April 7, 2015 Edition

Feature Focus

Each edition of the IHCA Regulatory Beat will feature focus articles on specific regulatory topics. If you have a topic you’d like to see covered here, please let us know!

Updated Information on Antipsychotic Usage
CMS recently reported that nursing home operators nationwide have exceeded goals for lowering unnecessary antipsychotic use. The level dropped by nearly 20 percent over a three-year span.

The National Partnership to Improve Dementia Care in Nursing Homes is committed to improving the quality of care for individuals with dementia living in nursing homes. The Partnership has a mission to deliver health care that is person-centered, comprehensive and interdisciplinary with a specific focus on protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication and a systematic process to evaluate each individual’s need. CMS promotes a multidimensional approach that includes: research, partnerships and state-based coalitions, revised surveyor guidance, training for providers and surveyors and public reporting.

CMS is tracking the progress of the Partnership by reviewing publicly reported measures. The official measure of the Partnership is the percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's disease or Tourette’s syndrome. In 2011Q4 23.9 percent of long-stay nursing home residents were receiving an antipsychotic medication; since then there has been a decrease of 19.4 percent to a national prevalence of 19.2 percent in 2014Q3. Success has varied by state and CMS region, with some states and regions having seen a reduction of greater than 20 percent. The bad news is that Illinois has a 23.54 percent usage of antipsychotics and is ranked 49th in the nation.

The Illinois summary of antipsychotic usage by IDPH Regional Office is noted below.
Report Details: This report provides an overview of nursing home performance by quarter per region and for the state for those receiving antipsychotic medications. The purpose of the report is to trend these measures over time and compare rates among regions in the state. Quarterly regional and state rates are calculated as the weighted average of the nursing homes in the specified geographic area \([\text{sum of all nursing homes' numerators in the area}} / \text{sum of all nursing homes' denominators in the area}) \times 100\].

These quality measure rates are not necessarily calculated using the same methods used by other entities such as CMS’ Nursing Home Compare website or their Partnership to Improve Dementia Care in Nursing Homes Initiative. One main difference between these reports and those mentioned above are the time frames used for calculations. This report calculates rates separately for each quarter, the two CMS sources mentioned calculate rates using a three-quarter average each time.

The Illinois Chapter of the Partnership to Improve Dementia Care in Nursing Homes is working diligently to address this issue in Illinois and move us closer to and hopefully below national goals. The Partnership is reaching out to facility medical directors, individual resident physicians, resident families and many others. The Illinois Chapter, along with federal CMS, is planning a targeted approach and we/IHCA will provide continuing information on this as it becomes available. What is important to remember is that CMS recently added short term stay and long term stay use of antipsychotics to the list of Quality Measures under the 5-Star Program. Improper or over-usage of antipsychotics will negatively affect your overall 5-Star rating.

Infection Control: Use of Gloves
Gloves are close to the cheapest and most effective defense against infections in health care settings. But even the best gloves are useless without proper infection control protocols and gloving techniques.

Understanding the risks of not having a glove policy is the first step. An estimated 1.6 to 3.8 million infections, with 380,000 deaths, are attributed to infections in nursing home residents each year. A significant percentage of those infections can be avoided with gloves. The most common pathogen transmission route is via hands. Nursing homes are more at risk because the education level in these facilities is lower than the traditional medical market.

Know your proper level of protection. LTC facilities must assess the availability and placement of gloves on each and every unit. Are gloves available in resident living areas? Are they available so that staff can readily use them? Repeat this assessment at least annually as well as when the physical setup of a given unit is altered. Encourage staff to report problems like gloving sizing and defects. Remember, too, that the types and proper uses of gloves vary by setting. Facilities should assess potential gaps by getting frontline staff, along with leadership, to create a performance improvement project as a very straightforward method for examining the process for glove usage.

Choose the right gloves for the right situations. Using a non-medical glove for a medical task can place the health care worker at risk. This point is lost on some. Because it is a cost driven market, many facilities go with vinyl gloves as a standard. Facilities should stock gloves made of varying materials (such as vinyl, nitrile or latex) and protective attributes (such as barrier protection, allergen content, strength and durability, elasticity, fit and

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<th>Region</th>
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comfort, as well as chemical resistance) specific for their intended use. Nurses should use ASTM-certified medical gloves because they prevent the spread of blood-borne contamination. Be mindful of the need to stock non-powdered gloves for those employees who have known latex allergies.

**Make compliance a priority.** Without an infection preventionist on staff to train and monitor for compliance of infection control protocols, long term care facilities could see more potential breaches in proper gloving technique. In any case, educate staff on universal precautions and how to properly put on, take off and store gloves. Make continuing education and regular in-services on proper use of gloves a priority. Avoid storing gloves in night-stands or lab coat pockets. Instruct staff to remove jewelry before donning gloves. Don’t hinder glove use by limiting sizes and availability. By having multiple locations of glove availability within areas of high glove usage, facilities can help improve usage patterns. If a glove isn’t fitting correctly, it could be discarded out of frustration.

Good hand hygiene is the best defense of all against spreading infection. Encourage staff to treat chafed hands. Left untreated, they increase the chance of contracting germs and could discourage glove use because of the irritation.

**Common Mistakes to Avoid:**

- Ignoring the need for both medical and non-medical gloves. Housekeeping and food service staff should never be using the same types of gloves as nurses and aides.
- Providing poor or inappropriate accessibility and selection. Gloves that aren’t applicable or don’t fit will discourage staff from wearing.
- Being lulled into a false sense of security. While gloves go far in preventing infection and cross-contamination, there is no substitute for good hand hygiene, including skin care and frequent handwashing.

This article was modified from the original seen in *McKnight’s Long Term Care News*.

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**Trending Statistics**

*Each issue of Regulatory Beat features an interesting statistic or trend in the long term care regulatory arena.*

**GAO Report on Antipsychotic Drug Use – HHS has Initiatives to Reduce Use Among Older Adults in Nursing Homes, but Should Expand Efforts to Other Settings – January 2015**

Click here to view the GAO Report on Antipsychotic Drug Use from January 2015.

Antipsychotic drugs are frequently prescribed to older adults with dementia. GAO’s analysis found that about one-third of older adults with dementia who spent more than 100 days in a nursing home in 2012 were prescribed an antipsychotic, according to data from Medicare’s prescription drug program, also known as Medicare Part D. Among Medicare Part D enrollees with dementia living outside of a nursing home that same year, about 14 percent were prescribed an antipsychotic. (See figure below.)
Proportion of Older Adult Medicare Part D Enrollees Outside of the Nursing Home Diagnosed with Dementia Who Were Prescribed an Antipsychotic in 2012

Note: GAO excluded individuals diagnosed with schizophrenia or bipolar disorder because the Food and Drug Administration (FDA) has approved certain antipsychotic drugs for the treatment of these conditions.

Experts and research identified patient agitation or delusions, as well as certain setting-specific characteristics, as factors contributing to the prescribing of antipsychotics to older adults. For example, experts that the GAO spoke with noted that antipsychotic drugs are often initiated in hospital settings and carried over when older adults are admitted to a nursing home. In addition, experts and research have reported that nursing home staff levels, particularly low staff levels, lead to higher antipsychotic drug use.

Agencies within the Department of Health and Human Services (HHS) have taken several actions to address antipsychotic drug use by older adults in nursing homes, as described in HHS's National Alzheimer's Plan; however, none have been directed to settings outside of nursing homes, such as assisted living facilities or individuals' homes. While the National Alzheimer's Plan has a goal to improve dementia care for all individuals regardless of residence, HHS officials said that efforts to reduce antipsychotic use have not focused on care settings outside nursing homes, though HHS has done work to support family caregivers in general. Stakeholders the GAO spoke to indicated that educational efforts similar to those provided for nursing homes should be extended to other settings. Extending educational efforts to caregivers and providers outside of the nursing home could help lower the use of antipsychotics among older adults with dementia living both inside and outside of nursing homes.

Why GAO Did This Study
Dementia affects millions of older adults, causing behavioral symptoms such as mood changes, loss of communication and agitation. Concerns have been raised about the use of antipsychotic drugs to address the behavioral symptoms of the disease, primarily due to the FDA's boxed warning that these drugs may cause an increased risk of death when used by older adults with dementia and the drugs are not approved for this use.

The GAO was asked to examine psychotropic drug prescribing for older adult nursing home residents. In this report, GAO examined (1) to what extent antipsychotic drugs are prescribed for older adults with dementia living inside and outside nursing homes, (2) what is known from selected experts and published research about factors contributing to the such prescribing and (3) to what extent HHS has taken action to reduce the use of antipsychotic drugs by older adults with dementia. The GAO analyzed multiple data sources including 2012 Medicare Part D drug event claims and nursing home assessment data; reviewed research and relevant federal guidance and regulations; and interviewed experts and HHS officials.
What GAO Recommends
GAO recommends that HHS expand its outreach and educational efforts aimed at reducing antipsychotic drug use among older adults with dementia to include those residing outside of nursing homes by updating the National Alzheimer’s Plan. HHS concurred with this recommendation.

Important Rules, Regulations & Notices
1) The following federal Survey and Certification (S&C) Letters were released since the last issue of Regulatory Beat:

- **S&C 15-31 – NH** - 2014 Final Report & 2015 Expansion Project – CMS Focused Dementia Care Survey Pilot. [Click here](#) for the final report that outlines the basis for the Focused Dementia Care Survey Pilot, the process utilized, conclusions gathered based upon post-pilot data analysis, as well as next steps for the future. CMS plans to expand upon the work of the focused survey pilot and has invited states to conduct such surveys in FY2015 on a voluntary basis. The expansion project will involve a more intensive, targeted effort to improve surveyor effectiveness in citing poor dementia care and the overutilization of antipsychotic medications, and broaden the opportunities for quality improvement among providers. Deficient practices noted during the surveys will result in relevant citations. In the event that additional care concerns are identified during on-site reviews, those concerns will be investigated during the survey or will be referred to the SA as a complaint for further review.

2) CMS released several notices/announcements since the last issue of Regulatory Beat. They include:

- CMS recently published the [Announcement of CY 2016 MA Capitation Rates and MA and Part D Payment Policies and Final Call Letter](#). In this document, CMS finalized payment and policy changes for MA and Part D plans as they prepare bids for the upcoming plan year. Highlights of the 2016 Announcement and Final Call Letter include: CMS estimates the overall net change to plan payments between 2014 and 2015 will be 1.25 percent; CMS has elected not to finalize the proposal to reduce the weights of a subset of Star Ratings measures, which intended to address the relationship between dual-eligible and the health plan’s ability to achieve high star ratings; and additional clarifying guidance for health plans regarding accuracy of MA provider directory information. We will keep you posted as more information becomes available.

- CMS [MLN Connects Provider eNews](#) reports that in addition to the Medicare Physician Fee Schedule adjustment, other provisions affecting providers will also expire by April 1, including exceptions to the outpatient therapy caps, add-on payments for ambulance services, payments for low volume hospitals, and payments for Medicare dependent hospitals. CMS is taking steps to limit the impact on Medicare providers and beneficiaries by holding claims for a short period of time beginning on April 1st. Please see the attachment to learn more about the provisions that expired on April 1, 2015. Also, AHCA sent an email note ([click here](#)) that gives a summary with regard to the sunset of transitional medical assistance and qualifying individual programs.

- The Centers for Disease Control and Prevention (CDC) recently updated ([click here](#)) several items in the Vaccine Information Statements that may be of interest to you.

- In the March 26, 2015 issue of Medicare Learning Network (MLN) [Provider eNews](#), under Announcements:
  - DOJ and HHS Announce over $27.8 Billion in Returns from Joint Efforts to Combat Health Care Fraud
HHS Announces Proposed Rules to Support the Path to Nationwide Interoperability

And under MLN Educational Products:
- Safeguard Your Identity and Privacy Using PECOS Fact Sheet
- Internet-based PECOS Frequently Asked Questions Fact Sheet

3) Governor Bruce Rauner has selected Director John Holton to continue leading the Department of Aging. He has served as the agency’s director for the past three years. Holton’s work for Illinois dates back to 2007, when he began working for the Illinois Department of Human Services. For three years, he was the Associate Director in the Division of Mental Health. Prior to that, he studied public health in Chicago’s neighborhoods when he served as a site director for Harvard University School of Public Health’s project on human development. Holton holds a Ph.D. in Human Development from Pennsylvania State University, a master’s degree in Urban Education from the University of Hartford and a bachelor’s degree from Howard University.

4) The Agency for Healthcare Research and Quality (AHRQ) and CDC have worked together to support the development and dissemination of a new user-friendly mapping tool. MapIT takes a selected set of ICD-9-CM or ICD-10 codes, applies the Centers for Medicare & Medicaid Services/National Center for Health Statistics General Equivalence Mapping (GEMS) and then produces a set of ICD-9 and ICD-10 codes and descriptions. The tool uses both the forward and backward maps, in conjunction with reverse mapping as described in the GEMS technical specifications, to generate all possible matches for clinical review. MapIT can be used on diagnosis codes, procedure codes and external cause-of-injury codes. An hour-long online training webinar is available for the tool, which also features a single lookup of desired ICD codes (or descriptions) and a batch lookup using a text that contains a large volume of ICD codes.

5) AHRQ offers free Web-based continuing education for nurses, nurse practitioners, case managers, staff educators and nurse practitioner faculty. Eligible professionals can view recorded webinars that highlight resources such as the National Guideline Clearinghouse, the Electronic Preventive Services Selector and the Improving Patient Safety in Long Term Care Facilities training modules. The webinars offer practical insights on how these resources can be integrated into education and practice. Registration is open.

6) MedPage Today recently published several items of interest. They include:
   - Review a paper titled, “Succeeding as an ACO: A 6-Step Guide for Health Care Organizations” to better understand how ACOs aim to improve cost and efficiency of patient care. There’s a growing number of ACOs in 49 states and now up to 43 million Medicare and non-Medicare patients are covered. How could you position your organization to succeed as an ACO? Read the 6-step guide now.
   - In the Medpage Today, Gupta Guide, Dr Gupta reports that physicians are more open to accepting Medicare and private insurance and that one-third of physicians are refusing new Medicaid patients.
   - Medicaid providers cannot sue the government seeking to raise their reimbursement rates, the Supreme Court ruled Tuesday.

7) MedlinePlus published several news stories of interest. They include:
   - Neither routine exercise nor vitamin D supplementation does anything to lower the overall risk for accidental falls among older women, a new Finnish study says. However, the risk of serious injury as a result of falling was cut by more than half when elderly women engaged in regular exercise, according to the study.
   - Three leading groups of heart experts have issued updated guidelines that set blood pressure goals for people with heart disease. Specifically, the guidelines reinforce a target blood pressure of less than 140/90 mm Hg for those at risk for heart attack and stroke. The guidelines also set a goal of 130/80 mm Hg for those with heart disease who have already had a heart attack, stroke or a ministroke, or who have had a narrowing of their leg arteries or an abdominal aortic aneurysm.
Almost a quarter of powerful narcotic painkillers that are prescribed for chronic pain are misused, and the rate of addiction among patients hovers near 10 percent, a new review shows. The findings raise questions about the benefits of widespread use of these painkillers to treat chronic pain, the researchers said.

A drug-resistant strain of bacteria that causes diarrhea is spreading in the United States, federal health officials warned recently. Travelers are bringing a drug-resistant strain of the Shigella sonnei bacteria to the United States and spreading it to other people, according to the U.S. Centers for Disease Control and Prevention.

8) Medicalxpress reports that patients with Clostridium difficile infection (CDI) are twice as likely to be readmitted to the hospital as patients without the deadly diarrheal infection, according to a study published in the April issue of the American Journal of Infection Control, the official publication of the Association for Professionals in Infection Control and Epidemiology (APIC).

9) MSN reports that a 1,000-year-old Anglo-Saxon remedy for eye infections has been found to be effective against antibiotic-resistant superbugs (including MRSA), researchers from the University of Nottingham said on Monday. The scientists recreated a 9th Century remedy to treat styes.

10) There were several recent articles in McKnight's that may of interest to you. They include:

- The Society for Post-Acute and Long-Term Care Medicine (AMDA) is advising long term caregivers against using indwelling urinary catheters to manage urinary incontinence — one of five common practices or tests that lack scientific evidence to support their use in such settings, physicians say.
- A new report by the Alzheimer's Association asserts that fewer than half of Alzheimer's patients and their caregivers ever learn of their diagnosis from a physician, and those who do typically don't learn of it until they are in the advanced stages of the disease.
- Sebelius: Future payments to operators will increasingly target care, accountability and savings. Providers can kiss fee-for-service payments goodbye, says Kathleen Sebelius. The former health official spoke Wednesday at the NIC 2015 Capital & Business Strategies Forum in San Diego.
- More aggressive interventions with lonely elders may significantly decrease physician visits and healthcare costs, authors of a recent study conclude. And they assert their findings support a growing body of research establishing loneliness as a significant public health issue among older adults.

11) Interesting Fact: There are 2.5 trillion (give or take) of red blood cells in your body at any moment. To maintain this number, about two and a half million new ones need to be produced every second by your bone marrow. That's like a new population of the city of Toronto every second.

If you have any questions or comments on any of the information contained in this publication, or to suggest content for future editions, please don’t hesitate to contact Bill Bell. If you’d like to be removed from this mailing list, simply reply to let us know. And as always, we welcome your feedback!