



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 16-28-NH

DATE: June 3, 2016

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Update Report on the *National Partnership to Improve Dementia Care in Nursing Homes*

Memorandum Summary

- **Update Report:** The Centers for Medicare & Medicaid Services (CMS) has released the second report that provides a brief overview of the National Partnership, summarizes activities following the release of Survey & Certification policy memorandum 14-19-NH, and outlines next steps.
- The report describes the results of the Focused Dementia Care Surveys conducted in Fiscal Year (FY) 2015.

Background

In 2011, The Office of the Inspector General (OIG) of the Department of Health and Human Services released a report underscoring the high use of atypical antipsychotic medications for “off-label” indications among nursing home residents. According to this report, 83 percent 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 Food and Drug Administration (FDA).¹

Nursing home advocates and others expressed concern about the high rates of antipsychotic medication use and urged CMS to do more to address this persistent threat to quality and safety. In early 2012 in response to the OIG report, as well as concerns from advocates and commitment from provider associations and other stakeholders, CMS established the *National Partnership to Improve Dementia Care in Nursing Homes*.

National Partnership

The National Partnership seeks to optimize quality of life for residents in America’s nursing homes by improving comprehensive approaches to the psychosocial and behavioral health needs

¹ Levinson DR. Medicare Atypical Antipsychotic Drug Claims for Elderly Nursing Home Residents. Department of Health and Human Services Office of Inspector General Report (OEI-07-08-00150)05-04-2011 accessed at <https://oig.hhs.gov/oei/reports/oei-07-08-00150.pdf>

of all residents, especially those with dementia. This robust public-private collaboration has engaged providers and provider associations, clinicians, researchers, advocates, government agencies, residents and families in every state and has outlined a multidimensional strategy to address this public health issue. Although the initial focus of the National Partnership has been on reducing the use of antipsychotic medications, the overall goal is to create environments that support person-centered care for individuals living with dementia.

Update Report

This report provides a brief overview of the National Partnership, summarizes activities following the release of Survey & Certification policy memorandum 14-19-NH², and outlines next steps. Additionally, this report describes the results of the Focused Dementia Care Surveys conducted in FY2015 and the conclusions gathered based upon post-survey data analysis. The report covers the period of Calendar Year (CY) 2014 Quarter 2 through CY2015 Quarter 3.

Contact: For questions on this memorandum, please contact Michele Laughman via email at dnh_behavioralhealth@cms.hhs.gov.


Effective Date: Immediately. This information should be communicated with all survey and certification staff, their managers, and the State/Regional Office training coordinators within 30 days of this memorandum. The contents of this letter supports activities or actions to improve resident safety and increase quality and reliability of care for better outcomes.

/s/
David R. Wright

Attachment – Update Report

cc: Survey and Certification Regional Office Management

²Survey & Certification policy memorandum 14-19-NH: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-19.pdf>



Update Report on the Centers for Medicare &
Medicaid Services (CMS) National Partnership to
Improve Dementia Care in Nursing Homes:
2014 Quarter 2 – 2015 Quarter 3

Karen Tritz, Director

CMS Division of Nursing Homes

Michele Laughman, CMS Health Insurance Specialist

Denise O'Donnell, CMS Nurse Consultant

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Executive Summary

This report provides a brief overview of the National Partnership, summarizes activities following the release of Survey & Certification policy memorandum 14-19-NH¹, and outlines next steps.

Overview

Dementia care specialists and practitioners advocate for a transformation of nursing home culture away from the medical, institutional model to a person-centered, supportive community with the knowledge, skills and expertise to meet the needs of persons with dementia as envisioned by the Omnibus Budget and Reconciliation Act of 1987 (OBRA '87), often referred to as the nursing home reform law. In early 2012, in response to a 2011 Office of the Inspector General (OIG) report, as well as concerns from advocates and others about the persistently high rate of antipsychotic medication use in nursing home residents with dementia, CMS established the National Partnership to Improve Dementia Care in Nursing Homes, a unique public-private partnership that outlined a multidimensional strategy to address this public health issue.

Summary of Activities

- CMS continues to support the efforts of State Coalitions in every State. CMS helps to facilitate bi-annual calls with the State Coalitions to share best practices and create peer-to-peer mentoring opportunities.
- CMS continues to partner with the Medicare Learning Network (MLN) Connects® to conduct national provider calls. These quarterly calls help to broaden discussions related to quality of life, quality of care, and safety issues.
- In 2014, CMS invited proposals for a grant opportunity to utilize Federal Civil Money Penalty (CMP) Funds for the support and further expansion of the National Partnership to Improve Dementia Care in Nursing Homes. This Federal grant was awarded to The Eden Alternative, Inc. for their project entitled, “*Creating a Culture of Person-Directed Dementia Care.*”
- In 2015, Advancing Excellence and CMS collaborated on an extensive renovation of the National Partnership resource repository housed on the Advancing Excellence website. The website upgrades included reorganization of tools and resources, as well as improvement of accessibility and ease of use.
- In 2012, Hand-in-Hand was distributed for free to every certified nursing home in the country. Today, Hand-in-Hand continues to be utilized to train nursing assistants on abuse prevention and person-centered dementia care.
- A 15 percent reduction in the prevalence of antipsychotic medication use was the initial goal of the National Partnership. Between the end of 2011 and the end of 2013, the

¹<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-19.pdf>

National Partnership achieved a reduction in the national prevalence of antipsychotic medication use in long-stay nursing home residents by 15.1 percent, decreasing usage from 23.8 percent to 20.2 percent nationwide.

- The CMS team, with input from its partners, established a new national goal of reducing the use of antipsychotic medications in long-stay nursing home residents by 25 percent by the end of 2015, and 30 percent by the end of 2016.
- Since the start of the CMS National Partnership, there has been a decrease of 27 percent in the prevalence of antipsychotic medication use in long-stay nursing home residents, to a national prevalence of 17.4 percent in Fiscal Year (FY) 2015 Quarter 3.
- The long-stay prevalence measure on Nursing Home Compare (NHC) continues to track the progress of the CMS National Partnership. In February 2015, CMS began utilizing both the long-stay and short-stay quality measures for star rating calculation on the *Five Star Quality Rating System*.
- CMS determined that additional assessment of the survey and enforcement processes around dementia care would be useful. In 2014, CMS piloted the Focused Dementia Care Survey to more thoroughly examine the process for prescribing antipsychotic medications and assess compliance with other federal requirements related to dementia care practices in nursing homes. To expand upon the work of the focused survey pilot, CMS conducted additional surveys in FY2015 and FY2016.

Next Steps

CMS will continue data analysis of State to State and regional variation in enforcement activity. Additionally, potential consequences of reducing antipsychotic medication use will be closely monitored. In 2016, CMS continues to conduct additional Focused Dementia Care Surveys across the country, targeting nursing homes that have high rates of antipsychotic medication use.

Overview

OBRA '87 established a detailed regulatory structure designed to transform the way people live their lives in America's nursing homes; specifically, this landmark legislation requires every nursing home to "provide care and services in order for each resident to attain or maintain his/her highest practicable level of physical, mental and psychosocial well-being."

Residents who exhibit expressions or indications of distress related to dementia require specialized care and support from nursing home staff skills. Dementia care specialists and practitioners advocate for a transformation of nursing home culture away from the medical, institutional model to an environment that supports person-centered care, and includes staff that have the knowledge, skills and expertise to meet the needs of persons with dementia as envisioned by the nursing home reform law.

In 2011, the OIG of the Department of Health and Human Services released a report underscoring the high use of atypical antipsychotic medications for "off-label" indications among nursing home residents. According to this report, 83 percent 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 Food and Drug Administration (FDA). In early 2012, in response to this report, as well as concerns from advocates and others about the persistently high rate of antipsychotic medication use in nursing home residents with dementia, CMS established the National Partnership to Improve Dementia Care in Nursing Homes, a unique public-private partnership that outlined a multidimensional strategy to address this public health issue.

State Coalitions, National Partners and Stakeholders

- Each State has a coalition that serves as a clearinghouse for activities, tools and resources around dementia care in nursing homes for their State. These groups, many of which continue to be led or co-led by the State's Quality Innovation Network-Quality Improvement Organization (QIN-QIO), coordinate educational programs, develop tools and resources, and conduct outreach to facilities that continue to have high rates of antipsychotic medication use. CMS continues to support the efforts of each State Coalition. CMS helps to facilitate bi-annual calls with the State Coalitions to share best practices and create peer-to-peer mentoring opportunities.
- CMS continues to conduct national provider calls through MLN Connects®². These quarterly calls help to broaden discussions related to quality of life, quality of care, and safety issues and target consumer and advocacy groups, nursing home providers, the surveyor community, prescribers, professional associations, and other interested stakeholders. Beginning in 2015, the Quality Assurance and Performance Improvement (QAPI) program teamed up with the National Partnership to co-facilitate these informative calls. QAPI standards expand the level and scope of quality activities to ensure that nursing

² <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html>

homes continuously identify and correct quality deficiencies and sustain performance improvement.

- In 2014, CMS invited proposals for a grant opportunity to utilize Federal CMP Funds for the support and further expansion of the National Partnership to Improve Dementia Care in Nursing Homes. Proposed projects were expected to directly benefit nursing home residents, build on the existing work of the National Partnership, and provide innovative and unique strategies for the safe reduction of antipsychotic medications for individuals with dementia. The Eden Alternative, Inc. was awarded a grant for their project entitled, “*Creating a Culture of Person-Directed Dementia Care.*”³ Their project consists of a multi-state, interdisciplinary initiative combining in-person and online group education, self-directed learning and application, implementation resources, and the opportunity to engage with other US nursing homes in the pursuit of best practices. “*Creating a Culture of Person-Directed Dementia Care*” has a project goal to support the continued reduction of antipsychotic medications through person-directed care practices that redefine perceptions of and approaches to dementia care.

Websites, Tools and Resources

- In 2015, CMS developed a webpage for the National Partnership⁴ located on the CMS Survey and Certification General Information website. This webpage provides links to related Survey and Certification policy memorandums, as well as other useful websites.
- Additionally, Advancing Excellence and CMS collaborated on an extensive renovation of the National Partnership resource repository⁵ housed on the Advancing Excellence website. The website upgrades included reorganization of tools and resources, as well as improvement of accessibility and ease of use. The resource repository includes an extensive set of webpages specific to the National Partnership with detailed technical assistance, tools, and educational resources available for free in the public domain.
- Hand-in-Hand⁶, a six DVD training series, continues to be utilized to train nursing assistants on abuse prevention and person-centered dementia care. This training tool was created in response to the Affordable Care Act, which directed CMS to develop training for nursing assistants on abuse prevention and dementia care. It was distributed for free to every certified nursing home in the country in 2012.

³ <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-34.pdf>

⁴ <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes.html>

⁵ <https://www.nhqualitycampaign.org/dementiaCare.aspx>

⁶ <http://www.cms-handinhandtoolkit.info/>

Public Reporting

- CMS began public reporting on quality measures related to the incidence and prevalence of antipsychotic medication use for each nursing home on NHC beginning in July 2012. The incidence measure assesses the percentage of short-stay residents that are given an antipsychotic medication after admission to the nursing home, and the prevalence measure assesses the percentage of long-stay residents that are receiving an antipsychotic medication. The National Partnership continues to use the long-stay prevalence measure to track our progress.
- CMS continues to send quarterly data updates to the State Coalition leads and professional associations who then share the reports with their State chapter leadership. Each report contains quality measure data on the rate of antipsychotics. It includes state and national averages, as well as rates for each facility in the State.
- In February 2015, CMS began utilizing the quality measures related to the incidence and prevalence of antipsychotic medication use for star rating calculations on the *Five Star Quality Rating System*. This rating system is a key tool for consumers to use when choosing a nursing home.

Current Data Trends

- Since the start of the CMS National Partnership, there has been a decrease of 27 percent in the prevalence of antipsychotic medication use in long-stay nursing home residents, to a national prevalence of 17.4 percent in 2015 Quarter 3. Success has varied by state and CMS region, with some States and regions having seen a reduction of greater than 25 percent. For example, Utah reduced their rate by 41.7 percent and Vermont saw a 36.1 percent reduction (see Figures 1-3, pgs. 11-14).
- With respect to enforcement, CMS examined citation patterns at F329 (i.e., the designation for noncompliance related to the use of unnecessary medications) nationally and by CMS Regional Office, and will continue to track these citations including scope and severity (see Tables 1 and 2, and Figure 4, pgs. 15-17). It should be noted that not all citations at F329 relate to antipsychotic medications specifically.
- CMS reviewed mental/neurological diagnoses (Table 3, p. 18) and rates of use for other psychopharmacological medications, such as anxiolytics and sedative/hypnotics (Table 4, p. 18). Data as of March 2016, suggest a slight increase in the percentage of nursing home residents who were coded on the Minimum Data Set (MDS) as having schizophrenia, and a small decline in the use of sedative-hypnotics, as well as a continued reduction in antipsychotic medication use during the initiative.

Enforcement and Regulatory Consistency

While many nursing homes continue to demonstrate decline in the rate of antipsychotic medication use, certain regions of the country continue to experience higher rates than others (see Figures 2 and 3, Pgs. 12-14). For example, despite some improvement, facility rates in Texas and Louisiana continue to be considerably higher than rates in New England or the Mid-Atlantic States.

In discussions with CMS Regional and Central Office leadership, State Survey Agency (SA) directors and managers, frontline surveyors, advocates and others, CMS determined that additional assessment of the survey and enforcement processes around dementia care would be useful.

- CMS completed a series of in-depth conversations with key stakeholders and national dementia experts to develop a Focused Dementia Care Survey process that included surveyor worksheets and other materials.
- The worksheets and revised survey process were tested in a pre-pilot of three facilities in Massachusetts with teams that consisted of an experienced complaint surveyor, two CMS consultants, and a nursing home consultant, who was an experienced geriatric nurse practitioner. Extensive input was obtained from facility staff as well.
- In 2014, CMS piloted the Focused Dementia Care Survey to more thoroughly examine the process for prescribing antipsychotic medications and assess compliance with other federal requirements related to dementia care practices in nursing homes. The focused survey was piloted to gain new insights about surveyor knowledge, skills, and attitudes and ways that the current survey process may be streamlined to more efficiently and accurately identify and cite deficient practice, as well as to recognize successful dementia care programs. States were invited to participate in the pilot to test new surveyor worksheets and processes focused on dementia care in nursing homes. Five States (California, Minnesota, New York, Illinois, and Louisiana) participated in the pilot. Each State completed four focused surveys and one observation visit. A dementia care expert accompanied each survey team on their first survey/visit. The worksheets were provided to the surveyors and managers from the five pilot States in order to obtain their feedback prior to going into field testing. Individual follow up calls with each SA were also conducted to answer any questions, hear new suggestions, and address any concerns. For additional information about the Focused Dementia Care Survey Pilot, visit <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-31.pdf>.
- To expand upon the work of the focused survey pilot, CMS invited States to conduct additional surveys in FY2015. The expansion project involved a targeted effort to improve surveyor effectiveness in citing poor dementia care and the overutilization of antipsychotic medications. Surveys were conducted in California, Illinois, Mississippi, Missouri, Nebraska, and Texas. SA surveyors and CMS-contracted surveyors conducted the focused surveys. The number of surveys in each State varied, but all were conducted as surveys of record; deficient practices were cited and standard enforcement procedures followed, including revisits. CMS provided criteria for determining specific facilities to be surveyed and worked with the States to identify dementia care experts to accompany surveyors for

the first survey, whenever possible. CMS reviewed the findings from each of the surveys. Each surveyor completed an “Experience of Survey” questionnaire, providing feedback related to challenges, lessons learned, and common themes across the States.

- Overall Themes from Data Analysis – FY2015
 - Surveyors noted that the focused survey facilitated compliance with dementia care standards and that changes in quality of life practices were noticeable during revisits to facilities. Deficient practices were easily identified and surveyors were able to follow the enforcement protocol.
 - The length of time needed to conduct the focused survey is dependent upon the survey team’s familiarity with the process and the surveyors’ background. Teams including a pharmacist felt better prepared to address unnecessary medication issues. Surveyors concluded that the focused reviews can be completed in three days, if at least three surveyors participate and no serious issues are identified.
 - The surveyor worksheets and tools assisted in completing the sample selection process in a reasonable amount of time. However, some surveyors noted that the interview worksheets still need revision for clarity.
 - Survey teams who conducted a brief review of MDS information (i.e., diagnosis, medication usage) prior to entering the facility, felt it simplified the sample selection process.
 - The surveyors who participated in the FY2015 expansion project, as well as the FY2014 pilot, felt more comfortable with the process and were able to focus on observations and interactions, as compared to the first year of participation.
 - Surveyors identified the following as the most challenging aspects of the process:
 - Facility system problems (e.g., interviews with providers not readily available or time needed for facility to gather information);
 - Completing necessary observations;
 - Amount of time spent educating facility staff regarding the process or eliciting information about current dementia practices; and
 - Lack of training for surveyors on evidence-based dementia practices and acceptable prescribing regimes.

- Review of Survey Findings from CMS Form 2567
 - CMS reviewed the number of deficiencies, types of deficiencies and scope and severity for all facilities in the expansion effort. Nebraska had one survey and Texas had three surveys without any deficiencies. Furthermore, 24 out of 37 surveys (65%) cited F309 (Care of a Resident with Dementia), 26 out of 37 surveys (70%) cited F329 (Unnecessary Use of Medications), and 21 out of 37 surveys (57%) cited both F309 and F329. Other commonly cited tags included F248 (Activities Meet Interests/Needs of Each Resident), F279 (Develop Comprehensive Care Plans), F428 (Drug Regimen Review, Report Irregular, Act On), and F520 (Quality Assessment and Assurance).
 - Citations at the actual harm level (G or above) were uncommon, based on the review of 2567s from the Focused Surveys. Out of 240 total deficiency citations across the States, only 7.5 percent were cited at a G or harm level. There was also a range in the total number of deficiencies cited: California cited 54 deficiencies as a result of their five surveys, whereas Mississippi and Nebraska each only cited 29 deficiencies from five surveys of record. This could reflect differences in surveyor knowledge and training across the different States.

Next Steps

CMS will continue to analyze data related to variation in enforcement activity, particularly around scope and severity. CMS is also exploring potential unintended consequences, such as prescribing shifts from antipsychotic medications to anxiolytics or sedative/hypnotics, as well as changes in functional or cognitive status reflected in the MDS data that may result from a shift to more non-pharmacological approaches to dementia care.

In FY2016, CMS is conducting additional Focused Dementia Care Surveys across the country, targeting nursing homes that continue to have high rates of antipsychotic medication use. These focused reviews continue to assess surveyor effectiveness in citing poor dementia care and the overutilization of antipsychotic medications. Additionally, they assist in the continued review of the standard survey process, both Traditional and Quality Indicator Survey (QIS)⁷, for improvement and streamlining opportunities.

⁷ <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-40.pdf>

Appendices

Figure 1: Quarterly Prevalence of Antipsychotic Use for Long-Stay Nursing Home Residents, National

The official measure of the Partnership is a the percent of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with Schizophrenia, Huntington's Disease or Tourette's Syndrome.

The long-stay measure is posted on NHC and is accessible at <https://www.medicare.gov/nursinghomecompare/search.html>. This is the same measure as below, except each facility's score is averaged over the last three quarters in order to give consumers information on the past history of each facility. In 2011 Quarter 4, 23.9 percent of long-stay nursing home residents were receiving an antipsychotic medication; since then there has been a decrease of 27 percent to a national prevalence of 17.4 percent in 2015 Quarter 3.

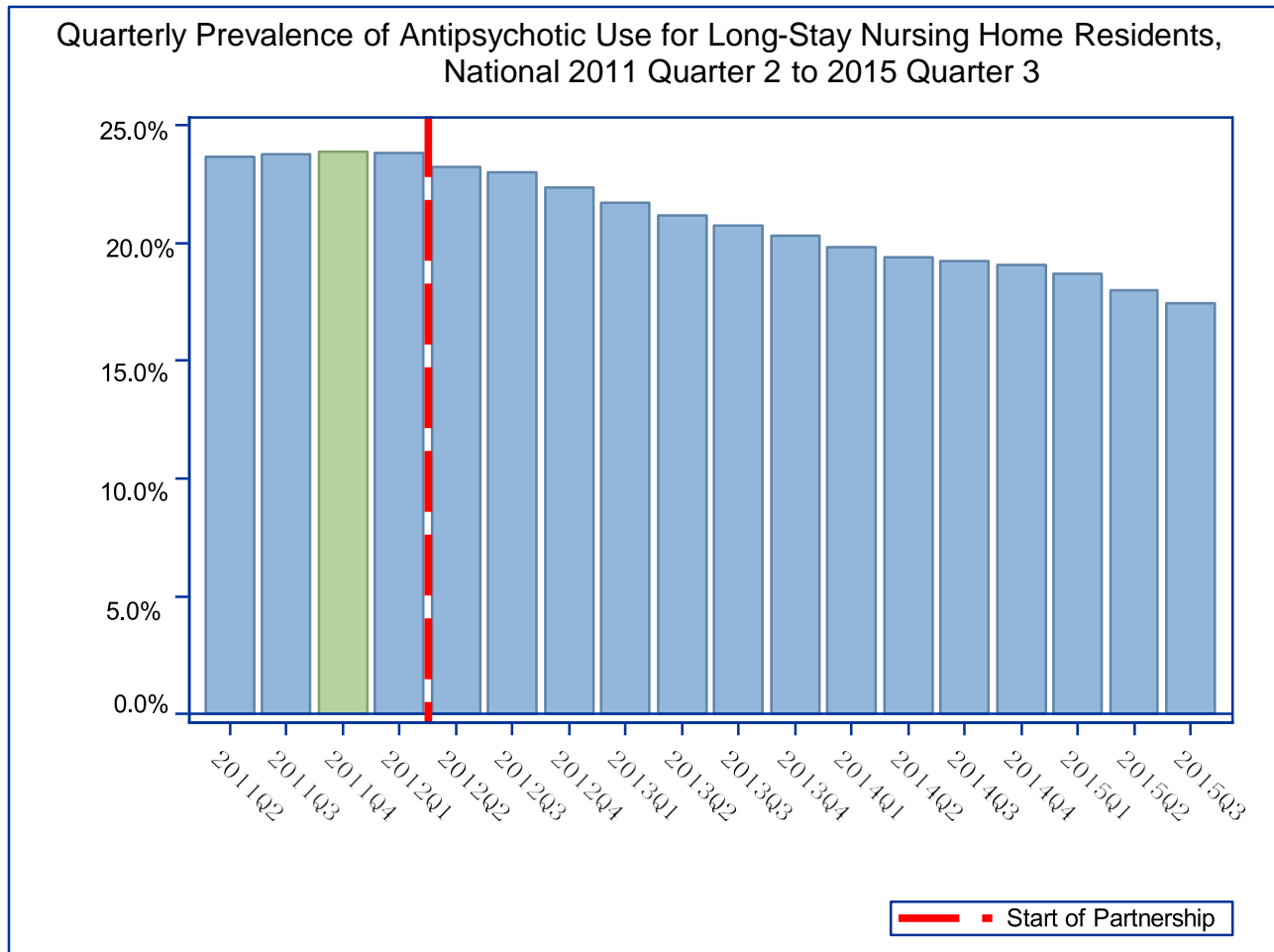
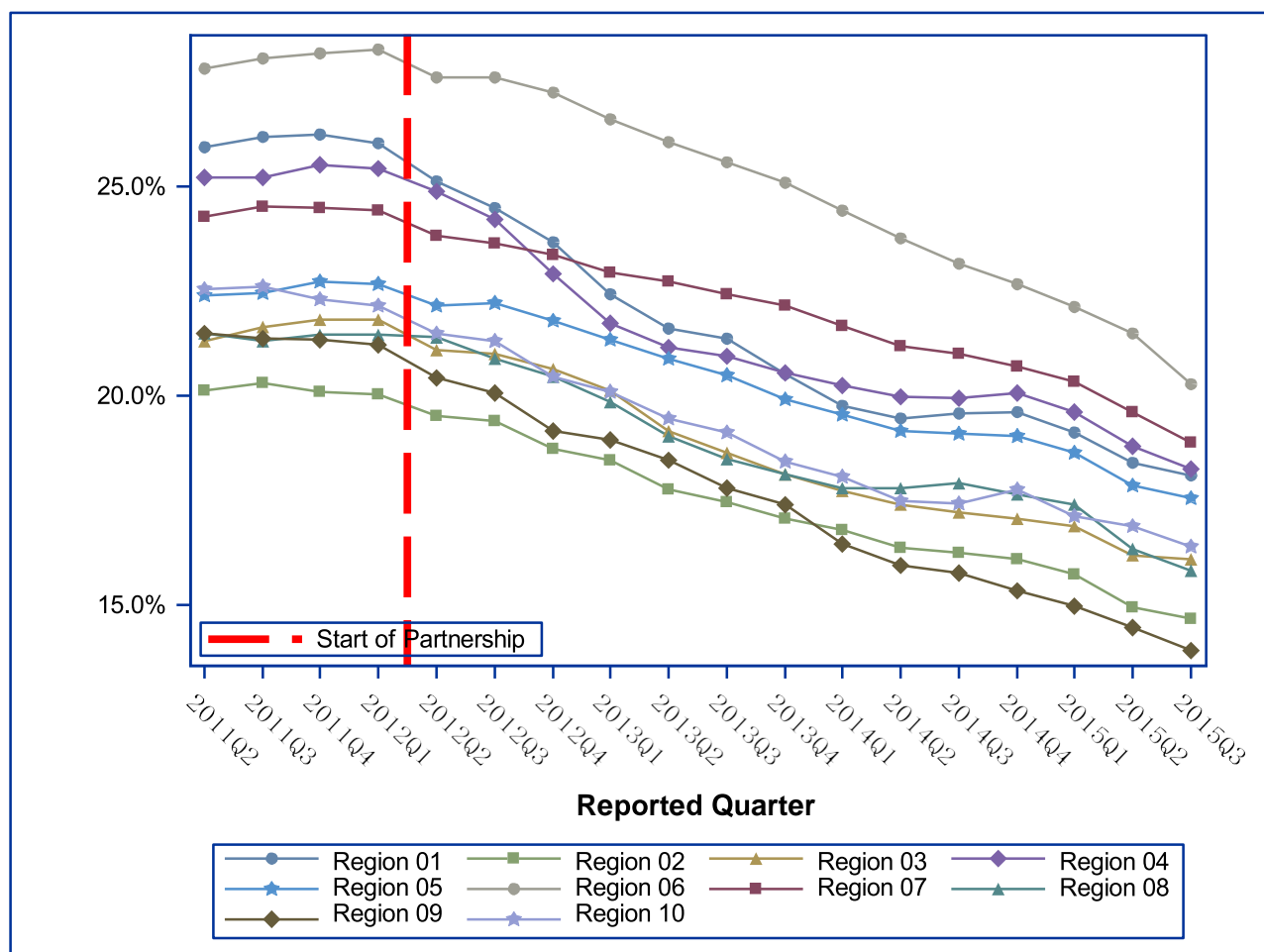


Figure 2: Quarterly Prevalence of Antipsychotic Use for Long-Stay Nursing Home Residents, CMS Regions

CMS Region and State-specific data are displayed below. These data show the change in the single-quarter prevalence of antipsychotic medication use amongst long-stay residents since 2011 Quarter 2 and shows the change since the start of the Partnership.



Region	2011Q4	2012Q1	2012Q2	2012Q3	2013Q3	2013Q4	2014Q1	2014Q2	2014Q3	2014Q4	2015Q1	2015Q2	2015Q3	Percentage point difference (2011Q4-2015Q3)	%Change
National	23.9%	23.8%	23.2%	23.0%	20.8%	20.3%	19.79	19.4%	19.2%	19.1%	18.68	17.96	17.43	-6.44	-27.0%
Region 01	26.2%	26.0%	25.1%	24.5%	21.4%	20.5%	19.74	19.4%	19.6%	19.6%	19.12	18.40	18.09	-8.13	-31.0%
Region 02	20.1%	20.0%	19.5%	19.4%	17.4%	17.1%	16.78	16.3%	16.2%	16.1%	15.72	14.92	14.65	-5.43	-27.0%
Region 03	21.8%	21.8%	21.1%	21.0%	18.6%	18.1%	17.73	17.4%	17.2%	17.1%	16.88	16.16	16.08	-5.73	-26.3%
Region 04	25.5%	25.4%	24.9%	24.2%	20.9%	20.5%	20.24	20.0%	19.9%	20.0%	19.60	18.77	18.24	-7.27	-28.5%
Region 05	22.7%	22.7%	22.1%	22.2%	20.5%	19.9%	19.55	19.1%	19.1%	19.0%	18.63	17.84	17.53	-5.18	-22.8%
Region 06	28.2%	28.3%	27.6%	27.6%	25.6%	25.1%	24.40	23.8%	23.2%	22.6%	22.10	21.48	20.26	-7.92	-28.1%
Region 07	24.5%	24.4%	23.8%	23.6%	22.4%	22.1%	21.65	21.2%	21.0%	20.7%	20.32	19.60	18.88	-5.59	-22.8%
Region 08	21.4%	21.5%	21.4%	20.9%	18.5%	18.1%	17.77	17.8%	17.9%	17.6%	17.39	16.32	15.82	-5.63	-26.2%
Region 09	21.3%	21.2%	20.4%	20.1%	17.8%	17.4%	16.44	15.9%	15.7%	15.3%	14.96	14.45	13.89	-7.45	-34.9%
Region 10	22.3%	22.1%	21.5%	21.3%	19.1%	18.4%	18.05	17.5%	17.4%	17.8%	17.10	16.87	16.37	-5.92	-26.6%

Source: CMS Quality Measure, based on MDS 3.0 data. For more information see the MDS 3.0 Quality Measures Users Manual

Figure 3: Quarterly Prevalence of Antipsychotic Use for Long-Stay Nursing Home Residents, States

State	2014Q2	2014Q3	2014Q4	2015Q1	2015Q2	2015Q3	Rank in 2015Q3 (lower=better)	Percentage point difference (2011Q4-2015Q3)	% Change
ALABAMA	22.4%	22.0%	21.9%	21.69	20.58	20.10	45	-7.22	-26.4%
ALASKA	14.8%	15.9%	16.4%	14.40	14.85	15.42	15	1.68	12.2%
ARIZONA	17.5%	18.4%	17.7%	17.27	17.56	17.57	34	-5.17	-22.7%
ARKANSAS	19.9%	18.8%	17.9%	17.62	17.03	16.90	27	-9.22	-35.3%
CALIFORNIA	15.8%	15.5%	15.2%	14.73	14.21	13.63	8	-7.93	-36.8%
COLORADO	16.1%	16.0%	15.9%	16.13	15.30	15.17	14	-4.73	-23.8%
CONNECTICUT	20.3%	20.1%	20.5%	19.87	18.60	17.45	32	-8.59	-33.0%
DELAWARE	14.7%	14.8%	14.8%	14.48	14.25	13.50	7	-7.79	-36.6%
DISTRICT OF COLUMBIA	15.0%	14.7%	14.1%	13.13	12.78	13.01	4	-6.98	-34.9%
FLORIDA	20.6%	20.6%	20.8%	20.30	18.89	17.59	35	-6.90	-28.2%
GEORGIA	20.3%	20.1%	20.2%	20.08	19.86	19.52	41	-9.13	-31.9%
HAWAII	9.1%	8.7%	8.4%	10.92	8.09	7.63	1	-4.82	-38.7%
IDAHO	18.9%	18.4%	17.2%	18.72	16.84	16.29	23	-9.05	-35.7%
ILLINOIS	23.7%	23.5%	23.1%	22.91	22.08	21.71	50	-3.99	-15.5%
INDIANA	19.2%	19.0%	18.9%	18.35	17.12	16.38	24	-7.65	-31.8%
IOWA	19.3%	19.2%	18.9%	18.26	17.57	16.95	28	-5.39	-24.1%
KANSAS	22.8%	23.2%	22.3%	22.19	20.93	20.40	47	-5.71	-21.9%
KENTUCKY	20.9%	21.1%	21.1%	21.36	20.12	19.86	43	-6.12	-23.5%
LOUISIANA	25.1%	25.0%	25.0%	24.88	23.69	22.25	51	-7.46	-25.1%
MAINE	18.2%	19.1%	19.3%	18.87	18.33	18.13	36	-9.11	-33.4%
MARYLAND	15.8%	15.4%	14.8%	15.03	14.33	13.97	10	-5.82	-29.4%
MASSACHUSETTS	20.2%	20.1%	19.9%	19.44	18.93	18.93	37	-7.79	-29.1%
MICHIGAN	13.4%	13.3%	13.7%	13.62	13.36	13.20	5	-3.19	-19.5%
MINNESOTA	15.3%	15.1%	14.6%	14.50	13.54	13.80	9	-5.23	-27.5%
MISSISSIPPI	23.0%	23.0%	23.1%	22.73	21.92	21.49	49	-5.09	-19.2%
MISSOURI	21.6%	20.8%	20.7%	20.55	20.10	19.33	39	-6.82	-26.1%
MONTANA	16.3%	17.0%	16.9%	16.24	15.48	14.97	13	-6.51	-30.3%
NEBRASKA	21.4%	21.7%	21.6%	21.00	20.45	19.37	40	-2.96	-13.3%
NEVADA	18.8%	19.3%	18.4%	17.91	17.47	15.71	16	-4.56	-22.5%
NEW HAMPSHIRE	18.4%	18.6%	18.8%	17.67	16.87	17.53	33	-8.00	-31.3%
NEW JERSEY	14.2%	14.3%	14.1%	13.67	13.16	12.87	3	-5.03	-28.1%
NEW MEXICO	17.3%	16.9%	16.1%	15.81	17.19	16.19	21	-5.47	-25.3%
NEW YORK	17.6%	17.4%	17.3%	16.94	16.04	15.74	17	-5.57	-26.1%
NORTH CAROLINA	14.8%	15.4%	15.3%	14.91	14.81	14.71	12	-6.74	-31.4%
NORTH DAKOTA	18.3%	19.0%	19.3%	19.11	19.11	19.10	38	-2.20	-10.3%
OHIO	21.6%	21.8%	22.0%	21.28	20.37	20.09	44	-5.36	-21.1%
OKLAHOMA	20.9%	20.7%	21.0%	20.19	19.88	19.59	42	-7.73	-28.3%
OREGON	17.1%	17.8%	18.5%	16.79	17.34	17.37	31	-4.12	-19.2%
PENNSYLVANIA	17.9%	17.6%	17.6%	17.29	16.57	16.66	26	-5.64	-25.3%
RHODE ISLAND	16.5%	17.0%	17.2%	17.30	17.00	17.00	30	-6.99	-29.1%
SOUTH CAROLINA	15.6%	15.3%	15.5%	14.56	14.25	14.30	11	-6.40	-30.9%
SOUTH DAKOTA	18.1%	18.2%	18.4%	18.06	17.66	16.42	25	-5.11	-23.7%
TENNESSEE	22.7%	22.5%	22.8%	21.57	20.56	20.29	46	-9.67	-32.3%
TEXAS	25.3%	24.6%	23.8%	23.17	22.48	20.86	48	-7.99	-27.7%

Source: CMS Quality Measure, based on MDS 3.0 data. For more information see the MDS 3.0 Quality Measures Users Manual

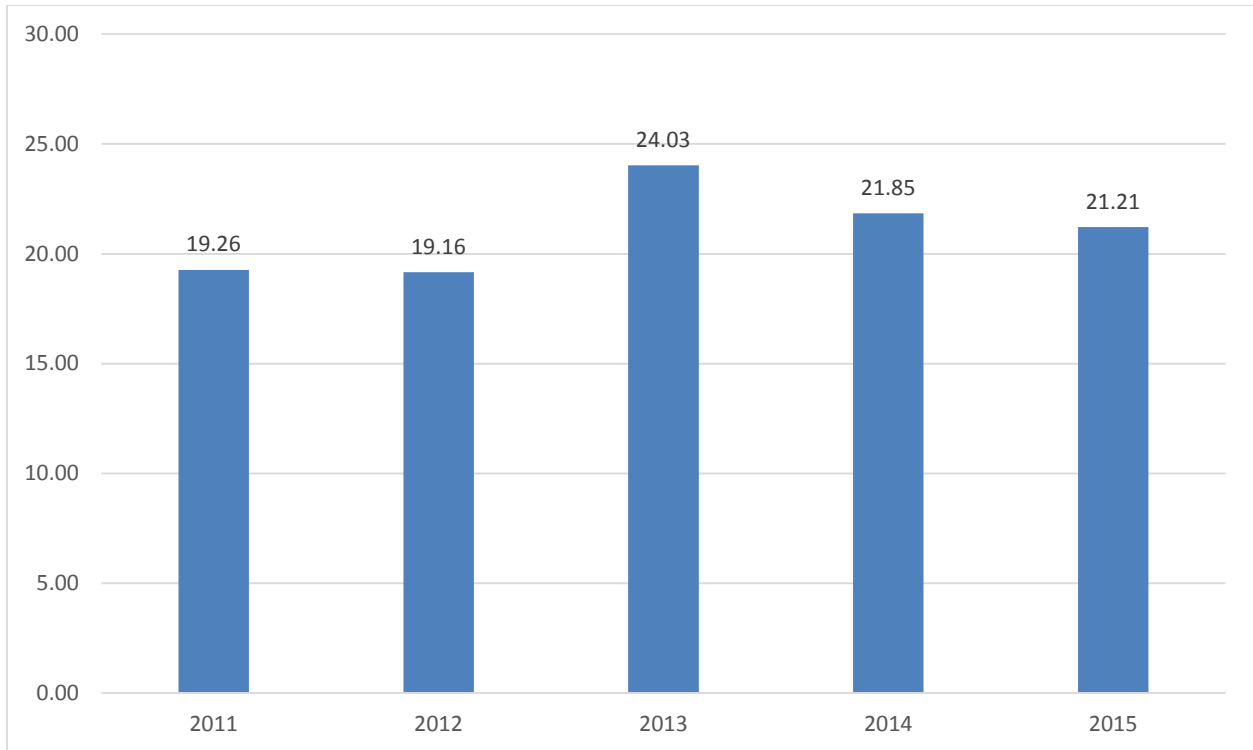
State	2014Q2	2014Q3	2014Q4	2015Q1	2015Q2	2015Q3	Rank in 2015Q3 (lower=better)	Percentage point difference (2011Q4-2015Q3)	% Change
UTAH	23.1%	22.8%	21.2%	20.44	16.60	15.82	18	-11.29	-41.7%
VERMONT	18.0%	19.2%	18.9%	18.76	17.64	16.22	22	-9.18	-36.1%
VIRGINIA	18.2%	18.5%	18.4%	18.06	17.25	16.97	29	-6.08	-26.4%
WASHINGTON	17.5%	17.0%	17.6%	16.98	16.74	15.87	19	-6.46	-28.9%
WEST VIRGINIA	16.6%	16.2%	16.4%	16.74	15.97	16.10	20	-4.40	-21.5%
WISCONSIN	14.6%	14.2%	14.3%	13.91	13.58	13.21	6	-5.84	-30.7%
WYOMING	15.6%	15.1%	14.6%	13.95	12.92	12.42	2	-4.40	-26.2%

Source: CMS Quality Measure, based on MDS 3.0 data. For more information see the MDS 3.0 Quality Measures Users Manual

Table 1: Number of F329 Citations, Percentage of F329 Citations, and Total Number of Annual Surveys with F329 Citations, CMS Regions

Region	2011 Citations on Annual Surveys			2012 Citations on Annual Surveys			2013 Citations on Annual Surveys			2014 Citations on Annual Surveys			2015 Citations on Annual Surveys		
	F329 Citations	% Surveys with F329	Total surveys	F329 Citations	% Surveys with F329	Total surveys	F329 Citations	% Surveys with F329	Total surveys	F329 Citations	% Surveys with F329	Total surveys	F329 Citations	% Surveys with F329	Total surveys
1	131	14.07	931	137	14.57	940	158	16.95	932	109	11.56	943	91	10.32	882
2	149	14.49	1,028	142	14.59	973	148	15.04	984	139	13.46	1,033	156	15.79	988
3	216	15.60	1,385	283	21.06	1,344	427	30.70	1,391	343	24.89	1,378	322	23.57	1,366
4	297	12.19	2,436	291	12.27	2,371	257	11.00	2,336	232	9.58	2,421	242	9.43	2,566
5	865	25.38	3,408	813	24.92	3,262	1,007	31.34	3,213	902	27.21	3,315	833	26.48	3,146
6	277	13.18	2,101	229	11.08	2,066	361	16.73	2,158	373	17.45	2,137	353	17.00	2,076
7	309	21.41	1,443	286	20.27	1,411	368	26.46	1,391	388	27.69	1,401	361	25.07	1,440
8	124	24.51	506	165	27.50	600	188	31.13	604	175	27.34	640	154	25.54	603
9	360	26.99	1,334	349	24.44	1,428	479	35.80	1,338	456	35.02	1,302	465	34.57	1,345
10	159	38.41	414	141	34.73	406	144	38.50	374	157	38.01	413	164	41.62	394
National Total	2,887	19.26	14,986	2,836	19.16	14,801	3,537	24.03	14,721	3,274	21.85	14,983	3,141	21.21	14,806

Source: Survey & Certification Providing Data Quickly (PDQ)

Figure 4: Percentage of Annual Surveys with F329 Citations, National

Source: Survey & Certification Providing Data Quickly (PDQ)

Table 2: Number of F329 Citations at Actual Harm (G Level or above), as a Percentage of All F329 Citations on Annual Surveys, and Total F329 Citations on Annual Surveys, CMS Regions

	2011 F329 Citations			2012 F329 Citations			2013 F329 Citations			2014 F329 Citations			2015 F329 Citations		
Region	# G+	% G+	Total F329 Citations	# G+	% G+	Total F329 Citations	# G+	% G+	Total F329 Citations	# G+	% G+	Total F329 Citations	# G+	% G+	Total F329 Citations
1	2	1.53	131	0	0.00	137	1	0.63	158	0	0.00	109	1	1.10	91
2	1	0.67	149	3	2.11	142	0	0.00	148	0	0.00	139	3	1.92	156
3	4	1.85	216	5	1.77	283	2	0.47	427	2	0.58	343	4	1.24	322
4	5	1.68	297	3	1.03	291	2	0.78	257	5	2.16	232	1	0.41	242
5	16	1.85	865	7	0.86	813	6	0.60	1,007	13	1.44	902	1	0.12	833
6	4	1.44	277	6	2.62	229	3	0.83	361	10	2.68	373	6	1.70	353
7	5	1.62	309	3	1.05	286	4	1.09	368	1	0.26	388	3	0.83	361
8	2	1.61	124	4	2.42	165	5	2.66	188	6	3.43	175	5	3.25	154
9	6	1.67	360	2	0.57	349	6	1.25	479	4	0.88	456	2	0.43	465
10	0	0.00	159	0	0.00	141	2	1.39	144	1	0.64	157	1	0.61	164
National Total	45	1.56	2,887	33	1.16	2,836	31	0.88	3,537	42	1.28	3,274	27	0.86	3,141

Source: CASPER

Table 3: Comparison of Mental/Neurological Diagnoses among Long-Stay Nursing Home Residents

Mental/Neurological Disorder	Target Quarter 2013 Q4		Target Quarter 2014 Q4		Target Quarter 2015 Q4	
	No. of Residents	% of Residents	No. of Residents	% of Residents	No. of Residents	% of Residents
Alzheimer's Disease	176,769	16.69	167,937	16.00	163,058	15.44
Non-Alzheimer's dementia	492,034	46.45	491,604	46.83	496,858	47.03
Schizophrenia	84,879	8.01	86,472	8.24	91,635	8.67
Psychotic disorder	133,288	12.58	127,958	12.19	118,793	11.25
Bipolar disorder	54,557	5.15	57,094	5.44	58,887	5.57
Depressive disorder	557,692	52.64	553,201	52.70	548,642	51.93
Anxiety disorder	299,998	28.32	311,491	29.68	322,897	30.57
PTSD	3,967	0.44	4,634	0.44	5,493	0.52
Huntington's Disease	3,125	0.29	2,997	0.29	2,980	0.28
Tourette's Syndrome	279	0.03	285	0.03	323	0.03

Source: CMS Quality Measure, based on MDS 3.0 data. For more information see the MDS 3.0 Quality Measures Users Manual

Table 4: Comparison of Psychotropic Medication Use among Long-Stay Nursing Home Residents

Psychotropic Medication Use	Target Quarter 2013 Q4		Target Quarter 2014 Q4		Target Quarter 2015 Q4	
	No. of Residents	% of Residents	No. of Residents	% of Residents	No. of Residents	% of Residents
Antipsychotic	267,626	25.24	254,784	24.25	239,480	22.65
Anxiolytic	224,714	21.20	224,256	21.34	226,762	21.45
Antidepressant	582,948	54.99	575,165	54.74	576,583	54.00
Sedative/Hypnotic	51,390	4.85	44,521	4.24	38,647	3.66

Source: CMS MDS 3.0

Note: Antipsychotic percentages differ from Nursing Home Care. This is a point in time calculation and not a rolling average. Also, there are no exclusions based on psychiatric diagnosis.