Using Automated Dispensing Systems in Illinois Long Term Care Facilities

Recent amendments to the Illinois Pharmacy Practice Act Rules (click here) expressly allow the use of automated medication dispensing systems in long term care facilities. Although the old rules did not prohibit automated dispensing systems at long term care facilities, their generic terms provided only that pharmacies could place such systems in “settings that ensure medication orders and prescriptions are reviewed by a pharmacist in accordance with established policies and procedures and good pharmacy practice.” The new rules expressly permit the use of these machines in any licensed hospital, long term care facility or hospice facility.

An automated dispensing system is conceptually similar to a vending machine: a pharmacy stores bulk drugs in the machine in separate bins or containers, and programs and controls the system remotely. A facility nurse then removes medication from the machines for administration to patients.

Such systems allow for immediate dispensing of controlled substances in emergency situations, without having to wait for an offsite pharmacy to deliver medications. They also help to prevent accumulation of unused medications at long term care facilities, by allowing the pharmacist to dispense small amounts of prescribed drugs (e.g., daily doses) rather than the entire amount indicated on the prescription at one time. Because medications placed in the machine are not considered to be dispensed until they are removed, they can be administered to any patient who has a valid prescription.

The new regulations leave the definition of an automated dispensing system unchanged. Automated dispensing systems “include, but are not limited to, mechanical systems that perform operations or activities, other than counting, compounding or administration, relative to the storage, packaging or dispensing of medications, and that collect, control and maintain all transaction information.” Under the regulations, drugs in the system are not considered dispensed by the pharmacy until authorized employees of the long term care facility remove the drugs from the system. Generally, drugs can only be released from the system pursuant to a prescription. Only the doses of medication needed for contemporaneous administration may be removed from the system at one time.

The facility does not need a state license or permit for an automated dispensing system; the machine operates under the same Illinois license as the pharmacy that places it at the facility. Pharmacies may not share an automated dispensing system at a facility, unless the pharmacies are under common ownership.

Other changes to the Pharmacy Practice Act Rules may make placement of automated dispensing systems more prevalent. The new regulations require offsite institutional pharmacies to make medications available to patients when the pharmacy is closed or the pharmacist is absent, just as onsite institutional pharmacies are required to do. Under the regulations, the availability of necessary medications for immediate therapeutic use during those hours when the
pharmacy is not open shall be met by (1) an after-hour cabinet, (2) an emergency kit or (3) an authorized facility nurse removing medications from the pharmacy. The new rules clarify that an automated dispensing system may be used as an after-hours cabinet or an emergency kit. When the automated dispensing system is used in this manner, pharmacist review of the prescription or medication order prior to removing medication is not required. This does not mean that a nurse can simply remove medication from the machine; s/he must still ensure that a physician issues a prescription or medication order.

The new regulations do not alter the other technical and procedural requirements for automated dispensing systems. These requirements include the following:

- The pharmacy must document the type of equipment, serial numbers, content of the machines, policies and procedures, and locations of the machines.
- The pharmacy must create adequate security systems and procedures, evidenced by written policies and procedures, to prevent unauthorized access or use, comply with applicable federal and state regulations, and maintain patient confidentiality.
- Systems must be in place for electronic recording of every time anyone accesses the dispensing systems, including the names, initials or other unique identifiers of the individuals accessing the system and removing the drugs, the name, strength, dosage form, and quantity of the drugs accessed, the names of the patients for whom the drugs were ordered, each patient’s unique and permanent identifiers, the dates and times that employees removed medications from the system, and the identification of the persons stocking and restocking the machine.
- Only licensed pharmacists or registered pharmacy technicians may stock or restock medications.
- All medications placed in the system must be packaged as a unit of use for single-patient use, except for certain injectable medications and over-the-counter products.
- The pharmacy and facility must have documented policies and procedures for the use of automated dispensing systems.

Although an automated dispensing system must provide a mechanism for securing and accounting for medications removed from but then returned to the system, no medication or device may be returned for immediate reissue or reuse by the facility. Reuse requires the pharmacist’s approval; the pharmacist must determine that the medication is unopened and was stored in sealed, intact, and unaltered containers that meet standards for light, moisture, and air permeation as defined by the *United States Pharmacopeia*.

The Illinois regulations are consistent with federal Drug Enforcement Administration (DEA) rules on the use of emergency kits and automated dispensing systems. For more than three decades, the DEA has allowed pharmacies to place in long term care facilities emergency kits that are routinely stocked with commonly dispensed controlled substances, provided that the facility is located in a state that regulates, among other things, the security safeguards for emergency kits. These kits are considered extensions of the pharmacy and are controlled under the pharmacy’s DEA registration.

Since 2005, the DEA has allowed pharmacies to install automated dispensing systems at long term care facilities, but unlike with emergency kits, the DEA requires the pharmacy to separately register each machine. The DEA’s comments that accompanied the publication of its rules acknowledge the benefits of using automated dispensing systems.

If your facility is interested in this type of system, contact your pharmacy provider and determine if this service is available or could be made available to your facility.

*This article was written by Harold B. Hilborn with Much Shelist Law Firm.*
AHCA Building Prevention Into Every Day Practice: Framework for Successful Clinical Outcome Series – Part 3 of 13

AHCA’s Clinical Practice Committee designed a framework series that outlines guiding elements such as individualized care approaches, effective transitions of care, QAPI concepts, safety, risk management, team-based care, and diagnostic quality. Care providers that use these resources can more effectively apply knowledge through organizational approaches and clinical care that leads to optimal patient outcomes and quality of life.

Over the next several weeks we will continue to feature one element of the Building Prevention Into Every Day Practice: Framework for Successful Clinical Outcomes.

Success in achieving positive resident/patient outcomes is even more critical now than ever before. The link between quality and payment in long term and post-acute care is growing stronger, as evidenced by the SNF Value Based Purchasing Program (VBP), Improving Post-Acute Care Transformation (IMPACT) Act, SNF Quality Reporting Program (QRP) and more.

In addition, regulatory activity is intensifying through focused surveys on adverse events, dementia care and MDS. The Five-Star Rating system and Nursing Home Compare have been revised and will add items in the future as it broadens public reporting and transparency. Most importantly, consumers expect and deserve high quality care.

The entire framework outlines key elements from both an organizational and clinical nature that are critical to successful clinical and organizational outcomes. Positively, these elements reflect common denominators that cross multiple care situations. Therefore, instead of being yet another initiative or single focused project to achieve just one outcome, it is a way of acting, thinking and being that will benefit multiple areas across an organization. Each element is addressed in detail throughout the framework.

This week we will feature the element of Organizational Foundation: Systems Driven.

Key Takeaways: Systems Driven

- Improve results by focusing on performance of systems and processes.
- Utilize a consistent, standardized approach.
- Build in problem solving to everyday activities

Probing Questions for Team Reflection and Discussion:

1. How are staff supported to initiate problem solving in a timely manner?
2. How do we monitor the performance of our systems and processes?
3. Do we use a consistent, standardized approach to performance improvement?

Visit the AHCA Clinical Practice website to learn more about the element of “Organizational Foundation: Systems Driven” and answers to these key questions:

What does this mean? Why is this important? What are some examples? What is my part (as an individual employee, manager or practitioner)? What can my organization do?

Start somewhere, pick one element and work through it with your team.

Enjoy the journey through the framework!
Trending Statistics
Each issue of Regulatory Beat features an interesting statistic or trend in the long term care regulatory arena.

National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use Trend Update
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. The Centers for Medicare & Medicaid Services (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 28.8 percent, to a national prevalence of 17.0 percent in 2015Q4. Success has varied by state and CMS region, with some states and regions having seen a reduction of greater than 25 percent. In Illinois, we are now at 19.99 percent and we are now 6th from the bottom. This is a positive movement, but we are still above the national average and still have a lot of work to do in this area.

A three-quarter measure is posted to the Nursing Home Compare website at https://www.medicare.gov/nursinghomecompare/. The long-stay measure on Nursing Home Compare, is the exact same measure as below, except each facility’s score is averaged over the last three quarters in order to give consumers information on the past history of each facility.
CMS Region- and State-specific data are displayed below. These data show the change in the single-quarter prevalence of antipsychotic medication use amongst long-stay residents since 2011Q2 and shows the change since the start of the Partnership.

![Graph showing antipsychotic medication prevalence over time by region.]

Click here to view the full piece, including the detailed breakdown of the data in the chart above.

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**Important Regulations, Notices & News Items of Interest**

1) The following federal Survey and Certification (S&C) Letters were released since the last issue of *Regulatory Beat*:

- **S&C 16-27 - NH** - Public Release of Nursing Home Enforcement Information Announcement. Posting of Nursing Home Enforcement Information: CMS is posting information (click here) that includes data on nursing home enforcement actions between 2006 and 2014. The contents of this letter support activities or actions to improve patient or resident safety and increase quality and reliability of care for better outcomes.

- **S&C 16-28 – NH** - Update Report on the National Partnership to Improve Dementia Care in Nursing Homes. Update Report: CMS has released the second report that provides a brief overview of the National Partnership, summarizes activities following the release of S&C policy memorandum 14-19-NH, and outlines next steps. The report describes the results of the Focused Dementia Care Surveys conducted in Fiscal Year (FY) 2015.

2) Federal HHS/CMS released the following notices/announcements since the last issue of *Regulatory Beat*:

- **Long Term Care Facilities: Mandatory Submission of Staffing Data via PBJ Begins July 1.** Electronic submission of staffing data through the Payroll-Based Journal (PBJ) is required of all long term care facilities starting July 1. The last day to submit data for fiscal quarter four (July 1 through September 30) is November 14, 2016. Nursing homes can register now in the PBJ system to prepare:
  - Obtain a [CMSNet User ID](#) if you do not already have one for other QIES applications
  - Obtain a [PBJ QIES Provider ID](#) for PBJ system access
Mr. Logan has been with the Department of Public Health for two years, working as an Assistant General Counsel in the Division of Legal Services where he provided legal counsel to the Bureau of Long-Term Care. Prior to working for IDPH, Mr. Logan worked for the Illinois Department of Revenue for 15 years, first as a staff attorney and later as Deputy General Counsel and Manager of the Office of the Special Counsel. Mr. Logan has a Bachelor’s of Science in Psychology degree from Western Illinois University and a law degree from St. Louis University.

3) The Illinois Department of Healthcare and Family Services (HFS) posted several notices:

- The Category of Service/Taxonomy Table for the 837I has been updated. You may view the updated Category of Service/Taxonomy Table for the 837I here.
- The Department has issued a clarification to the May 19, 2016 Informational Notice entitled Nursing Facility Participation in the Managed Long Term Services and Supports (MLTSS) Program to include Nursing Facilities eligible to be licensed as Specialized Mental Health Rehabilitation Facilities (SMHRFs). You may view the notice here.
- HFS has posted an updated electronic billing technical guide. You may view it here.
- HFS has posted a new provider notice regarding Separate Forms for Notification of Initial Election Period; Continuing Benefit Period and Recertification of Terminal Illness; and Patient Discharge. You may view the notice here.
- HFS has made changes to the Medical Electronic Data Interchange (MEDI) system allowing providers to identify eligibility for participants for the following month. As of the 20th day of a given month, providers may view eligibility for the subsequent month. This feature will be operational as of June 20, 2016 and will assist providers in scheduling and requesting prior approval for services.
- HFS has posted a new provider notice regarding the Requirement for Long Term Care Providers to Submit Monthly Billing for Reimbursement Purposes – Delayed Implementation. The notice may be viewed here.
- HFS has posted a new notice regarding Prescription Opioid Antagonists. You may view the notice here.

4) The Illinois Department of Public Health (IDPH) announced that Mr. George Logan is the new Chief for the Division of Administrative Rules and Procedures, effective Thursday, June 16, 2016. That Division is responsible for the Office of Health Care Regulation rulemaking, the Health Care Worker Background Check Program and the Nurse Aide Registry. Mr. Logan has been with the Department of Public Health for two years, working as an Assistant General Counsel in the Division of Legal Services where he provided legal counsel to the Bureau of Long-Term Care. Prior to working for IDPH, Mr. Logan worked for the Illinois Department of Revenue for 15 years, first as a staff attorney and later as Deputy General Counsel and Manager of the Office of the Special Counsel. Mr. Logan has a Bachelor’s of Science in Psychology degree from Western Illinois University and a law degree from St. Louis University.
5) Telligen Quality Innovation Network – Quality Improvement Organization (QIN-QIO), in collaboration with CMS, is working throughout Colorado, Illinois and Iowa to achieve better care, better health for people and communities and more affordable care through quality improvement. Two items of interest from Telligen are:

- **Join Telligen’s Nursing Home Collaborative Focus on Clostridium Difficile Infection - Don't Be Left Behind.** Start today, and get ahead of future federal requirements requiring facilities to have a system for preventing, identifying, reporting, investigating and controlling infections and communicable diseases. Learn to report infections as your hospitals do.

Clostridium difficile infection is a serious illness that causes diarrhea and colon inflammation. Each year 100,000 *C. difficile* infections occur in nursing home residents. These elderly patients are at a high risk for readmission and fatalities related to *C. difficile*.

This is your opportunity to work with state and national experts on a Quality Assurance Performance Improvement (QAPI) initiative to prevent and reduce *C. difficile* in nursing homes. There is no cost to providers. NHSN provides long term care (LTC) facilities with a customized system to track infections in a streamlined and systematic way. Telligen will support nursing homes registering with NHSN and submitting data into CDC’s National Healthcare Safety Network (NHSN) which will provide analysis and creation of a national baseline for *C. difficile* infections in nursing homes. Participants will receive free education on antibiotic stewardship performance improvement projects, and TeamSTEPPS communication strategies.

In a letter dated May 18, 2016, Erica Runningdeer, MSN, MPH, RN Illinois Department of Public Health, Healthcare Associated Infection Prevention Coordinator encourages “your facility to show your commitment to preventing healthcare associated infections by partnering with Telligen...”. Please note, there is no cost for this initiative, the number of participants is limited, so enroll today!

Participation Agreements and Fact Sheets can be found by visiting Telligen Initiatives Nursing Home Care, (go to “learn more” and scroll down): https://www.telligenqinqio.com/initiatives.

- The latest Telligen events/announcements can be found at https://www.telligenqinqio.com/.

6) The American Health Care Association (AHCA) published two items of interest:

- **Congratulations to this year’s recipients of the AHCA/NCAL Bronze Award for Quality!** Earning a quality award is no easy task and we applaud those members who have achieved this honor! Well done!
  - Evergreen Nursing and Rehabilitation Center, Effingham
  - Coulterville Rehabilitation & Health Care Center, Coulterville
  - Lakeland Rehabilitation and Healthcare Center, Effingham
  - Nature Trail Health Care Center, Mt. Vernon
  - Valley Hi Nursing and Rehab, Woodstock

- **Best Practices for Payroll Based Journal (PBJ) Submissions** – AHCA has received several questions about how to capture and submit contractor and consultant hours to CMS as part of the mandatory staffing data submission process - Payroll Based Journal (PBJ). They have also learned about solutions that AHCA members are implementing at their centers. Noted here are best practices that we've identified from those members who are meeting the requirement for the submission of contractor/consultant hours. To assist in communicating these practices to your members, please view this template email and a template newsletter article for your use.

7) Matt Hartman, IHCA Vice President of Public Policy, recently released the [2016 IHCA Regular Legislative Session Report](click here).

8) Two National Fire Protection Association (NFPA) items of interest:

- **NFPA Code Testing/Inspection Recommendations** (click here). This tool was given to a Florida LTC facility by a Florida LTC surveyor. This is a good Life Safety Code reference tool that is also applicable in Illinois.
The 2nd Edition of NFPA’s Widely Used “Emergency Evacuation Planning Guide for People with Disabilities” is Here! Click here to view. In March 2007, NFPA published its Emergency Evacuation Planning Guide for People with Disabilities as a free, downloadable document. It was the single most popular document downloaded from NFPAs website over the next four months it was opened more than 26,000 times through April 7, 2008. To date it has been downloaded over 54,000 times. That’s over 16.5 downloads per day and a countless number of copies have been made and used. As with most all fire and life safety documents, from time to time there is a need to update them to provide the best and most current thinking as experience and technology change and improve. So it is with the Guide. NFPA staff and NFPA’s Disability Access Review and Advisory Committee have been working diligently for the past six months on preparing the 2nd edition.

9) In the February 23, 2016 edition of Regulatory Beat, we did an article on Active Shooter Planning. We have recently come across more information/guidance for your use in developing an Active Shooter Facility Policy:

- [https://nsi.ncirc.gov/hsptregistration/health/](https://nsi.ncirc.gov/hsptregistration/health/)
- DHS Active Shooter Website with links and downloadable resources: [http://www.dhs.gov/active-shooter-preparedness](http://www.dhs.gov/active-shooter-preparedness)
- (older) DHS Active Shooter? Options for Consideration? video: [https://www.youtube.com/watch?v=oi5EoWBRYmo](https://www.youtube.com/watch?v=oi5EoWBRYmo)

**Independent Study Courses**
- IS-906 - Workplace Security Awareness
- IS-907 - Active Shooter: What You Can Do
- IS-914 - Surveillance Awareness: What You Can Do
- IS-915 - Protecting Critical Infrastructure Against Insider Threats

**Webinars**

*Active Shooter Preparedness*
This 90-minute webinar can help the private and public sector understand the importance of developing an emergency response plan and the need to train employees on how to respond if confronted with an active shooter. The presentation describes the three types of active shooters--workplace/school, criminal and ideological--and how their planning cycles and behaviors differ.

*Evolving Threat*
Evolving Threat: What You Can Do is a webinar that includes a synopsis of evolving threats, followed by a protective measures presentation that help owners and operators better protect their facilities, employees and communities. The session combines subject matter experts, video scenarios and valuable information to enhance security efforts.

*Surveillance Detection*
Surveillance Detection Awareness on the Job is part of DHS's "If You See Something, Say Something?" campaign to raise public awareness of potential indicators of terrorism, crime, and other threats, and to emphasize the importance of reporting suspicious activity to law enforcement authorities. This free, online interactive session of video scenarios, commentary by a panel of experts, and questions and comments will better prepare participants to guard against surveillance activities.

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difficult to get for chronic pain, as a growing proportion of older adults has, you may have noticed that the drugs are becoming more

progress even reverse massive brain cell loss, according to new research. It's a mixture scientists believe could someday slow the

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Aging Brain, Research Suggests

Could Dietary Fiber Be Key To Successful Aging?

findings from a new study that followed older adults for 10

Medicaid beneficiaries are prescribed painkillers at twice

Medicaid beneficiaries are prescribed painkillers at twice

Youth? Dietary Supplement May Prevent and Reverse Severe Damage toAging Brain, Research Suggests. A dietary supplement containing a blend of thirty vitamins and minerals--all natural ingredients widely available in health food stores--has shown remarkable anti-aging properties that can prevent and even reverse massive brain cell loss, according to new research. It's a mixture scientists believe could someday slow the progress of catastrophic neurological diseases such as Alzheimer's, ALS and Parkinson's.

The Journal of Post-Acute and Long-Term Care Medicine recently release an abstract/article entitled, “Greater Fall Risk in Elderly Women Than Men is Associated With Increased Gait Variability During Multitasking.” In the present cohort, 70-year-old women were at greater risk of falls compared with their male counterparts. This increased risk was associated with increased variation in gait pattern during dual-task activities, and may contribute to women's greater fracture risk compared with men.

The New York Times reports “New Opioid Limits Challenge the Most Pain-Prone.” If you’ve come to rely on opioids for chronic pain, as a growing proportion of older adults has, you may have noticed that the drugs are becoming more difficult to get. Something had to be done, surely: More than 165,000 people died from overdoses from 1999 to 2014. But recent restrictions on access to these painkillers are likely to disproportionately affect the elderly — despite the fact that abuse and misuse of these painkillers have historically been lower among older patients than younger ones. Older patients are simply more apt to have chronic pain. Some of their doctors are going to get an earful when they suggest different medications or nonpharmacological alternatives, as the Centers for Disease Control and Prevention recommended in new opioid guidelines in March.

15) Modern Healthcare reports “State Medicaid Agencies Limiting Opioid Prescriptions.” State Medicaid agencies around the country are limiting how many opioids providers can prescribe in an effort to curb the disproportionate number of beneficiaries who are at risk of overdose and death. Medicaid beneficiaries are prescribed painkillers at twice the rate of other patients and are at three to six times the risk of opioid overdose, CMS reports.

16) Medical News Today reported on several items of interest:

- Undiagnosed Dementia May Be Putting Older Adults’ Safety At Risk. Many older Americans may be at increased risk of engaging in potentially unsafe activities due to lack of dementia diagnosis. This is the conclusion of a new study by researchers from Johns Hopkins University School of Medicine in Baltimore, MD. The study found that older adults who had symptoms of dementia but who had not been formally diagnosed were almost twice as likely to drive, cook, manage medication, or undertake other activities that might put them in harm's way, compared with adults who had received a dementia diagnosis.

- Could Dietary Fiber Be Key To Successful Aging? Findings from a new study that followed older adults for 10 years supports the idea that eating a diet rich in fiber - such as found in breads, cereals, and fruits - is key to aging successfully; that is, reaching old age free of disease and disability.
• **Urine Tests Not Reliable For Dehydration In Older Adults.** Urine tests should not be used to measure dehydration among the elderly - according to new research from the University of East Anglia (UEA). Water-loss dehydration happens when people don’t drink enough fluid. Urine tests are widely used by medics, nurses and other health professionals to screen for water-loss dehydration among older people. But new research published reveals that the diagnostic accuracy of urine tests is too low to be useful and that the tests should not be used to indicate hydration status in older people.

• **Chronic Pain Often Overlooked In Patients With Dementia.** Chronic pain often goes unnoticed and therefore untreated in patients with cognitive impairments such as dementia. This was shown in a recent Slovenian study that was presented at the Congress of the European Academy of Neurology (EAN) in Copenhagen. People with cognitive impairments such as dementia rarely come out and say that they are experiencing chronic pain. Their complaints therefore tend to be overlooked and to remain untreated. This was shown in a Slovenian study presented at the Second Congress of the European Academy of Neurology (EAN) in Copenhagen.

17) **Medscape** posted several articles of interest:

• **Off-Label Antidepressant Prescribing Increasingly Common.** Off-label prescribing of antidepressants is increasing, particularly for insomnia and pain, even though their efficacy has not been established for these conditions, new research shows. Investigators at McGill University, in Montreal, Canada, found that 45 of the antidepressants prescribed for more than 100,000 adults living in the province of Quebec were for conditions other than depression. Furthermore, almost one third of these prescriptions were for an off-label indication, most commonly, insomnia and pain.

• **Mental Disorders The Most Costly Illnesses.** Mental disorders cost more than $200 billion a year in the United States, topping the list of the most costly conditions, according to an estimate of annual health spending for a variety of common medical conditions. The amount spent for treating mental illness exceeds that spent for treating heart disease, stroke and even cancer in this analysis of data from several datasets, including the National Health Expenditure Accounts and the Medical Expenditure Panel Survey.

• **Long-Term Benzodiazepine Use: No Risk For Cognitive Decline?** There is no link between long-term benzodiazepine use, defined as use for 6 months or longer, and increased deposition of beta-amyloid in the brain or cognitive decline in elderly patients who are without dementia, a small study suggests. “The take-home of this is that benzodiazepine use is not associated with an increase of beta-amyloid, which is a marker of Alzheimer’s pathology,” lead author Ariel Graff-Guerrero, MD, PhD, from the Centre for Addiction and Mental Health, University of Toronto, in Canada, and the Alzheimer's Disease Neuroimaging Initiative (ADNI), told Medscape Medical News.

• **Smartphone-Based Genetic Testing Identifies Hospital Pathogens.** A new smartphone-based genetic testing device can rapidly identify pathogens that cause health care-associated infections, researchers say.

• **Acceptance, Flexibility Key In Chronic Pain Battle.** As researchers strive to find the right psychotherapeutic approaches to best help patients break destructive thought patterns that perpetuate chronic pain, acceptance and commitment therapy (ACT) and psychological flexibility are gaining favor — and evidence.

• **New ‘Brain Food’ Scale Flags Best Nutrients For Depression.** Scientists have developed a new evidence-based scale that rates animal- and plant-based foods that improve depressive symptoms. Research on this scale and on foods that help nourish the brain was presented here at a standing-room-only session during the American Psychiatric Association (APA) 2016 Annual Meeting. There is increasing evidence regarding the crucial role that diet plays in brain health, particularly in the areas of depression and dementia, said Drew Ramsey, MD, assistant clinical professor of psychiatry, Columbia University, New York City, who was one of the session speakers.

• **Benzodiazepines Are Often Inappropriately Prescribed.** Benzodiazepines are prescribed disproportionately to patients who either do not have a clear indication or have poor indications, such as depression, new data show. This leads to higher health care usage, greater health risk, and increased costs. The drugs are commonly prescribed for anxiety and sleep disorders, but have known risks for adverse events in the elderly, including fractures, and in patients with substance abuse or lung disease. However, David S. Kroll, MD, from Harvard Medical School and the Department of Psychiatry, Brigham and Women’s Hospital, Boston, Massachusetts, and colleagues found they were frequently prescribed in these patient groups, often at high doses. For example,
among patients with high-dose benzodiazepine prescriptions, 52 percent were also concurrently prescribed antidepressants, the researchers found.

18) *MedlinePlus* recently published this article, *Program Cut Catheter-Associated Urinary Tract Infections.* If you find yourself hospitalized, you've got a one in five chance of needing a urinary catheter -- raising your risk for a urinary tract infection. Now, researchers report that a new program shows it might be possible to reduce both catheter use and its associated infections.

19) *McKnight's* reported on several items of interest:

- **Report: Chronic Diseases To Drive Growth In Skilled Nursing Market.** An increasing number of people with chronic diseases is expected to create a major boost to the global skilled nursing care market, according to a recent report. A skilled nursing industry analysis, released by Transparency Market Research, pinpoints chronic diseases such as dementia and an overall aging population to be two of the biggest drivers of the market in the coming years. That growth may be stunted, the report notes, due to factors such as “soaring” care costs and stigmas surrounding residential nursing care. North America remains the major geographical player in the market thanks to its advanced health care infrastructure, increasing awareness of skilled nursing services and a “well-defined” regulatory framework. The Asia Pacific market — especially India and China — are also poised to be a “promising space for investors and market players” due to the enhancement of health care facilities and the fast growing medical tourism industry in the region, the report notes.

- **Infections Connected To Alzheimer’s Disease.** Alzheimer’s disease and a long term care magazine is analogous to nursing home administrators and CMS: No matter what you do, you're not breaking them apart. Over the past decade, *McKnight’s* has written about everything from how weight loss is a precursor to Alzheimer’s disease (2006) to how a nutrient cocktail helps improve brain function in those with early-stage Alzheimer’s (2010) to how discontinuing donepezil impacts nursing home placement (2016). That's why my eyes tend to glaze over when there’s a new study released, especially when the title is “Amyloid-β peptide protects against microbial infection in mouse and worm models of Alzheimer’s disease.” A shirtless nurse headline it is not. But kudos to *New York Times* reporter Gina Kolata, who did not ignore that study in Science Translational Medicine. That's because the research could have a more colloquial title, which is “Everything we think we know about Alzheimer’s disease may be wrong.” The researchers' hypothesis is that infections could trigger plaques in the brains of those with the disease. In dementia research, that’s the equivalent of yelling “Fire!” in a movie theater. While naked.

- **New Survey Demonstrates Impact Of NSAIDs.** A new survey shows that despite the widespread use of non-steroidal anti-inflammatory drugs (NSAIDs) in this country, there is a lack of understanding about these commonly used pain medications. This is alarming due to the potentially serious cardiovascular, renal and gastrointestinal side effects that are associated with taking NSAIDs. Long term health care providers can play a key role in educating patients on safe and effective ways to use NSAIDs because NSAIDs can be powerful tools in pain management.

- **Catheterization Reduction Program Decreases Mortality, Research Shows.** A Canadian geriatrics unit reduced catheter use and subsequently found its mortality rates decreasing, a new study shows. Toronto-based Sinai Health Systems' elder acute care unit was catheterizing 25 percent of its patients, and up to half those catheterizations were not needed, according to program co-founder and University of Toronto professor Richard Norman, M.D.

- **CDC Seeks Approval Of HAI Survey For Nursing Homes.** The Centers for Disease Control and Prevention has called for three years of surveys in volunteering nursing homes to tackle health care-associated infections. *In a proposal* submitted to the White House Office of Management and Budget, the CDC said the survey would help understand the burden and epidemiology of HAIs, along with the use of antimicrobials in U.S. nursing homes. Gathering the information will help in the understanding the scale of the infections in healthcare facilities nationwide, according to the CDC. The proposal was published in the *Federal Register* at the end of May. The CDC says the survey’s data will be used to develop procedures for healthcare providers to control and prevent HAIs in an effective and efficient manner.
• **Medicare Eligibility Ups Rehab Use Among Seniors, Study Finds.** In the year after seniors hit Medicare eligibility, there is close to a 10 percent increase in those seeking rehabilitation care services, according to a new analysis. In comparing pre-Medicare trauma patients versus those at age 65, researchers at the Center for Surgery and Public Health at Brigham and Women's Hospital also found a 6.4 percent decline in uninsured seniors. Becoming a Medicare beneficiary means more patients have access to skilled nursing facilities, researchers said, allowing them to seek out rehab care that would otherwise be ignored. Medicare coverage restrictions based on hospital stay length were also associated with increased inpatient and skilled nursing care.

• **OIG: Healthcare Fraud, Abuse Recoveries Up $1 Billion In 2016.** Department of Health and Human Services increased its recoveries in fraudulent payments and settlements by more than a billion dollars in the first half of fiscal year 2016, according to a report released recently. The Office of Inspector General's *Semiannual Report to Congress* indicates the total amount of expected recoveries reported between October 1, 2015 and March 31, 2016 is $2.77 billion. That includes roughly $555 million in recoveries found through audits and $2.2 billion through investigations. The six-month period covered by the report listed 428 criminal actions reported against individuals or groups that committed crimes against HHS programs, and 383 civil actions including false claims, administrative recoveries and civil monetary penalties. CMP recoveries have increased nearly five times over the past three years, and are expected to hit new highs during FY 2016, the report said.

• **Antidepressants Carry Much Higher Fall Risk Than Antipsychotics, Study Finds.** Nursing home residents with dementia who take antidepressants are at significantly higher risk of falls and fractures than those on antipsychotics, new research shows. Researchers used Medicare claims data from 2007 to 2009 to analyze the link between residents who displayed moderate-to-severe symptoms of dementia and received antidepressants and antipsychotic medications, and those who suffered falls or fractures during that timeframe. The results, *recently published online* in the Journal of Gerontology — Biological Sciences and Medical Sciences, showed the antidepressant group had a “significantly” higher risk for fractures, with a hazard ratio of 1.35. A similar trend was seen for falls, with the group taking antidepressants showing a 1.16 hazard ratio.

• **OIG To Tackle Skilled Nursing Payments, Avoidable Hospitalizations in FY 2016.** The Department of Health and Human Services Office of Inspector General will dig into Medicare requirements for skilled nursing care coverage during the remainder of fiscal year 2016, according to a new report. The OIG’s FY 2016 Mid-Year Work Plan, published last Tuesday, details a planned compliance review of the requirement that Medicare beneficiaries spend at least three days as a hospital inpatient before becoming eligible for skilled nursing services. Previous reviews found many Medicare payments for skilled nursing care were not compliant with the three-day rule, the OIG said. A report on the three-day qualifying rule is expected to be issued in FY 2016. The OIG report also includes plans to review medical records for nursing home residents who were hospitalized for urinary tract infections. The review will help determine if the facilities provided services to prevent or detect UTIs in accordance with resident care plans. The results of that review are expected to be released soon the OIG said.

20) **Interesting Fact:** The cost of providing health care to an average American family surpassed $25,000 for the first time in 2016 – even as the rate of health cost increases slowed to a record low, a new analysis revealed.