

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

WORKGROUP MEETING SUMMARY

Tuesday, October 2, 2012

9:00 A.M. – 3:30 P.M.

Department of Health Care Services, Sacramento, California

Attending Stakeholder Workgroup Members:

BJ Bartelson, California Hospital Association
Joseph Bestic, Health Services Advisory Group of California
Flora Brahmabhatt, Consultant Pharmacist
Tony Chicotel, California Advocates for Nursing Home Reform (CANHR)
Leza Coleman, California Long-Term Care Ombudsman Association
Michael Connors, California Advocates for Nursing Home Reform (CANHR)
Lori Costa, Aging Services of California
William Dean, California State Senate
Claire de Chazal, Office of General Counsel, HHS
Elizabeth Edgerly, Alzheimer's Association, No. California and No. Nevada Chapter
Elizabeth Gomes, Occupational Therapy Association of California
Aleta Harvey, HealthCare Solutions
Carole Herman, Foundation Aiding the Elderly
Karen Jones, Long-Term Care Ombudsman Services, San Luis Obispo County
Patricia McGinnis, California Advocates for Nursing Home Reform
Jim Mittelberger, California Association of Long Term Care Medicine (CALTCM)
Peggy Osborn, Office of the California Attorney General, Department of Justice
Paula J. Packwood, Health Services Advisory Group of California
Debra Pacyna, California Association of Health Facilities (CAHF)
Mark Reagan, California Association of Health Facilities (CAHF)
Nancy Reagan, California Association of Health Facilities (CAHF)
Joseph Rodrigues, Office of the State Long-Term Care Ombudsman
Eden Rosales, Office of the State Long-Term Care Ombudsman
Linette Scott, California Department of Health Care Services
Cheryl Simcox, Sacramento County Regional Ombudsman
Paige Talley, California Pharmacists Association (CPhA)
Teri Tift, Eskaton Properties
Alicia Wagonen, HealthCare Solutions
Mary Wiley, Health Services Advisory Group of California
Clifford Young, Apothecary Services and ASCP Board of Directors

Attending by Phone

Jody Spiegel, Nursing Home Advocacy Project
Kathleen Johnson, Ombudsman

Centers for Medicare & Medicaid Region IX Staff:

Paula Perse, Long Term Care Survey, Certification & Enforcement Branch Manager
Mary Gessay, Centers for Medicare & Medicaid
Susan Matthew, Centers for Medicare & Medicaid

California Department of Public Health Staff

Robert Menét, Pharmaceutical Consultant
Debra Brown, Pharmaceutical Consultant
Ruth Green, Associate Governmental Program Analyst
Angie Scott, California Department of Public Health
Raj Sajjan, California Department of Public Health

Monique, Parrish, LifeCourse Strategies, Facilitator
Ricci Dancy, LifeCourse Strategies

I. Welcome/Review Agenda

Kathleen Billingsly, Chief Deputy Director of Policy & Programs, California Department of Public Health (CDPH) opened the meeting. After describing her administrative role overseeing CDPH's Center for Health Care Quality, which is responsible for overseeing health facilities, health professionals, and clinical and public health laboratories, Ms. Billingsly expressed her gratitude to attendee stakeholders for participating in the Partnership to Improve Dementia Care and for working collaboratively to improve dementia care and reduce the inappropriate use of antipsychotic medication for California nursing home residents with dementia.

Ms. Billingsly applauded the work of the Partnership and each small workgroup – *Improving Dementia Care, Enforcement, Informed Consent, and Consumer Awareness*. She encouraged stakeholders to continue to work together to identify common ground strategic recommendations that will enable the Partnership to achieve its overall 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.*

Following Ms. Billingsly's opening remarks, Monique Parrish, facilitator, reviewed the Partnership work focus – to *identify consensus core strategies with supporting immediate, mid- and long-term strategies that will enable California to meet its singular goal of ending all misuse of antipsychotic medication in California nursing homes*. To provide a meeting forum supportive of this focus, Ms. Parrish reviewed the meeting agenda, which included a framing presentation on alternative non-medicating approaches to supporting residents with dementia by Dr. Elizabeth Edgerly from the Alzheimer's Association; intensive small workgroup breakout sessions to further develop strategies to support the Partnership goal – with workgroup report-outs; and, concluding presentations from three pharmacist consultants, discussing their roles and perspectives on providing pharmacy consulting services to skilled nursing facilities.

II. Presentation: *Current Strategies and Interventions in Behavior Management*

Elizabeth Edgerly, Ph.D., Chief Program Officer, Alzheimer’s Association, discussed current training opportunities in dementia behavior and communication needs, examples of practical techniques in communication and behavior support that positively impact care, and recommendations regarding future training and consultation services. After highlighting various educational trainings in dementia behavior and communication offered by a diverse group of providers – employers, hospitals, community colleges, the Alzheimer’s Association, etc., Dr. Edgerly underscored that Alzheimer’s Disease, the most common progressive dementia, is a “disease of emotions.” As such, individuals with the disease very often display the following series of emotions:

Our framework
Alzheimer’s Disease: A Disease of Emotions



alzheimer’s  association®

Dr. Edgerly noted that all too often individuals with Alzheimer’s Disease expressing emotions are perceived as having “behavior problems,” instead of as persons trying to communicate fear, or confusion, or distress. Dr. Edgerly presented a brief video clip that showed two care aides bathing an elderly female nursing home resident with Alzheimer’s disease. The first aide focused on completing the bathing and “assertively managing” the resident’s resistance. The second aide assumed a gentler more nurturing approach. The resident responded in kind and the bathing experience went smoothly and without incident. Dr. Edgerly emphasized the importance of educating and training provider staff about creative and sensitive approaches to both communicating with and caring for nursing facility residents with dementia.

III. Small Workgroup Session Report-Outs □

Each of the three small workgroups (*Improving Dementia Care, Enforcement, Informed Consent*) met for approximately two and one-half hours to clarify core strategies and develop accompanying immediate, mid- and long-term supporting strategies in their respective workgroup area, that will help the State move closer to the Partnership's overall goal of reducing the inappropriate use of antipsychotic medication in California nursing homes.¹ The following are core strategies from each small workgroup, as reported.

Improving Dementia Care

The primary focus of the Improving Dementia Care small workgroup is to identify dementia care best practices among nursing facilities and develop effective education and training programs based on these practices.

Core Strategies

1. **Educate and Train** - All providers and professional stakeholders (Physicians - MDs, Registered Nurses/Licensed Vocational Nurses – RNs/LVNs, Certified Nursing Assistants - CNAs, Social Service Directors - SSDs, Pharmacists, Occupational Therapists -OTs, etc.) in improving dementia care through promoting environmental modifications, person-centered least medicating interventions.
2. **Interdisciplinary Review Meetings** – Skilled nursing facilities (SNF) to hold a distinct, and at least monthly, meeting addressing residents' needs, antipsychotic medication, behavior causes – and corresponding least medicating responses, with behaviorally trained and educated staff (OTs, SSDs, RNs/LVNs, Pharmacists, family, CNAs...).
3. **Resident Care Planning Meetings** – SNF dedicate a part of each resident's care planning meeting to discussing, with family members, residents taking or at risk of taking antipsychotic medications and options for a least medicating approach.
4. **Best Practices** – Identifying and promulgating effective strategies in dementia care that result in antipsychotic medication reduction.
5. **Technical Expertise** – Health Services Advisory Group (HSAG) and others (depending on CMS contract) will provide technical expertise and training to SNFs on least medication alternatives and person-centered interventions.

The Improving Dementia Care small workgroup spent their meeting session time refining the core strategies. Consequently, the workgroup decided to assign two to three workgroup members to develop, post-meeting, immediate, mid- and long-term strategies for each core strategy.

¹ Note: A fourth group, *Consumer Awareness*, will also produce core and supporting strategies. Because members of this small workgroup are also participating in other small workgroups, this group is meeting only via conference calls.

Informed Consent:

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).

Core Strategies

1. Evaluate essential key elements
2. Identify antipsychotic documentation
3. Develop an algorithm flow sheet
4. Develop SNF patients' rights
5. Increase physician education on antipsychotics

Key Elements:

1. Include educational handouts
2. Revisit whose responsibility to provide informed consent to the patient
3. Conference call to revise form #7
4. Communicating the non-pharmacological methods that have been used for proper dementia care

The Informed Consent small workgroup emphasized the importance of developing an informed consent form, with accompanying handouts, that is in large print, easily understood, and clearly articulates key issues regarding the use of antipsychotic medication.

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. Getting the word out this is a new dawn
2. Draft a news release
 - a. Media
 - b. All player (managed care, medical directors, etc.)
3. Issue an All Facilities letter (01/2013)
 - a. Regarding unnecessary drug use
 - b. Include district DPH & local ombudsmen
 - c. Get the government officials involved
4. Coordinate meetings with DPH, public guardian's program, and the attorney general
5. False claim perspective
6. Medical board holding physicians accountable
7. Pharmacy board being more responsive

8. Surveyor training- better training so they know how to react
 - a. A 2-hour training scheduled (fall 2012)
9. Best practices – dementia care, informed consent, & antipsychotic use (2013)
10. Joint stakeholder training (being developed)
11. Scope & severity (antipsychotic)
12. Obtain a meeting date for DPH & CMS
13. Enhance the federal monitoring surveys
14. Ensure the surveys are posted for the public
15. Enforce patient remedies are issued at the right level
16. Improve direct in-service training

The Enforcement small workgroup identified opportunities to enforce the appropriate use of antipsychotic medication for nursing home residents through stakeholder education and training (stakeholders to include CMS and CDPH surveyors, nursing facilities, ombudsman offices, the California Medical Board, the California Pharmacy Board, etc.) and a public information campaign.

IV. Consultant Pharmacy Presentations

Dr. Clifford Young, Dr. Flora Brahmhatt, and Dr. Aleta Harvey addressed various aspects of the unique roles and responsibilities of Consultant Pharmacists in the skilled nursing facility setting. Dr. Young articulated the important function and roles Consultant Pharmacists occupy in nursing facilities. Through appropriate medication administration, Consultant Pharmacists are leaders in maximizing appropriate medication outcomes and interdisciplinary team understanding of the effective use of medications. Dr. Brahmhatt further emphasized the specific responsibilities of Consultant Pharmacists – to conduct mandatory review of resident records, abide by all Federal and State regulations, and communicate regularly with prescribing physicians to ensure medication compliance and address medication discrepancies.

Dr. Harvey concluded the presentation by sharing findings from a survey she conducted with skilled nursing facility staff to answer two questions:

From your perspective, what does the consultant pharmacist do to help your facility manage antipsychotic agent use, especially with the renewed emphasis of ensuring appropriate use of antipsychotic agents, and the goal of reducing antipsychotic use by 15% by the end of this year?

Would you be able to list three things you believe have been helpful, or what would be helpful in the future?

Survey responses were grouped into the following categories: education, influencing policy, medication regimen review, ensuring compliance with CMS guidelines and State regulations, and other. Dr. Harvey shared narrative responses representing each category. While the responses emphasize the valuable roles Consultant Pharmacists

have in skilled nursing facilitates as patient advocate, patient protector, promoter of best practices, and patient political advocate, Dr. Harvey also reported that Consultant Pharmacists have to contend with an array of issues that often challenge their ability to successfully fulfill these roles. Some of the challenges include: certain physician prescribing practices; pharmaceutical industry influence on physician prescribing practices; some psychologists recommending antipsychotic medications for "off label" use, or other unusual recommendations for use of medications; hospice protocols that result in polypharmacy (combinations of routine "off label" antipsychotic agent(s), e.g., Thorazine prn, Compazine prn, Haldol prn, plus anxiolytics and opiates).

V. Adjournment

Robert Menét, Pharmaceutical Consultant Specialist, California Department of Public Health, closed the meeting and thanked attendees for their continued work with the Partnership. He reminded attendees that all draft strategies should be send to Monique Parrish by Friday, November 9, 2012 (mparrish@lifecourse-strategies.com), so she can prepare a draft Partnership report for review at the final in-person Stakeholder meeting scheduled for Tuesday, December 4, 2012 in Sacramento. The meeting was adjourned.