

# THE OREGON **Caregiver**

Spring/Summer 2017

A Publication of the Oregon Health Care Association



## Advancing Quality Dementia Care

*In this issue*

Purple Ribbon Commission | Q&A with Rep. Greg Walden | Public Investments Needed

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# FEATURE

## Advancing Quality Dementia Care

The Purple Ribbon Commission, a group of 15 Alzheimer's and dementia experts convened by the Alzheimer's Association and OHCA, has released its report and legislative recommendations.



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# Defining Our Profession with Quality Care

Quality care has always been and will continue to be *the* defining component of long term care. Without it, our sector probably wouldn't exist, or at least wouldn't exist as it does today with exceptional caregivers and support staff making lives better and more comfortable for our seniors and people with disabilities.

The theme of this issue is "Advancing Quality Dementia Care" with a nod to that defining component, not just throughout long term care, but specifically in memory care. Continuing to strive for better care for our Oregonians diagnosed with Alzheimer's and dementia is more critical than ever, with approximately 63,000 Oregonians diagnosed. This number is expected to grow significantly. By 2025, over 84,000 Oregonians will have a diagnosis of dementia—a 33% increase.

This growing need for resources and care for those diagnosed with dementia is one of the reasons why OHCA, along with the Alzheimer's Association Oregon Chapter, created the Purple Ribbon Commission, which is examined and explained in our feature story.

You can read about one of the key recommendations that came out of the Purple Ribbon Commission, the need for quality metrics and benchmarks, in an article by OHCA's Linda Kirschbaum.

Phil Bentley examines the unique workforce challenges facing long term care, including how to raise wages while keeping care affordable, and Walt Dawson reports on meaningful polling data we gathered earlier this year.

Antipsychotics have become a heated topic at the capitol this session, and Gwen Dayton discusses the existing laws around these medications.

Representative Greg Walden, who was recently elected chair of the powerful U.S. House Energy and Commerce Committee is featured in our policymaker profile. Cordelia Agum explains why working in long term care is so important to her and how she went from being a CNA to the director of regional clinical operations with EmpRes. Lastly, view photos from our annual Quality Summit event that focused on dementia care, and save the date for our upcoming events.



As always, you can read this magazine and other pressing information about our profession on our website, [www.ohca.com](http://www.ohca.com). Now, you can also view the *Oregon Caregiver* anytime on your phone via the magazine app "OHCA Caregiver" which is available for Android and iPhone. ○

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# PURPLE RIBBON COMMISSION ADVANCES QUALITY DEMENTIA CARE

By David Gambill for *The Oregon Caregiver*

Jay Leo, CFO of The Springs Living, recalls a recent Sunday morning when a husband and wife came into one of his Portland communities seeking help and searching for answers.

“Typically, our general management team shows up around 8 a.m. I remember this couple sitting in the lobby waiting for someone to come in and talk to them,” he said. Disheveled and restless, the husband did most of the talking. “I’d seen that look enough times, that frantic nature of not knowing what to do. The clear symptoms of being a caregiver that works so hard to take care of a spouse, but not themselves,” he said.

CONTINUES »











A panel of family members and people living with dementia shared their experiences with the Purple Ribbon Commission.

After welcoming the couple and helping them get comfortable, Leo said the husband shared their story. The wife suffered from dementia and, up until an incident that weekend, she had been doing alright living in their home without professional care. Then, the previous Friday, the husband came inside from doing yard work, and his wife was missing. He went back outside, but his wife was nowhere to be found. He called everybody they knew to see if they had heard from her. Nobody knew where she was. Then he called the police, and they put out a missing person's report. All evening family members and neighbors joined in the search. Almost 24 hours later, after a sleepless night, the husband received a call from someone at a bus station on the southern Oregon coast. They'd found his wife. Though the wife wasn't able to tell the bus station workers where she was from or where she was trying to go, the workers were able to use her cell phone to call the last number she dialed—her husband.

Like the couple in Leo's story, many families with loved ones living with dementia don't know the answers to important questions about dementia, like where to turn to for resources and assistance, how to provide dementia-specific care at home, and when to move from in-home care to a memory care

community. Giving consumers easier access to education and resources is one of the public policy recommendations of *The Purple Ribbon Commission 2016 Report*. At the time of print, these public policy recommendations are currently being considered by the Oregon State Legislature, as *HB 3359*.

Leo is one of 15 Alzheimer's and dementia experts serving on the Purple Ribbon Commission, whose report outlines findings and recommendations for advancing quality dementia care in Oregon.

The Purple Ribbon Commission is an independent entity comprised of subject matter and practice experts, convened to step back and apply a broader, objective lens to Alzheimer's disease and other dementias in Oregon. During a two-day event in November, the Commissioners gathered with consumers, family members, state regulators, other subject matter experts, and dementia service providers who presented on their experiences living with or caring for people with dementia. From these discussions, the Commissioners emphasized four areas of recommendations for advancing quality dementia care in Oregon. These four areas are family and consumer supports and programs, quality metrics to track and measure success, acuity-based staffing models and workforce

development, and caregiver training and competency.

The Purple Ribbon Commission was brought together by OHCA and the Alzheimer's Association Oregon Chapter to address concerns from other stakeholders about the quality of care provided in licensed memory care settings. As the Commission came together, it was clear that Commission work needed to encompass a more comprehensive view of dementia care including family supports.

Dr. Keren Brown Wilson, a Purple Ribbon Commissioner and president of the Jessie F. Richardson Foundation, became engaged in memory care when she was 19 years-old. "My mother was living in a nursing home and wanted to have a life that she felt had more autonomy, more control, more independence, and more privacy. All the things that human beings want. This led me to develop what is now called the Oregon Model of Assisted Living," she said. In the early 1980s, Dr. Brown Wilson became the operator of the first licensed assisted living community both in Oregon and the U.S. At the same time, Oregon also became the first state to make assisted living eligible for Medicaid funding.

Dr. Brown Wilson feels strongly about the importance of the Commission's caregiver training and competency recommendations and their impact on quality care. "The underlying principles of assisted living are all about being person centered and dignity and choice," she said. Following these principles as a fundamental foundation is important for every caregiver she says. "The concept of letting people live in as normal an environment as possible, have as much control of their lives as possible, and having the capacity on the part of the provider to support those principals by having well-trained staff who believe in their values is, to me, bread and butter," she said.

Dr. Mauro Hernandez, CEO of Concepts in Community Living and a Purple



Ribbon Commissioner, has been active in shaping policy around quality care. “Where I came from, in Florida, the rules were more restrictive than in Oregon as far as who you could serve in assisted living and Medicaid resources were more limited than here. I was really interested early on about how policy can help shape what’s going on and the services that people get and have access to,” he said.

Of the four major topic areas the Commission focused on, Dr. Hernandez said that he’s most interested in the caregiver training and competency piece. “I’m really interested in model policies in other states that might work here,” he said. “There is no magic number in terms of minimum training hours that need to be provided. Some people need more than others and training alone isn’t really inoculation. Just because someone gets training, doesn’t necessarily mean they are competent. Moving to an approach that helps verify competency and specifies standards around curriculum

for memory care and outcomes for evaluating competency would be great and really needed.” He also said, better defining curriculum and competencies for Oregon’s training standards would be a good starting point.

“Getting people connected to services is challenging in that they don’t necessarily know what they don’t know until they’re ready and starting to recognize that there are some significant challenges to quality life, either for themselves or the person that they care about,” said Sarah Holland, program director for Alzheimer’s Association Oregon Chapter and a Purple Ribbon Commissioner.

One of the recommendations the Purple Ribbon Commission gives to overcome this challenge is to develop family and consumer support programs, with a specific recommendation to, “Promote a one-stop information support center that provides disease and caregiving

information and connects people to technology and community resources.”

Holland said that the Alzheimer’s Association Oregon Chapter has begun the ground work on this recommendation and has been working to increase visibility of their resources and services, which haven’t been as widely used in Oregon’s rural communities. They have opened new offices in Bend, Salem, and Eugene to fill this gap but feel that more awareness about the information and support Alzheimer’s Association offers would benefit consumers. “What we’ve really been trying to do is provide resources so that when people are ready to engage in education, or go to a support group, or if an individual with dementia is looking for an opportunity to socialize and be around other people who are living their experience, then it’s available,” she said. “The need is greater than the resources that we have.” For example, she said that four years ago they held 30 educational

CONTINUES »



Commissioners Jay Leo, Linda Kirschbaum, and Sarah Holland discuss some of their recommendations for advancing quality dementia care in Oregon.

» PURPLE RIBBON COMMISSION, CONT.

classes and last year they held 279 classes, some of which were in partnership with Oregon Care Partners.

Holland mentioned that one of the challenges to disseminating information is that there is a stigma related to Alzheimer’s disease, not only for the person but also for the families. “It might be that the daughter really sees the changes in her father, but her mom perhaps isn’t as aware because it’s been subtle and she’s saying, ‘Oh, he’s just getting older.’ Or that someone who lives by themselves can mask and cope around the challenges that are starting to arise until there’s really a crisis situation, such as they’re driving and they get confused and disoriented, or it’s an issue of balance and perception and they fall and break a bone,” she said.

Holland said, “We’re working to create awareness, not only around Alzheimer’s disease and dementia, but also around the programs and services available.”



Before Cindy Hannum retired 10 years ago, she was overseeing licensing, regulatory, and protective services; community based care policy; and nursing facility policy for the Oregon Department of Human Services (DHS). Through her office, DHS produced the Alzheimer’s endorsed licensing regulations, which are now regulations for memory care.

During her time at DHS, Hannum’s mother developed Lewy body dementia, a dementia with symptoms that can include memory loss, Parkinson’s symptoms, and visual hallucinations. For about 18 months, Hannum moved in with her mother and cared for her while she was working. Through her experiences, Hannum understands the difficult situations of adult children who have to take care of their parents.

“In my case, I had to do it by myself. Fortunately, I had knowledge and I had links to resources. So, I feel very strongly about a couple of sections of the Purple Ribbon Commission report that talk about information for caregivers and caregiver support,” she said.

What eventually prompted Hannum to place her mother into a care community was the Parkinson’s element of the Lewy body dementia. “She got very rigid. When someone is dead weight and very rigid it’s extremely difficult without two people to do care,” she said. Hannum also mentioned that she suffered an injury while caring for her mother and, through her experience, she sympathizes for caregivers. “I worry about them almost more than I do the folks with dementia, because I know just how challenging and exhausting it can be. I would work a pretty demanding job and then come home and be a caregiver. And I wasn’t young, I mean I was in my 50s,” she said.

Having experience in both government oversight and being a caregiver, Hannum sees the importance of the Purple Ribbon Commission. “I think it’s very important for government to do collaborative efforts with provider associations, and others, to maximize the providers’ ability to recruit, retain, and provide good care,” she said.



OHCA, our members, and a wide variety of vested stakeholders are always working to advance the quality of care for all Oregonians relying on long term care services and support. Now more than ever, with the number of Oregonians diagnosed with dementia expected to increase by 40 percent in less than 10 years, bringing these parties together to put forth ideas about how exactly to advance dementia care is critical. Taking the Commission’s recommendations into consideration and applying them throughout the state will go a long way in positively shaping the memory care landscape for future generations. ○



The Commission convened for a day-long symposium on November 4 featuring presentations from other subject matter experts, family members, consumers, state regulators, and dementia service providers.



## Purple Ribbon Commissioners

**Tracy Morgan**, Co-Chair, Executive Director, Alzheimer's Association of Oregon

**Linda Kirschbaum**, Co-Chair, Senior VP Quality & Services, Oregon Health Care Association

**Dr. Keren Brown Wilson**, President, Jessie F. Richardson Foundation

**Ellen Garcia**, Executive Director, Providence Elderplace

**Ruth Gulyas**, Chief Executive Officer, LeadingAge Oregon

**Cindy Hannum**, Family Caregiver, Retired Administrator, Oregon Department of Human Services

**Dr. Mauro Hernandez**, Chief Executive Officer, Concepts in Community Living

**Sarah Holland**, Program Director, Alzheimer's Association Oregon Chapter

**Mary Jaeger**, Aging Veterans Services Director, Oregon Department of Veterans' Affairs

**Jay Leo**, Chief Operating Officer, The Springs Living

**Dr. Jeff Kaye**, Professor of Neurology & Biomedical Engineering, Oregon Health & Science University Layton Aging & Alzheimer's Disease Center

**Dr. Allison Lindauer**, Geriatric Nurse Practitioner, Assistant Professor, Oregon Health & Science University Layton Aging & Alzheimer's Disease Center

**Fred Steele**, Long Term Care Ombudsman, Office of the Long Term Care Ombudsman

**Liz Von Wellsheim**, Geriatric Nurse Practitioner, Medical Director, ElderHealth & Living

## Purple Ribbon Commission 2016 Recommendations

### Acuity-Based Staffing Models and Workforce Development

We recognize there are workforce challenges in dementia care. We encourage participation in the profession by qualified Oregonians.

- Develop a policy and implementation plan for existing web-based acuity staffing evaluation tool.
- Identify and promote a set of quality practices to improve transitions and coordination of care.
- Fund and facilitate the dissemination of staff training, retention, and compensation strategies.
- Develop and support a workforce plan for long term care in Oregon, including high school-based vocational programs that train direct care workers.

### Caregiver Training and Competency

We know that having an adequate number of dementia capable, competently trained caregivers is critical to providing high quality care to those with dementia.

- Evaluate, refine, and adopt the existing model legislation that specifies training standards for curriculum and outcomes.
- Require evidence-informed, dementia-specific training and continuing education across all care settings where individuals with dementia receive care.
- Review current continuing education requirements and develop recommendations for dementia training for medical and health professionals.
- Establish sustainable, ongoing funding for statewide-accessible free evidence informed trainings.

### Family and Consumer Supports and Programs

We support programs that will enable those affected by dementia and their loved ones to receive the best information and resources regarding this disease.

- Create and fund a health promotion campaign addressing diagnosis of dementia, services, and supports.
- Promote a one-stop information support center that provides disease and caregiving information and connects people to technology and community resources.

### Quality Metrics to Track and Measure Success

We believe there are limited indicators to illustrate a holistic representation of quality dementia care. Data and quality metrics demonstrate success in dementia care, and quality care is driven through key indicators.

- Develop a set of quality measures and tools and incorporate them into a state-wide quality improvement plan.
- Complete annual comprehensive reviews of the relationship between quality improvement indicators, abuse, complaint, and licensing compliance data to inform a state-wide quality improvement plan.
- Convene a workgroup to examine and adopt a responsive regulatory model to include incentives (and disincentives) which recognize internal quality improvement activities and patient safety principles.



# Measuring “Quality” with Quality Data

By Linda Kirschbaum, Oregon Health Care Association

The term “quality” is used every day in hospitals, clinics, and the long term care supports and services sector. Quality is vital to the provision of care in any setting though it means a lot of things to a lot of different people and becomes more complex when you consider the related concepts such as

quality assurance, quality improvement, quality initiatives, and quality measures. Yet, of critical importance with quality, is the ability to measure it. To measure quality, it is imperative that appropriate metrics are established and implemented to measure the results and outcomes of the care and services delivered.

Data is the cornerstone of quality improvement. It is used to describe how well current systems are working and what happens when changes are applied, and good data documents successful performance and outcomes. Using data separates what is thought to be happening using subjective or



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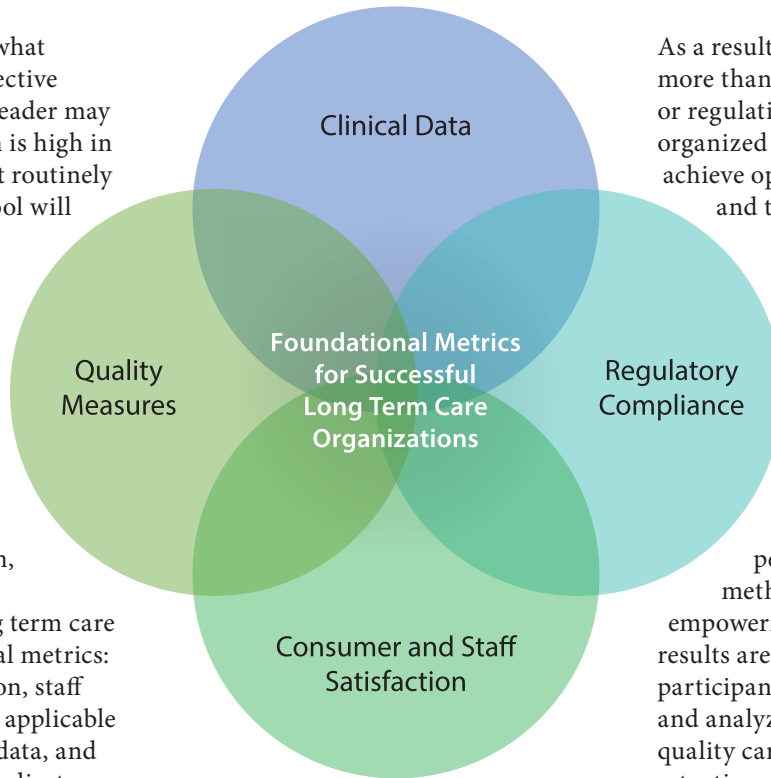


anecdotal information from what is really happening using objective information. For example, a leader may perceive that staff satisfaction is high in an organization. Measuring it routinely with a consistent, objective tool will provide valuable information and insights that would not necessarily be revealed through remarks from some staff or general perception.

It follows that quality in a long term care setting should not be solely based on one licensing survey, a single complaint investigation, or other regulatory factors. A holistic review of quality long term care is rooted in these foundational metrics: resident and family satisfaction, staff satisfaction, compliance with applicable rules and standards, clinical data, and profession-standard quality indicators.

Currently, this holistic measurement model only partially exists in Oregon's long term care system. Federal regulations for nursing facilities and assisted living do require quality assurance and performance improvement programs (referred to as QAPI), and, in the past decade, the Centers for Medicare and Medicaid Services (CMS) has routinely enhanced guidelines for nursing facilities quality measurement. These QAPI programs take a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes while involving all nursing home caregivers in practical and creative problem solving.

In these regulations, quality assurance (QA) includes the specification of standards for quality of service and outcomes as well as a process throughout the organization for assuring that care is maintained at acceptable levels in relation to those standards. QA is on-going and both anticipatory and retrospective in its efforts to identify how the organization is performing, including



As a result, QAPI amounts to much more than a provision in federal statute or regulation; it represents an ongoing, organized method of doing business to achieve optimum results for those served and the organization.

The QAPI model has been adapted for community based care and is currently being piloted in Oregon assisted living and residential care communities through CareOregon's LiveWell method initiative. LiveWell is a quality assurance and performance improvement methodology focused on empowerment of staff. The preliminary results are starting to emerge, and participants have already begun using and analyzing their data to improve quality care, reduce costs, improve staff retention and regulatory compliance, and enhance resident well-being.

where and why facility performance is at risk or has failed to meet standards.

Performance improvement (PI) refers to the continuous study and improvement of processes. Additionally, it considers the intent to better services or outcomes and prevents or decreases the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems or barriers to improvement. PI can and should make good quality care even better.

As this program and other data gathering, or QAPI, initiatives throughout Oregon's long term care sector show, using thoughtful and holistic data can do so much good for communities, most of all by improving the quality provision of care and enhancing resident and family satisfaction. ○

*Linda Kirschbaum is the Senior VP of Quality Services at OHCA.*

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# Public Investments Needed to Cover Rising Wages

By Phil Bentley, Oregon Health Care Association

A workforce of nearly 83,000 Oregonians provides our seniors and people with disabilities with essential long term care services and supports in their homes and residential communities across the state. This workforce needs to grow in the coming decades to meet the rising need for services from the baby boomer generation. However, the long term care sector currently faces workforce challenges including a general shortage of qualified direct care workers (both certified and non-certified staff), high turnover rates, increasing training and regulatory requirements, and escalating labor costs. These challenges are expected to continue or worsen in the years to come.

The state legislature recently passed a comprehensive change to Oregon’s minimum wage to require employers to start workers at more of a “living wage.” Under the new law, the Portland metropolitan area will see the base wage rise 60% to \$14.75 per hour over six years while other regions will increase

to \$13.50 and \$12.50 an hour. Both Washington and California recently increased their minimum wages as well to \$13.50 and \$15.00 an hour, respectively. The federal minimum wage remains at \$7.25 an hour.

One of the arguments in favor of rising minimum wages was to help working mothers afford the rising cost of care for their family members, both children and parents. A recent report, *Count Her In: A Report About Women and Girls in Oregon*, noted that women are challenged to remain in the workforce in general because of a lack of affordable care options for their children and family members. The direct care workforce in long-term care is 90% women.

While most workers in the long-term care sector are earning more than the previous minimum wage, once fully phased-in, over half of the workforce will be impacted by the new, comprehensive law. Rising wages present both a challenge and an opportunity for the sector.

“In order to achieve the desired outcomes of rising caregiver wages, the state must ensure that Medicaid reimbursement rates keep pace with the rising labor costs...”  
— Phil Bentley, OHCA

The challenge is how to balance increasing wages for caregivers to provide a higher standard of living while keeping the cost of care affordable for middle-income seniors and accessible for low-income Oregonians.

The opportunity of rising wages is the potential for a more stable and experienced workforce that meets the growing demand for services.

Many long-term care providers struggle to maintain a stable workforce. It is common for a worker to receive training in a nursing facility or assisted living community and then move to hospitals where reimbursement rates and salaries are higher. Now, with wages rising across the economy, it will be even easier for long term care workers to find comparable salaries in other sectors.

In order to achieve the desired outcomes of rising caregiver wages, the state must ensure that Medicaid reimbursement

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rates keep pace with the rising labor costs, particularly in home and community based care. The state and federal government is the largest payer of long-term care services. This is what economists call a “monopsony,” when there is a dominant payer in the market (in contrast to a monopoly when there is a dominant seller).

OHCA has historically advocated for cost of living adjustments to Medicaid rates to keep pace with inflation. This session we are asking legislators for a 5% per year increase due to the rising labor costs. This increase could be a particularly hard sell this session with the state of Oregon facing a \$1.6 billion budget gap this biennium and projected budget issues for the next several years due to unsustainable state workforce costs from steadily rising wages, health care and pension costs, and mandates for spending from the voters and federal government.

If Medicaid rates fail to keep pace with the rising costs of providing care, we will

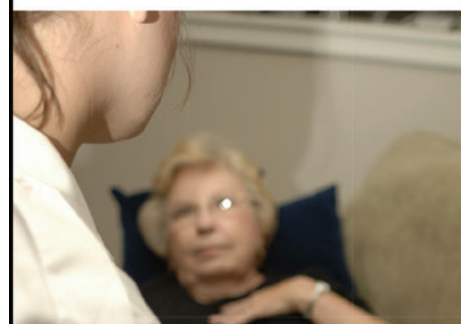
lose this opportunity to raise wages for caregivers without increasing employee turnover rates and diluting the earnings of workers above minimum wage. We also risk providers opting out of serving Medicaid beneficiaries as the differential between private pay and Medicaid rates further widens, and we could even lose smaller providers serving mostly Medicaid residents as their costs simply outstrip reimbursement rates. Losing providers in the mostly rural parts of the state could eliminate long-term care options in these communities.

With these issues in mind, OHCA will continue to urge Oregon lawmakers to be mindful that achieving the goals we all share of providing higher wages for our hardworking caregivers and a more stable, qualified workforce serving our seniors, includes a financial commitment from the state to keep care affordable. ○

*Phil Bentley, J.D., is the Senior VP for Government Relations at OHCA.*

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# New Long Term Care Polling Data from Oregon Voters

By Walt Dawson, Oregon Health Care Association

Oregon faces a tough budgetary climate, with difficult decisions being made at the capital this legislative session. To gain perspective on the priorities of Oregonians, the Oregon Health Care Association worked with Opinion Access Corp and the American Health Care Association to carry out a web-based survey of 800 Oregon voters between December 2016 and January 2017.

The results of this poll are striking and show an overwhelming support of Medicaid and a high level of opposition to any cuts to services. Medicaid provides much needed services to vulnerable, low-income older adults and people living with disabilities and is the largest payer of long-term services and supports (LTSS)—both nationally and in Oregon. According to the Kaiser Family Foundation, over 51% of all LTSS services in the U.S. are paid for through Medicaid.

Each month, over 34,000 Oregonians receive Medicaid-funded LTSS. This includes 39% of residents of assisted living communities, 41% of memory care residents, and nearly 60% of individuals served by Oregon’s nursing facilities.

From early on, Oregon has been at the forefront of the movement to embrace home and community-based services, which allow individuals in need of care the ability to receive it in their own homes or in a home-like setting. In 1981, Oregon became the first state to receive a waiver from the federal government to provide Medicaid funded services in community-based settings. Today,

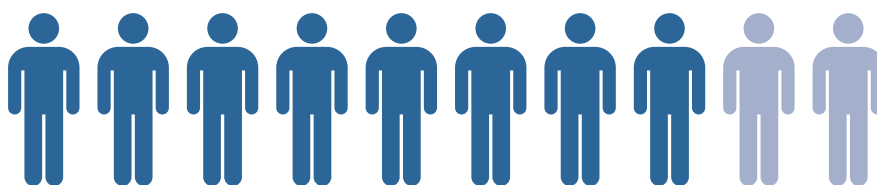
nearly 80% of all Medicaid LTSS dollars in Oregon go to serving people in these settings, the highest rate of any state in the nation.

Unfortunately, the budgetary challenges facing Oregon this fiscal biennium threaten to undermine our LTSS system. Initial legislative budgets recommend flat funding of Medicaid reimbursements in long term care settings. Proposed cuts to programs like Oregon Project Independence and the increased labor costs associated with the mandated increase in the state’s minimum wage

add an additional layer of complexity to these fiscal challenges.

Keeping all this in mind, the survey asked several questions about perspectives on Medicaid and also asked questions about voter’s priorities for the LTSS system. The findings show that 87% of Oregon voters oppose cuts to state Medicaid funding for nursing homes. In fact, over 81% of Oregon voters believe the State of Oregon should pay higher Medicaid rates to offset the increased labor costs associated with the minimum wage increase implemented this past year.

CONTINUES »



Eight in ten believe the state should pay higher Medicaid rates to protect seniors even in tight budgetary times.

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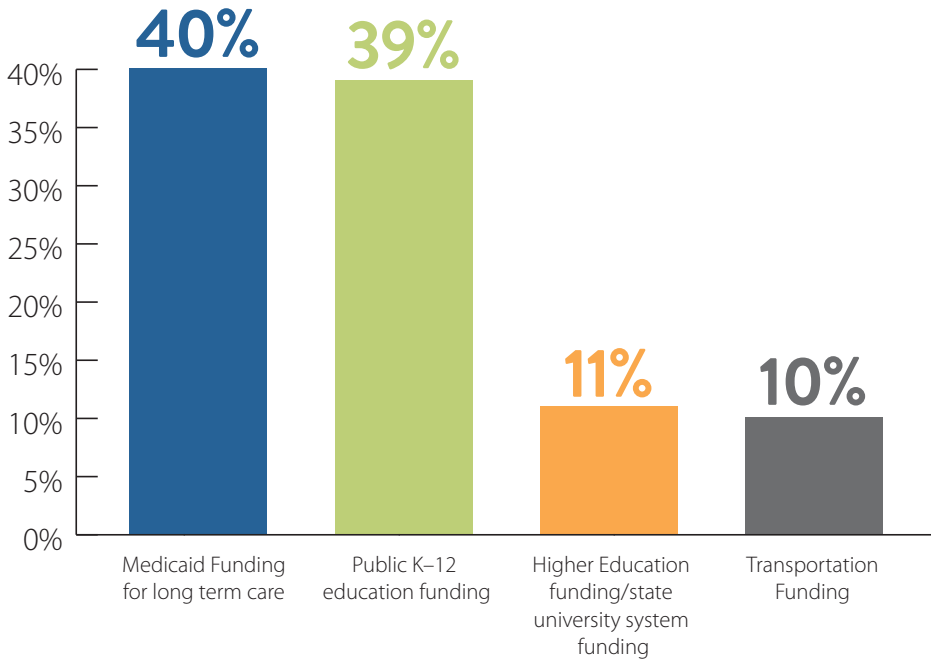
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"Which of the following do you believe should be the highest priority for legislators who will soon be deliberating on the state budget?"



» NEW LONG TERM CARE POLLING DATA, CONT.

In another finding, the results show that 40% of voters believe that Medicaid funding should be the highest priority, over other key issues like transportation, K-12 education, and higher education, for Oregon legislators.

Nearly 62% of Oregon voters believe Medicaid services should be expanded to include more low-income adults.

Another 76% of voters believe that a lack of government funding negatively impacts the quality of care provided in long-term service settings.

A rather surprising finding is that 33% of Oregon voters said they had visited a nursing home in the past year, while 76% said they had visited one in the past 5 years.

This suggests a high level of familiarity with long term care amongst Oregonians and may speak to the growing need for a strong system of services and supports to serve an increasingly aged population.

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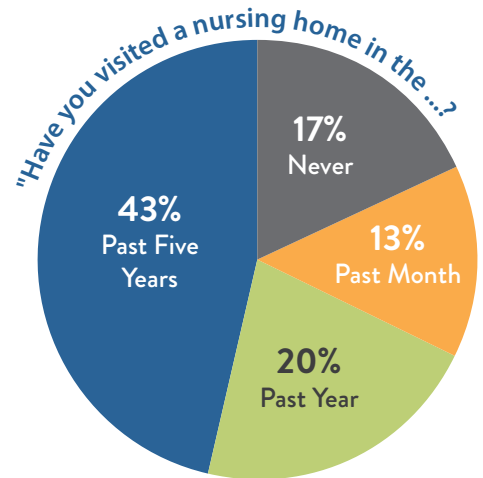
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Oregon voters clearly believe that Medicaid is a vital component of the long-term services and supports system. Increased funding of public programs for vulnerable, low-income older adults and people living with disabilities rather than cutting funding is a high priority of Oregon voters. ○

*Dr. Dawson, D. Phil, is the Director of Research & Analytics at OHCA.*

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# Antipsychotic Prescriptions Drop for Nursing Facility Residents

By Gwen Dayton, J.D., Oregon Health Care Association

The use of antipsychotic medications by seniors is receiving attention from lawmakers both in Oregon and on the national stage. While there is concern that older Americans in general may be receiving an increased amount of prescriptions for antipsychotic and psychotropic drugs (see *Journal of American Medicine*, “Trends in Central Nervous System-Active Polypharmacy Among Older Adults Seen in Outpatient Care in the United States,” February 13, 2017), that concern does not apply to long term care.

The National Partnership to Improve Dementia Care in Nursing Homes December 2016 Data Report shows that the percentage of nursing facility residents who are receiving a prescription for antipsychotics actually decreased by 32% between 2011 and 2016. The National Partnership is a private-public coalition that includes the Centers for Medicare and Medicaid (CMS), consumers, advocacy organizations, providers, and professional associations partnering to promote delivery of health care that is person-centered, comprehensive, and interdisciplinary with a specific focus on protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication and a systematic process to evaluate each individual’s need.

Existing regulations reinforce this goal of focusing use of antipsychotics only where they are most appropriate. CMS, in its recently adopted Nursing Facility Requirements of Participation, dictates that a nursing facility must ensure that residents who have not used psychotropic

drugs previously are not given them unless the medication is necessary to treat a specific diagnosed condition. Residents who use psychotropics are to receive gradual dose reductions and behavioral interventions unless clinically contraindicated. The rules also limit PRN usage of psychotropic drugs, providing that PRN orders for psychotropic drugs

Nursing facility residents receiving prescriptions for antipsychotics decreased by **32%** between 2011 and 2016.

are limited to 14 days unless the physician or prescribing practitioner specifically indicates an extension is warranted. These new requirements go into effect November 28, 2017. (42 CFR 483.45)

Oregon law also addresses this issue for community based care. Assisted living and residential care facility administrative rules provide that psychoactive medications only may be used if required to treat a resident’s medical symptoms or to maximize a resident’s functioning and even then may only be used in consultation with a physician or other health care professional. (OAR 411-054-0055). All caregivers are required to know the specific reasons for the use of the medication, the common side effects, and when to contact a health professional regarding side effects.

At the time of print, Oregon has not passed any new legislation relating to these types of drugs. OHCA members can keep updated on any changes to this through our newsletters. ○

*If you have any questions regarding this issues addressed in this article, please contact Gwen Dayton, OHCA general counsel and executive VP, at [gdayton@ohca.com](mailto:gdayton@ohca.com) or 503-726-5229.*



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## POLICY MAKERS

# Representative Greg Walden (R-Hood River)

*U.S. Rep. Greg Walden represents the people of Oregon's Second Congressional District, which includes 20 counties in central, southern, and eastern Oregon. Rep. Walden was recently elected as the chairman of the U.S. House Energy and Commerce Committee, which has jurisdiction over issues related to health, energy, telecommunications, and internet policymaking.*

**Q** As the Chairman of the House Energy and Commerce Committee you find yourself right in the middle of the conversation about health care reform and the future of the Affordable Care Act (ACA). What are your key objectives as you begin your work?

**A** From insurers fleeing the individual market to the collapsing CO-Ops, ever-increasing premiums and deductibles, the Affordable Care Act/ObamaCare law has proven to be unsustainable and failed to deliver on its promises to the American people. Our job is essentially a rescue mission. We've identified the failures and now we are on the scene assessing the damage, determining who needs relief and of what kind. In doing so, our efforts are centered on putting patients first, and restoring their ability to make their own health care choices—not those mandated by the federal government.

**Q** It seems as if most of the political debate about the Affordable Care Act has focused on issues related to expanded Medicaid coverage, mandates and the rising cost of insurance premiums for health care services. What impact, if any, do you think reforms will have on Medicaid-



**funded long-term care services for low-income elderly and disabled Oregonians?**

**A** Medicaid is a critical safety net. It is a lifeline, especially for those with the lowest incomes and the most serious medical needs. It is imperative we strengthen the program so it can serve those it is intended to serve—the most vulnerable patients in our communities. Under Obamacare, many states expanded their Medicaid programs, which shifted how these critical dollars are spent—and on whom. We want to help these people find a health care plan that better serves their needs, while ensuring that the Medicaid program is working to serve those that need it most.

**Q** You represent one of the largest congressional districts in the country, in terms of geography. Many of the communities in your district are rural. Are there specific rural health initiatives you are working on?

**A** Oregon is a perfect example of how state flexibility leads to creative delivery models. Take our coordinated care organizations (CCOs). These patient-centered groups understand the value of caring for the whole patient, whether their needs are physical, behavioral, oral, or other individual conditions. As a former state lawmaker and small business owner, I know that what works for families in Portland may not necessarily be what's best for ranchers in John Day. We also need to work on tele-medicine that can bring the world's best care to some of the country's most remote places.

**Q** What policies or initiatives are you most proud to have worked on?

**A** I just introduced a bill that will protect patients with pre-existing conditions, a principle that has broad support from both sides of the aisle. This is one of the few examples of a good policy within Obamacare. It's the right thing to do and it's really important that everyone has the access to the coverage and care they need, regardless of how healthy or sick they may be. This will be something we'll move forward as part of our efforts to rebuild our health care system. I'm also a strong supporter of home and hospice care initiatives as well as investing in finding cures to the diseases we face.

“It is imperative we strengthen the program [Medicaid] so it can serve those it is intended to serve—the most vulnerable patients in our communities.”  
 — Representative Greg Walden

**Q** You worked on Medicaid reforms, rural health and long term care policy initiatives when you served in the state legislature, both when you were in the House and in the State Senate. How does this background and experience inform your work as the Chair of one of the most powerful committees in the U.S. House of Representatives?

**A** When I was in the legislature, we worked across the aisle to solve problems for the people of our state. It’s the Oregon way. And we got results. We worked to refocus the state’s limited resources on

those most in need and we prioritized those needs to maximize health outcomes for as many people as possible. I worked on insurance reform and helped find affordable options for those with pre-existing conditions. As we move forward on building even better health care for all Americans, I plan to take the same approach: collecting input from all and having a thoughtful, transparent process. Seldom in life do you get a second opportunity to reshape, reform and improve policy that directly affects people in life-and-death situations. We have to get this done correctly, and soon. ○

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## LEADER

# Cordelia Agum

## Regional Director of Clinical Operations, EmpRes Health Care

*Cordelia Agum began her career in long term care as a CNA in a skilled nursing facility. After finishing nursing school, she worked in several facilities in Oregon and is now the regional director of clinical operations at EmpRes. A Nigerian native, Cordelia says that her culture has a big influence on her love for long term care.*

**Q** How did you begin your career in long term care?

**A** I have always had a great interest in geriatrics. In my opinion, long term care is the best place to practice that. I started my nursing career as a CNA, and then when I was in nursing school, I spent every spring break working in a skilled facility. I guess you could say that is what sparked my interest in long term care. From nursing school, I went further to be certified in gerontology. I started as a charge nurse, then became a resident care manager. From there I became a director of nursing then onto regional director of clinical operations. I just love nursing. I love what I do, and I love helping people.

**Q** Tell us a little bit about your background.

**A** I am originally from Nigeria. Despite having an interest in health care, I actually briefly pursued a career in corporate America, receiving my bachelor's degree in accounting and master's in public administration from Portland State University. I finally followed my calling of being in the health field. My passion in nursing stems from my Nigerian culture and upbringing. In



my culture, the elderly are held in high reverence and are cared for. Children actually fight over who gets to take care of their parents when they are older. It is a great honor. It's something that has influenced my nursing career in the sense that, to me, my residents are more than just the ailments they are currently suffering from. There's a unique life story behind each resident, and I don't take that for granted. I also really like making someone's day. Some of our residents, they don't have anyone close by to care for them, so the caregivers are their family, and that is really special.

**Q** Are there any unique challenges you've faced as a nurse or in long term care in general?

**A** How I see it, no matter what the profession is, there will always be challenges to face. With that said, it just

pushes me to learn and grow from it and to work harder. The challenges I've faced as a nurse have always left me more determined than ever to succeed. I avoid being consumed by roadblocks. I dust myself off, give thanks to God for the learning opportunity, and move forward. After a roadblock, I always believe the best is to come. You just have to keep your eyes on the prize. Never straying from your dreams.

**Q** What are some of the biggest challenges you think long term care providers or nurses will face in the future?

**A** Long term care providers and nurses are already experiencing a very significant challenge and that is maintaining our interpersonal skills while providing care. With all the technology advancements in this field, we

see more care planning and assessments being done electronically. The issue can now be taken care of off-site rather than going to the facility. Which is great but I just hope we won't lose that human touch while caring for those who are hurting.

**Q** How can long term care providers lead the way in the provision of quality care?

**A** Patients have become more knowledgeable about health care thus increasing their demand for quality. So providers have to actively be committed in seeing that they are providing care that is consistent with the residents' safety and satisfaction. The residents of today and the future are of the baby boomer generation. They know what they want. Therefore, they are ready to shop around for the best care suitable to their needs. So, long term care providers have to also take on that mindset. ○

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Caregivers and legislators discuss key components of quality dementia care during the keynote presentation.



Sarah Holland discusses how art therapy can be used to inspire residents with dementia.





Dr. Walt Dawson presents the 2016 Oregon Long Term Care State Report which includes the economic impacts of Oregon's long term care service sector.



Dr. Maureen Nash examines the use of antipsychotics and FDA guidelines.



Panelists share their experiences with dementia during a panel on the Purple Ribbon Commission.



Keynote speaker Dr. Beth Nolan examines dementia programming, including managing falls, during the Quality Summit.



With hunched bodies and limited vision, attendees are asked to mimic some common characteristics of residents living with dementia and how it impacts their mobility.





**APRIL 18**

## IN-HOME CARE CONFERENCE

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**MAY 11**

## MARKETING SYMPOSIUM

This is an intensive training in which professionals gather to learn the newest and most innovative marketing techniques. In partnership with Metropolitan Senior Network, close to 100 professionals participate at this conference, most of which are working in marketing positions in long term care communities.

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## FACILITY SERVICES AND MAINTENANCE EVENT

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**JUNE 2**

## ELDER ABUSE AWARENESS AND PREVENTION SUMMIT

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**JULY 26**

## NURSE LEADERSHIP CONFERENCE

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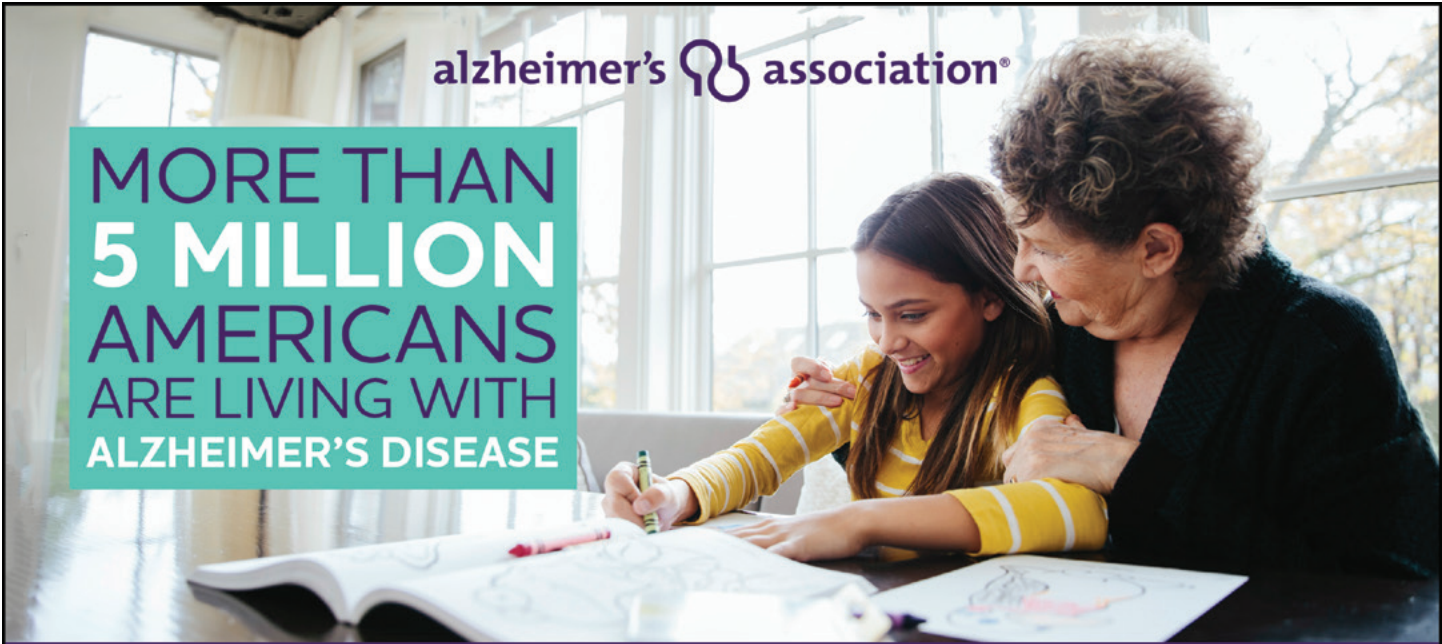


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