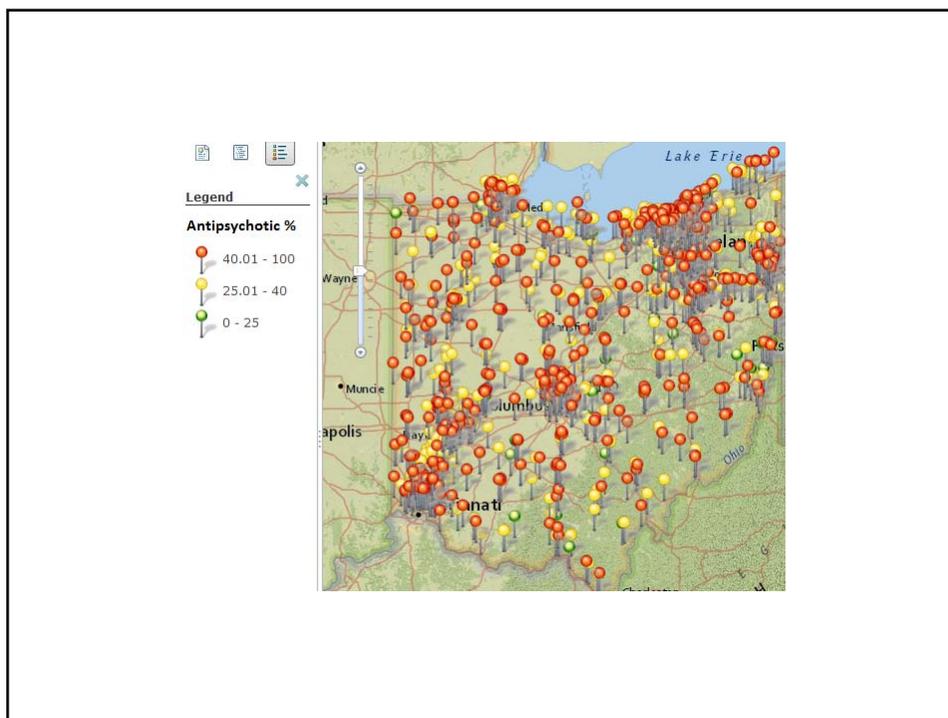
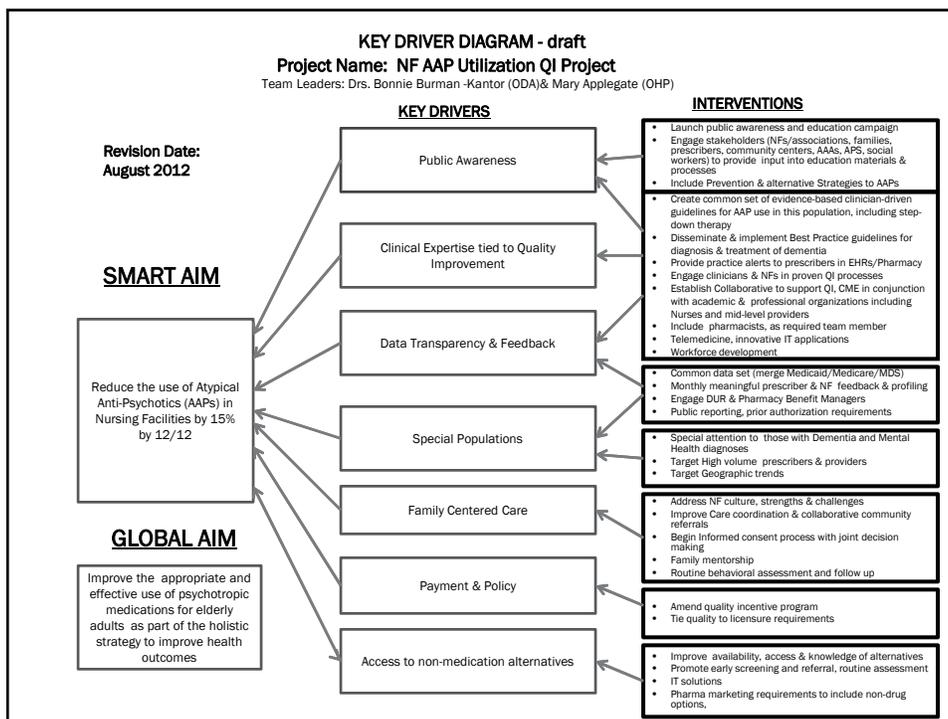


PARTNERSHIP TO IMPROVE DEMENTIA CARE THE OHIO APPROACH

OHIO APPROACH

- Local Ownership & Action
- Shared Quality Improvement Tools
- Local Clinical Networks
- Patient & Family Engagement
- Evidence Based
- Local Training & Support
- Local Funding & Resources
- Local Leadership & Champions
- Local Data & Analytics
- Local Evaluation & Feedback








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





Alice Bonner, PhD, RN
 Division of Nursing Homes
 Center for Clinical Standards and Quality
 Centers for Medicare & Medicaid Services

December 17th, 2012

Why this Initiative? Why Now?



Improving Dementia Care - Background

- High prevalence rates of antipsychotic drug 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 QM/QI 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 drugs
- In addition to dangers associated with antipsychotic medications for the elderly, it can also be expensive to consumers and Medicare. Atypical antipsychotic drugs cost more than \$13 billion in 2007 – nearly 5% of all U.S. drug expenditures

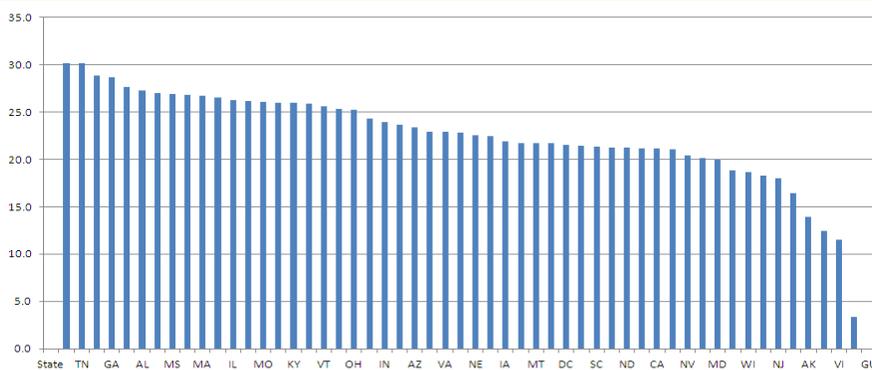


Antipsychotic Medications in Nursing Homes – Prescribing Issues

- 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



Source: MDS National Quality Indicator System -3.0



CMS' 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 Overview

- The Partnership promotes the three "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





CMS Updates on the National Initiative: A Public-Private Partnership

- Proactive efforts include collaboration with partner organizations around:
 - provider and prescriber training
 - surveyor training, review of surveyor guidance, protocols and challenges related to assessing compliance in these areas
 - research
 - quality measurement , public reporting
 - communication strategies such as local and national conference presentations, press releases
 - development of dissemination strategies in states and regions and a sustainable national plan for ongoing monitoring and evaluation of these issues



Partnership Overview

- Multidimensional approach includes:
 - **Public Reporting**
 - Rates of nursing homes' antipsychotic drug use available on Nursing Home Compare (long-stay prevalence; short-stay incidence)
 - First year goal: reduce prevalence rate of antipsychotic drug use in long-stay nursing home residents by 15% by end of 2012



Nursing Home Compare Quality Measures

- | | |
|--|--|
| <ul style="list-style-type: none"> • Measure: Percentage of Long-Stay Residents Who are Receiving Antipsychotic Medication | <ul style="list-style-type: none"> • Measure: Percentage of Short-Stay Patients Who Have Antipsychotics Started – Incidence |
| <ul style="list-style-type: none"> • Description: The percentage of long-stay residents (>100 cumulative days in the nursing facility) who are receiving antipsychotic medication | <ul style="list-style-type: none"> • Description: The percentage of short-stay residents (<=100 cumulative days in the nursing facility) who have antipsychotic medications started after admission |



Partnership Overview

– Research

- Conduct research to better understand how the team makes decisions to use antipsychotic drugs 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



Partnership Overview

– 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)
- **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.
 - www.nhqualitycampaign.org
 - Many thanks to Miranda Meadows and Kris Mattivi at CFMC and Michele Laughman at CMS
 - Site is dynamic – new information added frequently



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

http://www.nhqualitycampaign.org/

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Advancing Excellence in America's Nursing Homes

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](#)

EXPLORE THE NEW GOALS

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

 (Membership not required to visit)

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http://www.nhqualitycampaign.org/star_index.aspx?controls=dementiaCare

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Advancing Excellence in America's Nursing Homes

Welcome, Guest Home | Feedback | Login | Help

Advancing Excellence
in America's Nursing Homes

Making nursing homes better places to live, work and visit.



HOME ABOUT THE CAMPAIGN RESOURCES PROGRESS FOR PARTICIPANTS

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](#)

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Advancing Excellence in America's Nursing Homes

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 Tera 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 reduce the use of these medications in the long-term care setting.

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

http://www.nhqualitycampaign.org/star_index.aspx?controls=dementiaCare

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Advancing Excellence in America's Nursing Homes

Dr. Dave Gilford | 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

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

http://www.nhqualitycampaign.org/star_index.aspx?controls=dementiaCare

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Advancing Excellence in America's Nursing Homes

[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 Key to Quality Care](#)

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

http://www.nhqualitycampaign.org/star_index.aspx?controls=dementiaCare

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Advancing Excellence in America's Nursing Homes

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.

[Habituation 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](#)

Partnership Overview

- Multidimensional approach includes:
 - **Partnerships and State-based Coalitions**
 - Engage the ongoing commitment and partnership of stakeholders including state survey agency and Medicaid agencies, provider groups, resident advocates, professional associations, QIOs, LANES, consumer groups, ombudsman 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
 - Amazing, grass roots work in many states already



Frequently Asked Questions

- Is there an expectation that every facility will reduce the rate of antipsychotic use by 15%?
 - Answer: No. That is a national target. Some facilities will reduce their rate by more than that, some less. There may be valid reasons why some facilities have higher than average rates of antipsychotic use, based on their population
- Should pharmacists change their approach to recommending gradual dose reductions (GDR) in stable residents?
 - Answer: the approach has always been and should continue to be that the clinical team documents a systematic process for evaluating the ongoing use of the medication and clinical rationale for why a stable resident should remain on an antipsychotic. A conversation with the physician or prescriber is often helpful. Surveyors will ask about individualized approaches other than medication as well.



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, 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 patient'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.
- ***Surveyors will look at whether or not other psychopharmacologicals are prescribed if/when antipsychotic medications are discontinued or reduced.***



Clinical Teams are Asking Questions such as:

- How do I handle this situation?
- How do I find out about person-centered approaches and how do we train our staff?
- Should we use a medication? If so -
 - Which medications should we use?
 - How much should we give, and how often?
 - How do we know whether those medications are working or causing complications?
 - When should we start or stop those medications?



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

- Look at the big picture – consider dementia care principles
- Focus on each individual resident and use a careful, systematic process to evaluate his/her needs.
- During off-site preparation, surveyors will review the antipsychotic rate in the facility. Surveyors will ask staff about the facility’s approach to persons with dementia.
- QIOs will be increasingly involved in phase II of the current (10th) SOW.



“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. Include the consultant pharmacist, medical director, administrator, DON, recreational and other therapy staff, social worker, direct care partners/staff (CNAs)
 - Also include behavioral health specialists/consultants if possible
 - Resident, family members when facility 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 behaviors. Consider whether a GDR may be indicated and communicate with the practitioner. Tools on AE. 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***
 - Produced by CMS, this is a six-hour series of DVDs with training for nursing assistants on abuse prevention and dementia care.
- OASIS, Habilitation therapy, others
- **Contact your QIO**



CMS Challenge to Our Partners

- Share your existing work/resources with national leadership
 - Curricula on dementia, behavioral health, reducing unnecessary medications
- Consider ways to communicate with members and encourage engagement around this issue
- Work with CMS to sustain and expand local, state, regional and national workgroups or collaboratives around this issue



Q&A, Discussion and Next Steps

- Set 2013 goals for the national initiative
- Continue engaging partners at the local, state, regional and national level
- Develop and refine quality measures
- Continue to conduct outreach to nursing homes



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

- www.nhqualitycampaign.org
- www.ascp.com
- www.amda.com
- www.ahcancal.org
- www.leadingage.org
- www.americangeriatrics.org
- www.alz.org
- HRSA funded GECs to enhance dementia training



Questions?

Thank you!

DNH_BehavioralHealth@cms.hhs.gov

- CMS staff can put you in touch with state coalition leads and state-level resources

Alice Bonner
Director, Division of Nursing Homes
Survey and Certification Group
Centers for Medicare & Medicaid Services
Alice.Bonner@cms.hhs.gov



Partnership to Improve Dementia Care:

The Role of Your Consultant Pharmacist

Joseph G. Marek, RPh CGP FASCP

- *Omnicare Clinical Services*
 - Clinical Manager,
 - Northern & Central Ohio
- *American Society of Consultant Pharmacists (ASCP)*
 - Board of Directors



What Should You Expect from Your Consultant Pharmacist?

- Clinical and Regulatory Expertise
- Leadership and Support
- Education of the Multidisciplinary Team
- Resources and Tools

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Consultant Pharmacists

Three Core Strengths:

- Knowledge and skills in geriatric pharmacotherapy
- Expertise in treating our frail seniors in the long-term care setting or other settings
- Patient Advocates - Protecting the health and quality of life of America's seniors through medication management

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Consultant Pharmacists - Clinicians

- Consider the most appropriate and effective medication therapy for each resident
- Identify, resolve and prevent medication-related problems
- Ensure regulatory compliance with SOM guidelines
- Provide medication utilization data, analysis & guidance to each facility

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Leadership and Support

- Participation with the multidisciplinary team to achieve the mutual goal of enhancing the care and treatment of residents with dementia by providing:
 - Collaboration in the medication management for each individual resident
 - Guidance & participation in the Multidisciplinary Medication Management Meeting

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Education for Multidisciplinary Team

- Antipsychotic Education through In-Servicing:
 - *“Considerations for Reducing and Eliminating Antipsychotic Medications for Behaviors in Elderly Nursing Home Residents with Dementia”*
- Non-Pharmacological (non-drug) interventions tip sheets
- The American Geriatrics Society’s *“Guide to the Management of Psychotic Disorders and Neuropsychiatric Symptoms of Dementia in Older Patients”*, published in April, 2011.
- The AHRQ report Executive Summary: *“Off-Label Use of Atypical Antipsychotics- An Update”*.

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Education for Medical Director and Prescribing Physicians

Reviewing the CMS Initiative and Regulatory Requirements through :

- SOM Guidance
- Clinical References or Research
- Prescriber Guide for Dose Reductions
- AMDA’s Letter to Prescribers from Dr. Matthew Wayne, President AMDA

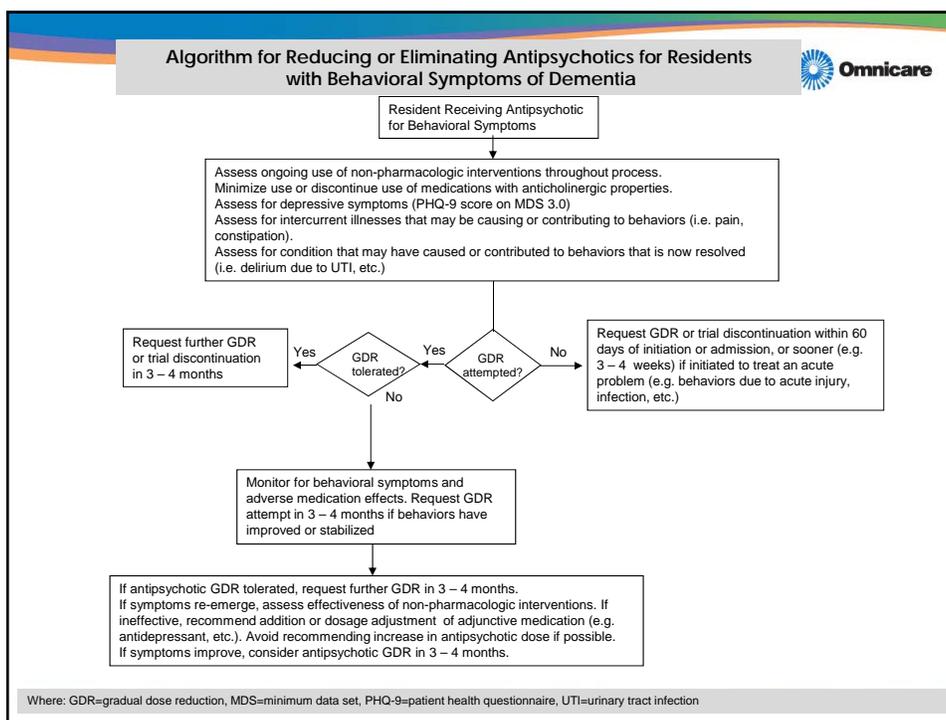
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Resources and Tools

- Treatment Algorithms
 - Reduction of Antipsychotic Medication in Dementia Residents Receiving for Behavioral Symptoms
- Multidisciplinary Assessment Tool
 - Antipsychotic Use in Dementia Assessment Form
- Gradual Dose Reduction Tracking Report
 - Documents indications for use, therapy start date, and next gradual dose reduction due date

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Antipsychotic Use in Dementia Assessment

(Compliments of CommuniCare Family of Companies and Omnicare, Inc.)


P&T COMMITTEE
ANTIPSYCHOTIC USE IN DEMENTIA ASSESSMENT

RESIDENT NAME: _____ ROOM: _____ PHYSICIAN: _____

ASSESSMENT DATE: _____ Initial assessment Continuation assessment
PHC's Score/Date: _____

A. **ANTIPSYCHOTIC (name/dosage/directions)**
 • Start Date: _____ Last Dosage Change: _____ (Decrease/Increase)

B. **OTHER CONCURRENT CLINICAL CONCERNS:**

<input type="checkbox"/> Pain	<input type="checkbox"/> Infection	<input type="checkbox"/> Constipation	<input type="checkbox"/> Weight loss
<input type="checkbox"/> Falls	<input type="checkbox"/> Anemia	<input type="checkbox"/> Depression	<input type="checkbox"/> Incontinence
<input type="checkbox"/> Other:	_____		

C. **REASON FOR ANTIPSYCHOTIC INITIATION:**
 Dementing illness with associated behavioral symptoms
 Dementia alone
 Other: _____

D. **TARGETED SYMPTOMS OR BEHAVIORS (why was it started):**

E. **NONPHARMACOLOGICAL INTERVENTIONS:**

F. **BEHAVIORAL TRENDS SINCE LAST ASSESSMENT (in Documentation):**

<input type="checkbox"/> Behavioral symptoms Decreased	<input type="checkbox"/> Behavioral symptoms Increased
<input type="checkbox"/> No Change in Behavioral symptoms	

SUMMARY:

G. **ADVERSE EFFECT MONITORING (changes from baseline functions) (AIMS= _____)**

<input type="checkbox"/> Tremors, shakiness or rigidity	<input type="checkbox"/> Decrease or loss of balance	<input type="checkbox"/> Falls	<input type="checkbox"/> Constipation
<input type="checkbox"/> Muscle spasms, cramps	<input type="checkbox"/> Uncontrolled eye movements	<input type="checkbox"/> Tardive dyskinesia	<input type="checkbox"/> Vision changes
<input type="checkbox"/> Slurred speech	<input type="checkbox"/> Speech difficulty	<input type="checkbox"/> Blurred vision	<input type="checkbox"/> Weight gain
<input type="checkbox"/> Dry mouth	<input type="checkbox"/> Drowsing	<input type="checkbox"/> Increased pain sensitivity	<input type="checkbox"/> Hypotension or dizziness
Other: _____	<input type="checkbox"/> POC Apparent <input type="checkbox"/> ADP's report		

Page 1 of 2

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Antipsychotic Use in Dementia Assessment – page 2.

(Compliments of CommuniCare Family of Companies and Omnicare, Inc.)


P&T COMMITTEE
ANTIPSYCHOTIC USE IN DEMENTIA ASSESSMENT

H. **P&T COMMITTEE RECOMMENDATION (date: _____)**
(Always consider a dose reduction even if it may have failed in the past)

Gradual Dose Reduction at this Time:
 • Recommended dose reduction (write new orders): _____

Gradual Dose Reduction NOT indicated due to **BDZP requirements must be met**:
 • Previous attempt at GDR resulted in recurrence of behavioral symptoms (documented date: _____) **AND**
 • Clinical rationale why an attempt at GDR would likely impair this resident's function or increase their distressed behavior: _____

Recent Dosage Change (<40 days): _____

Will Consider GDR when Resident is Clinically Stable: _____

Recommend Additional Clinician Assessment of Behavioral Symptoms with Follow-up Report at Next Scheduled Meeting

Committee Members (Initials):
 Medical Director: _____ Executive Director: _____ D.O.B.: _____
 Consultant Pharmacist: _____ Social Services: _____ Nurse Manager: _____

I. **PHYSICIAN ASSESSMENT (date: _____)**

I Agree with P&T Committee's recommendation (follow recommendation above)

I Agree with P&T Committee's recommendations, **but with these orders:**

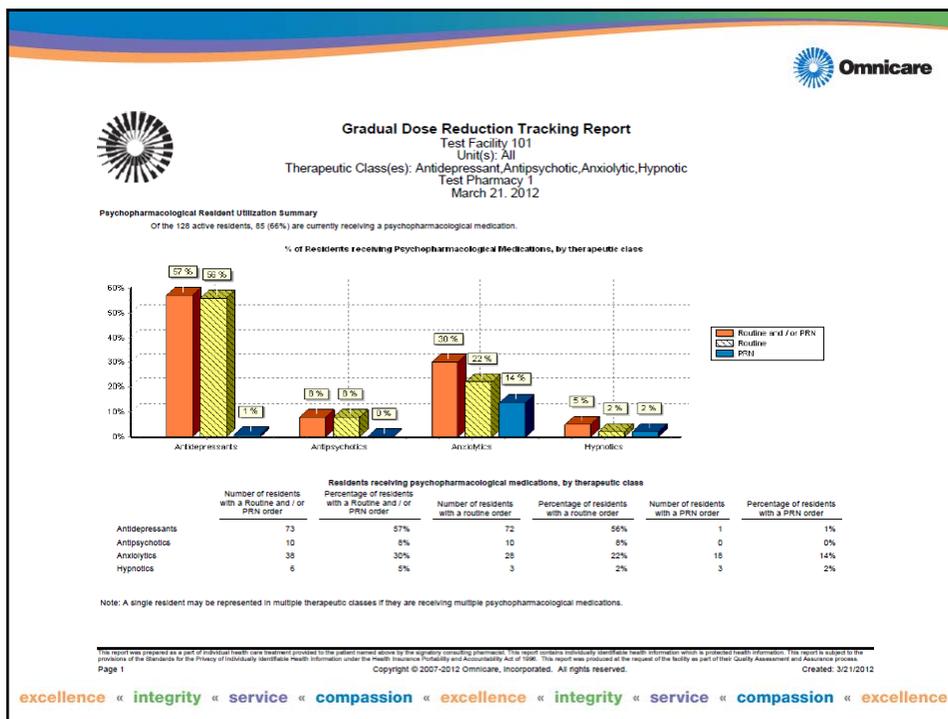
I Disagree with P&T Committee's recommendations because **specific clinical rationale for this resident exists:**

PHYSICIAN SIGNATURE: _____ Date: _____

ORDERS CONFIRMED BY: _____ Date: _____

Page 2 of 2

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Gradual Dose Reduction Tracking Report
 Test Facility 101
 Unit(s): All
 Therapeutic Class(es): All
 Test Pharmacy 1
 March 21, 2012

Resident	Location	Prescriber	Medication	Therapeutic Class	Diagnosis	Therapy Start	Last GDR Attempt	Next GDR Eval	Date CnT Documented
Aivarado, Mel A	02 042	Dr. Earle Faulkner	divalproex (Depakote)	Mood Stabilizer	Dementing illness with associated behavioral symptoms	12/11/2009	8/29/2011	3/22/2012	6/22/2010
Aivarado, Mel A	02 042	Dr. Earle Faulkner	venlafaxine (Effexor)	Antidepressant	Depression	3/6/2009	1/24/2012	1/24/2013	12/28/2010
Chapman, Stephanie	02 031	Dr. Earle Faulkner	mirtazapine (Remeron)	Antidepressant	Depression	1/10/2012		8/10/2012	
Craig, Alicia	02 030	Dr. Earle Faulkner	citalopram (Celexa)	Antidepressant	Major Depressive Disorder	10/27/2011		5/27/2012	
Craig, Alicia	02 030	Dr. Dale, Grant	duloxetine (Cymbalta)	Antidepressant	Diagnosis Needed	3/5/2012			
Hurley, Jewel F	02 034	Dr. Dale, Grant	escitalopram (Lexapro)	Antidepressant	Diagnosis Needed	2/27/2012			
Hurley, Jewel F	02 034	Dr. Dale, Grant	lorazepam (Ativan)	Anxiolytic	Diagnosis Needed	2/28/2012			
Hurley, Jewel F	02 034	Dr. Earle Faulkner	risperidone (Risperdal)	Antipsychotic	Dementing illness with associated behavioral symptoms	2/27/2012		5/27/2012	
Keller, Andrea J	02 035	Dr. Earle Faulkner	citalopram (Celexa)	Antidepressant	Depression	1/25/2012			
Keller, Andrea J	02 035	Dr. Earle Faulkner	divalproex (Depakote)	Mood Stabilizer	Dementing illness with associated behavioral symptoms	3/8/2012			
McConnell, Jessie	02 033	Dr. Earle Faulkner	mirtazapine (Remeron)	Antidepressant	Depression	3/5/2010	12/2/2011	12/4/2012	

This report was prepared as a part of individual health care treatment provided to the patient named above for the purposes of the Health Insurance Portability and Accountability Act of 1996. This report contains identifiable health information which is protected health information. This report is subject to the provisions of the Standards for the Privacy of Individually Identifiable Health Information under the Health Insurance Portability and Accountability Act of 1996. This report was prepared at the request of the facility as part of their Quality Assessment and Assurance process.
 Page 2 Copyright © 2007-2012 Omnicare, Incorporated. All rights reserved. Created: 3/21/2012

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Resources and Tools

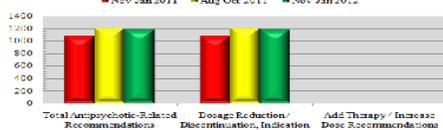
- Tools to Monitor Facility Success
 - *Antipsychotic Utilization Report* –
 - Trending information including acceptance rate for Consultant Pharmacists recommendations.
 - *Progress report towards CMS goal of 15% reduction*
 - *Facility-specific report*

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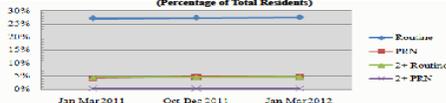
<Ownership or Facility Name> Antipsychotic Utilization Report January 2012 - March 2012

Summary of Recommendations to Reduce Potentially Inappropriate Antipsychotic Use



	November 2011		Aug-Oct 2011		Nov-Jan 2012	
	#	%	#	%	#	%
Total Antipsychotic-Related Recommendations	1,069	52.1%	1,196	55.9%	1,154	53.9%
Dosage Reduction/Discontinuation, Indication and Risk-Related Recommendations	1,168	57.1%	1,146	53.9%	1,144	53.1%
Usage (Indication)/Discontinuation Recommendations	878	48.1%	794	46.3%	711	44.5%
Indication Recommendations	290	27.2%	227	20.3%	210	22.9%
Risk-Related Recommendations	134	12.9%	175	17.1%	231	22.3%
Outcomes						
Decreased Dosage	181	17.2%	191	16.2%	160	13.6%
Medication Discontinued	66	6.2%	83	6.9%	64	5.5%
Add Therapy/Increase Dose Recommendations	0	0.0%	0	0.0%	0	0.0%

Routine and PRN Antipsychotic Utilization Trend* (Percentage of Total Residents)

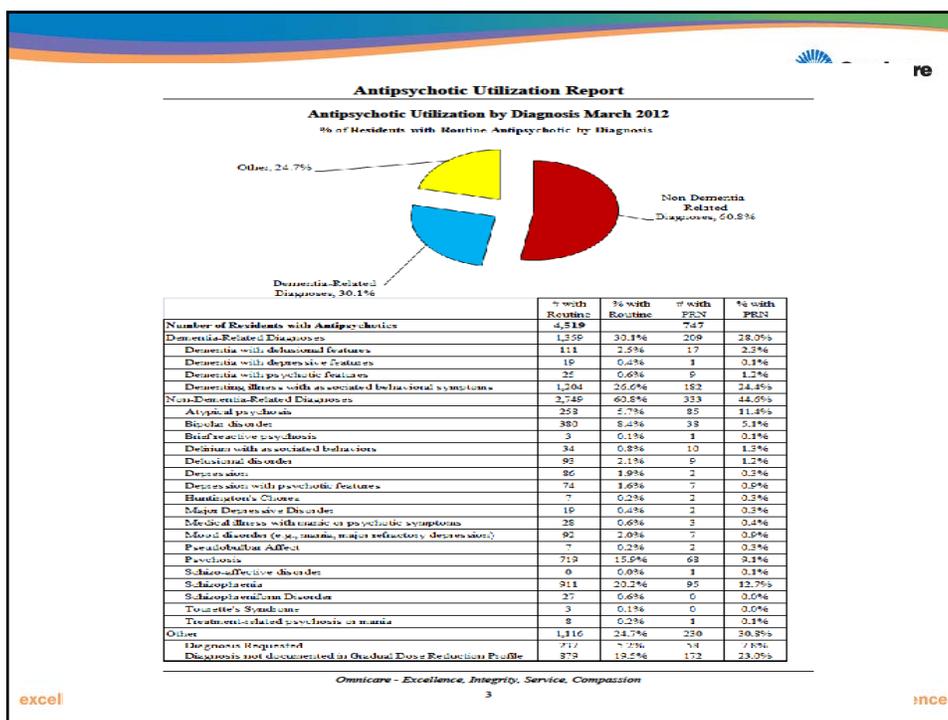
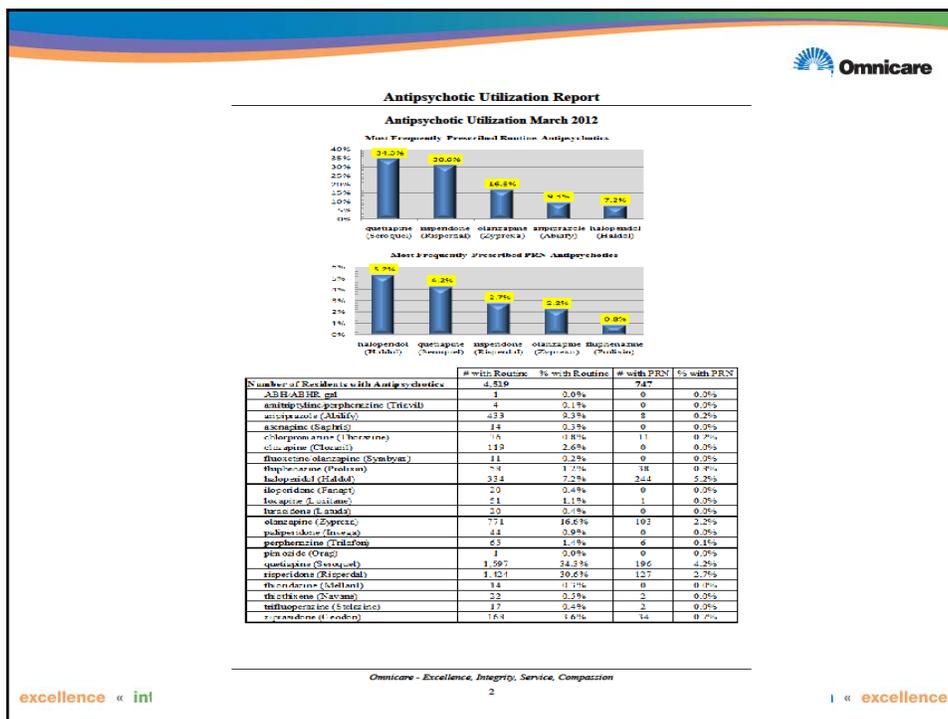


*Percentage is based on a count of unique residents.
Data includes newly prescribed antipsychotics for which consultant pharmacist recommendations may not yet have been made or accepted (e.g., for a new admission, etc.).

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Progress towards Goal in State of Ohio Omnicare Serviced Facilities

Percent of long-stay residents who received an antipsychotic medication - 3 quarter average (4/1/2011-12/31/2011)	26.15%
Percent of long-stay residents who received an antipsychotic medication - 3 quarter average (10/1/2011-6/30/2012)	26.35%
October 2012 percent Omnicare Data	22.11%
Facilities have met or exceeded a 15% reduction as of October 2012	49.0%
Facilities 50% or more towards a 15% reduction as of October 2012	11.6%
Average Pct to Goal of 15% Reduction	103.00%

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Summary

- **Consultant Pharmacists can assist you:**
 - Clinical & regulatory expertise
 - Multiple resources and tools
 - Collaboration with your multidisciplinary team, including your medical director and psychiatrist
 - In-servicing/Education of multidisciplinary team
 - Reports & Tools to monitor success

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Dementia Care & Anti-Psychotics Just The Facts Ma'am

December 17, 2012
Ronald A. Savrin, MD, MBA, FACS
Medical Director, Ohio KePRO

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THE MEASURE

- **Numerator**
Long-stay residents who received antipsychotics

- **Denominator**
All long-stay residents except those with exclusions.

- **Exclusions**
 - Schizophrenia
 - Tourette’s Syndrome (current or prior assessment)
 - Huntington’s Disease

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THE BOX

WARNING

Increased Mortality in Elderly Patients with Dementia-Related Psychosis — Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death compared to placebo. Analyses of seventeen placebo-controlled trials (modal duration of 10 weeks) in these patients revealed a risk of death in the drug-treated patients of between 1.6 to 1.7 times that seen in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. [this drug] is not approved for the treatment of patients with dementia-related psychosis.

OEI-07-08-00150

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The EVIDENCE

“Of a total of **seventeen placebo controlled trials** performed with olanzapine (Zyprexa), aripiprazole (Abilify), risperidone (Risperdal), or quetiapine (Seroquel) in elderly demented patients with behavioral disorders, **fifteen showed numerical increases in mortality in the drug-treated group** compared to the placebo-treated patients.”

“These studies enrolled a total of **5106 patients**, and several analyses have demonstrated an approximately **1.6-1.7 fold increase in mortality** in these studies. Examination of the specific causes of these deaths revealed that most were either due to **heart** related events (e.g., heart failure, sudden death) or **infections** (mostly pneumonia).”

FDA 4/11/2005 (emphasis added)

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THE FUSS – OIG May 2011

Medicare NH residents - 14% atypical antipsychotic

- **83% were for OFF-LABEL Use** (no psychosis)
- **88% Black Box warning applied** (dementia)
- **51% of claims were erroneous** (no accepted indication)
- **22% Not in accordance with CMS standards**
 - Excessive Dose – 10.4%
 - Excessive Duration – 9.4%
 - Without Indications – 8.0%
 - Inadequate Monitoring – 7.7%
 - Adverse Consequences – 4.7% (18.2% multiple)

OEI-07-08-00150 May 2011 1/1/07 – 6/30/07

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The Issue

Antipsychotics Used - FOUR Possibilities

- **Diagnosis → Used On-Label for Specific Dx**
- **Diagnosis → Used Off- Label for Specific Dx**
 - Evidence DOES Support Drug for Diagnosis
- **Diagnosis → Used Off- Label for Specific Dx**
 - Evidence DOES NOT Support Drug for Diagnosis
- **No Specific Diagnosis - ??**

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The Evidence Meta-analysis 2011

Psychosis, Agitation, Global Behavioral Symptoms in Dementia

BENEFITS

	Aripiprazole	Olanzapine	Quetiapine	Risperidone
Standardized Mean Difference	.20	.12	.11	.19
(95% CI)	(.04-.35)	(.00 - .25)	(.02 - .24)	(.00 -.38)

Pooled Analysis:
 Neuropsychiatric Inventory (NPI) Score –
 35% improvement Compared to Baseline (30%)
 3.41 points above placebo (4.0)

JAMA. 2011;306(12):1359-1369

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**The Evidence
Meta-analysis 2011**

Psychosis, Agitation, Global Behavioral Symptoms in Dementia

RISKS

OR (95% CI)	Aripiprazole	Olanzapine	Quetiapine	Risperidone
Cardiovasc	1.20 (0.58 – 2.55)	2.3 (1.08 – 5.61)	1.10 (0.53 – 2.30)	2.10 (1.38-3.22)
CVA	0.70 (0.05-10.48)	1.50 (0.33 – 7.44)	0.70 (0.10 – 3.08)	3.12 (1.32 – 8.21)
Extrapyramidal	1.30 (0.68 – 2.57)	15.20 (3.50 – 138.55)	1.20 (0.46 -3.08)	3.00 (1.96 – 4.70)

JAMA. 2011;306(12):1359-1369
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**The Evidence
AHRQ – Sept 2011**

	Aripiprazole	Olanzapine	Quetiapine	Risperidone
Dementia	Mod-High	Low	Low	Mod-High
Dementia Psychosis	Low	Mixed	Mixed	Mod-High
Dementia Agitation	Low	Mod-High	Mixed	Mod-High

[http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?](http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/)
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The Issue

- **Diagnosis →FDA Approved On-Label Use**
- **Diagnosis →Off- Label Use for Specific Dx**
 - Evidence DOES Support Drug for Diagnosis
- **Diagnosis →Off- Label Use for Specific Dx**
 - Evidence DOES NOT Support Drug for Diagnosis
- **No Specific Diagnosis**

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The Issue

- **Diagnosis →FDA Approved On-Label Use**
- **Diagnosis →Off- Label Use for Specific Dx**
 - Evidence DOES Support Drug for Diagnosis
- **Diagnosis →Off- Label Use for Specific Dx**
 - Evidence DOES NOT Support Drug for Diagnosis
- **No Specific Diagnosis**

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American Medical Directors Association

- “While off label prescribing in this context does not always constitute inappropriate prescribing, use of antipsychotic drugs do have significant health risks in this population”

- “reduce the unnecessary use of antipsychotic agents by refocusing the interdisciplinary team on a better understanding of the root cause of dementia related behaviors”

Letter – June 18, 2012 69



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Guidelines

- **Use only if antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in Medical Record**

- **Unless Clinically contraindicated:**
 - Institute Gradual Dose Reductions
 - Provide Behavioral Interventions

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[Empty box]



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Reducing the Use of Antipsychotic Medications: First Steps on the Quality Improvement Journey

December 17, 2012

Leasa Novak, LPN, BA

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Reducing the Use of Antipsychotic Medications: First Steps on the Quality Improvement Journey

December 17, 2012

Leasa Novak, LPN, BA

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QM: Percent of Long-Stay Residents Receiving an Antipsychotic Medication

- **Reported on Nursing Home Compare; derived from Minimum Data Set (MDS) 3.0 assessments**
- **Numerator**
 - Long-stay residents receiving antipsychotic medication
- **Denominator**
 - All residents with target assessment, except those with exclusions
- **Exclusions**
 - Dashes in Section N0400A or N0410A
 - Residents with one or more of the following diagnoses in Section I:
 - Schizophrenia
 - Tourette's Syndrome
 - Huntington's Disease

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The Big Picture

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What We Know

- **Individualized care is still the goal.**
 - Nursing Home Reform Law (OBRA '87)
- **Quality improvement strategies exist and can help lower QM rates.**
 - Systematic processes for improvement
- **Systemic issues can impede improvement efforts.**
 - Disengaged leadership
 - “Unjust” culture or un-empowered staff
 - Chronic turnover
- **Resources and assistance are available.**

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What We Think

- **Strategies for reducing antipsychotic medications may be similar to strategies for reducing physical restraints.**
 - Must focus on residents who receive antipsychotic medication for reasons other than FDA-approved indications or evidence-based off-label uses.
- **We have a lot to learn! (All of us.)**
 - F-329, F-501
 - Best practices for dementia care
 - Diagnoses, medications
 - Human needs (physiological, safety, connection, etc.)
 - Quality Assurance/Process Improvement (QAPI)

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Where We Are

- **State rate on NH Compare: 25.3%***
 - Does NOT include residents with Dx of Schizophrenia, Tourette's Syndrome or Huntington's Disease
 - DOES include other residents receiving antipsychotic med:
 - Off-label use
 - Addressing behavioral symptom(s)
- **An initial challenge to reduce rates by 15%**
- **Residents who have complex care needs**
 - A difficult task in a difficult landscape
- **Opportunities**
 - *Hand in Hand* dementia training package
 - Federal and state initiatives
 - Nursing Home Quality Care Collaborative

* Nursing Home Compare, 12/7/12 77



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Where We're Going

- **Quality Improvement**
 - Systematic processes
 - No knee-jerk reactions, band-aids or quick fixes
- **Education**
 - Diagnoses, medications, human needs
 - Leadership, regulations, quality improvement
 - Facility processes
 - Facility goals, expectations
- **Collaboration/Partnerships**
 - Disseminate resources, best practices
 - Share successes and lessons learned

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Digging In

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General QI Principles

- Understand the data and relevant issues
- Conduct facility assessment and root cause analysis (RCA)
- Engage in process improvement cycles
- Provide education
- Monitor progress
- Celebrate successes

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Understanding the Data

- CASPER reports
- NH Compare measures
- Other data





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Understanding the Relevant Issues

- Regulations/MDS Coding
- Prescribing concerns
- Human needs

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Conducting a Facility Assessment

- **Review facility policies/assessment forms**
- **Observe actual staff practices**
- **Assess culture**

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Conducting a Root Cause Analysis

Determine gaps, barriers and strengths:

- **Facility level**
 - Culture/organizational practices
 - Prescribing practices
 - Knowledge gaps
 - “Behavior” management
- **Resident level**
 - How many residents receive AP for off-label use?
 - How many residents can begin GDR?
 - How many residents have:
 - Unmet human needs
 - True behavioral symptoms
 - Side effects

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Name	Rx	Dx	FDA-approved indication ?	Off-Label Use?	Plan GDR?	Behavior
Mary	Zyprexa	Bi-polar	Yes	-	Yes	
Betty	Geodon*	Dementia	No	No	Yes	Anxious
Albert	Abilify*	Depression	No	Yes	Yes	Suicidal
Paul	Mellaril	Schizo.	Yes	-	No	
Martha	Risperdal	Dementia	No	No	Yes	Confused
John	Haldol*	Alzheimers	No	Yes	Yes	Sundowning
Steven	Seroquel	Dementia	No	No	Yes	Combative

**Prescribed after admission.*

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Quality Improvement Organizations Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICAID SERVICES		OHIO KEPRO Ohio's Model for Quality Improvement Organizations Clinically. Always. Client focused. Value based.		Process Improvement
<ul style="list-style-type: none"> ▪ Develop a team: MD/DO, RPh, Nursing, Social Services, Activities, etc. ▪ Establish meeting structures ▪ Set a goal and create Facility Action Plan <ul style="list-style-type: none"> – Review individual residents and determine changes to care plan – For more challenging areas, select process change(s) <ul style="list-style-type: none"> • Pilot-test the change • Evaluate results • Determine next steps (adopt, adapt, abandon) • Repeat steps as needed – Include education plan 				

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Possible “Change” Areas

- **Pilot-testing:**
 - “Behavior”/symptom assessment / care planning
 - Nursing documentation of behaviors, side effects
 - Non-pharmacologic interventions
 - Social services/activities assessments
 - Residents’ activity plans
 - AIMS scales
 - Pharmacy review process
 - GDR documentation
 - Process for requesting/prescribing new medications

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Education

- **Staff**
 - Diagnoses and nursing interventions
 - Psychiatric diagnoses
 - Dementia diagnoses
 - Antipsychotic medications
 - Indications, contraindications, warnings
 - Side effects
 - Non-pharmacologic interventions / “behavior” management
- **Residents/families**
 - Quality improvement goals
 - Facility protocols
 - Non-pharmacologic interventions

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Monitoring Progress

- **Monitor progress**
- **Check in with staff**
- **Celebrate successes**



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DON'T ...

- **Assume** staff are skilled in providing effective dementia care.
- **Rotate assignments** for nurses and STNAs.
- **Permit extreme environmental noise**, especially alarms.
- **Ignore staff burnout.** Burnout can lead to decreased empathy, which can ultimately lead to unmet resident needs.
- **Contribute to a culture of blame.** Instead, focus on creating a positive culture of teamwork and appreciation.
- **Underestimate the effectiveness of non-pharmacologic approaches.**

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Comparison

<p><u>Restraint Rates</u></p> <ul style="list-style-type: none"> ▪ 1991: 21.1%* ▪ 2012: 1.9%** <p><u>Interventions</u></p> <ul style="list-style-type: none"> ▪ Safety needs ▪ Individualized care ▪ Attention to seating ▪ “Gate-keeping” controls ▪ Active reduction efforts 	<p><u>Antipsychotic Rates</u></p> <ul style="list-style-type: none"> ▪ 2011: 25.3%*** <p><u>Interventions</u></p> <ul style="list-style-type: none"> ▪ Human needs ▪ Individualized care ▪ Attention to Dx & Rx ▪ Prescribing controls ▪ GDRs
---	---

*<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter09-11.pdf>
 ** CASPER data, 2012.
 *** Nursing Home Compare data, Ohio rate 2012

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Resources

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Resources: The Big Picture

Presentations/Training Materials:

- **CMS broadcast March 24:**
<http://surveyortraining.cms.hhs.gov/pubs/VideoInformation.aspx?cid=1098>
- **Advancing Excellence in America's Nursing Homes campaign**
https://www.nhqualitycampaign.org/star_index.aspx?controls=dementiaCare
- **CMS dementia training package – arriving soon!**
– *Hand in Hand*

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Resources: Digging In

Tools:

- **Facility-Level Review:**
 - <https://www.nhqualitycampaign.org/files/Partnership%20Provider%20Assessment%20Form%207%2027%2012.pdf>
 - <https://www.nhqualitycampaign.org/files/Partnership%20Interdisciplinary%20Review%207%2027%2012.pdf>
- **Resident-Level Review:**
 - <https://www.nhqualitycampaign.org/files/Psychopharmacological%20Interdisciplinary%20Medication%20Review.pdf>
 - <https://www.nhqualitycampaign.org/files/MULTIDISCIPLINARY%20MEDICATION%20MANAGEMENT%20COMMITTEE.docx>
 - [https://www.nhqualitycampaign.org/files/AGS%20Guidelines%20for%20CFMC%20\(2\).pdf](https://www.nhqualitycampaign.org/files/AGS%20Guidelines%20for%20CFMC%20(2).pdf)

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Questions



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Publication No. 311203-OH-1032-12/2012. This material was prepared by Ohio KePRO, the Medicare Quality Improvement Organization for Ohio, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.



OHIO APPROACH STATE OFFICES

Organization and Momentum for Quality Improvement

Central Station

Access to subject matter expertise and tools (e.g., dementia treatment guidelines)

Data portal

Repository for Systems Changes

Improvements in the health care delivery system that may be identified (e.g., access to psychiatric expertise, even virtually)

PROCESS FOR LEARNING COLLABORATIVE

- Identify Champions
- Gather Teams
- Collect and Analyze Data
- Monthly Teleconferences
 - Subjects of Interest
 - Promising & Best Practices
- Quarterly Webinars
- Yearly Summary & Lessons Learned

Conversation

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THANK YOU