

Improving Dementia Care and Reducing Unnecessary Use of Antipsychotic Medications in Nursing Homes



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Medicare Learning Network

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Today's Objectives

- Provide a brief overview of the National Partnership (Rethink, Reconnect, Restore)
- Discuss multidimensional approach, including updates and best practices from around the country
- Share current work by state coalitions, including work on provider, prescriber and consumer education
- Review upcoming updates to surveyor guidance and training
- Discuss future goals: measurement, ongoing outreach and next steps

Appreciation!







Why this Initiative? Why Now?



National Partnership to Improve Dementia Care

- CMS developed a national partnership to improve dementia care and optimize behavioral health.
- By improving dementia care and person-centered, individualized interventions for behavioral health in nursing homes, CMS hopes to reduce unnecessary antipsychotic medication use in nursing homes and eventually other care settings as well.
- While antipsychotic medications are the initial focus of the partnership, CMS recognizes that attention to other potentially harmful medications is also an important part of this initiative.

Partnership First Year Goal

- Reduce national prevalence rate of antipsychotic medication use in long-stay nursing home residents by 15% by end of 2012
- Baseline: national rate based on MDS data (Nursing Home Compare takes an average of previous three quarters) in December 2011
 - National rate in long-stay residents was 23.9%
 - Denominator includes all residents except those with schizophrenia, Tourette's or Huntington's disease

Partnership Overview

- The Partnership promotes a multi-dimensional approach that includes the 3 R's:
 - **Rethink** – rethink our approach to dementia care
 - **Reconnect** – reconnect with residents via person-centered care practices
 - **Restore** – restore good health and quality of life

Improving Dementia Care - *Background*

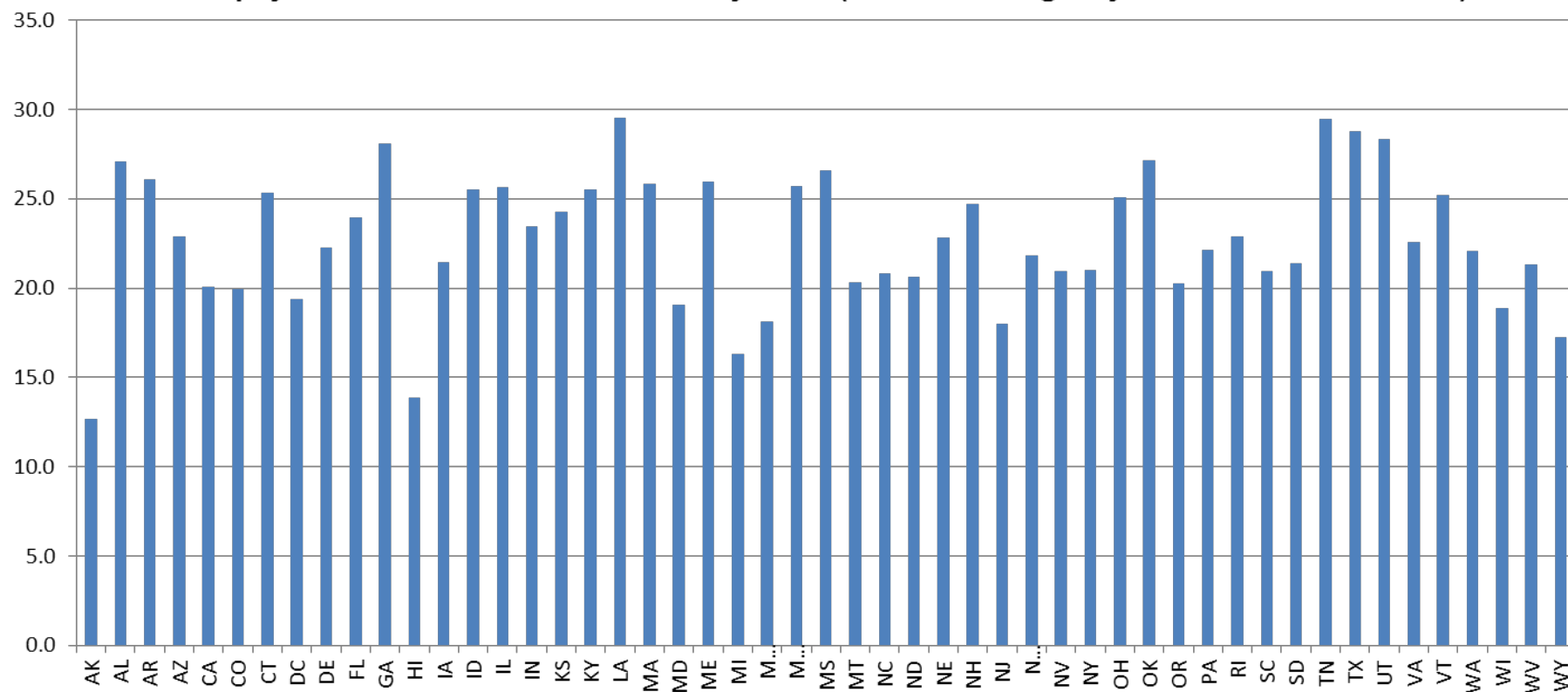
- High prevalence rates of antipsychotic medication use in nursing home residents have been reported in several studies; Much of the use is in residents with a diagnosis of dementia
- According to CMS's Quality Measure/Quality Indicator report, between July and September 2010, 39.4% of nursing home residents nationwide who had cognitive impairment and behavioral issues but no diagnosis of psychosis or related conditions received antipsychotic medications
- In addition to dangers associated with antipsychotic medications for the elderly, it can also be expensive to consumers and Medicare; Atypical antipsychotic medications cost more than \$13 billion in 2007 – nearly 5% of all U.S. drug expenditures

Antipsychotic Medications in Nursing Homes – *Prescribing Issues*

- In one study, 17.2% had daily doses exceeding recommended levels; And 17.6% had both inappropriate indications and high dosing (Briesacher, 2005)
- The likelihood of a resident to receive an antipsychotic medication was related to the facility-level antipsychotic prescribing rate, even after adjustment for clinical and socio-demographic characteristics (Chen et al., 2010)

Antipsychotic Medication Use Varies by State

Antipsychotic Medication Use Varies by State (AVG % of long stay residents Q1 - Q3 2012)



Source: Nursing Home Compare

Partnerships & State-based Coalitions

- Engage the ongoing commitment and partnership of stakeholders including state survey agency and Medicaid agencies, provider groups, residents, families, advocates, professional associations, quality improvement organizations (QIOs), Local Area Networks for Excellence (LANES), consumer groups, ombudsman, clinicians and others
- Involve residents and families (“Nothing about us, Without us!”)
- Create or support existing individual state coalitions, LANES or collaboratives that will identify and spread best practices and conduct outreach
 - Experiences from Region 4
 - Coming in 2013: QIO Nursing Home Quality Care Collaboratives (NHQCCs)
- Amazing, grass roots work in many states already

A Few State Highlights from 2012

- Outreach: Georgia – 36% reduction in antipsychotic use in 30 nursing homes with the highest rates through telephone outreach
- Sharing Best Practices on state coalition calls:
 - Minnesota – Ecumen's Awakenings initiative, a 3-year initiative designed to reduce antipsychotic use among people with Alzheimer's & other dementias in Ecumen nursing homes
 - Pennsylvania – Gwynedd Square Nursing Center maintaining 13.8% rate of antipsychotic use through person-centered care approaches
 - Colorado – Amberwood Court Rehab & Care Community reduced their antipsychotic use by 32% with plans for further reductions
 - Ohio – Suburban Pavilion reduced psychoactive medication use from 13.6% in 7/2011 to 7% in 12/2012

Provider, Prescriber, and Consumer Training

Advancing Excellence in America's Nursing Homes - Windows Internet Explorer

http://www.nhqualitycampaign.org/

File Edit View Favorites Tools Help

Advancing Excellence in America's Nursing Homes

EXPLORE THE NEW GOALS

LIVE UPDATES

Participating nursing homes: 8852 (56.5%*)

Participating consumers: 3471

Participating nursing home staff: 2803

* Percent is based on the latest available count of Medicare/Medicaid nursing homes

Get Adobe Reader

REGISTER TODAY!

Nursing Homes Consumers Nursing Home Staff

NEWS

- [The new goals are here!](#)
- [Advancing Excellence in Long-Term Care Collaborative \(AELTCC\) Names Joseph C. Isaacs Executive Director](#)
- [New Board Members & Officers Appointed](#)
- On March 29 2012, CMS launched an Initiative to Improve Behavioral Health and Reduce the Use of Antipsychotic Medications in Nursing Home Residents.
[Watch CMS Video](#)
- [LANE Performance Improvement Projects](#)
- [Check out how a nursing home in Michigan implemented and is using Consistent Assignment!](#)

CONTACT US

RESOURCES

NEW Tracking Tools!

- ➔ Pressure Ulcer
- ➔ Safely Reduce Hospitalization
- ➔ Consistent Assignment
- ➔ Staff Stability

CMS PARTNERSHIP TO IMPROVE DEMENTIA CARE

Updated 11/27/12

f (Membership not required to visit.)

Internet 100%

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Training & Resources

– Training

- ***Hand in Hand***

- DVD series. Provides direct care workers with training that emphasizes person-centered care, prevention of abuse and individualized approaches to care of persons with dementia (**FREE**. Distributed to all nursing homes in December 2012; many partner organizations to receive soon as well)
- If you did not receive Hand in Hand, contact Michele Laughman at michele.laughman@cms.hhs.gov

- **One Stop Shopping**

- Multiple training programs/materials available for providers, clinicians, consumers and surveyors on Advancing Excellence website and several association, university websites as well
- <http://www.nhqualitycampaign.org>
- Site is dynamic – new information added frequently

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CMS Launches Partnership to Improve Dementia Care in Nursing Homes

Updated 11/27/2012

On March 29, 2012, CMS launched a national initiative aimed to improve behavioral health and minimize the use of medications (such as antipsychotic medications) to manage individuals with dementia. As part of the initiative, CMS is developing a national action plan that will use a multidimensional approach to improve care for individuals with dementia that includes public reporting, raising public awareness, regulatory oversight, technical assistance, provider and consumer education and research.

The Advancing Excellence in America's Nursing Homes Campaign has offered to make available a variety of resources and clinical tools to assist nursing homes achieve the goals of this initiative. Nursing homes are encouraged to review the resources and tools and select those that will be most useful. This site will be updated regularly as new tools become available.

Resources and Tools

Background

[CMS Announces Partnership to Improve Dementia Care in Nursing Homes](#)

(Press release) LeadingAge, March 2012.

[Initiative to Improve Behavioral Health and Reduce the Use of Antipsychotic Medications](#)

Resources and Tools

Background

[CMS Announces Partnership to Improve Dementia Care in Nursing Homes](#)

(Press release) LeadingAge, March 2012.

[Initiative to Improve Behavioral Health and Reduce the Use of Antipsychotic Medications in Nursing Homes Residents.](#)

Video (50 minutes) that describes the national initiative to reduce the use of antipsychotic drug usage by 15% by December 31, 2012.

Centers for Medicare and Medicaid Services

[Improving Dementia Care: Reducing Unnecessary Antipsychotic Medications](#)

Recorded Webcast (58 minutes) describes the national initiative to reduce the use of antipsychotic drug usage, and provides in-depth discussion about the symptoms and various management/intervention strategies to help nursing homes work toward the national goal.

Dr. Cheryl Phillips and Tena Alonzo LeadingAge

[Management of Behavioral and Psychological Symptoms in People with Dementia Living in Care Homes: A UK Perspective.](#)

A PowerPoint presentation that describes the state of research and effort to improve dementia care in the UK.

Dr. Clive Ballard | King's College London & Director of Research, Alzheimer's Society (UK)

[Reducing Inappropriate Use of Antipsychotics in Nursing Homes - Part 1;](#) [Reducing Inappropriate Use of Antipsychotics in Nursing Homes - Part 2](#)

A two-part PowerPoint presentation describing the background and current state of knowledge about unsafe prescribing of antipsychotics among people with dementia.

From Alliant | Georgia Medical Care Foundation

[A Perspective on CMS's Antipsychotic Reduction Initiative](#)

This presentation provides an overview of the magnitude of the risks and benefits of antipsychotics for individuals with dementia residing in nursing homes; information on interpreting CMS' quality measures on antipsychotic use; and strategies to safely reduce these medications in the long-term care setting.

Dr. Dave Gifford | American Health Care Association

State Initiatives and Presentations

[New York State Initiative to Improve Dementia Care](#)

Continuing Care Leadership Coalition

[Louisiana Dementia Partnership](#)

LEADER (Louisiana Enhancing Aging with Dignity Through Empowerment and Respect)

Individual Tools and How-To's

SAMPLE NURSING HOME READINESS AND PREPAREDNESS ASSESSMENT

[Provider Self-Assessment](#)

A list of questions for direct caregivers and nursing home leadership to assist facilities in assessing their approach to dementia care.
Partnership to Improve Dementia Care in Nursing Homes

[Provider Checklist](#)

Suggested list of questions for provider to use to assess their approach to dementia care.
Partnership to Improve Dementia Care in Nursing Homes

[Provider Flow Diagram](#)

A flow chart with suggested steps for implementing quality improvement efforts to reduce inappropriate use of antipsychotics.
Partnership to Improve Dementia Care in Nursing Homes

SAMPLE RESIDENT ASSESSMENT FORMS

[Questions to Consider in Interdisciplinary Team Review of Individual Dementia Care Cases](#)

Partnership to Improve Dementia Care in Nursing Homes

[Psychopharmacologic Interdisciplinary Medication Review](#)

Dr. Karyn Leible

[Of Dementia In Older Adults](#)

American Geriatrics Association (AGS)

[Multidisciplinary antipsychotic use in dementia assessment](#)

SAMPLE MEDICATION POLICY

[Sample Psychotropic Medication Policy](#)

Dr. Karyn Leible

PRACTICE GUIDELINES

[Dedicated to Long Term Care Medicine: Excerpt from AMDA Dementia Clinical Practice Guideline](#)

American Medical Directors Association (AMDA)

[Action for Improving Dementia Care in Nursing Homes](#)

American Medical Directors Association (AMDA)

[American Psychiatric Association Practice Guidelines](#)

American Psychiatric Association (APA)

[Dementia Care Practice Recommendations](#)

Alzheimer's Association.

COMPREHENSIVE TOOL KITS

[The AHCA/NCAL Quality Initiative](#)

American Health Care Association (AHCA)

[The Campaign to STOP Chemical Restraints in Nursing Homes](#)

California Advocates for Nursing Home Reform (CANHR)

[Improving Antipsychotic Appropriateness in Dementia Patients \(IA-ADAPT\)](#)

Iowa Geriatric Education Center

CONSUMER INFORMATION

[Assessment and Care Planning: The Memory Quality Care](#)

CONSUMER INFORMATION

[Assessment and Care Planning: The Key to Quality Care](#)

National Consumer Voice for Quality Long-Term Care

[Individualized Assessment with Behavior Symptoms: Consumer Fact](#)

The National Consumer Voice for Quality Long-Term Care

[Misuse of Antipsychotic Drugs in Nursing Homes](#)

The National Consumer Voice for Quality Long-Term Care

[How to Deal with Challenging Behaviors](#)

Alzheimer's Association

EVIDENCE-BASED RESEARCH

[A Systematic Evidence Review of Non-pharmacological Interventions for Behavioral Symptoms of Dementia](#)

(Book) Department of Veterans Affairs. Washington, D.C.; 2011.

BOOKS & ARTICLES

[Sleuthing Troublesome Behaviors](#)

(Article) Raia, P. Massachusetts Alzheimer's Association Chapter Newsletter; Spring 2005.

[Habilitation Therapy: A New Starscape](#)

(Book chapter) Raia, P. In: Volicer L, Bloom-Charette L, editors. Enhancing the Quality of Life in Advanced Dementia. Philadelphia: Taylor & Francis; 1999. pp. 21-37.

[Dementia Beyond Drugs: Changing the Culture of Care](#)

(Book) Power, G. A. Health Professions Press; 2010.

[Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults](#)

(Article) American Geriatrics Society. JAGS; 2012.

[Restrained Use of Antipsychotic Medications: Rational management of Irrationality](#)

Surveyor Training

- <http://surveyortraining.cms.hhs.gov/>

The Survey Process

- Will surveyors be looking more intensively at persons with dementia who are on antipsychotics?
 - Surveyor guidance has been revised with input from several professional associations (AHCA, Leading Age, AMDA, ASCP, NADONA, AAGP, AGS and others), advocates and other stakeholders; Surveyors will include residents with dementia who are receiving an antipsychotic in their sample
 - Surveyors will look for the same systematic process that providers and practitioners should be using to determine the underlying causes of behaviors in persons with dementia
 - Surveyors will look to see that care plans include plans for residents with dementia that address behaviors, include input from the resident (to the extent possible) and/or family or representative and that those plans are consistently carried out
- ***Surveyors are looking for a systematic process to be evident and for that process to be followed for every resident***

Systematic Process

- Get details about the resident's behavioral expressions of distress (nature, frequency, severity, and duration) and the risks of those behaviors, and **discuss potential underlying causes with the care team and family**
- Exclude potentially remediable causes of behaviors (such as delirium, infection or medications), and determine if symptoms are severe, distressing or risky enough to adversely affect the safety of residents

Systematic Process

- Try environmental and other approaches that attempt to understand and address behavior as a form of communication in persons with dementia, and modify the environment and daily routines to meet the person's needs
- Assess the effects of any intervention (pharmacological or non-pharmacological); Identify benefits and complications in a timely fashion; Adjust treatment accordingly

Systematic Process

- For those residents for whom antipsychotic or other medications are warranted, use the lowest effective dose for the shortest possible duration, based on findings in the specific individual
- Monitor for potential side effects - therapeutic benefit with respect to specific target symptoms/expressions of distress
 - Inadequate documentation: “Behavior improved.” “Less agitated.” “No longer asking to go home.”
 - Include specifics, why they behaviors were harmful/dangerous/distressing and what the person is now able to do (positive) as a result of the intervention
- Try tapering the medication when symptoms have been stable or adjusting doses to obtain benefits with the lowest possible risk

The Survey Process

- Input from nursing assistants, nurses, social workers, therapists, family and other caregivers working closely with the resident is essential; Input from all three shifts and weekend caregivers is also important in “telling the story”
- Surveyors will look at communication between shifts, between nurses and practitioners or prescribers
- Surveyors will also look at whether medications prescribed by a covering practitioner in an urgent situation are re-evaluated by the primary care team and discontinued when possible
- ***Surveyors will look at whether or not other psychopharmacologicals are prescribed if/when antipsychotic medications are discontinued or reduced***

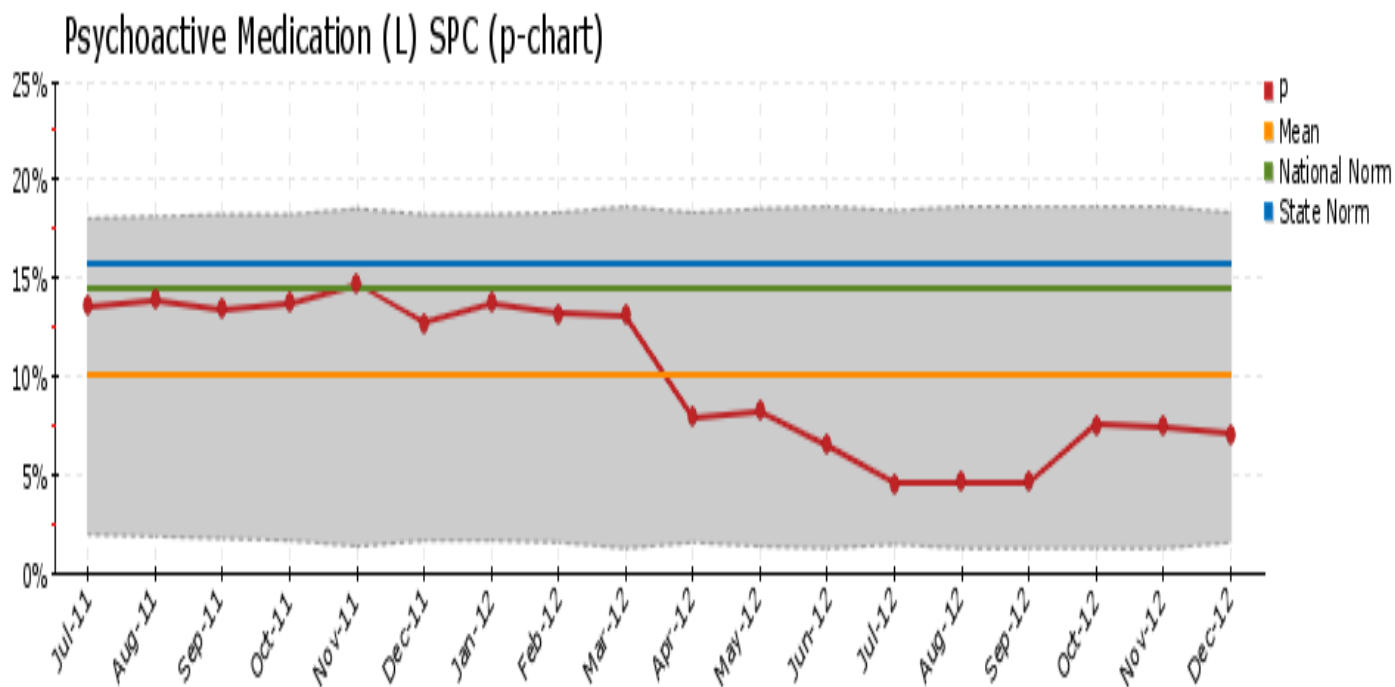
Public Reporting

- Rates of antipsychotic medication use by facility became available on Nursing Home Compare (long-stay prevalence; short-stay incidence) beginning in July 2012
- We anticipate our first look at whether or not we met our target will be possible by April 2013

Nursing Home Compare Quality Measures

- **Measure:** Percentage of Long-Stay Residents Who are Receiving Antipsychotic Medication
- **Description:** The percentage of long-stay residents (>100 cumulative days in the nursing facility) who are receiving antipsychotic medication
- **Measure:** Percentage of Short-Stay Patients Who Have Antipsychotics Started – Incidence
- **Description:** The percentage of short-stay residents (≤ 100 cumulative days in the nursing facility) who have antipsychotic medications started after admission

Individual Facility Quality Improvement Data: Suburban Pavilion Nursing Home



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Frequently Asked Questions

- Is there an expectation that every nursing home will reduce the rate of antipsychotic use by 15%?
 - Answer: No. That is a national target. Some providers will reduce their rate by more than that, some less. There may be valid reasons why some providers have higher than average rates of antipsychotic use, based on their population.

“How can we reduce our rate of antipsychotic use in persons with dementia?”

- Consider focusing on the bigger picture – share resources on dementia care principles
- Focus on each individual resident and use a careful, systematic process to evaluate his/her needs; This is what surveyors will be looking for
- During off-site preparation, surveyors will also review the antipsychotic rate in the nursing home; Surveyors will ask staff about the home’s approach to persons with dementia

“How can we reduce our rate of antipsychotic use in persons with dementia?”

- Consider forming a behavioral health committee or team for dementia care practices, or include in existing committee structure; Include the consultant pharmacist, medical director, administrator, director of nursing, recreational and other therapy staff, social worker, direct care partners/staff (CNAs)
 - Include behavioral health specialists/consultants if possible
 - Include resident, family members when policies/practices (not individuals) are being discussed
- Begin by looking at each resident with dementia who is on an antipsychotic and considering the case in detail; Look for underlying causes of the behavior; Consider whether a gradual dose reduction may be indicated and communicate with the practitioner; Tools are on Advancing Excellence website; National experts are available

“How can we reduce our rate of antipsychotic use in persons with dementia?”

- Use this team to examine nursing home practices related to dementia care and behavioral health
- Consider programs such as ***Hand in Hand***
- OASIS, Habilitation therapy, others
- Engage your medical director and consultant pharmacist

Research & Grants

– Research

- Conduct research to better understand how the team makes decisions to use antipsychotic medications in residents with dementia
 - Study factors that influence prescribing patterns and practices
 - Implement approaches to improve overall health of residents with dementia, based on results of study
- Facilitate sharing of research findings; Research workgroup

– New grants since partnership began

- Commonwealth Fund small grant to compile evidence-based research on use of non-pharmacological approaches in persons with dementia – to assist providers in accessing evidence-based information on these approaches and implementing them in practice (develop a toolkit)
- Review deficiency citations at F329 to better understand how surveyors cite non-compliance related to unnecessary antipsychotic medication use

Q&A, Discussion and Next Steps

- Finalize 2013 goals for the national partnership
- Continue engaging partners at the local, state, regional and national level
- Develop and refine quality measures
- Continue to conduct outreach and measure success

What if we don't have a lot of geriatric training or experience?

- <http://www.nhqualitycampaign.org/>
- <http://www.ascp.com/>
- <http://www.amda.com/>
- <http://www.ahcancal.org/>
- <http://www.leadingage.org/>
- <http://www.americangeriatrics.org/>
- <http://www.alz.org/>

What if we need additional tools and resources?

<http://www.nhqualitycampaign.org>

- Multiple resources and links to other organizations, training materials

DNH_BehavioralHealth@cms.hhs.gov

- CMS staff can put you in touch with state coalition leads and state-level resources
- For questions about *Hand in Hand* DVD series

Questions?

Thank you!

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- All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.
- We appreciate your feedback!

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