

STATEMENT

Of



American Health Care Association

For the

U.S. SENATE SPECIAL COMMITTEE ON AGING

Hearing on

“OVERPRESCRIBED: THE HUMAN & TAXPAYERS’ COSTS OF ANTIPSYCHOTICS IN NURSING HOMES”

NOVEMBER 30, 2011

The American Health Care Association (AHCA) appreciates the opportunity to offer this statement for the record to Chairman Kohl, Ranking Member Corker, and Members of the U.S. Senate Special Committee on Aging for this important hearing on the use of antipsychotic medications.

According to the Alzheimer’s Association, “Antipsychotic drugs have long been used to treat aggression and other mental problems related to Alzheimer’s disease.” Thanks to the greater attention and research into the causes and symptoms related to Alzheimer’s and other forms of dementia, we are learning more about how best to treat individuals diagnosed with these cognitive disorders. Better yet, the Alzheimer’s Association has translated much of the latest research, along with the expertise and experience of professionals who provide direct dementia care, into practice recommendations. AHCA collaborated with the Alzheimer’s Association in the development of its *Dementia Care Practice Recommendations for Assisted Living Residences & Nursing Homes*, as well as its *Campaign for Quality Residential Care*, which AHCA and nearly 30 other national groups have supported and promoted over the past five years.

In May 2011, the Department of Health & Human Services’ (HHS’) Office of the Inspector General (OIG) released a report entitled, *Medicare Atypical Antipsychotic Drug Claims for Elderly Nursing Home Residents (OEI-07-08-00150)*. The OIG report raises important questions about the use of antipsychotic drugs in nursing homes. The report reveals that the majority of nursing home residents – 86 percent of residents in this study from 2007 – were not on antipsychotic drugs. Of the 14 percent of residents receiving such medications, the OIG found 22 percent of related Medicare claims did not meet the medication administration standards outlined by the Centers for Medicare & Medicaid Services (CMS), which is approximately 3 percent of such claims for all nursing home residents. Such administrative discrepancies are important when reviewing compliance with CMS reimbursement requirements. What should not be overlooked in reviewing this report is that the OIG does not indicate such instances reflect any impropriety from a clinical or patient care perspective. Even so, AHCA believes that the overall increased use of antipsychotic medications in all care settings warrants review, which is why AHCA is working with other professional associations and CMS to reduce the use of antipsychotic medications. AHCA has incorporated this effort as a significant part of our ongoing quality improvement and member education initiatives.

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OFF-LABEL USE DOES NOT MEAN INAPPROPRIATE USE

The OIG study reveals that 83 percent of the antipsychotic medications prescribed to nursing home patients in this study were given for so-called “off-label” use. The use of medications for off-label reasons is a common medical practice, across all care settings; so, the OIG’s report of such off-label uses should not be misconstrued or misinterpreted to mean inappropriate use. In fact, a recent meta-analysis by RAND reviewing all drug trials of off-label use of antipsychotic medications found that these medications are associated with small improvements in behavior (see September 28, 2011 *JAMA* article, “Efficacy & Comparative Effectiveness of Atypical Antipsychotic Medications for Off-Label Uses in Adults: A Systematic Review & Meta-analysis” by AR Maher, M. Matlione, S. Bagely et al). Antipsychotic medications do provide a legitimate clinical benefit for many patients. In the case of an individual with dementia who may be experiencing a period of extreme agitation, for example, these medications can offer some measure of relief that can make a real difference in that individual’s quality of life.

Safe, effective, and appropriate administration of drugs to long term care patients is a key component of good quality care. It is as fundamental and important as the availability of appropriate drugs. Many individuals with dementia and their families benefit from access to such medications. Often, individuals entering a skilled nursing or other long term care facility may already be taking these prescription medications. When the facility begins to care for patients with Alzheimer’s or other forms of dementia, it takes on responsibility for administering such medications and continuing to monitor and treat the patient based on the legitimate physician orders prescribed for a diagnosed patient condition. We believe patients and family members should understand both the potential risks and benefits of these medications before their use.

As Members of the Senate Special Committee on Aging are acutely aware, nursing homes that receive Medicare or Medicaid funding must meet federal standards, many of which trace back to the *Omnibus Budget Reconciliation Act of 1987 (OBRA ‘87)*, which established a comprehensive set of nursing home regulations. The overarching goal of *OBRA ‘87* is that each individual receives care—to attain or maintain the highest practicable physical, mental and psychosocial well-being.

Medication management is one of the quality measures that skilled nursing facilities must address from a regulatory standpoint. We have invested considerable time and effort in finding ways to adequately and compassionately improve on this measure in particular.

CMS places the responsibility on the facility for patient safety, including safety with regard to the administration of pharmacy services. CMS recognizes that, unlike the typical ambulatory senior, patients in long term care facilities usually are older, in poorer health, and in need of greater care. Facilities are responsible the quality of care that their patients receive and federal guidelines and state licensing agencies require that the patients receive needed medication in a timely manner.

DRIVING TOWARD PATIENT-CENTERED CARE

Certainly, the use of antipsychotic medications is a question best addressed by physicians and other medical professionals. Given all that we are learning about the causes of Alzheimer’s and other forms of dementia, now is the time to focus on alternate and better ways to treat people dealing with such cognitive disorder. By focusing on the symptoms and understanding the communication barriers that exist in working with patients with dementia, AHCA believes that the number of patients in nursing homes being prescribed such medications can be reduced as we continue to explore ways to both prevent and manage difficult behaviors in nursing home residents with dementia without medications. For example, knowing the individual’s abilities

and life story helps caregivers to tailor an effective care plan to meet the individual's care needs and helps to direct future care planning in accordance with the patient preferences.

AHCA'S QUALITY IMPROVEMENT EFFORTS

AHCA has long focused on ways to improve and sustain quality long term and post-acute care to include educating our members about the use of antipsychotic and psychotropic drugs. Currently, we are examining issues such as reducing rehospitalizations. Because off-label use of antipsychotic medications is associated with an increase in hospitalizations, we have added the reduction of off-label use of antipsychotic medications in nursing facilities as part of our ongoing quality improvement efforts.

AHCA has reached out to our colleagues in the profession, most notably AMDA and LeadingAge and consulted with experts at CMS regarding this new initiative that we believe can significantly reduce the use of these prescription medications while focusing on better managing an individual's condition and behavior without medication.

While reducing the use of existing antipsychotic medications is a primary goal, we wish to do so in a way that addresses the underlying clinical and behavioral issues – rather than simply causing a shift from the prescribing of antipsychotics to other medications.

At its core, AHCA's plan is to develop more effective strategies for managing certain behaviors often exhibited by individuals with dementia or other cognitive impairments. We believe that the following three-pronged approach can achieve our goal of reducing antipsychotic use in nursing homes over the next year.

Clearly, our most immediate focus must be on those patients now prescribed antipsychotics, especially those that are considered for "off-label" use. Next, we will focus on training staff in non-pharmacological approaches to preventing and managing behavior problems in individuals with dementia. We recognize that there may be increases in behavior problems or unwanted outcomes during this phase as patients transition from currently prescribed medications. Dealing with these anticipated patient care issues underscores our belief that, ultimately, training in non-pharmacological approaches to manage unwanted behaviors must extend beyond facility staff to physicians, other medical professionals and families if we are to achieve long-lasting reductions in the use of antipsychotics. We also acknowledge that developing such broad-based training will take considerable time and effort, and require assistance and support from CMS and other partners. The third phase in addressing this complex issue demands broad, systemic changes in management and quality improvement systems in order to solidify and sustain the lasting effect of improved care quality and quality of life for people with dementia accomplished in the first two phases.

QUALITY FIRST = PATIENTS FIRST

Quality remains our focus – quality of care and quality of life for the millions of Americans who work in our profession caring for some of our most vulnerable citizens. We continue to challenge ourselves to improve, and enhance quality, as we prepare for the increased demand for long term and post-acute care in the future.