

**PARTNERSHIP TO IMPROVE DEMENTIA CARE
&
REDUCE INAPPROPRIATE USE OF ANTIPSYCHOTIC MEDICATION IN
NURSING HOMES**

WORKGROUP MEETING SUMMARY

Friday, August 17, 2012
10:00 A.M. . 2:30 P.M.
CMS Region IX Office
San Francisco, California

Attending Stakeholder Workgroup Members:

Debra Bakerjian, Gerontological Advanced Practice Nurses Association (GAPNA)
Joseph Besti, Health Services Advisory Group of California
Geneva Carroll, Ombudsman
Tony Chicotel, California Advocates for Nursing Home Reform (CANHR)
Michael Connors, California Advocates for Nursing Home Reform (CANHR)
Lori Costa, Aging Services of California
Molly Davies, Elder Abuse Prevention and Ombudsman Services
William Dean, Senate Subcommittee on Aging and Long-Term Care
Mary Fermazin, Health Services Advisory Group of California
Elizabeth Gomes, California Association of Health Facilities (CAHF)
Wanda Hale, Long Term Care Ombudsman Program Catholic Charities
Carole Herman, Foundation Aiding the Elderly
Barbara Hulz, American Medical Directors Association (AMDA)
Tippy Irwin, Ombudsman Services of San Mateo County, Inc.
Kathleen Johnson, Ombudsman
Kathryn Locatell, Office of the California Attorney General
Cathy Long, Office of the California Attorney General
Joseph Rodrigues, State Long-Term Care Ombudsman, California Department of Aging
Jocelyn Montgomery, California Association of Health Facilities (CAHF)
Leslie Morrison, Disability Rights California
Peggy L. Osborn, Office of the California Attorney General
Paula J. Packwood, Health Services Advisory Group of California
Debra Pacyna, California Association of Health Facilities (CAHF)
Joan Parks, Ombudsman
Linda Robinson, Ombudsman Program Santa Cruz and San Benito Counties
Cheryl Simcox, Sacramento County Regional Ombudsman
Karl Steinberg, The California Association of Long Term Care Medicine (CALTCM)
Sylvia Taylor-Stein, Long Term Care Services of Ventura County
Paige Talley, California Pharmacists Association (CPhA)
Kathy Terry, Ventura County Ombudsman Organization
Darren Trisel, California Culture Change Coalition
Mary Wiley, Health Services Advisory Group of California

Attending by Phone

Marianne Hollingsworth, Consumer

Mary Shea, Law Offices of the Ventura County Public Defender

Jody Spiegel, Nursing Home Advocacy Project

Centers for Medicare & Medicaid Region IX Staff:

Steven Chickering, Associate Regional Administrator

Martin Kennedy, Division of Continuing Care Providers, Survey and Certification

Paula Perse, Long Term Care Survey, Certification & Enforcement Branch Manager

Victoria Vachon, Nurse Consultant

Kelly Valente, Pharmacist Surveyor/EMTALA Surveyor

California Department of Public Health Staff

Debby Rogers, Deputy Director, Center for Health Care Quality

Loriann DeMartini, Deputy Director, Office of Quality Performance and Accreditation

Debra Brown, Pharmaceutical Consultant

Ruth Green, Associate Governmental Program Analyst

Robert Menét, Pharmaceutical Consultant

Monique, Parrish, Facilitator

I. Welcome/Review Agenda

Steven Chickering, Associate Regional Administrator, Centers for Medicare & Medicaid (CMS), welcomed attendees of the first *Partnership To Improve Dementia Care and Reduce the Inappropriate Use of Antipsychotic Medication in California Nursing Homes* stakeholder workgroup meeting. Mr. Chickering introduced the purpose of the meeting: *to provide a forum for stakeholders to develop a collective goal, with strategies, to improve dementia care and reduce the inappropriate use of antipsychotic medication in California nursing homes*, and discussed CMS and the California Department of Public Health (CDPH) joint commitment to improving dementia care and reducing the inappropriate use of antipsychotic medication for California nursing home residents with dementia.

Acknowledging CMS's June 15th call with California stakeholders to discuss sponsorship of the Partnership to Improve Dementia Care, a federal-state-stakeholder initiative to nationally reduce the inappropriate use of antipsychotics for dementia patients in nursing homes by 15 percent by the end of 2012, Mr. Chickering expressed confidence that California can achieve this objective. Following his introduction, Mr. Chickering introduced Martin Kennedy, Division of Continuing Care Providers, Survey and Certification, CMS, and Debby Rogers, Deputy Director, Center for Health Care Quality, CDPH, who both provided opening remarks:

Martin Kennedy thanked attendees for participating in the meeting and highlighted California's important role in reducing the inappropriate use of antipsychotic medications for nursing facility residents. Emphasizing CMS's commitment to this issue, which includes support from Health and Human Services Administration Secretary, Kathleen

Sebellius, Mr. Kennedy encouraged attendees to work together, leveraging core values and common interests to help the most vulnerable, nursing home seniors with dementia.

Debby Rogers acknowledged the important role of stakeholders in improving dementia care in California nursing homes and commended members of CDPH's Pharmacy Unit for their leadership on the Partnership to Improve Dementia Care initiative. Ms. Rogers also thanked the California HealthCare Foundation for funding the Partnership process.

II. Partnership to Improve Dementia Care to Ensure the Appropriate Use of Antipsychotic Medication in Nursing Homes Initiative: Overview.

Following opening remarks, a series of presentations were given to provide a framework for attendees to subsequently discuss their ideas about how best to work together to ensure the appropriate use of antipsychotics in nursing homes. First, CMS and CDPH gave presentations detailing their respective efforts supporting the federal-state initiative. These presentations were followed by brief presentations from the California Association of Health Facilities (CAHF), the California Association of Long Term Care Medicine (CALTCM), and California Advocates for Nursing Home Reform (CANHR). Each organization discussed its focus on and commitment to improving dementia care and reducing the inappropriate use of antipsychotics in nursing homes.

Paula Perse, Long Term Care Survey, Certification & Enforcement Branch Manager, CMS, discussed CMS's role in the Partnership to Improve Dementia Care initiative. Ms. Perse outlined the dedicated training CMS is finalizing for surveyors (federal and state) to achieve the initiative's objective of reducing the inappropriate use of antipsychotic medication. Additionally, she noted CMS is working with the organization, Advancing Excellence in America's Nursing Homes, to make online trainings available, emphasizing the importance of employing a multidimensional training and monitoring approach. Last, Ms. Perse highlighted that part of CMS's strategy to reduce the misuse of antipsychotics involves gaining a deeper understanding of why some nursing homes use antipsychotics for dementia patients more than others.

Loriann DeMartini, Deputy Director, Office of Quality Performance and Accreditation, CDPH, addressed CDPH's role in improving dementia care and reducing the inappropriate use of antipsychotic medication. Dr. DeMartini clarified that while not all use of antipsychotics is inappropriate more needs to be done to eradicate antipsychotic medication misuse. Providing critical background information regarding California's efforts to address the issue, she described a joint collaborative (developed 2008-2010) sponsored by CDPH and the California Department of Health Care Services (DHCS) to proactively identify facilities where inappropriate antipsychotic medications were being used. The collaborative effort led to 42 antipsychotic collaborative investigations (conducted May 2010 through September 2011) and the following key findings:

- Failure of the facility consultant pharmacist to identify the inappropriate antipsychotic use upon their review and notify the facility in their monthly generated medication regimen review reports completed for each resident.
- Facilities receiving pharmacist consultant services below cost.

- Inadequate development of nursing care plans for antipsychotic use.
- Inadequate adherence to informed consent regulatory requirements.

CDPH-DHCS profiled these findings and opportunities for improvement, which included engaging a stakeholder workgroup, in the May 31, 2012 *Executive Report: California Department of Public Health – Department of Health Care Services Antipsychotic Collaborative*.

Jocelyn Montgomery, Director of Clinical Affairs, California Association of Health Facilities (CAHF), reviewed several national and California data reports addressing the use of chemical and physical restraints in California nursing homes. California ranks below the national average in the use of antipsychotics among long-stay nursing home residents and first in several key quality indicators such as: Activities of Daily Living Decline, Weight Loss, and Depressive Symptoms. California ranks second in Injurious Falls. While these accomplishments signal the capacity of California nursing facilities to reduce the inappropriate use of antipsychotic medications, Ms. Montgomery stressed the importance of understanding the use of all psychoactive medications (e.g., anti-depressants, anti-psychotics, anti-anxiety, hypnotics) in skilled nursing facilities. She concluded her presentation by noting that CAHF fully supports the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) Quality Initiative to safely reduce the off-label use of antipsychotic drugs by 15% by December 31, 2012, and noted CAHF has set up a webpage dedicated to this issue for members.

Karl Steinberg, M.D., California Association for Long Term Care Medicine (CALTCM), expressed his personal and professional support for the initiative but stated that there are appropriate uses of antipsychotic medication for some nursing home residents with dementia. For this reason, Dr. Steinberg noted, the rate of use would never drop to zero. Dr. Steinberg reported that CALTCM enthusiastically endorses the initiative and with it a balanced Continuous Quality Improvement (CQI) approach. Using the principles of CQI, he recommended implementing comprehensive training for medical and provider communities on alternatives to the use of antipsychotics, and establishing weekly CQI review processes in skilled nursing facilities in conjunction with incentives for behavior change. He concluded his presentation by recommending the formation of a leadership group of skilled nursing facilities willing to commit to change, and ongoing collaboration with all stakeholder groups to achieve the initiative's objective.

Tony Chicotel, Staff Attorney, California Advocates for Nursing Home Reform (CANHR), highlighted several current statistics: approximately 25,000 CA nursing home residents receive an antipsychotic drug and, of these, over 22,000 are elderly with dementia. Mr. Chicotel stated that antipsychotics do not treat dementia but are used instead to sedate and subdue residents. He further stated that antipsychotics for dementia are ineffective, dangerous, and expensive. After sharing one nursing home resident, and his family's, experience with antipsychotic medications, Mr. Chicotel outlined CANHR's commitment and efforts to change the misuse of antipsychotics in California nursing facilities. These efforts include: consumer education (e.g., *Campaign to Stop Chemical Restraints in Nursing Homes*, data), provider education (e.g.,

dementia care symposium), media, legislation, and litigation. In summary, Mr. Chicotel identified numerous recommendations for the workgroup including supporting dementia care symposia, identifying good providers and developing training materials based on their practices, and committing to fully supporting informed consent to avoid misuse.

III. Discussion: Stakeholder Perspective: SurveyMonkey Findings

Before the stakeholder meeting, attendees were invited to participate in a SurveyMonkey to identify the most relevant concerns related to dementia care. The following items from the 10-item survey received the greatest number of "most of the time" and "always" responses from the following five Likert Scale response options: "never," "rarely," "sometimes," "most of the time" and "always."

- #1. Failure to fully involve all care provider categories, family members and individuals legally responsible for resident decision-making, in care plan development and disease progression education.
- #3. Lack of resident-centered, non-pharmacological interventions developed or utilized for the management of Dementia related behavior crisis.
- #6. Lack of individualized, resident-specific non-pharmacological interventions developed or utilized for the management of acute Dementia related behavior crisis.
- #8. Antipsychotic medications are prescribed because family member or providers are not aware of the lack of effectiveness, potential harm or clinical indication for use.
- #9. Staff convenience (for any reason ex: high acuity, length of time for non-pharmacological interventions to work).

In discussing the survey and key findings, attendees concurred that the survey was only minimally helpful in defining key issues associated with reducing the inappropriate use of antipsychotic medications among dementia patients in nursing facilities. For the future, attendees recommended that providers and family members not be grouped together in questions. They also suggested that greater attention be paid to the selection of issues (for example, the critical issue of informed consent was not addressed in the survey) and words (examples: "convenience," which has a negative connotation; and, "acute," the interpretation of which was not explained). Finally, the group recommended that future communications, including surveys, engage all stakeholders including consumers and offer the option of communicating by phone.

IV. Discussion: Opportunities for the Workgroup

To develop a viable workgroup goal, attendees were encouraged to reflect on earlier presentations by CMS, CDPH, CAHF, CALTCM, and CANHR, as well as the SurveyMonkey findings. Following a robust discussion exploring a range of issues, from endorsing a total ban on antipsychotics to evidence of changing nursing home admission patterns for elderly persons with dementia, attendees settled on the following workgroup goal:

*To improve dementia care and move closer to the goal of ending all misuse of antipsychotic medication in California nursing homes – reduce the inappropriate use of antipsychotic medication by at least 15% by December 31, 2012, and by at least 30% by June 30, 2013. **

*To support this goal, attendees recommended that California take the lead in developing an effective education and training campaign addressing the inappropriate use of antipsychotic medications.

After defining the workgroup goal, attendees discussed and debated a number of key issue areas for development of immediate, mid- and long-term strategies that would support the selected workgroup goal. Attendees settled on the following issue areas:

- Improving Dementia Care
- Informed Consent
- Strengthening Enforcement
- Consumer Awareness (Note: this issue area was not addressed in the small breakout discussions because interested attendees had already volunteered for other issue areas. This area will be addressed via follow up conference call).

Once issue areas were defined, each attendee selected an issue area in which to participate in a small workgroup breakout session. The tasks for each small workgroup involved the following: to engage in a general discussion of the issue area; to identify immediate strategies within the issue area, consistent with the workgroup goal, that can be implemented to improve dementia care and reduce the inappropriate use of antipsychotic medications; and, to develop a plan for developing mid- and long-term strategies for the issue area.

V. Small Group Report Outs

The following **immediate strategies** for each of the three small workgroups were reported out to the large group:

Improving Dementia Care: Immediate Strategies

The primary foci for the Improving Dementia Care small workgroup is identifying dementia care best practices among nursing facilities and developing effective education and training programs based on these practices.

1. Elevate the importance of educating and training all stakeholders in improving dementia care.
2. Host regional symposia on improving dementia care (address reducing the inappropriate use of antipsychotic medication, behavioral intervention training).
3. Elevate the importance of the medication reduction meeting in skilled nursing facilities (include behavioral specialists in the meetings if available) for the 25%

- of residents on antipsychotics through CMS and CDPH announcements . focus on alternative approaches to antipsychotics that staff and physicians can use.
4. Enhance medication practices in facilities by identifying and promulgating best practices . CAHF and CDPH to assist.
 5. Increase use of education tools promoting person-centered care and culture change available to all stakeholders (including CNAs) . see CMS website, Artifacts of Culture Change, www.artifactsofculturechange.org/ACCTool/
 6. Engage nursing facility social workers and staff development personnel to help with offering behavioral training.

Informed Consent: Immediate Strategies

The primary focus for the Informed Consent small workgroup is to ensure that every resident, or his or her decision maker, receives complete and accurate information regarding informed consent, and is always asked if the resident desires antipsychotic medication (or the family/decision maker of the resident wants the resident to be on antipsychotic medication).

1. Engage physicians in the informed consent process.
2. Standardize the documentation form (review %best practice+examples from various providers).
3. Distribute an *All Facilities Letter* (AFL) to general acute care hospitals regarding documentation informed consent was obtained.
4. If informed consent was obtained at the hospital, nursing facilities to evaluate whether to discontinue the antipsychotic based on current clinical need.
5. CAHF has already convened an internal workgroup to create an informed consent toolkit and algorithm; members of the informed consent workgroup recommended reviewing CAHF's toolkit to establish an informed consent template and best practices guidance that addresses the following:
 - a. Informed consent at nursing facility admission.
 - b. *Residents Bill of Rights*.
 - c. A model (separate/detailed) written notice detailing the risks, benefits, and non-pharmacologic alternatives to antipsychotics.
 - d. A change in current regulatory policy addressing physician-nurse informed consent practice.
 - e. A letter to hospitals addressing and clarifying informed consent policy for nursing home residents.

Enforcement: Immediate Strategies

The primary focus for the Enforcement small workgroup is to ensure appropriate enforcement of the appropriate use antipsychotic medications in California nursing facilities.

1. Create *All Facilities Letter* (AFL) . informing skilled nursing facilities of initiative.

2. Notify each Ombudsman's Office of the initiative and of enforcement provisions addressing the inappropriate use of antipsychotic medications . communicate more frequently with each office.
3. Hold a press conference . identify role models
4. Sponsor joint stakeholder training - Government Performance and Results Act (GPRA)- addressing scope and severity.
5. Create a *Directed Plan Of Correction* (POC)
6. Surveyors to become Subject Matter Experts (SME) on dementia
7. Develop SME teams to evaluate targeted facilities.
 - a. Send SME surveyor on each survey (embed SME)
8. Create competencies . modeling
9. Promote in-services training on the appropriate use of antipsychotic medication
10. Establish higher Civil Monetary Penalties (CMPs)
11. Refer facilities misusing antipsychotic medications to the Attorney General's Office.
12. Refer physicians inappropriately prescribing antipsychotic medications to the State Medical Board.
13. Reduce the time between allegations and statement of deficiencies (2567).

VI. Next Steps

After the report-outs, each of the three small workgroups confirmed they would meet by phone over the next month to work on developing the issue areas' mid-and long-term strategies.

Steve Chickering and Loriann DeMartini closed the meeting thanking attendees for their tremendous work and commitment to the initiative. Prior to adjourning the meeting, they confirmed that the next in-person Partnership meeting is scheduled for October 2, 2012 in Sacramento. They further noted that the small workgroups would have the opportunity to continue their mid-and long-term strategies development work, in-person, at the October 2nd meeting. Last, they encouraged attendees to use the Partnership webpage to check for information and the Partnership e-mail address to communicate.

VII. Adjournment

The meeting was adjourned.