

## **Testimony to House Committee on Human Services and Housing - HB 3262**

**March 16, 2017**

Chair Keny Guyer, Co-chair Olson, Co-Chair Sanchez and members of the Committee, thank you for the opportunity to share information on quality initiatives to improve the use of antipsychotic and psychotropic medications and, ultimately the lives of Oregonians. For the record, my name is Linda Kirschbaum and I am the Senior Vice President of Quality Services at the Oregon Health Care Association. OHCA would also like to thank Representative Nathanson for her interest in this important health and quality of life issue.

In my role at OHCA much of my work focuses on quality improvement, patient safety practice, education and quality initiatives. The work shared today is the result of a long standing dedication to collaborative work among long term care quality organizations. The work is accomplished through the use of quality assurance and performance improvement (QAPI) models when problems or area for improvement are identified.

In 2012 when the Centers for Medicare and Medicaid Services launched a national campaign to improve quality of life for persons with dementia, Oregon quality partners eagerly came to the table to be an active state participant in this broad national effort to reduce off-label use of antipsychotics for persons with dementia. The CMS campaign was driven by emerging evidence that highlighted potential serious side effects associated with use of these medicines for a diagnosis other than what they were intended for. While the initial goal was to reduce the use of antipsychotics, the Partnership's larger mission was to also promote the use of non-pharmacological approaches and person-centered practices, quality initiatives Oregon had long been committed and engaged in. This was work we knew how to do.

The Oregon Partnership to Improve Dementia Care (OPIDC) workgroup brought together: Department of Human Services , Oregon Health Care Association, Alzheimer's Association, Oregon Department of Veteran's Affairs, Making Oregon Vital for Elders, Dr. Bill Simonson, Oregon State University School of Pharmacy, Dr. Maureen Nash, Medical Director Providence Elderplace and former Medical Director at Taulity Center for Geriatric Psychiatry, Health Insights, Oregon Patient Safety Commission, Leading Age Oregon, Fred Steele, Oregon Long Term Care Ombudsman, and Terri Fagan, Geriatric Consulting Pharmacist.

The group has been meeting routinely since 2012 and continues to meet and set annual goals.

## **Oregon Partnership work highlights (2012- present):**

1). **Routine review of CMS and Oregon survey and quality measures.** The OPIDC analyzes data to inform where Oregon improvement efforts should be targeted. Although the national campaign was focused on nursing facilities the Oregon Partnership chose to address the full spectrum of health and long term care services and supports. CMS quality metrics for nursing facilities Q3 2011-Q3 2016 illustrate a continuous downward trend in the use of antipsychotics in these settings with Oregon outpacing national averages and the majority of states. Data is only one quality indicator but it does provide important benchmarks and information as to progress toward set goals. The most current CMS data on the antipsychotic rate for short stay nursing home residents is 1.6% compared to the 2.5% national rate. The majority of nursing home stays in Oregon are considered short stay, less than 30 days. There are extensive current federal rules related to both antipsychotics plus newly revised rules of participation for nursing homes related to psychoactive medications.

Assisted living and residential care providers do not have a formal and centralized quality metric reporting system. Pilot projects over the past three years in assisted living, residential care and adult care home demonstrate that measurement and analysis are critical steps to helping reduce unnecessary medications. See Learning Collaborative examples below for further detail. This a goal in **HB 3359**, create a reporting system that includes antipsychotic usage as a required quality measure as well as incentives for achieving benchmarks. The bill also allows for addition of measures per the recommendation of the Quality Metrics Committee.

2). A **Geriatric Medication Safety training** curriculum outline was developed for licensed and non-licensed staff using Dr. William Simonson's book ***Medications and the Elderly*** and his OSU School of Pharmacy course for non-pharmacy majors. Antipsychotics and psychoactive medication are addressed in the curriculum. Members of the OPIDC worked to develop the course now offered through Oregon Care Partners caregiver training initiative. A long term goal for the Partnership to create an online, on-demand version of this specific curriculum.

3). **Learning collaborative quality initiatives.** The Partnership tracks progress on the Geriatric Medication Learning Collaborative pilot via Oregon Care Partners. The GMLC helps community based care providers implement interdisciplinary medication review teams to evaluate medications and reduce unnecessary drugs. The second collaborative is facilitated through CareOregon called the Live Well method. The LW program teaches quality improvement competencies and practices and provides coaching and site visits to help assisted living, residential care, memory care and soon adult care homes and nursing homes to implement the methods. Both learning collaborative projects

require data collection, tracking and analysis of medication. Cost savings and social outputs are also being analyzed.

4). **Physician Education and Awareness.** OPIDC developed and hosted a series of webinars for licensed health professionals in the Fall 2106. Physician outreach and education continues into 2017. HB 3359 has provisions for additional education for medical professionals on dementia and antipsychotics.

5). A consumer resource was developed called “**Fast Facts**” featuring the dangers and side effects of off label use of antipsychotics.

6). The group created a guide called “**Resources for Person Centered Dementia Care in Long Term Care Settings**”. The guide provides a broad array of education, training and information sources for dementia and nonpharmacological approaches to care. The first version was published in 2014 and a revision is in progress.

7). **Promote music and life enrichment programs.** OPIDC evaluated dementia-oriented music programs for use as non-pharmacological interventions to decrease behaviors and improve resident quality of life. Small grants will be available starting in 2017 through the long term care quality fund through DHS to fund certifications for these life enrichment programs.

Thank you again for your time. I hope the information presented provides additional perspective on this important health issue and what Oregon has done to improve it. I am available for questions and OHCA looks forward to further discussion on how to most effectively and efficiently address future strategies to advance further improvement.