as of December 31, 2014 and 2013, and the related statements of activities and cash flows for the years then ended.

Management’s Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the AMDA Foundation as of December 31, 2014 and 2013, and its changes in net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Columbia, Maryland
April 20, 2015
# Statements of Activities

## Years Ended December 31, 2015 and 2013

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th></th>
<th>2013</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrestricted</td>
<td>Temporarily Restricted</td>
<td>Total</td>
<td>Unrestricted</td>
</tr>
<tr>
<td>Grants and contributions</td>
<td>$134,353</td>
<td>$58,000</td>
<td>$192,353</td>
<td>$142,515</td>
</tr>
<tr>
<td>Federal passthrough award</td>
<td>30,000</td>
<td>–</td>
<td>30,000</td>
<td>36,000</td>
</tr>
<tr>
<td>Meeting services</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>6,700</td>
</tr>
<tr>
<td>Contract revenue</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>146,945</td>
</tr>
<tr>
<td>AMDA member and other contributions</td>
<td>5,030</td>
<td>–</td>
<td>5,030</td>
<td>4,992</td>
</tr>
<tr>
<td>Interest income</td>
<td>112</td>
<td>–</td>
<td>112</td>
<td>80</td>
</tr>
<tr>
<td>Other income</td>
<td>10,922</td>
<td>–</td>
<td>10,922</td>
<td>19,762</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>81,500</td>
<td>(81,500)</td>
<td>–</td>
<td>25,500</td>
</tr>
<tr>
<td><strong>Total revenue and support</strong></td>
<td><strong>261,917</strong></td>
<td>(23,500)</td>
<td><strong>238,417</strong></td>
<td><strong>382,494</strong></td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Symposium</td>
<td>4,455</td>
<td>–</td>
<td>4,455</td>
<td>8,879</td>
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<tr>
<td>Futures Program</td>
<td>78,217</td>
<td>–</td>
<td>78,217</td>
<td>65,023</td>
</tr>
<tr>
<td>Research Funding</td>
<td>51,938</td>
<td>–</td>
<td>51,938</td>
<td>76,104</td>
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<tr>
<td>Awards Programs</td>
<td>31,527</td>
<td>–</td>
<td>31,527</td>
<td>58,209</td>
</tr>
<tr>
<td><strong>Total program services</strong></td>
<td><strong>166,137</strong></td>
<td>–</td>
<td><strong>166,137</strong></td>
<td><strong>208,215</strong></td>
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<tr>
<td>Support services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundraising</td>
<td>44,045</td>
<td>–</td>
<td>44,045</td>
<td>39,970</td>
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<tr>
<td>Management and general</td>
<td>57,967</td>
<td>–</td>
<td>57,967</td>
<td>40,496</td>
</tr>
<tr>
<td><strong>Total support services</strong></td>
<td><strong>102,012</strong></td>
<td>–</td>
<td><strong>102,012</strong></td>
<td><strong>80,466</strong></td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>268,149</td>
<td>–</td>
<td>268,149</td>
<td>288,681</td>
</tr>
<tr>
<td><strong>CHANGE IN NET ASSETS</strong></td>
<td><strong>(6,232)</strong></td>
<td>(23,500)</td>
<td><strong>(29,732)</strong></td>
<td><strong>93,813</strong></td>
</tr>
<tr>
<td><strong>NET ASSETS, beginning</strong></td>
<td>206,262</td>
<td>126,683</td>
<td>332,945</td>
<td>112,449</td>
</tr>
<tr>
<td><strong>NET ASSETS, ending</strong></td>
<td>$200,030</td>
<td>$103,183</td>
<td>$303,213</td>
<td>$206,262</td>
</tr>
</tbody>
</table>