Senior Care Task Force: WGA – Quality of Care and Protective Services

Recommendation Development:
Administration of Antipsychotic Medications to Adult Care Home Residents

Jan 25, 2022
9:00am-10:30am
WebEx

Facilitator: Kari Bruffett - KHI **Note taker:** KHI

Attendees:

Working Group Members: Bill Persinger, Valeo Behavioral Health; Representative Charlotte Esau; Leanna Chaffee, Kansas Adult Care Executives; Rachel Pirner, Triplett Woolf Garretson, LLC; Camille Russell, Long-Term Care Ombudsman; Ernest Kutzley, AARP; Debra Zehr, LeadingAge Kansas; Carter Olson, Long Term Care Administrator; Roger Barnhart, Barnhart Consulting; Tracy Davies, Washburn University; Chrisy Khatib, DCF; Jan Kimbrell, Silver Haired Legislature; Debra Merrill, Kansas Advocates for Better Care

Subject Matter Experts: Linda Farrar, Kansas Partnership to Improve Dementia Care

KHI Staff: Kari Bruffett, Michele Sumpter, Emma Uridge

Reviewed Documents

- Agenda
- Google Jamboard SWOT (Strengths, Weaknesses, Opportunities, Threats) Matrix

Agenda:

9:00AM Welcome and Introductions
9:10AM Recommendation Development
10:15AM Preview Next Topic
- *Topic: Safeguards to prevent abuse, neglect, and exploitation of seniors in the state of Kansas*
- *Identify supplemental experts, data, or information requests*

10:25AM Administrative Updates
10:30AM Adjourn

Minutes

Agenda item: Introductions / Opening Remarks / Review Agenda / Working Group Process

Discussion:

- Kari Bruffett provided a review of the agenda and outlined working group roles
  - Ground Rules Reviewed
    - Come ready to discuss and compromise.
    - Keep remarks succinct and on topic.
    - Don't hesitate to ask clarifying questions.
    - Start and end on time.

- Group Introductions and Prompt
- Vision Statement:
  - "Older Kansans will have access and the ability to choose and receive high-quality, person-centered services wherever they reside."

Agenda item: Recommendation Development

Discussion: Group used Google Jamboard SWOT Matrix tool to develop potential recommendations
The Administration of Antipsychotic Medications to Adult Care Home Residents

- Linda Farrar, BSN/RN/LNHA, Kansas Partnership to Improve Dementia Care
  - Gave follow-up information from previous presentation on Kansas Partnership to Improve Dementia Care
- SWOT Matrix Looked at strategies from the original SWOT Analysis to develop recommendations
  - Opportunity - Strength
  - Opportunity - Weakness
  - Threat - Strength
  - Threat - Weakness
- See SWOT Matrix Table (attached)

Agenda item: Administrative Updates and Next Steps

Discussion: Content experts to include for next meeting

- Next Meeting: February 8, 2022
- Next topic: Safeguards that prevent abuse, neglect, and exploitation in Kansas
- Content and Subject Matter Expert Nominations:
  - Chrisy Katib as content expert
  - Kansas Guardianship Program representative
  - Steve Karr for update on multidisciplinary team
  - Where is abuse, reports coming into APS, how abuse occurs in community or in facility setting (data on self-reporting?)
  - Hear from local district attorneys
  - RNs investigated, Kansas Bureau of Investigation
  - Board of nursing representative for investigating abuse and neglect
  - Camille, Ombudsmen program from the State
  - Have someone step through investigation process for allegations

SWOT Matrix for Recommendation Development Meeting #3, January 25, 2022 Topic: Administration of Antipsychotic Medication	**Strengths** • Providers and families know each other, given that they often reside in the same town or region. Relationships are so important, and Kansans have a long history of that. Communication about meds can be strengthened by relationships. • PEAK program • Culture of care and kindness among Kansas citizens • Rich resources on the problems of antipsychotics that have become public; more people know and want to know • Many options are developing in how to provide palliative care for persons with dementia instead of anti-psychotics • Medication review and QDR policies for care homes encourage pharmacist participation • Federal regulations require informed consent. Federal regs provide guidance on this topic. • Many opportunities for staff of adult care homes to receive continuing education on this topic	**Weaknesses** • Consumers, payors, and policymakers often don't share the same priorities. • More education to doctors who prescribe • Limited mental health resources for older adults • A large focus on adult care homes as being the main place where seniors live/receive care • Oppressive regulations that have nothing to do with care for residents and distract from providing quality person-centered care • Lack of provider training in understanding the regulatory impact of their prescribing habits or what is needed by nursing facilities to medically justify treatment with antipsychotics. • Greater integration/access to mental health services – especially within rural areas. There are needs, but without proper support, the NF can be vulnerable to deficiency issues. • Lack of community services-need to rebalance services • Added diagnosis to resident files without proper diagnosis • Staffing • Restricting formularies that don't work for psychiatric patients where drugs may not work or work differently • Staffing minimum staffing requirements • Staff quantity and education • Access to telehealth/telepsychiatry and policies that support that service. • System of care delivery problems associated with behaviors that lead to antipsychotic use.
Opportunities • The population of Kansas, especially in our rural and in some urban counties like Shawnee, is aging rapidly, so our voices as seniors and family members of seniors have added strength. Voices raising concerns about medication access and related issues is a strength. • Lack of aid and nurse training on communication with people who have dementia • Reporting and addressing false documentation • KanCare MCOs (Managed Care Organizations) can provide Geri-psych nurse practitioner consult to providers • MCOs has data we can access • Person centered thinking training for all staff • Policies regarding step therapy and use of injections. • Recommend development of mental health resources • In dealing with dementia patients and a Durable Power of Attorney (DPOA), communications with the DPOA needs to be first • Nursing home residents with low care needs • Medications that have a secondary side effect benefit without being an antipsychotic medication can be explored first	**Opportunity-Strength (OS) Strategies: *Use strengths to take advantage of opportunities*** Recommendations: 1. Education on the interaction of the prescribed dementia meds and depression-mgmt meds not only to professional caregivers but family members 2. Utilization of Community Health Worker would meet much of these priorities - care coordination throughout the continuum, addressing mental health issues AND be reimbursed. 3. With listed strengths of relationships in rural areas and monthly medication reviews, the 14-day limit for antipsychotic prescriptions from PCP's should be reevaluated 4. Creating a standardized method to guide the clinical decision-making process necessary to describe the medical justification for prescribing decisions and communicate the failure to respond to nonpharmacological interventions can help to facilitate the process for all involved parties. 5. Communicate/recommunicate about all the dementia certificate programs and resources to LTC providers and prescribers 6. Opportunity: Older people benefit from access to appropriate specialists such as neurologists or neuropsychologists in a timely manner to provide accurate identification of the type of dementia which is important to development of an appropriate treatment plan. This information needs to be made available to the treating clinician. 7. Strength: When systems are in place to facilitate timely collaboration among providers, a more comprehensive treatment plan can be successfully implemented, reducing the need to reactively prescribe psychotropic medications. Billing codes and appropriate time allowed to provide these services is needed to help this occur more consistently,. 8. KanCare is supposed to be assisting with care management. Including with these thorny dementia and antipsychotic use challenges. Where are they? This resource needs to be strengthened and communicated. 9. Care coordination for all 10. Increasing knowledge regarding geriatric behavioral health and dementia within acute care settings. 11. Cultivate mental health training for those who serve seniors	**Opportunity-Weakness (OW) Strategies: *Overcome weaknesses by taking advantage of opportunities*** Recommendations: 1. If the older adult is in the community, geriatric mental health professionals completing med checks in the home. 2. Safeguard systems in place for home health care, with similar standards to other providers. 3. Provide nursing homes with recommendations for improvement regarding medical decisions made by providers regarding psychotropic medication use rather than a punitive process over something that they do not have control. A process to review progress within established timeframe to provide a way for the home to demonstrate their efforts to comply with regulation. 4. Person Centered Thinking training and framework across all disciplines and stakeholders to address root cause of issues and effectively address support plans consistent with individuals' rights. 5. Directory of community mental health services across state. 6. Adding mental health workers to the community health centers 7. Invest in and reimburse Community Health Workers 8. could there be a statewide prescriber (or provider) hotline for when psychotropic medication questions arise. (Ex: KUMC used to have an end-of-life hotline that prescribers and providers could call for an additional support when questions/challenges arise.) 9. Expand the definition of community health centers. Those tend to be more regional and not within the smaller communities 10. KanCare is supposed to be assisting with care management. Including with these thorny dementia and antipsychotic use challenges. Where are they? This resource needs to be strengthened and communicated.

	12. Education for staff on powers of agents under a DPOA and legal guardians. Limitation of powers—opportunity 13. Make prescriber education readily available to those who do not have specialty in gero-psych 14. Better training for caregivers. 15. Adequate numbers of appropriately trained staff. 16. Increasing knowledge regarding geriatric behavioral health and dementia within acute care settings. 17. An updated list of physicians and mental health professionals across the state for consultation with the residents. And advising care homes how to get the residents to such sessions, especially the telemed connections. 18. Utilize different options to have additional person-centered training for all staff but particularly for residents with dementia.	
Threats • Regulation to reduce antipsychotics when the need may only be increasing. Occasional difficulty getting proper diagnosis. • More access to medical care including the use of APRNs. • Communication process channels -> physician responses can be untimely yet expose the care facility to penalties. • Need written informed consent • Ongoing pandemic and negative effect on those receiving and providing care • Need for widespread education • Consumer reliance on these medications. Seniors' own choice to take and receive antipsychotics	**Threat-Strength (TS) Strategies:** ***Use strengths to avoid threats*** <u>Recommendations:</u> 1. More training for community physicians about the use of anti-psychotics in seniors. 2. Conduct joint surveyor/provider training on psychotropic medications and appropriate/inappropriate use and non-pharmacological approaches 3. Offer resources/training to LTC caregivers on how to react when behavior escalates to violence 4. fund standard informational material to educate public, providers, doctors re consent, regulatory guidance, resident rights, etc. 5. Leverage PEAK to communicate person-centered best practices to providers	**Threat-Weakness (TW) Strategies:** ***Minimize weaknesses and avoid threats*** <u>Recommendations:</u> 1. Every CMHC have appropriate number of licensed therapists skilled in senior behavioral health care, integrating with LTC partners 2. Fund more senior behavioral health specialists at CMHC 3. Click HereHow can we learn from the experience and impact of the pandemic on this topic 4. LTC caregivers are facing unprecedented mental health challenges themselves. Offer Mental Health first aid training and resources 5. Expand access and use of telehealth services. 6. Prevention: Assisting in DPOA 7. Primary care professionals having conversations with older adults about DPOA's, POA's and personal choices. 8. increase minimum staffing requirements, sufficient in number and education and skills to meet needs and avoid behavioral symptoms causing a look to unnecessary medications 9. Community Health Workers who can co-respond to older adults in crisis in the community. Offer case-management, assist with accessing community-based services