“So that’s what you need!”

Improving Care for people with dementia
Appropriate Antipsychotic Medication Use

Presented by
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VT Department of Disabilities, Aging and Independent Living

2013 Joint Training Seminar for Adult Care Home Staff and Kansas Department on Aging and Disability Services Surveyors
THANK YOU

For being here

For all you do
F-428
F-329
F-222
F-309
Highest practicable quality of life
Key Points

- **Continuous quality improvement** and **person-centered care** are natural partners

- New knowledge compels new approaches

- Dementia care undergoing transformation
  - From Patienthood to Personhood
  - From Intervention to Prevention

- Unnecessary antipsychotic use can and should be reduced and we have the tools to do it

- Appropriate medication use requires systematic approach

- CMS regulatory participation is crucial to success
Outline

- The new culture of dementia care
  - From Patienthood to Personhood
  - From Intervention to Prevention
    - Anticipating needs
    - Addressing unmet needs
    - Changing our behavior
    - Creating environments that work

- Antipsychotic medications: What’s all the fuss?
  - The problem
  - When and how to use them
  - Non-pharmacological interventions

- Putting it all Together: Action Steps
  - Environments that work
  - Systems that work
  - Key F-Tags
  - Expanding tool box for nurses, doctors and direct care staff
OBJECTIVES

- Explain the rationale for increased scrutiny of antipsychotic drug use in elderly dementia residents
- Describe person-centered dementia care
- Emphasize the resident as the focal point of the care planning process and medication management
- Discuss challenging behaviors as expressions of unmet need
Why Now?

- High prevalence of dementia
- High prevalence of use of antipsychotics
  - Limited efficacy
  - Significant risk of harm
  - Prescribing issues: High dosing
  - Variability
- Affordable Care Act 2010
- National Partnership: Rethink, Reconnect, Restore
- AHCA/NCAL Quality Initiative
- New Guidance
83% of Medicare claims for atypical antipsychotic drugs for elderly nursing home residents were associated with off-label conditions.

88% percent were associated with dementia, the condition specified in the FDA boxed warning.

http://oig.hhs.gov/oei/reports/oei-07-08-00150.pdf
CMS Responds

- Launches Partnership to Improve Dementia Care
- Reduce avoidable antipsychotic use by 15% by 12/31/12
Patienthood to Personhood
Dementia from the outside in

- Brain-behavior relationships of 5 As
- Medical approach to symptom control
Current (Old) Model

Direct Impact of the Disease

- Neurobiological Impairment
- Behavior Problems
- Disinhibition
WHO a person is, is as important as WHAT he or she has.
What does a person living with dementia need to maintain personhood?
A person with **DEMENTIA**

**A PERSON** with dementia

What a person can do is at least as important as what he can't do. Health is more than an absence of symptoms.
Person-centered dementia care

- Shifts primary perspective
  - person rather than disease

- abilities rather than inabilities

- relationships rather than task
Why the push for person-centered care?

- Promotes highest quality of life
- Prevents excess disability
- Better outcomes
- Required by regulations
Individual Routines Improve Outcomes

- Improved
  - Sleep
  - Mood
  - Appetite

- Less
  - Agitation
  - Depression

- Fewer
  - Falls
  - Pressure Ulcers

From B&F Consulting
All behavior ... Has meaning Communicates

Not just symptoms
All behavior expresses unmet (core human) needs
Unmet needs → Behavior
Maslow’s Hierarchy of Needs

- **Physiological**: breathing, food, water, sex, sleep, homeostasis, excretion
- **Safety**: security of body, of employment, of resources, of morality, of the family, of health, of property
- **Love/Belonging**: friendship, family, sexual intimacy
- **Esteem**: self-esteem, confidence, achievement, respect of others, respect by others
- **Self-actualization**: morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts
**Unmet Needs Model**

- **Lifelong Habits and Personality**
- **Current Condition Physical and Mental**
- **Environment Physical and Psychosocial**
- **Unmet Needs**
- **Behavior as a Means of Fulfilling Needs**
- **Behavior as a Means of Communicating Needs**
- **Behavior as an outcome of frustration and other negative affects interacting with decreased inhibition**
Person Centered Dementia Care

- Behaviors link to unmet core human needs

- Needs can be identified, anticipated, met

- Practices that support this approach include
  - Consistent assignment
  - Individualized care routines
Behaviors

Current (old) model
- Loss of ability to modulate
- Lump together as symptoms
- Explaining
- Intervention

Emerging model
- Unmet human need
- More precision
- Understanding
- Prevention
Intervention to Prevention
Multiple contributors

- Clients/Resident
- Carers
- Environment, Practices/Theories
- Family/Larger community
Easier to change our behavior than others
Prevention

- Treat with **dignity** and **respect**
- Understand **history, lifestyle, culture**
- Provide for **conversations and relationships**
- Ensure opportunities to try **new things**
- Ensure opportunities for **pleasure**
Anticipating and Meeting Unmet Needs

Requires
Watchful waiting
Person-centered care
+ Relationship-Based care

I know you!

- I-Care Plans

- Consistent assignment
Relationship-based care

- Present and psychologically available

- From doing to being

- Partnership with natural supports
What common behaviors communicate:

- Walking about (wandering)
- Care combativeness
- Energy
- Curiosity
- Past activities
- Wanting to leave
- Boredom
- Fear
- Discomfort
Agitation: Self-Referred

- Slapping thighs
- Clapping
- Yelling
- Screaming

Self-referred
- Something is wrong with me
- Do something!
Agitation

- Environment
- Infection
- Pain
- Constipation

- Cardio-respiratory problems
  - COPD
  - CHF

- Sensory deficits

- Drugs
Loneliness, Unmet need
What helps?

- Making sense of the communication
- Address the underlying problem
- (Medication)
Aggression: Other-referred

- Hitting out
- Kicking
- Pinching
- Biting
- Threatening
- Swearing
Aggression

- Something is wrong with you
- STOP! Leave me alone
Aggression

- Common triggers
  - Fear
  - Anxiety
  - PAIN
  - Frustration
  - Medications
  - Sensory loss
  - Crowded or noisy environments
  - Abrupt, tense or impatient staff
What helps?

- A deep breath, staying calm
- Stop doing, Back away
- Make sense of communication
- Address underlying problem
- (Medication)
Antipsychotic Medication

What’s all the Fuss
OBJECTIVES: II

- Explain rationale for scrutiny of antipsychotic use

- Apply non-pharmacologic interventions

- Implement strategies to ensure appropriate antipsychotic use
Pharmacological treatment

- 2005 FDA warns of increased risk of stroke and mortality
- Antipsychotics not FDA approved for behaviors associated with dementia
- No psychotropics are FDA approved for behaviors associated with dementia
- 2011 JAMA report: Limited clinical efficacy of antipsychotics
Commonly cited reasons for use

- Lack of physician awareness of successful, evidence-based, non-pharmacologic strategies

- Lack of staff training in managing challenging behaviors

- Lack of available geropsychiatric consultation
50% enter on antipsychotics

Higher rates = higher risk
WHERE ARE YOU?
Problem of medications

- No “anti-agitation/anti-aggression” medication
- Reinforces behaviors as symptoms (BPSD)
- Off-label use ‘OK’
  - risk/benefit equation more critical
- Risks are real/benefits are modest
Problem of medications

- Significant risk of harm

- Expensive:
  - Atypical antipsychotics cost > $13 Billion (2007)

- Compliance issues
  - Prescribing issues: High dosing

- Variable use
Trends in F-Tag 329 unnecessary Meds

Trend in the percent of facilities cited for F-Tag 329

Percent of Facilities Cited for F-Tag 329

- 2006 Q1
- 2006 Q2
- 2006 Q3
- 2006 Q4
- 2007 Q1
- 2007 Q2
- 2007 Q3
- 2007 Q4
- 2008 Q1
- 2008 Q2
- 2008 Q3
- 2008 Q4
- 2009 Q1
- 2009 Q2
- 2009 Q3
- 2009 Q4
- 2010 Q1
- 2010 Q2
- 2010 Q3
- 2010 Q4
- 2011 Q1
- 2011 Q2
- 2011 Q3
Medications

- Anti-anxiety
- Anti-depressants
- Anti-psychotics
- Mood stabilizers
- Sedative-hypnotics
Anti-Psychotics

■ Typicals
  ■ Haldol®
  ■ Prolixin®
  ■ Thorazine®

■ Atypicals
  ■ Clozaril®
  ■ Risperdol®
  ■ Zyprexa®
  ■ Abilify®
  ■ Seroquel®
What does data show

- No benefit and cognitive decline with quetiapine
  - AGIT-AD Ballard et al, BMJ, 2005

- Meta Analysis shows effectiveness is weak
  - JAMA 306:1359-69 2011 38 RCTs in dementia

- Lower survival rates
“For every 100 patients with dementia treated with an antipsychotic medication, only 9 to 25 will benefit and 1 will die”

Drs Avorn, Choudhry & Fishcher
Harvard Medical School
Dr Scheurer
Medical University of South Carolina

Risks

- Increased falls
- Failure to thrive
- Increased risk pressure ulcers
- Diminished quality of life
Significant adverse events

- Parkinsonism
- Sedation
- Gait disturbance
- Increased respiratory infections
- Accelerated cognitive decline
- Stroke (>3 fold)
- Mortality (1.5-1.7 fold)
Why do people die?

- Causes of death (Ballard et al, 2010)
  - Pneumonia
  - Stroke
  - Pulmonary embolism
  - Sudden cardiac arrhythmias

- Likely mediating factors
  - Dehydration
  - Over sedation
  - QT prolongation
WHEN AND HOW TO USE ANTIPSYCHOTIC MEDICATION
Modest benefits

- Severe aggression

- Severe psychosis
  - that interferes with quality of life

- No benefit after 12 weeks
Using medication

- What is this person trying to tell me
- What to do when meeting need is not sufficient
- Use non-pharmacologic strategies first
- Choose according to specific syndromes
- Identify target
“I’m curious”

What is this person trying to tell me?
When the meaning is not clear...

- Is there a history?
  - NOT a green light for dismissal

- Is there a pattern?

- What works/what doesn't
Let’s huddle

- What do we know?

- How can we create
  - sense of safety

- How can we change our behavior?

Future staff!

Don’t hurry her!
Intervention

- Identify unmet need

- Address need
  - Accommodate
  - Be flexible

- Anticipate
Not all needs can be anticipated or met successfully
Successful Interventions

- Environment
  - Eden Alternative
    - (loneliness, helplessness, boredom)
- Music  www.musicandmemory.org
- (Massage)
- Recreation
- (Aromatherapy)

http://www.alz.org
Using medication: Systematic approach

- Identify target/communication
- Medical assessment
- PCC Planning
- Document
- All alternatives, including analgesia, first
- Involve resident, family in decision
- Lowest effective dose
- Monitor for effect and side effects
- Review after 6 weeks
- Discontinue at 12 weeks
F329: Unnecessary drugs
Criteria for non-compliance

- Failure to attempt gradual dose reduction
- Prolonged or indefinite antipsychotic use
- Failure to implement behavioral interventions
- Failure to provide a clear rationale
Relevant F-Tags

- **F-329** – FREE FROM UNNECESSARY DRUGS - 42 CFR 483.25(L)(2)(I, II) 5
- **F-309** – NECESSARY CARE FOR HIGHEST PRACTICABLE WELL BEING - 42 CFR 483.25
- **F-428** – DRUG REGIMEN REVIEWED MONTHLY - 42 CFR 483.60(C)(1)
- **F-222** – RIGHT TO BE FREE FROM CHEMICAL RESTRAINTS - 42 CFR 483.13(A) 5

- **F-240** – FACILITY PROMOTES/ENHANCES QUALITY OF LIFE - 42 CFR 483.15 240
- **F-319** – MENTAL/PSYCHOSOCIAL TREATMENT - 42 CFR 483.25(F)(1)
- **F-154** – RIGHT TO BE FULLY INFORMED - 42 CFR 483.10(B)(3) AND 483.10(D)(2) 6
We’ve done the best with what we knew
And now that we know better we have to do better
Nothing succeeds like success

Remember poseys?
ORGANIZATIONAL PROCESSES AND PRACTICES THAT PROMOTE PERSON-CENTERED DEMENTIA CARE

Relationships Matter

NO Mere Mantra of the Moment
WALK Around
In their shoes
Engage

- Have a meal with a resident

- Sit in common area and converse with a resident

- Smile
Contented staff = better care
Fact-finding, Not fault-finding
Strategy

- Assess current organizational practices
  - Consistent assignment
  - Culture change processes
  - Environmental assessment
  - Pharmacy review processes (F-428)
  - Medical Director and staff MD/NP roles

- Assess current care practices
  - Individualized routines
  - Staff huddles

- Routinely monitor MDS data
Potential benefits

- Further embed culture change
- Fewer accidents and injuries
- Fewer residents on inappropriate antipsychotics
- Improved staff satisfaction
- Avoid future potential penalties
Leadership

Physicians
Staff
Residents
Families

Engage
Number one challenge is belief on part of caregivers and families that antipsychotics actually work
Engage Physicians

- Positive attitude toward non-pharmacological interventions
- Knowledge varies
- Staff requests for medication #1 barrier

J Am Med Dir Assoc 2008; 9: 491–498
Summary

- Antipsychotics have a focused but limited role in the short term management of severe aggression and psychosis.

- The best evidence base for pharmacological treatment is for short term treatment with risperidone as a treatment for aggression, but we are currently overprescribing, the longer term efficacy is limited and the serious adverse risks are considerable.

- The evidence base supports the value of simple non drug interventions and intensive staff training in nursing homes.

- Recent evidence reinforces potential value of analgesia.

FOCUS

- Find a process to improve
- Organize a team
- Clarify current knowledge
- Understand the variation
- Select the process changes
Pick a target

- REDUCE OFF-LABEL ANTIPSYCHOTIC USE

- **Target**

  *By December 31, 2012,*

  *reduce the unnecessary use of off-label antipsychotics by 15 percent.*
Pick a measure

<table>
<thead>
<tr>
<th>Measure 1</th>
<th>Measure 2</th>
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</thead>
<tbody>
<tr>
<td><strong>Incidence:</strong> % of individuals who have an antipsychotic drug initiated for an off-label use within the first 90 days of a nursing facility stay (regardless of payer source or length of stay)</td>
<td><strong>Prevalence:</strong> % of long-stay residents with off-label use of an antipsychotic drug</td>
</tr>
<tr>
<td><strong>Exclusions:</strong></td>
<td><strong>Exclusions:</strong></td>
</tr>
<tr>
<td>(1) Antipsychotic use identified on the initial assessment OR (2) Diagnosis of: bipolar or schizophrenia</td>
<td>Diagnosis of bipolar or schizophrenia.</td>
</tr>
</tbody>
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Set goals

MEASURE

Pilot

TEST
Creating environments that work

How Are We Doing?

<table>
<thead>
<tr>
<th>Hierarchy of Needs</th>
<th>Ways You Currently Meets These Needs</th>
<th>New Practices to Meet These Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiological needs</td>
<td>“Basic human needs— food, water, and comfort.”</td>
<td></td>
</tr>
<tr>
<td>Safety needs</td>
<td>“The desire for security, stability, and safety.”</td>
<td></td>
</tr>
<tr>
<td>Social needs</td>
<td>“The desire for affiliation—friendship and belonging.”</td>
<td></td>
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<tr>
<td>Esteem needs</td>
<td>“Desire for self-respect, respect and recognition from others.”</td>
<td></td>
</tr>
<tr>
<td>Self-actualization needs</td>
<td>“The desire for self-fulfillment”</td>
<td></td>
</tr>
</tbody>
</table>
REDUCE NOISE

- overhead pages
- staff conversation
- television and radio volume
- eliminate chair and bed alarms
To honor residents’ choices, to anticipate needs, you need to know the resident.

And know them well.

Consistent assignment makes this possible.
Gathering and Using Information

- Facility must
  - Proactively seek information
  - Proactively assist residents to fulfill their choices
  - Make residents’ choices known to caregivers
Where is Info on Residents’ Choices?

- Resident, and family/friends
- MDS
- Social Work Assessment
- Social History

You have the information in hand, but do you have it in the hands of those who need it?
“Just-in-time” communication

- Flow of info – First 24 hours is key
  - Who needs what information by when?
  - Do Social Worker and hands-on care-givers coordinate welcome?
- Start-of-shift stand-up
- Shift-to-shift hand-offs
- Hand-offs to Weekend Staff
Resources and tools

Trained staff
Non-pharmacological practices
Medications
Quality of workplace demonstrated to be critical to quality of care

Training in evidence-based practices
Staff Training
OASIS, others
References


Resources

- CMS
  - Initiative to improve Behavioral Health and Reduce the Use of Antipsychotic Medications
  - [https://www.nhqualitycampaign.org](https://www.nhqualitycampaign.org)

- AHCA
  - [http://www.ahcancal.org/quality_improvement/qualityinitiative](http://www.ahcancal.org/quality_improvement/qualityinitiative)

- Improving Antipsychotic Appropriateness in Dementia Patients (IA-ADAPT)
  - [https://www.healthcare.uiowa.edu/igec/IAADAPT](https://www.healthcare.uiowa.edu/igec/IAADAPT)

- Quality of Life Outcomes for People with Alzheimer’s Disease and Related Dementia
  - [https://www.healthcare.uiowa.edu/IGEC/IAAdapt](https://www.healthcare.uiowa.edu/IGEC/IAAdapt)
In closing

- Now that we know better, we have to do better

- Shifting the culture to person-centered dementia care will help achieve many aims

- Antipsychotics can and should be reduced
Thanks for being here

Questions?
Comments?