The National CONSUMER VOICE for Quality Long-Term Care formerly NCCNHR

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Comments on Antipsychotic Medication Quality Measures for Nursing Homes

Submitted by:

The National Consumer Voice for Quality Long-Term Care

The National Consumer Voice for Quality Long-Term Care (Consumer Voice) appreciates the opportunity to comment on the proposed antipsychotic quality measures (AP QM). The Consumer Voice is a national non-profit organization that advocates for quality care on behalf of long-term care consumers across all care settings. Our membership consists primarily of consumers of long-term services and supports, their families, long-term care ombudsmen, individual advocates, and citizen advocacy groups. The Consumer Voice has over 37 years' experience advocating for quality care.

The Consumer Voice strongly supports the majority of comments and recommendations made in the letter from California Advocates for Nursing Home Reform (CANHR) with sign-ons from a number of important advocacy organizations.

Antipsychotic quality measures (AP QMs) should not be risk adjusted for dementia status.

The Consumer Voice strongly opposes any risk adjustment for dementia.

Risk adjustment implies that dementing illnesses with associated behavioral symptoms as indicated in the Clinical Recommendation Statement 1c16 justify the use of antipsychotics. However, the FDA has not approved antipsychotics for use with elderly persons with dementia and in fact has issued a black box warning that their use can increase the risk of mortality. In addition, there are studies and research showing that antipsychotic medications can harm and result in the death of older adults with dementia.

Furthermore, to reduce the excessive use of antipsychotics among residents with dementia, we must have meaningful data about the percentage of residents with dementia receiving these medications in a facility. To exclude residents with dementia from this measure through risk adjustment makes the measure misleading and essentially worthless. This would negatively impact facilities' efforts to reduce antipsychotics because the quality measure would not provide accurate information about the extent to which antipsychotics are being given to residents with dementia. Consumers would be affected as well; risk adjustment would prevent the public from gaining a true picture of antipsychotic use in a particular facility and to make comparisons between facilities. Alarmingly, excluding residents with dementia would seriously undermine CMS's own initiative, the National Partnership to Improve Dementia Care.

Bipolar disorder should be excluded

We recommend that bipolar disorder be excluded from the AP QM for the following reasons:

- Unlike dementia, antipsychotic medication has been approved by the FDA for use with people with bipolar disorder. Its efficacy has been demonstrated in clinical trials necessary to receive FDA approval. Other diagnoses, such as schizophrenia, Tourette's and Huntington's disease, for which antipsychotics are approved, have already been excluded; the exclusion should be extended to bipolar disorder as well.

- Use of antipsychotics for individuals with bipolar disorder does not necessarily imply poor care. There are individuals whose condition can be stabilized and who can benefit from the use of these medications.

- Failure to exclude bipolar disorder could have unintended, harmful consequences for nursing home residents with this diagnosis. These residents may not get treatment that could relieve the distress that can come from bipolar disorder. In an effort to avoid their use, many nursing homes are also likely to refuse to admit residents with bipolar disorder or look for reasons to transfer or discharge them. It could become increasingly difficult for individuals with bipolar disorder to get nursing home care in their communities.

We recognize that excluding bipolar disorder might result in an increase in bipolar diagnoses in order to justify the use of antipsychotics. To address this concern, we recommend that CMS survey for such changes by looking to see if the diagnosis of bipolar disorder existed prior to the resident's admission. If it did not, CMS should determine if there is adequate documentation of a psychiatric evaluation to support this new diagnosis. We also support the option suggested by the American Medical Directors Association that CMS monitor the frequency and incidence of bipolar diagnosis among the nursing home population and within facilities to identify potential over-diagnosis and take appropriate action through the survey and certification process.

Short stay and long stay quality measures should have the same exclusions

The Consumer Voice agrees with the comment from one of the TEP members that appropriate drug therapy should not be determined by how long a resident has been in the nursing facility. In addition, it would be very confusing to consumers if the exclusions varied.

The time frame for measuring the short stay quality measure should be changed

We recommend that the short stay AP QM show the percentage of residents who are on an antipsychotic after the initial assessment, but long before the end of the 100 days that defines a short stay resident - perhaps at 30 days (when the physician must see the resident) or the shortest amount of time needed to safely discontinue the drug.

In this way the AP QM would not reflect residents admitted on an antipsychotic, which the facility cannot control. However, it would capture residents who are given a newly prescribed antipsychotic or who are still on an antipsychotic within a set amount of time after they are first admitted. This approach would encourage prompt evaluation at admission and the discontinuation of unnecessary antipsychotics.

If CMS chooses not to take this approach, the Consumer Voice supports the recommendation made in CANHR's letter to include residents admitted on antipsychotic medications in the short-stay measure.

Including these residents encourages facilities to move quickly to assess and stop an unnecessary antipsychotic rather than allowing residents to remain for weeks or months on a drug that may cause them serious harm.

Complementary measures should be added

While it is critical that the use of antipsychotics be measured, these medications are not the only powerful and potentially dangerous drugs used to control behaviors and sedate residents. We agree with CANHR that in order to end the use of medications as chemical restraints, anti-seizure drugs such as Depakote and anti-anxiety drugs such as Ativan should also be measured.

Antipsychotic quality measures should be included in the five-star rating calculation

In the five star rating system, the facility rating for the QM domain is based on a subset of the 18 QMs posted on Nursing Home Compare. The subset does not currently include the short or long stay measures of antipsychotic use. This sends the message to both consumers and providers that the antipsychotic measure is not as important as other care areas – a message that undermines the weight given by CMS to its National Partnership for the Improvement of Dementia Care, and is counter to what we know is quality care.

Including the AP QM in the five star rating calculation gives consumers more accurate information about a nursing home. It also creates a powerful incentive to providers. We agree with the statements of Morris Kaplan, a nursing home administrator and owner in Pennsylvania, that including the AP QM in the 5-star rating system calculation would make reducing the misuse of antipsychotics a clear priority for providers. Kaplan notes: "providers are very aware of which particular MDS elements go into the calculation of the 5-star award and focus their efforts on these in order to gain the public relations/marketing/census-building power of the 5-Star or US News Best award."

Provide both "actual" and "adjusted" measures

There is growing public awareness of the five-star rating system and quality measures and an increasing number of consumers are turning to this data when choosing a nursing home or evaluating care at a facility where they or their loved ones are living. In order for consumers to obtain the clearest picture of the facility's quality of care, this information must be as accurate as possible.

The majority of consumers looking at quality measures have no idea that the measures include exclusions or risk adjustments. A consumer has to really dig in order to even find out that the data are adjusted, and almost needs to be the proverbial "rocket scientist" to figure out what those exclusions and risk adjustments are. Consequently, consumers looking at the antipsychotic quality measures believe they are seeing the "actual" (no risk adjustments, no exclusions) rate. Their understanding of the facility's antipsychotic rate is therefore incorrect.

We believe that the way to best serve consumers is to provide both the actual (again – no risk adjustments, no exclusions) and the adjusted (risk adjustments, exclusions) measures. This is rather like the way in which consumers shopping for a new car can obtain the EPA gas mileage as well as the mileage determined by Consumer Reports and compare the two. Additionally, consumers must be provided with an easy-to-understand explanation of risk adjustment/exclusions.

Thank you for your consideration of these comments.

Sincerely,

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