

# ***WORKING TOGETHER***

**California Partnership  
to Improve Dementia Care and Reduce  
Unnecessary Antipsychotic Medication  
Drug Use in Nursing Homes**

***SUMMARY REPORT  
DECEMBER 2012***

*Facilitated by the Centers for Medicare  
& Medicaid Services, Region IX and the  
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## Executive Summary

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California has marshaled an active response to the urgent issue of inappropriate antipsychotic medication use among nursing home residents with dementia. In August 2012, the Centers for Medicare & Medicaid Services Region IX (CMS) and the California Department of Public Health (CDPH), together with a diverse group of Stakeholders, launched the *California Partnership to Improve Dementia Care and Reduce Unnecessary Antipsychotic Medication Drug Use in Nursing Homes* ("Partnership"). The Partnership was formed to develop a collaborative action plan for improving dementia care and reducing the inappropriate use of antipsychotic medication in California nursing homes.

Leveraging numerous activities – CMS's 2012 national initiative to *Improve Behavioral Health and Reduce the Use of Antipsychotic Medication in Nursing Home Residents*, CDPH-Department of Health Care Services' (DHCS) recently completed Antipsychotic Collaborative Investigations, and efforts by many California stakeholder groups to promote appropriate nonpharmacological interventions in lieu of inappropriate antipsychotic medication use for dementia residents of California nursing homes, the timing was right for a collaborative statewide Partnership. Between August and December 2012, Phase I, Partnership Stakeholders participated in three in-person meetings and a series of conference calls, culminating in the development of a Partnership action plan.

The Partnership action plan outlines strategies in four key issue areas – Improving Dementia Care, Consumer Awareness, Enhanced Enforcement, and Informed Consent. Separately and together, the strategies were designed to help the state meet the primary Partnership goal:

To improve dementia care and move closer to the goal of ending misuse of antipsychotic medication in California nursing homes – reduce the use of antipsychotic medication by at least 15% by December 31, 2012, and by at least 30% by June 30, 2013.

Partnership members formed small workgroups to develop collaborative core strategies, and related supporting strategies, for each issue area. Supporting strategies refer to immediate, mid- and long-term strategies that can be implemented to achieve the core strategy.

Core strategies for the Improving Dementia Care small workgroup focused on educating and training all providers and professional Stakeholders working with nursing home dementia residents in person-centered care; promoting interdisciplinary review and care planning with a focus on the least medicating approach; promulgating best practices in dementia care that result in antipsychotic medication reduction; and, arranging for technical expertise for skilled nursing facilities, to ensure appropriate dementia care.

The Consumer Awareness small workgroup identified two core strategies: developing and implementing a strong public affirmative education program to educate consumers about improving dementia care and limiting the misuse of antipsychotics; and, meeting with California and the United States Departments of Justice to explore using settlement funds;

i.e., fines levied against pharmaceutical companies for illegally marketing antipsychotic drugs as a treatment for dementia, to finance the consumer education campaign.

Members of the Enhanced Enforcement small workgroup identified core strategies in a number of critical areas: increasing consumer awareness about the inappropriate use of antipsychotic medication (“Get the Word Out”); enhancing coordination regarding the appropriate use of antipsychotic medication with local Licensing and Certification District Offices and Local Long-Term Care Ombudsman Programs – and with other enforcement agencies (Bureau of Medi-Cal Fraud and Elder Abuse); referring medical and pharmacy professionals to their respective licensing boards when appropriate; improving the accuracy of CMS and CDPH survey findings; promoting training regarding antipsychotic medication use and best practices in dementia care to CMS and CDPH surveyors and providers; targeting [by CMS] Federal Monitoring Surveys of nursing homes with significant populations of residents with dementia and antipsychotic rates above the state average; and, enhancing the use of federal remedies and state sanctions to deter inappropriate use of antipsychotics.

Informed Consent small workgroup members crafted a series of interconnected core strategies with some supporting strategies conducted sequentially and some simultaneously. The first core strategy focuses on evaluating the essential elements of informed consent; the second on identifying the structural components of an antipsychotic nursing home informed consent form; and the third, addresses development of an informed consent algorithm for nursing home providers to help them navigate all the steps in appropriate verification of informed consent. A fourth is devoted to developing a sample nursing home Patient’s Rights Informed Consent Policies and Procedures, and the fifth and sixth core strategies focus on educating nursing home physicians regarding current informed consent regulatory requirements and hospital usage of antipsychotic medications when residents are transferred to nursing homes.

At the final Phase I in-person meeting in December 2012, members discussed how best to implement the ambitious Partnership action plan and who would assume leadership from CMS and CDPH for Phase II of the Partnership. Recognizing the difficulty of carrying out all the listed strategies at once, members recommended a comprehensive study of the plan to record strategies that have been completed; eliminate redundant strategies across workgroups; and, prioritize remaining strategies for implementation. The California Culture Change Coalition (CCCC) volunteered to serve as lead for the next phase of the Partnership together with a group of Partnership Stakeholders. This Executive Committee will convene in January 2013 to decide the Partnership’s structure, focus, and action plan approach.

The accompanying report, *Working Together: California Partnership to Improve Dementia Care and Reduce Unnecessary Antipsychotic Medication Drug Use in Nursing Homes* summarizes the Partnership’s Phase I process, action plan, and next steps.

## Introduction

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Momentum is growing nationally and in California to improve dementia care and reduce antipsychotic medication use among nursing home residents. In May 2012 the Centers for Medicare & Medicaid (CMS) launched a federal initiative dedicated to these issues. The initiative emphasizes person-centered care and nonpharmacological alternatives for nursing home residents such as consistent staff assignments, increased exercise or time outdoors, monitoring and managing acute and chronic pain, and planning individualized activities. In May 2010, the California Department of Public Health (CDPH) and the California Department of Health Care Services (DHCS) initiated a collaborative to encourage appropriate antipsychotic medication use in California's nursing homes. Over a 16-month period, the collaborative conducted investigations in 42 California nursing homes. In May 2012, the collaborative issued a series of recommendations, based on the investigative findings, to improve the appropriateness of antipsychotic use in nursing homes.

CMS and CDPH-DHCS's initiatives complement longstanding efforts by multiple California stakeholder groups working on the same issues. In June 2012, CMS, CDPH, and a diverse groups of Stakeholders agreed to participate in the *California Partnership to Improve Dementia Care and Reduce Unnecessary Antipsychotic Medication Drug Use in Nursing Homes* ("Partnership") to identify key strategies that all committed entities, working together, could pursue to move California closer toward the goals of improved dementia care and the elimination of unnecessary antipsychotic medication use among nursing home residents.

The Partnership was formed in August 2012 with the primary objective of developing a collaborative plan for improving dementia care and reducing the inappropriate use of antipsychotic medication in California nursing homes. Partnership Stakeholders participated in three in-person meetings and a series of conference calls between August and December 2012, Phase I of the Partnership. In addition to providing background context, this summary report details the Partnership's Phase I process, action plan, and next steps. Note: the terms "Skilled Nursing Facility" and "Nursing Home" reference the same entity and are used interchangeably in this report.

## Background

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The following is a brief overview of key efforts by CMS, CDPH/DHCS, and several stakeholder groups that have assumed leadership roles within the Partnership, to improve dementia care and reduce the use of antipsychotic medication for California nursing home residents.

### ***CMS***

A primary role for CMS is conducting inspections of all facilities participating in the Medicare and Medicaid programs to ensure that nursing homes meet Federal nursing home regulations. A best practice in skilled nursing facilities is promoting nonpharmacological interventions and eliminating the inappropriate use of antipsychotic medication. The agency affirms in its regulations that each nursing home resident's drug regimen must be free from unnecessary drugs. Moreover, the regulations state the following:<sup>1</sup>

Based on a comprehensive assessment of a resident, the facility must ensure that:

- (i) Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and,
- (ii) Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

A study of the 2000-2001 Medicare Current Beneficiary Survey dataset revealed that one of every four Medicare beneficiaries in a nursing home received antipsychotic medication during 2000-2001.<sup>2</sup> In addition, over half of this group took doses exceeding maximum levels, received duplicative therapy, or had inappropriate indications according to guideline requirements. In a more recent report by the United States Department of Health and Human Services Office of the Inspector General that analyzed the first six months of 2007 Medicare claims data (Part B, Part D and the Minimum Data Set), findings indicated 83 percent of Medicare claims for atypical antipsychotic drugs for elderly nursing home residents were associated with off-label conditions: 88 percent were associated with the condition specified in the Food and Drug Administration (FDA) boxed warning.<sup>3</sup>\*

In May 2012, CMS launched the *National Initiative to Improve Behavioral Health and Reduce the Use of Antipsychotic Medications for Nursing Home Residents*. Using a multidimensional approach that includes comprehensive research, public reporting, raising public awareness, regulatory oversight and technical assistance and training, CMS elevated its focus on enhancing person-centered care for nursing home residents, especially for those with dementia-related behaviors. The initiative focuses on the three R's: **Rethink** - *Rethink the approach to dementia care*; **Reconnect** - *Reconnect with residents via person-centered care practices*; and **Restore** - *Restore good health and quality of life*. They also identified a first year goal for the initiative, "to reduce the prevalence rate of antipsychotic drug use in long-stay nursing home residents by 15% by end of 2012."

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\* A boxed warning is defined as "an alert to medical practitioners about potentially serious adverse drug reactions, contraindications, or other special problems with a given drug, contained in a ruled box at a site specified within the label format by the FDA."

To reach this goal, CMS called for integrated efforts and state-based coalitions with Stakeholders representing state survey agencies, Medicaid agencies, provider groups, resident advocates, professional associations, quality improvement organizations, Local Area Networks for Excellence (LANES – a coalition of nursing home stakeholders in every state), consumer groups, ombudsman and others. The initiative also clarified the importance of research in understanding how antipsychotic drugs are prescribed, including factors influencing prescribing practices, and opportunities to implement treatments to improve overall management of residents with dementia based on research results. Finally, the initiative addresses the critical role of training. CMS is part of the *Advancing Excellence in America's Nursing Homes Campaign*, a voluntary and national effort to help nursing homes improve care.

As an extension of the campaign, the Advancing Excellence website offers training for nursing homes, providers, clinicians, surveyors, and others to improve dementia care.<sup>4</sup> CMS also developed a training program for nursing homes on person-centered care, which focuses on how to care for residents with dementia and preventing abuse. The program, "Hand in Hand: A Training Series for Nursing Homes," includes an orientation guide, six one-hour video-based modules, and an accompanying instructor guide. All nursing homes in the United States are scheduled to receive this free program by January 2013.

### ***CDPH/DHCS Antipsychotic Collaborative Investigations***

National and California statistics regarding antipsychotic medication use among nursing home residents with dementia have influenced CDPH's approach to addressing the issue:

- Use of antipsychotic medications in California nursing homes among long-stay residents is approximately 21.1 percent.<sup>5</sup>
- In 2005, the Food and Drug Administration announced to healthcare professionals that the treatment of behavioral disorders in elderly patients with dementia with atypical (second generation) antipsychotic medications is associated with increased mortality.<sup>6</sup>
- In 2008, the FDA confirmed that antipsychotics are not indicated for the treatment of dementia-related psychosis and alerted healthcare professionals that both conventional (first-generation) and atypical antipsychotics are associated with an increased risk of mortality in elderly patients treated for dementia-related psychosis.<sup>7</sup>

In addition to this data, the previously mentioned 2011 report by the U.S. Department of Health and Human Services Office of the Inspector General highlighted in the study of 2007 Medicare claims data that 22 percent of the atypical antipsychotic drugs associated with the sampled claims did not comply with CMS standards regarding unnecessary drugs in nursing homes.<sup>3†</sup> Furthermore, the report indicated, "Fifty-one percent of Medicare atypical antipsychotic drug claims for elderly nursing home residents were erroneous ... The claimed drugs were either not used for medically accepted indications as supported by

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† Atypical antipsychotics, or second-generation drugs, refer to antipsychotics developed after the 1950s.

the compendia or not documented as having been administered to the elderly nursing home residents."

To address quality of care issues regarding the use of antipsychotic drug use in nursing homes, the CDPH Center for Health Care Quality (CHCQ), which plays a critical role in the protection of patient safety by evaluating applicant health facilities, agencies, clinical laboratories, and professionals for compliance with state laws and regulations in order to license, certify, or register them and is responsible for regulatory oversight of health facilities, and certain health professionals, (through its Licensing and Certification program), and the Healthcare Associated Infection program, facilitated the formation of the California Department of Public Health-California Department of Health Care Services Antipsychotic Collaborative.

The CDPH/DHCS collaborative conducted 42 on-site surveys in nursing homes. Two resident populations comprised the focus of the investigations: residents receiving two or more antipsychotics concurrently, aged 55 years or older, with a diagnosis of serious mental illness or dementia; and, residents aged 65 years of age and older receiving only one antipsychotic drug with a diagnosis of dementia. Findings from the investigations were reported in the May 2012, *Executive Report: California Department of Public Health – Department of Health Care Services Antipsychotic Collaborative*.<sup>8</sup>

Of the 42 investigations, 29 (69%) resulted in deficiencies related to inappropriate antipsychotic use, impacting 52 nursing home residents. Review of these 29 investigations in which inappropriate antipsychotic use was identified revealed the following:

- In 23 of 27 investigations (85%) – a failure of the facility's consultant pharmacist to identify and report inappropriate antipsychotic drug use during their performance of monthly mandated drug regimen reviews for each resident (in 2 of 29 investigations, the consultant pharmacist had not yet had the opportunity to review the resident's medication regimen).
- In 18 of 29 investigations – facilities receiving consultant pharmacist services below cost (62%).
- In 16 of 29 investigations – inadequate development of nursing care plans for antipsychotic use (55%).
- In 14 of 29 investigations – inadequate adherence to informed consent regulatory requirements (48%).

The CDPH/DHCS collaborative identified several opportunities for improvement in the use of antipsychotic medication:

- Providing residents and their designated representatives with accurate and complete information to make informed decisions regarding the use of antipsychotic medications;
- Ensuring appropriate use of antipsychotic medications, including non-pharmacologic interventions along with resident specific risks and benefits associated with the medication, prior to and while using the antipsychotic;
- Developing and implementing a complete and accurate care plan related to behavioral modifications and antipsychotic use; and,

- Provision of quality consultant pharmacist services.

In addition to several next step recommendations in the areas of enforcement and education, the collaborative recommended the establishment of a stakeholder workgroup to decrease inappropriate antipsychotic medication use.

## **Stakeholder Partnerships**

A number of California stakeholder groups joined CDPH and CMS to work to end the inappropriate use of antipsychotic medication. Efforts by these groups to mobilize change in this area have all been important. The following are brief profiles of several stakeholder groups that have assumed leadership roles within the Partnership. Note: the profiles were constructed with information provided by each group (i.e., from each group's website, meeting presentations, etc.) The perspectives presented in the profiles are those of the groups and not necessarily of the Partnership.

### ***California Association of Health Facilities***

The California Association of Health Facilities (CAHF) is a non-profit professional association serving as a statewide organization for long-term care providers. The Association and its members are dedicated to improving the quality of long-term health care in California through educational programs and proactive advocacy with the Legislature and administrative agencies.<sup>9</sup> CAHF supports the appropriate use of antipsychotic medication and encourages its members to take part in a national effort to reduce the unnecessary use of antipsychotic medication in skilled nursing facilities by 15 percent by the end of 2012. Further, the Association believes the number of residents that are prescribed antipsychotic medication can be reduced and is committed to exploring ways to prevent and manage difficult behavior without medications.

CAHF is a participant of the American Health Care Association-National Center for Assisted Living Quality Initiative that addresses a number of quality of care goals including *Safely Reducing the Off-Label Use of Antipsychotics*. CAHF has strongly encouraged all of its members via online trainings, a web page and other educational activities to participate in the initiative and the recommendations of the public-private *California Partnership to Improve Dementia Care and Reduce Unnecessary Antipsychotic Medication Drug Use in Nursing Homes* to ensure appropriate care and use of off-label antipsychotic medication for nursing home patients.

### ***California Association of Long Term Care Medicine***

The California Association of Long Term Care Medicine (CALTCM) is the professional organization for California physicians, medical directors, nurses, pharmacists, administrators, and other professionals working in long-term care. CALTCM is devoted to advancing statewide efforts to advocate quality patient healthcare, provide long-term care education, and influence policy.<sup>10</sup> CALTCM supports the Partnership's goals of 15 percent reduction of the use of antipsychotic medication among California nursing home residents and highlights the unique role of the Association to provide Continuous Quality Improvement (CQI) leadership for the initiative.

CALTCM supports performance improvement with CQI and recommends focusing on training, which includes the following: educating the medical community widely; training frontline staff in behavior management, and training skilled nursing facilities in alternatives to antipsychotics such as pain medication and behavioral interventions; establishing a weekly CQI process that includes more rapid and more frequent antipsychotic medication taper trials, at least monthly physician interdisciplinary team review of every patient on antipsychotic medication without FDA approved indication, and improved monitoring of behaviors prior to initiation of antipsychotics when feasible; and, providing greater incentives for behavior change that involve continuing the combination of sanctions and documentation requirements, as well as rewards for excellent outcomes.<sup>11</sup>

Last, CALTCM recommends establishing a leadership group of skilled nursing facilities willing to work together to reduce unnecessary antipsychotic medication and encourages ongoing collaboration with all stakeholder groups to achieve the Partnership's primary goal.

### ***California Advocates for Nursing Home Reform***

California Advocates for Nursing Home Reform (CANHR), is a statewide nonprofit advocacy organization dedicated to improving the choices, care and quality of life for California's long term care consumers. Through direct advocacy, community education, legislation and litigation, CANHR is committed to its goal to educate and support long term care consumers and advocates regarding the rights and remedies under the law, and to create a united voice for long term care reform and humane alternatives to institutionalization.<sup>12</sup>

CANHR has been a longtime advocate for stopping the epidemic misuse of antipsychotic drugs in California nursing homes. Through their work with consumers and others, the organization has identified a number of critical issues that contribute to antipsychotic misuse: antipsychotics are often used to sedate residents who are communicating unmet needs, non-pharmacologic treatments for dementia are overlooked, residents and family members are given incomplete information about proposed treatments, and regulators are not enforcing the laws and regulations against drugging.

In 2010, CANHR's launched the *Campaign to Stop Chemical Restraints* and recently released the guidebook, *Toxic Medicine: What You Should Know to Fight the Misuse of Psychoactive Drugs in Nursing Homes*. The guidebook provides a primer on antipsychotic medication, its use in nursing homes, and the risks associated with the misuse of these drugs. The guidebook equally discusses informed consent, resident's rights and consumer applicable laws, least medicating approaches to dementia care, and practical tips for nursing home residents or their family members to prevent misuse of psychoactive drugs.<sup>13</sup>

CANHR strongly supports the Partnership's goals of reducing the use of antipsychotic drugs in California nursing homes by at least 30 percent by June 30, 2013 and ending all misuse of antipsychotic drugs in California nursing homes in the near future.

## ***California State Long-Term Care Ombudsman Program***

The California State Long-Term Care Ombudsman Program is authorized by the federal Older Americans Act and its State companion, the Older Californians Act. The primary responsibility of the program is to investigate and endeavor to resolve complaints made by, or on behalf of, individual residents in long-term care facilities including nursing homes, residential care facilities for the elderly, and assisted living facilities. The Long-Term Care Ombudsman Program investigates elder abuse complaints in long-term care facilities and in residential care facilities for the elderly.

The Office of the State Long-Term Care Ombudsman (OSLTCO) develops policy and provides oversight to the local Long-Term Care Ombudsman Programs. The goal of the State Long-Term Care Ombudsman Program is to advocate for the rights of all residents of long-term care facilities. The Ombudsman's advocacy role takes two forms: 1) to receive and resolve individual complaints and issues by, or on behalf of, these residents; and 2) to pursue resident advocacy in the long-term care system, its laws, policies, regulations, and administration through public education and consensus building.

In 2011 and 2012, five local Long-Term Care Ombudsman Programs, in collaboration with CANHR, hosted *Dementia without Drugs* symposiums for people working in long-term care. Approximately 1200 people attended the five symposiums. The conferences addressed the liabilities of prescribing psychotropic medications without the consent of the resident, the importance of licensing agencies ensuring facilities are obtaining informed consent, and alternative approaches to address behavioral issues.

## Partnership Process

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CMS and CDPH hosted Phase I of the Partnership between August and December 2012. To launch the Partnership, the two agencies invited Stakeholders from federal sectors, state entities, nursing homes, advocacy groups, health care professionals, caregivers and others to participate. Recognizing differences in perspectives and approaches to improving dementia care among Stakeholders, the Partnership was presented as a unique opportunity for Stakeholders to work together and focus on their collective commitment to improve dementia care and eliminate the misuse of antipsychotic medication for dementia residents in California nursing homes.

To facilitate Partnership collaboration, Stakeholders were encouraged to participate in three in-person Partnership meetings held in August, October, and December 2012. Conference call-in access was available for those unable to attend in-person. The August 2012 kick-off meeting was devoted to establishing a framework for the Partnership. To assist with this objective, prior to the meeting, Stakeholders were invited to complete a 10-item SurveyMonkey listing an array of relevant concerns related to dementia care (Table 1). Respondents were given five Likert Scale response options to rate each SurveyMonkey item: “never”, “rarely”, “sometimes”, “most of the time”, and “always”. Items that received the greatest number of “most of the time” and “always” responses are bolded in Table 1. Survey findings were presented at the August meeting to help Stakeholders develop a unifying goal and identify key issue areas in which to develop strategies to achieve the goal.

Stakeholders at the August meeting discussed the SurveyMonkey items and its findings and concluded the survey was only minimally helpful in defining key issues associated with reducing the inappropriate use of antipsychotic medications among dementia patients in nursing facilities. Future surveys, they recommended, should separate survey items addressing providers and family members. Additionally, they suggested greater attention be paid to the selection of items and wording. Last, they recommended that all Partnership communications, including surveys, be broadly distributed with a phone response option to ensure a robust response.

**Table 1 Partnership SurveyMonkey**

The most prevalent concerns related to Dementia care include:

- 1. Failure to fully involve all care provider categories, family members and individuals legally responsible for resident decision-making, in care plan development and disease progression education.**
- 2. Increase in the numbers of comorbid conditions, e.g. pain infection, medical illness, which complicates identification of Dementia sequelae versus other conditions.*
- 3. Lack of resident centered, non-pharmacological interventions developed or utilized for the management of Dementia related behavior crisis.**
- 4. Providers and caregivers are unaware of the regulatory requirements and standards of practice specific to residents' rights to a less restrictive environment and to be free of unnecessary medications.*
- 5. Higher resident acuity levels result in higher staff to resident ratio, and results in staff burnout and staff time consumption.*
- 6. Lack of individualized, resident specific non-pharmacological interventions developed or utilized for the management of acute Dementia related behavior crisis.**
- 7. Fear of resident diagnosed with Dementia causing harm to self or others during acute behavioral crisis.*
- 8. Antipsychotic medications are prescribed because family member or providers are not aware of the lack of effectiveness, potential harm or clinical indication for use.**
- 9. Staff convenience (for any reason ex: high acuity, length of time for non-pharmacological interventions to work).**
- 10. Residents are labeled as Gradual Dose Reduction (GDR) contraindicated although current standards of practice and documentation in clinical record does not delineate this rationale.*

## ***Partnership Goal***

To develop a viable Partnership goal, Stakeholders at the August 2012 meeting actively discussed a number of key issues impacting efforts to improve dementia care. Following an engaging discussion that explored a range of possible goals, from endorsing a total ban on antipsychotics to recommending a study of changing nursing home admission patterns for elderly persons with dementia, attendees agreed to the following Partnership goal:

To improve dementia care and move closer to the goal of ending misuse of antipsychotic medication in California nursing homes – reduce the use of antipsychotic medication by at least 15% by December 31, 2012, and by at least 30% by June 30, 2013.

## ***Key Issue Areas***

Following selection of the Partnership goal, Stakeholders identified four issue areas they determined were essential for strategy development to help move the Partnership closer to achieving its primary goal. They include: Improving Dementia Care, Enhanced Enforcement, Informed Consent, and Consumer Awareness. Small workgroups were formed for each issue area to develop collaborative core strategies, and related supporting strategies (immediate, mid-term, and long-term strategies). Stakeholders were invited to participate in the small workgroup(s) of their choice.

Three of the four small workgroups – Improving Dementia Care, Informed Consent, and Enhanced Enforcement met for the first time in-person, during a breakout session at the August 2012 meeting, to begin working on clarifying the issue area's core strategies (the Consumer Awareness small workgroup met only via conference call). These groups subsequently met by conference call before and after the October 2012 Partnership meeting; during the latter, they had the opportunity to again meet in-person for further strategy development.

The final in-person Phase I December 2012 Partnership meeting was devoted to discussing the draft action plan - core and supporting strategies for each issue area – as well as next steps for the Partnership. The finalized core and related supporting strategies for each issue area, which comprise the Partnership's formal action plan, are presented in the next section.

## Partnership Action Plan

This section presents the Partnership’s Action Plan, which details, in table format, strategies to help the Partnership meet its goal to *reduce the use of antipsychotic medication by at least 15% by December 31, 2012, and by at least 30% by June 30, 2013*. Each of the four issue areas, Improving Dementia Care, Enhanced Enforcement, Informed Consent, Consumer Awareness, has a list of core strategies with supporting immediate, mid- and long-term strategies, responsible stakeholder(s), and a target date for completion. Below is a list of organization names and terms listed in the tables and their corresponding acronyms or abbreviations. Note: individuals listed in the tables are primarily Partnership members (see Appendix A: Partnership Roster).

<i>Proper Names</i>	<i>Acronyms/Abbreviations</i>
Administration on Aging	AoA
All Facilities Letter	AFL
Alzheimer’s Association	Alzh Assoc.
Bureau of Medi-Cal Fraud and Elder Abuse	BMFEA
California Advocates for Nursing Home Reform	CANHR
California Association of Health Facilities	CAHF
California Association of Long-Term Care Medicine	CALTCM
California Attorney General	CA AG
California Board of Registered Nursing	BRN
California Culture Change Coalition	CCCC
California Department of Aging	CDA
California Department of Health Care Services	DHCS
California Department of Justice	CA DOJ
California Department of Public Health	CDPH
California Hospital Association	CHA
California Long-Term Care Ombudsman Association	CLTCOA
California Medical Association	CMA
California Office of the State Long-Term Care Ombudsman	OSLTCO
California Nurses Association	CNA
California Pharmacists Association	CPhA
California Partnership to Improve Dementia Care and Antipsychotic Medication Reduction in Nursing Homes	“Partnership” or “Partnership Coalition”

<i>Proper Names</i>	<i>Acronyms/Abbreviations</i>
Centers for Medicare & Medicaid Services	CMS
Centers for Medicare & Medicaid Services Central Office	CMS CO
Certified Nursing Assistants	CNAs
Civil Monetary Penalties	CMP
Consonus Rehabilitation	Consonus
Direct Care Alliance	DCA
Director of Nursing	DON
Disability Rights California	Disability Rights
District Office	DO
Food and Drug Administration	FDA
Gradual Dosage Reduction	GDR
General Acute Care Hospitals	GACH
Health Services Advisory Group	HSAG
Informed Consent Workgroup	IC Workgroup
Interdisciplinary Team	IDT
LeadingAge	LeadingAge
Learning Action Networks	LAN
Licensing & Certification	L&C
Local Long-Term Care Ombudsman Programs	LLTCOP
Multidisciplinary Team	MDT
National Association of State Long-Term Care Ombudsman Programs	NASOP
National Ombudsman Resource Center	NORC
Non-Profit Organizations	NPO
Occupational Therapy Association of California	OTAC
Quality Care Health Foundation	QCHF
Quality Assurance Performance Improvement	QAPI
United States Department of Justice	US DOJ
United States Attorney General	US AG

\* Several forms and regulations are referenced in the tables, F428, F520, and T22. For information on these forms, please see the CDPH website, <http://www.cdph.ca.gov/programs/LnC/Pages/Inc.aspx>

\*\* The Coordinated Care Initiative referenced in the table is a Center for Medicare & Medicaid (CMS) funded demonstration project to structure, implement and monitor an integrated delivery system and payment model for dual eligible (Medicare and Medi-Cal) beneficiaries in California.

## ***Improving Dementia Care***

*The primary focus of the Improving Dementia Care small workgroup is to identify and disseminate dementia care best practices, and effective education and training programs based on these practices, to all relevant stakeholder groups.*

Below is a list of the core strategies for the Improving Dementia small workgroup followed by tables that outline each core strategy, and related supporting strategies.

### **Improving Dementia Care Core Strategies:**

1. **Educate and train** - all providers and professional Stakeholders (Medical Doctors – MDs; Registered Nurses/Licensed Vocational Nurses – RNs/LVNs; Certified Nursing Assistants – CNAs; Social Service Directors - SSDs, Pharmacists, Occupational Therapists -OTs, etc.) and caregivers in improving dementia care through promoting environmental modifications, person-centered least medicating interventions.
2. **Interdisciplinary Review Meetings** – skilled nursing facilities (SNF) to hold a distinct, and at least monthly, meeting addressing residents’ needs, antipsychotic medication, behavior causes – and corresponding least medicating responses, with behaviorally trained and educated staff (OTs, SSDs, RNs/LVNs, Pharmacists, family, CNAs, etc.).
3. **A: Resident Care Planning Meetings** - provide guidance, training and resources to facilities, staff, MDs, families, and Ombudsman representatives to promote least medicating/person-centered approaches to dementia care in care planning.  
**B: Resident Care Planning Meetings** - increase training requirements regarding dementia and behaviors for all licensed staff and caregivers (MDs, Administrators, RN/LVN, CNAs, Home Health Aides -HHAs, Physical Therapists- PT, Speech Therapists -ST, Occupational Therapists - OT, aides, etc.).
4. **Best practices** – identifying and promulgating effective strategies in dementia care that result in antipsychotic medication reduction.
5. **Technical expertise** - Health Services Advisory Group (HSAG) and others will provide technical expertise and training to SNFs on least medication alternatives and person-centered interventions.

## Improving Dementia Care Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
1. Educate and train - all providers and professional Stakeholders (MDs, RNs, LVNs, CNAs, SSDs, Pharmacists, OTs, etc.) and caregivers in improving dementia care through promoting environmental modifications, person-centered least medicating interventions.	Identify training opportunities for key Stakeholders including:	3/31/13	Partnership – (Specific Stakeholders To Be Determined - TBD)	Promote awareness of existing training programs and materials to SNFs statewide. Make it easy to find all the available tools on one website (e.g., CMS, National Ombudsman Resource Center information, Direct Care Alliance, etc.)	6/30/13	CAHF, NORC, HSAG Alzh Assoc., DCA	Identify and share measurable results.	12/31/13	CDPH
	<ul style="list-style-type: none"> <li>• Direct care staff/CNAs</li> <li>• Directors of Nursing</li> <li>• Social Work</li> <li>• Administrators</li> <li>• Consulting Pharmacists</li> <li>• Medical Directors</li> <li>• Community physicians</li> <li>• Allied professions</li> </ul>			Identify gaps in training coverage (either for audience type or geographic coverage) and develop programs to fill gaps.	9/30/13		Change rules for training CNAs, RNs, Licensed Practical Nurses (LPNs) and Nursing Home Administrators (NHAs). Introduce additional training needs for caregivers.	6/30/13	CNA, BRN
							Host a single statewide conference, or north and south conference, that brings all Stakeholders together to present on approaches to improve dementia care and stop misuse of antipsychotics.	12/31/13	Partnership Coalition - Specific Stakeholders TBD
	Identify key people in each of the above groups who could provide guidance on best way to reach their demographic.	3/31/13	Partnership - Specific Stakeholders TBD	Improve the existing training to provide a more humanistic approach to dementia care that focuses more on knowing and understanding the person, and less on assembly line completion of tasks.	6/30/13	CAHF, HSAG Alzh. Assoc., OTAC			

## Improving Dementia Care Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
1. Educate and train - all providers and professional Stakeholders (MDs, RNs, LVNs, CNAs, SSDs, Pharmacists, OTs, etc.) and caregivers in improving dementia care through promoting environmental modifications, person-centered least medicating interventions (continued).	Identify those organizations capable of disseminating educational materials and videos on least medicating approaches, residents' rights to be free from unnecessary drugs and chemical restraints, a resident's right to informed consent, and the risks and limitations of antipsychotic drugs as a treatment for dementia.	3/31/13	Partnership - Specific Stakeholders TBD	Partner with key provider groups to incorporate topic of improved dementia care into statewide meetings, trainings, and conferences where possible (in addition to SNFs, include hospice, assisted living, etc.).  Use best practice models where possible in training to help providers see that it can be done. Review findings from workgroup for Core Strategy #4 and promote use of successful best practice training tools and approaches.  Train local Ombudsman programs and other organizations how to plan, promote and host these events in their areas. Apply for federal CMP (Civil Monetary Penalty) funds to create and implement trainings statewide.	6/30/13  6/30/13  9/30/13	CAHF, HSAG, Consonus Rehab, Dementia Care Specialists  CAHF			
	Publicize CMS <i>Hand-in-Hand</i> training video that will soon be distributed - to help teach the basics of person-centered dementia care.	3/31/13	CAHF, CANHR, CALTCM, LLTCOP, Alzh Assoc., HSAG						

## Improving Dementia Care Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
1. Educate and train - all providers and professional Stakeholders (MDs, RNs, LVNs, CNAs, SSDs, Pharmacists, OTs, etc.) and caregivers in improving dementia care through promoting environmental modifications, person-centered least medicating interventions (continued).	Identify available webinars addressing dementia care and reducing in-appropriate use of antipsychotics (e.g., CAHF's <i>Functional Approach to Improving Dementia Care</i> , Alzheimer's Association webinars, CA Culture Change Coalition etc.).	3/31/13	CAHF, HSAG, Partnership - Specific Stakeholders TBD	Produce or make available a video training series or series of webinars on the least medicating approach that would be available online for all types of staff.	9/30/13	CAHF, HSAG OTAC, Alzh Assoc., Partnership			
	Identify in-person training opportunities statewide in the least medicating approach (e.g., regional conferences, workshops, and onsite classes). Ombudsman programs across the state on the best practices.  Develop a list of talking points to be used in discussions with facilities to help them understand the need for improved care approaches.	3/31/13	CAHF, LLTCOP, HSAG, Consonus	Disseminate talking points.	6/30/13	OTAC, CAHF, Alzh Assoc., Partnership			

## Improving Dementia Care Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
2. Interdisciplinary Review Meetings (IDT) – skilled nursing facilities (SNF) to hold a distinct, and at least monthly, meeting addressing residents’ needs, antipsychotic medication, behavior causes – and corresponding least medicating responses, with behaviorally trained and educated staff (OTs, SSDs, RNs/LVNs, Pharmacists, family, CNAs).	Facilities required to have an IDT review process	6/30/13	CALTCM, Consultants (Social work)	<p>Reinforce best practices -Provide workshops on best practices, facilitated by CAHF &lt;QAHF&gt;, nursing home owners &lt;corporate owners&gt;, pharmacy providers.</p> <p>Encourage face-to-face meetings with consultant pharmacists and social worker with attending MD or medical director.</p>	9/30/13	CAHF CALTCM HSAG CANHR	<p>IDT review process happens as a part of each new antipsychotic order and on a quarterly basis - more frequent if necessary based on behaviors.</p> <p><i>As California Coordinated Care Initiative** (p.14) rolls out, foster relationships with health plan coordinators to encourage them to hold monthly meetings/employ best practices in antipsychotic med usage and in their coordination with SNFs.</i></p>	2014	CAHF, Consultant Pharmacist  HSAG with Health Plans
				<p>Create process to loop in SNF Medical Director, as pharmacists report to attending and DON (F428).</p> <p>SNF Medical Director to evaluate and then follow up, as indicated, on attending physician prescription of antipsychotic medication.</p>	2013	CALTCM Partnership			

## Improving Dementia Care Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders	
2. Interdisciplinary Review Meetings (IDT) – skilled nursing facilities (SNF) to hold a distinct, and at least monthly, meeting addressing residents’ needs, antipsychotic medication, behavior causes – and corresponding least medicating responses, with behaviorally trained and educated staff (OTs, SSDs, RNs/LVNs, Pharmacists, family, CNAs) (continued).	Consultant pharmacists will have a process to let Medical Director know if there is an issue with the resident’s physician and that consultant findings will be incorporated and acted upon in the quality assurance and assessment process as required in F520.	2013	Consultant Pharmacists	Get ahead of Quality Assurance Performance Improvement (QAPI) requirements by making antipsychotic reduction a goal for comprehensive performance improvement; create an accompanying training toolkit with best practice approaches, training resources, etc.		HSAG, Partnership - Specific Stakeholders TBD				
	Create a system whereby anytime a new antipsychotic is prescribed, it triggers a <i>change in condition</i> status and a process that involves the Medical Director making appropriate assessment.			Note: as SNFs transfer to electronic medical records the process for monitoring anti-psychotic medication will improve.						
	Engage social service professionals to increase the effectiveness of the IDT process.									
3. A. Resident Care Planning Meetings Provide guidance, training and resources to facilities, staff, MDs, families, & Ombudsman representatives to promote least medicating/person-centered approaches to dementia care in care planning.	Identify facilities with highest number of dementia residents on psychotropic medications (concentrate resources on identified facilities).	2013	Partnership - Specific Stakeholders TBD	Review data and revise “toolkit” and best practices as needed if 15% goal is not reached.	When December 4 <sup>th</sup> quarter data is available	Improving Dementia Care small workgroup members	Provide facilities with access to consultants for residents with difficult behaviors.	6/30/13	Alzh Assoc, HSAG, Consultants (Social work)	
				Survey a small sample of facilities with success and failures, determine which resources are helpful and if any revisions are needed.	2/28/13	CAHF				

## Improving Dementia Care Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
3. A. Resident Care Planning Meetings Provide guidance, training and resources to facilities, staff, MDs, families, & Ombudsman representatives to promote least medicating/person-centered approaches to dementia care in care planning (continued).	Partnership to explore the opportunity for CMS or other entity to send a letter targeting facilities with highest usage of psychotropic medications for dementia residents.	3/31/13	Partnership - Specific Stakeholders TBD	Identify facilities with highest usage by area code.  Provide trainings for geographic areas that have the highest usage, as a priority.	3/31/13  12/31/13	HSAG  HSAG, Partnership	Partner with Universities, Non-Profit Organizations (NPOs), foundations, etc., for funding to provide consultation resources to facilities (SNFs and Residential Care) and care providers for persons with dementia who live in their own homes.	5/31/13 Ongoing	Alzh Assoc., CAHF, OSLTCO, CANHR, CLTCOA Partnership
	Provide all facilities with "toolkit" best practices/resources – may include: - Facility Self Evaluation Form - Care Plan Template - MDT Meetings to focus on reduction of medications Training for staff at all levels - Training for MDs re: drug reduction techniques - Training for families	2013	Partnership - Specific Stakeholders TBD with assistance from Improving Dementia Care small work group members						
3. B. Resident Care Planning Meetings - increase training requirements regarding dementia and behaviors for all licensed staff and caregivers (MDs, Administrators, RN/LVN, CNAs, HHAs, PT, ST, OT, aides, etc.)	Identify current requirements, barriers and opportunities to changing the requirements.	3/31/13	CANHR, OSLTCO, CLTCOA	Create language for each licensing category.	2/15/13	CAHF, CANHR, OSLTCO, CLTCOA, Licensing Board Staff	Review and support bill(s) as appropriate through legislative committees.	2013	Partnership - Specific Stakeholders TBD
				Identify potential legislators to author bill to make necessary regulatory changes.	10/31/13	CANHR, OSLTCO, CLTCOA, CAHF			

## Improving Dementia Care Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
4. Best practices – identifying and promulgating effective strategies in dementia care that result in antipsychotic medication reduction.	Develop questionnaire to use for data collection for nursing homes already using best practices to reduce antipsychotic use.	11/1/12	OTAC, CAHF	Continue data collection in nursing homes that are already using best practices to reduce antipsychotic use.	3/31/13	OTAC, CAHF			
	Contact CAHF to find nursing homes already using best practices.	11/1/12	OTAC, CAHF Use CMS data to identify those facilities with zero or very low antipsychotic usage rates.	Develop a Best Practice Report that includes what best practice nursing homes are doing to reduce anti-psychotic use.	4/30/13	OTAC, CAHF			
	Contact Stakeholders, research potential resources and begin developing a <i>Best Practice and Resource List</i> for nursing homes to use to reduce antipsychotics.  <b>Update:</b> Advancing Excellence website has a centralized resource list.	3/31/13	Note: Because of the update regarding the Advancing Excellence Website, the Partnership will reevaluate how to approach this strategy.	Develop a <i>Best Practice and Resource List</i> for nursing homes to use to reduce antipsychotics.  Explore the options for hosting a webinar or conference regarding best practices; including speakers, venues and presentations.	3/31/13  6/30/13	Note: Because of the update regarding the Advancing Excellence website, the Partnership will reevaluate how to approach this strategy.  HSAG, CAHF, Best Practice Nursing Homes	Share <i>Best Practice Report and Best Practice and Resource List</i> with Stakeholders that have training capacity, as well as nursing homes across the state.	12/31/13	Partnership members, including CAHF, HSAG, LeadingAge
							Host a webinar or conference.	6/30/14	Partnership - Specific Stakeholders TBD

## Improving Dementia Care Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
5. Technical expertise - Health Services Advisory Group (HSAG) and others will provide technical expertise and training to SNFs on least medication alternatives and person-centered interventions.	Decide on whether there is an opportunity to use other measurement tools rather than the CMS Quality Measure tool.	12/31/12	HSAG, CANHR	Collaborate and convene LANs to include the following actions: planning, problem solving, education and measurement. Steps would include the following: decide on regional locations for the LANs, decide on who will participate in the LANs, develop interactive agendas, decide on whether to use speakers, prepare information for the participants, and decide on how to measure the success of the LANs	6/1/13-12/31/13	HSAG CAHF LeadingAge, and other Stakeholders as decided by this team.	Sustain and provide continued process and outcome improvement through the LAN system.	Ongoing	HSAG, LAN Participants
	Identify partners for Learning and Action Networks (LANs).	3/31/13	HSAG, CAHF, LeadingAge, Alzh Assoc and others with expertise in dementia care.						

## ***Consumer Awareness***

*The primary focus of the Consumer Awareness small workgroup is to develop a strong affirmative education campaign for consumers to educate them about antipsychotic medication – appropriate and inappropriate use, dose reduction, and legal rights, as well as nonpharmacological dementia care best practices.*

Below is a list of the core strategies for the Consumer Awareness small workgroup followed by tables that outline each core strategy, and related supporting strategies.

### **Consumer Awareness Core Strategies:**

1. **Develop and implement a strong public affirmative education program** - to educate consumers about improving dementia care and limiting the misuse of antipsychotics.
2. **Meet with CA and the US Departments of Justice** - to explore using settlement funds (fines levied against pharmaceutical companies for illegally marketing anti-psychotic drugs as a treatment for dementia) to finance the consumer education campaign.

## Consumer Awareness Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
1. Develop and implement a strong public affirmative education program - to educate consumers about improving dementia care and limiting the misuse of antipsychotics.	<p><b>a) Educate people on how to discontinue the use of antipsychotics</b></p> <p>Distribute and increase awareness of CANHR's booklet, <i>Toxic Medicine</i>, on this subject. Refer consumers to CALTCM website specific section dedicated to antipsychotics, Ombudsman web page, and Alzheimer's Association.</p>	Now	Partnership - Specific Stakeholders TBD	Develop and distribute additional materials that give detailed advice to consumers on gradual dose reduction and their right to review antipsychotic use assessments by consulting pharmacists during monthly drug regimen reviews.	6/30/13		Identify opportunities for consumers to consult directly with pharmacists about use and discontinuation of antipsychotics.	1/31/14	
	<p><b>b) Educate consumers similar to the campaign to end the use of physical restraints for nursing home residents.</b></p> <p>Ombudsman training focused on teaching residents, and their representatives, about their rights in this area and how to advocate for least medicating practices.</p>	12/1/12-12/31/13	OSLTCO CLTCOA, CANHR, Alzh Assoc.,  All Stakeholders	Webinar and in-person trainings at Ombudsman 2013 Spring Conference.	1/1/13 – Webinar; 5/31/13 - In-Person training	NORC, OSLTCO, & LLTCOP Coordinators	Trained trainers to train local Ombudsman representatives and educate the community about improving dementia care.	5/31/13	LLTCOP

## Consumer Awareness Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
1. Develop and implement a strong public affirmative education program to educate consumers about improving dementia care and limiting the misuse of antipsychotics (continued).	<i>c) Plan a broad-based consumer education campaign involving the Alzheimer's Association, CANHR, Disability Rights California, state and local Ombudsman programs, AARP, Congress of California Seniors, senior legal service programs, FAST teams, the aging network, and other state and local consumer organizations.</i>								
	Continue work with core group of advocacy/other organizations to organize and plan the campaign.	Ongoing	Partnership (Core Group)	Expand the Partnership (Core Group) and plan specific educational efforts aimed at consumers.	6/30/13	Partnership (Core Group)			
	State Long-Term Care Ombudsman Office to develop web page with consumer resources on stopping misuse of antipsychotics and best practices in dementia care.	12/31/12	OSLTCO	CDPH serve as a clearing house for web based consumer links related to dementia care resources such as the Alzheimer's Association, Advancing Excellence, etc.	6/30/13	CDPH			

## Consumer Awareness Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
1. Develop and implement a strong public affirmative education program - to educate consumers about improving dementia care and limiting the misuse of antipsychotics (continued).	<p><b><i>d) Engage residents and responsible parties in hospitals, Assisted Living Facilities, Board &amp; Care Homes, and participants of Senior Centers, etc.</i></b></p> <p>Ombudsman education and training campaign will target residents of assisted living and board and care facilities, as well as nursing homes.</p>	1/1/13 & Ongoing							
	<p>State Ombudsman Office will coordinate with CDA to inform and educate senior center participants</p>	1/1/13 & Ongoing							
	<p><b><i>e) Create public service announcements.</i></b></p> <p>Disability Rights CA will explore possible communications with Community-Based Adult Services participants.</p> <p>Contingent on funding, possibly from US DOJ settlement funds. Funding to be explored.</p>		Disability Rights						
			CMS, OSLTCO						

## Consumer Awareness Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
1. Develop and implement a strong public affirmative education program - to educate consumers about improving dementia care and limiting the misuse of antipsychotics (continued).	<i>f) Educate patients prescribed anti-psychotics upon hospital admission.</i>  Invite CHA to discussions aimed at informing hospital patients about antipsychotic concerns.		CAHF						
2. Meet with CA and the US Departments of Justice - to explore using settlement funds (fines levied against pharmaceutical companies for illegally marketing anti-psychotic drugs as a treatment for dementia) to finance the consumer education campaign.	Contact Peggy Osborn with CA DOJ and Becky Kurtz with the US AoA to initiate contact with the US DOJ.	10/31/12	OSLTCO, Joe Rodrigues	Definitive answer on what CA and US DOJ's are doing with these settlement funds and if "Partnership" can access them for improving dementia care and reducing the misuse of antipsychotic medications.	11/15/12	Peggy Osborn, CA DOJ; Becky Kurtz, US AoA; Joe Rodrigues, OSLTCO	Apply for settlement funds or identify other funding sources.	1/1/13	Partnership - Specific Stakeholders TBD

## ***Enhanced Enforcement***

*The primary focus of the Enhanced Enforcement small workgroup is to plan enforcement strategies to stop the inappropriate use of antipsychotics in California nursing facilities.*

The Nursing Home Reform Regulations establishes several expectations. The first is that providers remain in substantial compliance with Medicare/Medicaid program requirements and State law. The second expectation is that all deficiencies will be corrected promptly, and the third is that residents will receive the care and services they need to meet their highest practicable level of functioning. An enforcement action is the process of imposing one or more of the following remedies: termination of the provider agreement, denial of participation, denial of payment for new admission, temporary manager, Civil Money Penalties, state monitoring, directed plans of correction, directed in-service training and other CMS approved alternative state remedies, as well as state citations and deficiencies. The primary focus of the Enhanced Enforcement small work group is to ensure that both State monetary citations and Federal enforcement actions are taken against nursing facilities and individual practitioner's for violations of Federal and State Regulations surrounding the misuse of antipsychotic medication.

Below is a list of the core strategies for the Enhanced Enforcement small workgroup followed by tables that outline each core strategy, and related supporting strategies.

### **Enhanced Enforcement Core Strategies:**

1. **"Get the Word Out"**- Collaboration of Stakeholders to increase consumer awareness (intended as a short-term project to get out the initial message regarding the inappropriate use of antipsychotic medication).
2. **Enhanced coordination with local Licensing and Certification district offices and local Long-Term Care Ombudsman Programs** - to promote greater awareness of inappropriate use of antipsychotics.
3. **Coordination with other enforcement agencies.**
4. **Medical and pharmacy professionals** - referral to respective licensing boards when appropriate.
5. **Improve the accuracy of survey findings** - using the federal scope and severity matrix

**6. Training**

- a. CMS/CDPH Joint Training
- b. CMS/CDPH Mandatory Surveyor training
- c. Improving Dementia Care

**7. CMS Targeted Federal Monitoring Surveys (FMS).**

**8. Enhanced use of federal remedies and state sanctions.**

- a. Enhanced Enforcement

## Enhanced Enforcement Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
1. "Get the Word Out" to the public, providers and Stakeholders about the strong concerns about inappropriate antipsychotic use and the initiative to address it.	AFL distribution to include all CA nursing homes and partnership participants to freely distribute.	11/30/12	CDPH						
2. Coordination with Local L&C District Offices & Local LTC Ombudsman Programs to promote greater awareness of inappropriate use of antipsychotics	Quarterly Meetings	3/31/13	Local DO Managers and LLTCOP Coordinators	Memorandum of understanding between CDPH and OSLTC to promote the sharing of information on inappropriate use of antipsychotic medication.	3/31/13	L&C and LTC Ombudsman	Invitations to L&C DO staff on training opportunities.	Spring 2013	OSLTCO, LLTCOP, HSAG
3. Coordination with other enforcement agencies.	<p>Operation Guardians Investigations conducted by the Bureau of Medi-Cal Fraud and Elder Abuse (BMFEA), California Department of Justice.</p> <ul style="list-style-type: none"> <li>BMFEA will report any egregious complaints to CDPH district offices by phone, so that CDPH can initiate an investigation.</li> </ul> <p>BMFEA will send completed reports on their Operation Guardians investigations to CDPH and CMS Region IX for regulatory review.</p>	<p>Meeting w/CA AG and CDPH 10/31/12</p> <p>11/30/12</p> <p>11/30/12</p>	<p>BMFEA, CDPH</p> <p>BMFEA, CDPH</p> <p>BMFEA, CDPH, CMS</p>				Explore options for false claims with US attorney and Department of Health Care Services for Medicaid fraud abuse.	11/30/13	CDPH, BMFEA, DHCS, US AG

## Enhanced Enforcement Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
3. Coordination with other enforcement agencies (continued).	<p>CDPH will refer to BMFEA Licensing &amp; Certification (L&amp;C) enforcement activities in nursing homes related to unnecessary antipsychotic medication use. Additionally, L&amp;C will provide data on the number of F-Tags cited related to antipsychotic misuse.</p> <p>Local Ombudsman programs will share their complaint data in inappropriate use of antipsychotics with BMFEA during briefing prior to Operation Guardian investigations.</p>	1/31/13	BMFEA, CDPH						
		11/30/12	LLTCOP, BMFEA						
4. Pursue strong and effective Enforcement with Medical and Pharmacy Boards.	<p>Arrange meeting with the Medical and Pharmacy Boards to describe the initiative and seek their cooperation in giving complaints about antipsychotic misuse serious attention</p>	2/28/13	CDPH, CPhA, Partnership - Specific Stakeholders TBD	<p>Local Ombudsman Programs should adopt policies to refer complaints about antipsychotic misuse to the Medical and Pharmacy boards whenever appropriate.</p> <p>Local Ombudsman Programs should post information on how to file complaints with the Medical and Pharmacy Boards on website pages concerning antipsychotics misuse.</p>	3/31/13	LLTCOP			

## Enhanced Enforcement Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
5 Improve the Accuracy of Survey Findings using the federal scope and severity matrix	CMS to release enhanced guidance to surveyors. Provide immediate training on the new protocol to state and federal surveyors and managers.	2/28/13	CMS & CDPH trainers						
6. A. CMS/CDPH mandatory training of State and Federal surveyors related to behavioral health and dementia care.	2-Hour Training	3/31/13	CMS CO, CMS Region IX, CDPH						
B. Training Subject Matter Experts	<p>Ombudsman Train-the-Trainer series to identify the use of chemical restraints and develop strategies to resolve the issue (Webinar).</p> <p>CMS/CDPH will develop federal and state surveyor subject matter experts; the specific area of focus will be inappropriate antipsychotic drug use.</p>	<p>12/31/12</p> <p>6/30/13</p>	<p>Office of the State Long-Term Care Ombudsman (OSLTCO), local Long-Term Care Ombudsman Programs (LLTCOP), CANHR, &amp; National Ombudsman Resource Center (NORC)</p> <p>CMS/CDPH</p>	Ombudsman Train-the-Trainer series continues with training at the Ombudsman Spring Conference.	5/31/13	OSLTCO, LLTCOP, CANHR, NORC	Ombudsman Train-the-Trainer series continues with local Long-Term Care Ombudsman Programs (LLTCOP) conducting training sessions for their staff, volunteers and the community.	6/30/13	LLTCOP
C. Training for nursing home providers	"Hand in Hand" DVD training series emphasizing person centered care in the nursing home.	12/31/12	CMS CO						

## Enhanced Enforcement Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
7. CMS Targeted Federal Monitoring Surveys (FMS)	Plan for Federal Monitoring Surveys (FMS) surveys.  The surveys will target facilities with significant populations of residents with dementia and antipsychotic rates that are above the state average, which is around 21%. The sample will be 28 surveys; of the 28 surveys, 3 will be comparative surveys and 25 will be observational surveys.	6/30/13	CMS	Conduct and evaluate data from the surveys. Aggregate data from federal surveys will be F-Tag specific.	3/31/13		Completed surveys and evaluated data collected.	10/31/13	
	CMS will develop a quality improvement assessment process to conduct bi-annual random reviews of 10 cases to determine if state surveys appropriately cited the deficient practices.	6/30/13	CMS						
8. Enhanced use of federal remedies and state sanctions.	Assess and report on the use of federal enforcement for antipsychotic misuse. The reporting will start in 2013 and be federal citations specific.	3/31/13	CMS	Identify and alleviate any barriers to federal enforcement actions. Communicate findings to CDPH District Offices.	9/30/13	CMS-Central Office and CMS Region IX			

## Enhanced Enforcement Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
A. Enhanced Enforcement	Federal: In conjunction with other remedies impose the directed in-. Service training focus on educational requirements on improving dementia care as appropriate.	3/31/13	CMS/CDPH						
	State: To use CMS-Civil Money Penalties (CMP) analytic tool to determine the appropriate amounts of the CMP- consistent with the pilot program.	3/31/13	CMS/CDPH						
	Issue state citations commensurate with the citation level as defined in the statute.	1/1/13	CDPH						
	State licensing surveys will include review for documentation to ensure informed consent has been obtained for antipsychotic use; deficiencies will be cited.	1/1/13	CDPH						

## ***Informed Consent***

*The primary focus for the Informed Consent small workgroup is to ensure that every resident, or his or her decision maker, receives complete and accurate information regarding informed consent, and that each resident, or his or her decision maker, is always asked if the resident desires antipsychotic medication.*

Informed consent is a patient right, defined by state regulation as, "The voluntary agreement of a patient or a representative of an incapacitated patient to accept treatment...after receiving appropriate information" related to that treatment (e.g., use of antipsychotic medications). Antipsychotic medications use in nursing homes requires informed consent as required by health and safety code (Health and Safety Code 1418.9). As reported in the *Executive Report: California Department of Public Health – Department of Health Care Services Antipsychotic Collaborative*, the DHCS/CDPH collaborative found numerous violations of informed consent requirements in their investigation of California nursing homes.<sup>8</sup> Violations involved failure to offer evidence that informed consent was provided, or consent was obtained after the antipsychotic medication was initiated. They also included the facility's failure to develop or implement an informed consent policy and procedure, and failure to include material information during the informed consent process, such as pertinent antipsychotic side effect information or risk/benefit of use based on FDA-mandated boxed warning information.

Below is a list of the core strategies for the Informed Consent small workgroup (referred to in the tables as "IC Workgroup") followed by tables that outline each core strategy, and related supporting strategies.

### **Informed Consent Core Strategies:**

- 1. Evaluate essential SNF informed consent elements.**
- 2. Identify needed structural components of antipsychotic SNF informed consent form/document.**
- 3. Develop an informed consent algorithm/flow sheet** - that helps SNF providers navigate through all the steps in appropriate verification of informed consent.
- 4. Develop sample SNF patients' rights informed consent policies and procedures.**
- 5. Educate SNF physicians regarding current informed consent regulatory requirements.**



## Informed Consent Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
2. Identify needed structural components of antipsychotic SNF informed consent form/document.	CAHF has a separate work group that is reviewing various SNF provider informed consent documents; Jocelyn Montgomery (CAHF) emailed IC Workgroup members' prototype examples of documents for review on 9/25/12.	Draft tool developed and released 9/2012 for further comment; final document anticipated 6/30/13	CAHF	Senator Kohl has a recent proposed Congressional bill (S.3604) related to improved dementia care, including a standardized protocol for obtaining SNF informed consent prior to prescribing an antipsychotic.	2013	IC Workgroup	CAHF's "Verification of Informed Consent for Antipsychotic Medication" form is a starting place; no group consensus reached regarding whether resident/responsible party signature space should be included on this form. It is possible one form will be used for consent and one for verification of informed consent by facility licensed staff (reflecting when discussion between MD and resident/responsible party occurred). CAHF is developing informed consent toolkit for SNF's; will share with workgroup before December 4 <sup>th</sup> CA Partnership meeting.	6/30/13	CAHF, IC Workgroup
	Tony Chicotel emailed IC Workgroup members' prototype examples of documents for review on 9/13/12.	9/13/12	CANHR						

## Informed Consent Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
3. Develop an informed consent algorithm/flow sheet that helps SNF providers navigate through all the steps in appropriate verification of informed consent.	CAHF has a separate workgroup that is discussing the process of obtaining and verifying SNF informed consent.	2+ calls with IC Workgroup by 11/8/12	CAHF, IC Workgroup				Develop a checklist that helps providers ensure they have appropriately attempted individualized non-pharmacological behavioral interventions prior to the implementation of antipsychotic treatment.	3/31/13	CAHF toolkit to be shared with IC Workgroup before December 4 <sup>th</sup> ; final draft to be completed 1 <sup>st</sup> quarter 2013
4. Develop sample SNF Patients' Rights Informed Consent Policies and Procedures.	CAHF has a separate workgroup that is discussing a sample policy that helps providers stay on track with gradual dose reductions and emphasizes communication with the physician, resident and/or their decision maker over time.	2+ calls with IC Workgroup by 11/8/12					<p>Patients' rights policies and procedures (required by SNF T22 regulations) vs. policy regarding required monitoring and GDRs? Possible to develop a second tool?</p> <p>CAHF has developed a brochure indicating a patient's right to be fully informed.</p>	2013	CAHF, CALTCM, CANHR

## Informed Consent Table

Core Strategy	Immediate Opportunities	Target Date	Responsible Stakeholders	Mid-Term Opportunities	Target Date	Responsible Stakeholders	Long-Term Opportunities	Target Date	Responsible Stakeholders
5. Educate SNF physicians regarding current informed consent regulatory requirements.	Dr. Steinberg to generate an article in CALTCM's October 2012 <i>WAVE</i> e-newsletter.	10/31/12	CALTCM				Develop a Partnership Informed Consent Toolkit for prescribing physicians and SNFs that will assist them in having an efficient, timely and thorough process in obtaining antipsychotic informed consent. Toolkit to include family education materials that are medication-specific and ready to go (workgroup recommends FDA or other comprehensive consumer-friendly information) and form families will sign.	CAHF to share their Informed Consent Toolkit example with IC Workgroup before December 4 <sup>th</sup> ; final draft of Partnership Informed Consent Toolkit to be completed 1 <sup>st</sup> quarter 2013.	CAHF, HSAG, CALTCM and CMA (and possibly CHA)
6. Address hospital usage of antipsychotic medications when residents are transferred to SNFs.	Dr. Steinberg to generate an article in CALTCM's October 2012 <i>WAVE</i> e-newsletter.	10/31/12	CALTCM				CDPH (advisory) AFL to GACHS regarding inclusion of informed consent information in SNF transfer documents? Also describe campaign to reduce antipsychotic medications?	3/31/13	CDPH, HSAG, CAHF, CHA

## Partnership Next Steps

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Following months of collaboration, members of the *California Partnership to Improve Dementia Care and Reduce Unnecessary Antipsychotic Medication Drug Use in Nursing Homes* have crafted a viable action plan. At the December 2012 final in-person Phase I Partnership meeting, members discussed how best to implement the ambitious plan. Recognizing the difficulty of carrying out all the listed strategies at once, members recommended a comprehensive study of the plan to record strategies that have been completed; eliminate redundant strategies across workgroups; and, prioritize remaining strategies for implementation.

Members also explored which stakeholder groups might take on this task and assume leadership from CMS and CDPH for Phase II of the Partnership. The California Culture Change Coalition (CCCC), with its extensive education and technical experience promoting resident-centered nursing homes in the state, volunteered to serve as lead for the next phase of the Partnership together with a group of Partnership Stakeholders who volunteered to assist CCCC. This Executive Committee, listed below, will convene in January 2013 to decide the Partnership's structure, focus, and action plan approach: to finance Phase II activities, CCCC reported it would apply for federal Civil Monetary Penalty funds.

### **Partnership Phase II Committee**

- **California Culture Change Coalition - Lead**
- Alzheimer's Association
- California Advocates for Nursing Home Reform
- California Association of Health Facilities
- California Association of Long-Term Care Medicine
- California Department of Public Health
- California Hospital Association
- California Long-Term Care Ombudsman Association
- California Medical Association
- Centers for Medicare & Medicaid Services
- Health Services Advisory Group
- Occupational Therapy Association
- Marianne Hollingsworth

Creating change requires clear vision, leadership, collaboration, and perseverance. Partnership members demonstrated that working together they have all of these characteristics. Phase II of the Partnership will enable California to meet the Partnership primary goal of "reducing the use of antipsychotic medication by at least 15% by December 31, 2012, and by at least 30% by June 30, 2013." The next phase also promises to bring the state closer to achieving the vision of improved dementia care and the end of all inappropriate use of antipsychotic medication, independent of the setting. Of equal importance, with continued collaboration and dedication, the Partnership has the potential to catalyze change in other areas of medication mismanagement and treatment.

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*Data can also be retrieved at:* [www.medicare.gov/NursingHomeCompare/](http://www.medicare.gov/NursingHomeCompare/)
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## APPENDIX A: Partnership Roster

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