

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

Tuesday, December 4, 2012

9:00 A.M. – 12:00 P.M.

Department of Health Care Services, Sacramento, California

**Attending Stakeholder Workgroup Members:**

Joseph Bestic, Health Services Advisory Group of California  
Pat Blaisdell, California Hospital Association  
Flora Brahmhatt, Consultant Pharmacist  
Geneva Carroll, Ombudsman Services of Northern California  
Tony Chicotel, California Advocates for Nursing Home Reform (CANHR)  
Judy Citko, Coalition for Compassionate Care  
Leza Coleman, California Long-Term Care Ombudsman Association  
Michael Connors, California Advocates for Nursing Home Reform (CANHR)  
Lori Costa, Aging Services of California  
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  
Tippy Irwin, Ombudsman Services San Mateo County  
Mary Jann, California Association of Health Facilities  
Karen Jones, Long-Term Care Ombudsman Services, San Luis Obispo County  
Jocelyn Montgomery, California Association of Health Facilities  
Leslie Morrison, Disability Rights California  
Paula J. Packwood, Health Services Advisory Group of California  
Debra Pacyna, 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  
Cheryl Simcox, Sacramento County Regional Ombudsman  
Rosie Silverstein, Omnicare  
Karl Steinberg, California Association of Long Term Care Medicine (CALTCM)  
Paige Talley, California Pharmacists Association (CPhA)  
Mary Wiley, Health Services Advisory Group of California

**Attending by Phone**

Debra Bakerjian, California Association of Long Term Care Medicine (CALTCM)  
Marianne Hollingsworth, Consumer  
Mark Livingston, CareRx  
Jim Mittelberger, California Association of Long Term Care Medicine (CALTCM)  
Alicia Wagonen, California Medical Association

**Centers for Medicare & Medicaid Region IX Staff:**

Steven Chickering, Associate Regional Administrator  
Claire DeChazal, Centers for Medicare & Medicaid  
Mary Gessay, Centers for Medicare & Medicaid  
Paula Perse, Long Term Care Survey, Certification & Enforcement Branch Manager  
Victoria Vachon, Nurse Consultant

**California Department of Public Health Staff**

Debby Rogers, Deputy Director, Center for Health Care Quality  
Loriann DeMartini, Office of Quality Performance and Accreditation  
Debra Brown, Pharmaceutical Consultant  
Pauline Chan, Pharmaceutical Consultant  
Pam Dickfoss, Assistant Deputy Director, Center for Health Care Quality  
Robert Menét, Pharmaceutical Consultant  
Ralph Montano, Information Officer  
Angie Scott, California Department of Public Health

Monique, Parrish, LifeCourse Strategies, Facilitator

**I. Welcome/Review Agenda**

**Steven Chickering, Associate Regional Administrator, Centers for Medicare & Medicaid (CMS)**, opened the final Phase I meeting of the *California Partnership to Improve Dementia Care and Reduce Unnecessary Antipsychotic Medication Drug Use in Nursing Homes* (August – December 2012) – hereafter referred to as “Partnership.” He thanked members for their dedication, work, and collaboration developing strategies presented in the Phase I draft report, *Working Together. California Partnership to Improve Dementia Care and Reduce Unnecessary Antipsychotic Medication Drug Use in Nursing Homes*, and clarified the focus of the meeting – to review the draft report and decide which stakeholder groups would assume leadership of the next phase of the Partnership (Phase II). Mr. Chickering confirmed that while CMS and the California Department of Public Health (CDPH) would no longer be able to provide that leadership, both would remain active and committed Partnership members.

**Debby Rogers, Director, Deputy Director, Center for Health Care Quality, California Department of Public Health** thanked the California HealthCare Foundation for funding Phase I of the Partnership and expressed gratitude to the members of the Partnership for their tremendous work. Acknowledging that more work needs to be done, Ms. Rogers encouraged members to continue their important efforts. She concluded her comments by underscoring that although CDPH cannot continue co-leading the Partnership, the department would, as indicated by Mr. Chickering, continue to participate as active members.

## II. Review: Partnership Draft Summary

Members were invited to discuss and provide feedback on the draft report, *Working Together: California Partnership to Improve Dementia Care and Reduce Unnecessary Antipsychotic Medication Drug Use in Nursing Homes*. The following bullets capture highlights of recommendations given and questions asked:

- *The report's action plan is very broad – the next step for the Partnership should involve reviewing the plan and then prioritizing strategies within each goal area.*
- *Members [Partnership] should consider making the report and efforts of the Partnership less physician-centered to include other professionals, e.g., nurse practitioners, physician assistants, pharmacists and nurses.*
- *The focus on nursing homes by the Partnership is a start but it is critical to include other residential settings such as Assisted Living Facilities in the campaign to end the unnecessary use of antipsychotic medications.*
- *It is essential that enforcement remain central to ending the misuse of antipsychotic medication in California nursing homes and that CMS and CDPH continue to play an active role in the Partnership, especially given that data on antipsychotic use for California nursing homes does not yet show significant improvement.*
- *In addition to antipsychotics, the Partnership should extend its efforts to other classes of drugs that are inappropriately given to patients and nursing home residents.*
- *Several members reported they would “get the word out” about ending the unnecessary use of antipsychotic medication and about informed consent (presentations at Senior Centers, communications with prescribing physicians through the California Medical Association, California Association of Long-Term Care Medicine).*
- *The Partnership should address the issue of informed consent for patients on antipsychotic medications, who are transferred from a hospital to a nursing home – many of these patients were never given an informed consent document at the hospital.*
- *As important as it is to address specific sites that are non-compliant with informed consent, it is equally important to promote system change through informed consent standards to improve quality.*
- *Several members identified a number of places in the report where they felt the language used was not appropriate for various reasons.*

Following the draft report discussion, members were asked to submit edits to the report by Wednesday, December 12, 2012 to the Monique Parrish – the Phase I facilitator and author of the report ([mparrish@lifecourse-strategies.com](mailto:mparrish@lifecourse-strategies.com)). A final version of the report is expected for release in January 2013.

### **III. Video Presentation: Alice Bonner, PhD, RN, Director of the Division of Nursing Homes, Office of Clinical Standards and Quality, Center for Medicare & Medicaid Services**

Dr. Alice Bonner prepared a video presentation address to the Partnership. Emphasizing the value and contributions of the California collaborative, Dr. Bonner encouraged members to continue their valiant efforts in the campaign to eliminate the unnecessary use of antipsychotic medications among dementia residents of California nursing homes. During her presentation, Dr. Bonner cited several innovations in the reduction of unnecessary antipsychotic medication, including the use of spreadsheets and trend reports by nursing homes to track antipsychotic medication usage. In addition, she reported that nursing homes that have included pharmacists “at the table” to participate in reviews of antipsychotic medication among nursing home residents, have seen tremendous gains in identifying and addressing inappropriate antipsychotic prescriptions. These developments, she concluded, signal that real change in antipsychotic medication use for dementia patients is underway all across the country.

Prior to introducing Dr. Shari Ling, Deputy Chief Medical Officer, Office of Clinical Standards and Quality, CMS, who shared a series of recommendations regarding the use of antipsychotic medication in nursing homes, Dr. Bonner stated that she looks forward to continuing to work with California and the Partnership to improve dementia care and promote person-centered interventions for all nursing home residents.<sup>1</sup>

### **IV. Next Steps**

Following months of collaboration, members of the *California Partnership to Improve Dementia Care and Reduce Unnecessary Antipsychotic Medication Drug Use in Nursing Homes* have crafted a viable action plan. At the December 2012 final in-person Phase I Partnership meeting, members discussed how best to implement the ambitious plan. Recognizing the difficulty of carrying out all the listed strategies at once, members recommended a comprehensive study of the plan and identification of priority strategies for implementation within each issue area.

Members also explored which stakeholder groups might take on this task and assume leadership from CMS and CDPH for Phase II of the Partnership. The California Culture Change Coalition (CCCC), with its extensive education and technical experience promoting resident-centered nursing homes in the state, volunteered to serve as lead for the next phase of the Partnership in conjunction with a group of Partnership stakeholders who volunteered to assist CCCC. This committee, listed below, will

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<sup>1</sup> CMS, Region IX, is currently seeking authorization to post Dr. Bonner’s and Dr. Ling’s video presentation on the CDPH-Partnership website.

convene in January 2013 to decide the Partnership's structure, focus, and action plan approach: to finance Phase II activities, CCCC reported it would apply for Civil Monetary Penalty funds.

### **Partnership Phase II Committee**

- **California Culture Change Coalition - Lead**
- Alzheimer's Association
- California Advocates for Nursing Home Reform
- California Association of Health Facilities
- California Association of Long-Term Care Medicine
- California Department of Public Health
- California Hospital Association
- California Long-Term Care Ombudsman Association
- California Medical Association
- Centers for Medicare & Medicaid Services
- Health Services Advisory Group
- Occupational Therapy Association
- Marianne Hollingsworth

Creating change requires clear vision, leadership, collaboration, and perseverance. Partnership members demonstrated that working together they have all of these characteristics. Phase II of the Partnership will enable California to meet the Partnership primary goal of "reducing the use of antipsychotic medication by at least 15% by December 31, 2012, and by at least 30% by June 30, 2013." It also promises to bring the state closer to achieving the vision of improved dementia care and the end of all inappropriate use of antipsychotic medication. Last, the Partnership has the potential to catalyze change in other areas of medication mismanagement and treatment and in settings other than nursing homes, underscoring the potential reach of the Partnership collaborative.

## **V. Adjournment**

Loriann DeMartini, PharmD, Deputy Director, Office of Quality Performance and Accreditation, California Department of Public Health and Steven Chickering, CMS, provided closing comments. Dr. DeMartini thanked Partnership members and encouraged the group to "Let our differences be our strengths." She thanked CDPH staff for their significant contributions to organizing and supporting Phase I of the Partnership, and explained that CDPH's commitment to improving dementia care is longstanding, rooted in various studies and investigations conducted by the Department. Dr. DeMartini affirmed this commitment would continue unabated.

Steven Chickering expressed deep appreciation to CDPH, the CMS team, and the Phase I facilitator. Thanking the Partnership, he acknowledged members' powerful commitment to the campaign to reduce unnecessary use of antipsychotic medication

and highlighted CMS's commitment to ongoing surveyor training and monitoring of the issue.

Both Dr. DeMartini and Steven Chickering confirmed that CMS and CDPH remain fully committed to providing data on whether the state met the first part of the Partnership goal, "to reduce the use of antipsychotic medication by at least 15% by December 31, 2012," and to the Partnership in Phase II.

The meeting was adjourned.