FOR IMMEDIATE RELEASE

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AMDA’s Efforts Referenced in CMS Report on Successful Reduction of Nursing Home Antipsychotic Use

Columbia, MD – In 2012, the Centers for Medicare & Medicaid Services (CMS) set a goal of reducing antipsychotic use in long-stay nursing home residents by 15% nationwide. Recently, the agency announced that this goal has been met. AMDA—The Society for Post-Acute and Long-Term Care Medicine (AMDA) was instrumental in efforts to meet this goal; most recently, the poster session at last month’s AMDA’s annual conference, AMDA Long-Term Care Medicine—2014 in Nashville, TN, was referenced in an interim report on the CMS National Partnership to Improve Dementia Care in Nursing Homes. The report came out on April 11, 2014.

In 2011, AMDA participated in a group of partners who provided direct outreach to nursing facilities when a letter from AMDA President Matthew S. Wayne, MD, CMD, (included in the report) asked medical directors and facilities to “join with AMDA and CMS in the nationwide effort to reduce the unnecessary use of antipsychotic agents by refocusing the interdisciplinary team on a better understanding of the root cause of dementia related behaviors.” The letter also provided the following information to share with facilities: Medical Director’s Role as Clinical Leader in Dementia Care; Use of an Interdisciplinary Team; and a list of AMDA resources including talking points, clinical practice guidelines, medication management manuals, and more.

The CMS report specifically noted that several posters at the AMDA national conference “described positive results, including evidence that prevalence rates were cut in half in some case.” Several posters at AMDA’s annual conference addressed antipsychotic use and non-pharmacologic means of managing behavioral problems in post-acute/long-term care (PA/LTC). One, which received AMDA’s Howard Guterman Award for outstanding poster, showed that a comprehensive effort to reduce unnecessary antipsychotics at a large long-term care facility led to attempted or successful discontinuation in nearly 95% of dementia patients taking the drugs.

Additionally, the report also referenced two JAMDA articles: “Staffing, quality, and productivity in the nursing home” and “What are the barriers to performing non-pharmacological interventions for behavioral symptoms in the nursing home?” AMDA and the Ohio Medical Directors Association (an AMDA state chapter) are included in the report as organizational contacts.

Suzanne Gillespie, MD, CMD, AMDA Long-Term Care Medicine Program Chair, said, “This report demonstrates one way in which AMDA continues its work to improve care in nursing facilities. Our annual conference is the premier conference for PA/LTC professionals. The
conference, including the poster presentations mentioned in the report, showcases innovative and groundbreaking initiatives of great importance, not only in PA/LTC but in the health care landscape as a whole.”

CMS established the National Partnership to Improve Dementia Care in Nursing Homes in response to a 2011 Office of the Inspector General Report that underscored the high use of atypical antipsychotic medications for “off-label” indications among nursing home residents. According to this report, 83% of atypical antipsychotic drug claims were for elderly nursing home residents who had not been diagnosed with a condition for which antipsychotic medications were approved by the FDA.

Beyond initiatives to reduce antipsychotics that include the posters, a number of sessions at the annual conference, webinars and live education, and articles in AMDA’s publications JAMDA and Caring for the Ages, AMDA has established a webpage on improving dementia care in nursing homes that includes several resources on antipsychotic use.

More recently, thanks to a grant from the Agency for Healthcare Research and Quality, AMDA began offering a 5-hour professional development course that focuses on the recognition, assessment, treatment, and monitoring of dementia in the PA/LTC facility. The program’s goal is to decrease inappropriate use of antipsychotic medications for nursing home residents, particularly those with dementia. Ladislav Volicer, M.D., PhD., principle investigator for the course, said, “We hope to educate people about non-pharmacologic alternatives to antipsychotics.” For more information about the course, go to https://amda-training.com/.

AMDA looks forward to continuing to develop and distribute education and resources to aid in improving the care of PA/LTC patients.

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AMDA – The Society for Post-Acute and Long-Term Care Medicine is the national professional association of medical directors, attending physicians, and other professionals practicing post-acute and long-term care medicine and committed to the continuous improvement of patient care. AMDA provides education, advocacy, information, and professional development to enable its members to deliver quality post-acute and long-term care.