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National Provider Call

National Partnership to Improve Dementia Care in Nursing Homes & Quality Assurance and Performance Improvement (QAPI)

December 6, 2016



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Agenda

Medicare and Medicaid Programs:
Reform of Requirements for Long-
Term Care (LTC) Facilities

Diane Corning, CMS

A Collaborative Approach to
Reducing Antipsychotics

Douglas Ford, National HealthCare
Corporation (NHC), Fort Sanders

National Partnership & QAPI
Updates

Michele Laughman, CMS
Debbie Lyons, CMS

Welcome

Medicare and Medicaid Programs: Reform of Requirements for LTC Facilities

Diane Corning

Centers for Medicare & Medicaid Services

Definition of Behavioral Health

Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.

Closely Related Requirements:

Person-centered Care and Comprehensive Care Plans

- Person-centered care
 - For purposes of this subpart, person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.
- The facility must develop and implement a comprehensive care plan that addresses the resident's medical, nursing, and mental and psychosocial needs. (See Section 483.21)
 - Prepared by an interdisciplinary team.
 - Other appropriate staff or professionals in disciplines, as determined by the resident's needs or as requested by the resident.

Facility Assessment: Not Just Numbers

- Facility assessment
 - Each LTC facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operation and emergencies.
 - Review and update at least annually, and as necessary.
 - Requirements include, but not limited to:
 - Facility's resident population
 - Resident numbers and facility's resident capacity; and
 - Requirements to care for that resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent fact present within population.
 - Staff competencies that are needed to provide care for those levels and types of care.

Section 483.40 Behavioral Health Services

- Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.
 - Sufficient staff who provide direct services to residents with the appropriate competencies and skill sets to provide nursing and related services as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment in accordance with section 483.70(e).

Section 483.40 Behavioral Health Services (2)

- Those competencies and skills sets must include, but are not limited to, knowledge of and appropriate training and supervision for:
 - Caring for residents with mental and psychosocial disorders, as well as resident with a history of trauma and/or post-traumatic stress disorder (PTSD), that have been identified in the facility assessment conducted pursuant to section 483.70(e); and
 - Implementing non-pharmacological interventions.

Section 483.40 Behavioral Health Services (3)

- Based on the facility's comprehensive assessment of the resident, the facility must ensure that:
 - Resident who displays or is diagnosed with a mental disorder, psychosocial disorder, history of trauma and/or PTSD receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being; and
 - Residents whose assessments did not reveal or have a diagnosis of any of the above, does not display a pattern of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, unless the resident's clinical condition demonstrates that the development of that pattern was unavoidable.

Section 483.40 Behavioral Health Services: Dementia

Residents who display or are diagnosed with dementia receive the appropriate treatment to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.

Section 483.40 Behavioral Health Services:

Rehabilitative Services and Medically-Related Social Services

- If rehabilitative services, including those for mental disorders and intellectual disability, are required in the resident's comprehensive plan of care, the facility must either:
 - Provide the required services or
 - Obtain the required services from an outside resource that is a Medicare and/or Medicaid provider of specialized rehabilitative services.
- The facility must provide medically-related social services to attain or maintain the highest practical physical, mental and psychosocial well-being of each resident.

Section 483.45 Pharmacy Services: Monthly Drug Regimen Review

- Monthly medication regimen reviews – this review must include a review of the resident’s medical record.
- Pharmacist must report irregularities to attending physician and the facility’s medical director and director of nursing.
- Attending physician must document resident’s medical record:
 - Irregularity reviewed;
 - What action taken; and
 - If no changes, his or her rationale.
- Facility must develop and maintain policies, including:
 - Time frames for the different steps in process; and
 - Steps for pharmacist when identified irregularity requires urgent action to prevent harm.

Section 483.45 Pharmacy Services: Psychotropic Drugs

- Definition of psychotropic drug – any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:
 - Anti-psychotics;
 - Anti-depressants;
 - Anti-anxiety; and
 - Hypnotic.
- Please note that the finalized definition does not include opioid analgesics or other drugs with similar effects.

Limitations on Psychotropic Drugs

If a resident is not on a psychotropic drug, he or she does not receive one unless it is necessary to treat a specific condition as diagnosed and documented in the clinical record.

If a resident is taking a psychotropic drug, he or she receives gradual dose reductions (GDR) and behavioral interventions, unless clinically contraindicated, in an effort to discontinue the drug.

Limitation on As Needed (PRN) Orders of Psychotropic Drugs

- General rule – PRN orders of psychotropic drugs are limited to 14 days.
- Two exceptions:
 - If the attending physician or prescribing practitioner believes it is appropriate for the PRN order to be extended beyond the 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the order.
 - PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.

Contact Information:

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A Collaborative Approach to Reducing Antipsychotics

Douglas Ford
NHC, Fort Sanders

NHC HealthCare Quality Measure Results

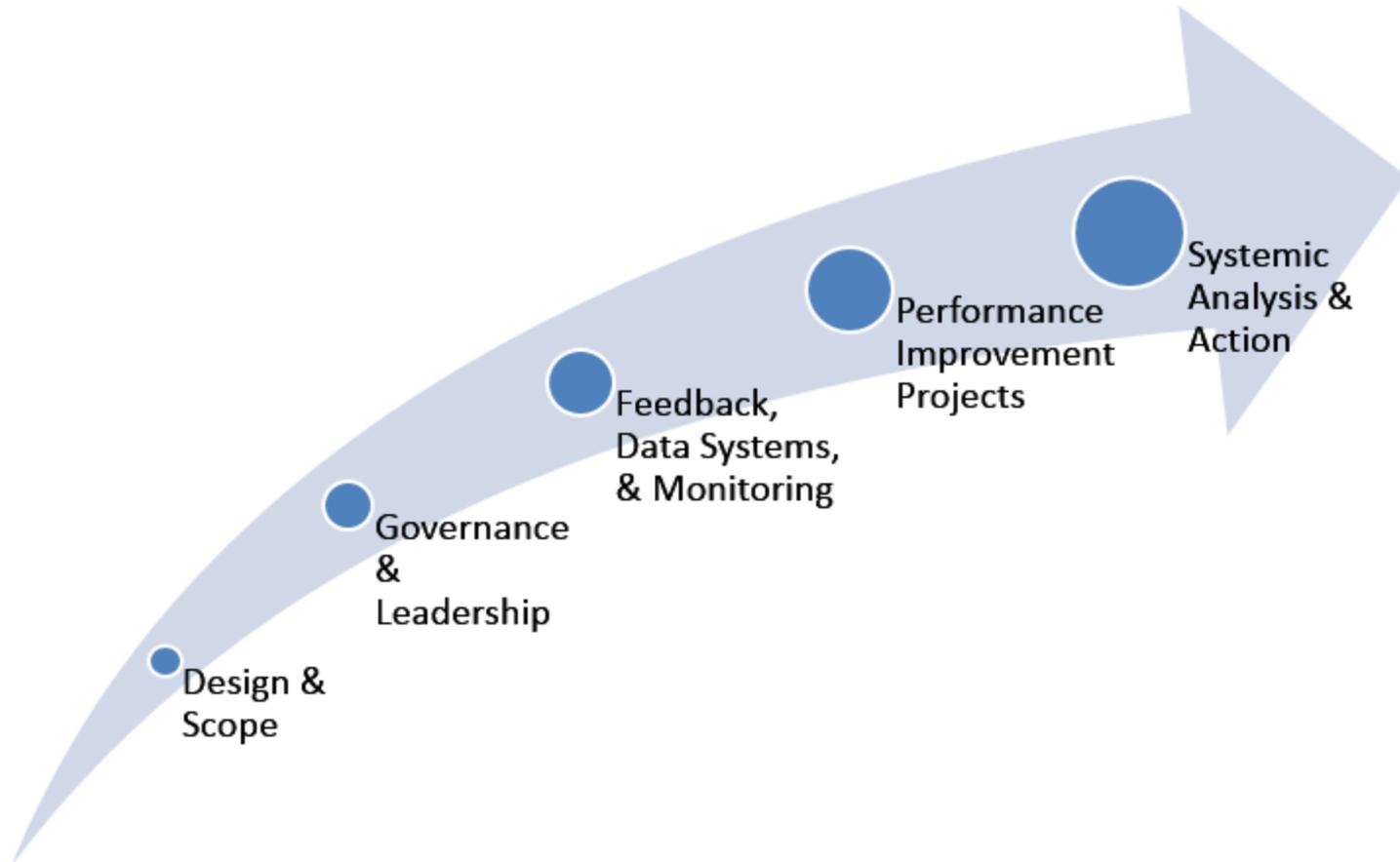
Using QAPI, in conjunction with innovative medical practices, helped reduce the use of antipsychotic medications dramatically.

| NHC HealthCare Quality Measure Results | | | | | | | |
|---|---------|---------|---------|-----------------------|--------------------------------|---------|---------|
| | Q2 2014 | Q3 2014 | Q4 2014 | Third-Quarter Average | National Third-Quarter Average | Q1 2015 | Q2 2015 |
| Percent long-stay resident who received an antipsychotic medication | 21.6% | 20.8% | 18.4% | 20.3% | 19.3% | 10.5% | 6.8% |
| Percent short-stay residents who newly received an antipsychotic medication | 3.5% | 3.4% | 3.4% | 3.5% | 2.4% | 2.1% | 1.2% |

Source: CMS Quality Measure table

May 2016 Provider 35

QAPI Elements



Additional Resources

- Nursing Home Compare Five-Star Rating Data
- Certification and Survey Provider Enhanced Report (CASPER)
- Rapid Cycle Quality Assurance (QA)
- QA Committee
- Key Efforts:
 - Identify targeted drugs, such as Haldol and Seroquel
 - Excel communication board
 - Relationship of key stakeholders: Psychiatrist and Assistant Director of Nursing
 - Data collection

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National Partnership & QAPI Updates

Michele Laughman

Debbie Lyons

Centers for Medicare & Medicaid Services

Question & Answer Session

Acronyms in this Presentation

- CASPER – Certification and Survey Provider Enhanced Report
- CMS – Centers for Medicare & Medicaid Services
- GDR – Gradual Dose Reduction
- LTC – Long-Term Care
- NHC – National HealthCare Corporation
- PRN – As Needed
- PTSD – Post-Traumatic Stress Disorder
- QA – Quality Assurance
- QAPI – Quality Assurance and Performance Improvement

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