Improving Dementia Care and Reducing Unnecessary Use of Antipsychotic Medications

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Survey & Certification Group
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National Partnership First Year Goal

• Reduce national prevalence rate of antipsychotic medication use in long-stay nursing home residents by 15% by end of 2012

• Baseline: national rate based on MDS data (Nursing Home Compare takes an average of previous three quarters) in December 2011
  – National rate in long-stay residents was 23.9%
  – Denominator includes all residents except those with schizophrenia, Tourette’s or Huntington’s disease
The Partnership promotes a multi-dimensional approach that includes the 3 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
Antipsychotic Medication Use in Nursing Homes Varies by State

Antipsychotic Medication Use Varies by State (AVG % of long stay residents Q1 - Q3 2012)
Partnerships & State-based Coalitions

• Engage the ongoing commitment and partnership of stakeholders including state survey agency and Medicaid agencies, provider groups, residents, families, advocates, professional associations, quality improvement organizations (QIOs), Local Area Networks for Excellence (LANES), consumer groups, ombudsman, clinicians, hospitalists, cross-continuum teams 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 and conduct outreach
  – 2013: QIO Nursing Home Quality Care Collaboratives (NHQCCs)
• Amazing grassroots work in many states already
A Few State Highlights from 2012

• Outreach: Georgia – 36% reduction in antipsychotic use in 30 nursing homes with the highest rates through telephone outreach

• Sharing Best Practices on state coalition calls:
  – Minnesota – Ecumen’s Awakenings initiative, a 3-year initiative designed to reduce antipsychotic use among people with Alzheimer’s & other dementias in Ecumen nursing homes
  – Pennsylvania – Gwynedd Square Nursing Center maintaining 13.8% rate of antipsychotic use through person-centered care approaches
  – Colorado – Amberwood Court Rehab & Care Community reduced their antipsychotic use by 32% with plans for further reductions
  – Ohio – Suburban Pavilion reduced psychoactive medication use from 13.6% in 7/2011 to 7% in 12/2012
Training & Resources

- 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)
    - If you did not receive Hand in Hand, contact Michele Laughman at dnh_behavioralhealth@cms.hhs.gov
  - 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
      - http://www.nhqualitycampaign.org
    - Site is dynamic – new information added frequently
The Annual Survey: Looking for a Systematic Process

- Did the facility:
  - Get details about the resident'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

• Did the facility:

  – 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
Systemic 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
  – 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”

• Look at communication between shifts, between nurses and practitioners or prescribers

• Look at whether medications prescribed by a covering practitioner in an urgent situation are re-evaluated by the primary care team and discontinued when possible

• Look at whether or not other psycho-pharmacologicals are prescribed if/when antipsychotic medications are discontinued or reduced
Rates of antipsychotic medication use by facility became available on Nursing Home Compare (long-stay prevalence; short-stay incidence) beginning in July 2012.
Nursing Home Compare
Quality Measures

• **Measure**: Percentage of Long-Stay Residents Who are Receiving Antipsychotic Medication

• **Description**: The percentage of long-stay residents (>100 cumulative days in the nursing facility) who are receiving antipsychotic medication

• **Measure**: Percentage of Short-Stay Patients Who Have Antipsychotics Started – Incidence

• **Description**: The percentage of short-stay residents (<=100 cumulative days in the nursing facility) who have antipsychotic medications started after admission
Between Q4 2011 and Q4 2012:
There was a 1.54 percentage point reduction (6.45% reduction) in the percent of long-stay residents receiving an antipsychotic medication.
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<tr>
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<th>2011Q1</th>
<th>2011Q2</th>
<th>2011Q3</th>
<th>2011Q4</th>
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Percent of long-stay residents receiving an antipsychotic medication

Nursing Home Compare: Regional Antipsychotic Data Individualized by Quarter
Percent of long-stay residents receiving an antipsychotic medication
Antipsychotic Use Varies by State

• Some states have met or exceeded the 15% reduction (based on individual quarter data)
  – These states include Rhode Island, Georgia, and North Carolina

• Other states have had an increase in the percent of long-stay resident receiving an antipsychotic medication
  – These states include Nebraska, New Mexico, and Wyoming
## Antipsychotic Use Varies by State

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<th>Percentage point difference (Q42011-Q42012)</th>
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Individual Facility Quality Improvement Data: Suburban Pavilion Nursing Home

Psychoactive Medication (L) SPC (p-chart)
Frequently Asked Questions

- Is there an expectation that every nursing home will reduce the rate of antipsychotic use by 15%?
  
  - Answer: No. That is a national target. Some providers will reduce their rate by more than that, some less. There may be valid reasons why some providers have higher than average rates of antipsychotic use, based on their population.
Q&A, Discussion, and Next Steps

- Finalize 2013 goals for the national partnership
- Continue engaging partners at the local, state, regional and national level
- Develop and refine quality measures
- Continue to conduct outreach and measure success
- Continue to encourage work by cross-continuum teams across settings
What if we don’t have a lot of geriatric training or experience?

- http://www.nhqualitycampaign.org
- http://www.ascp.com
- http://www.amda.com
- http://www.ahcancal.org
- http://www.leadingage.org
- http://www.americangeriatrics.org
- http://www.alz.org
- http://www.ntocc.org
What if we need additional tools and resources?

http://www.nhqualitycampaign.org
- Multiple resources and links to other organizations, training materials

dnh_behavioralhealth@cms.hhs.gov
- CMS staff can put you in touch with state coalition leads and state-level resources
- For questions about Hand in Hand DVD series
Questions?

Thank you!

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