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TESTIMONY

In Support of

LD 1596: Resolve, Directing the Department of Health and Human Services To Amend MaineCare Rules as They Pertain to the Delivery of Covered Services via Telecommunications Technology

Brenda Gallant
Maine Long-Term Care Ombudsman Program

Before the Joint Standing Committee on Health and Human Services

February 5, 2014

Senator Craven, Representative Farnsworth and members of the Joint Standing Committee on Health and Human Services.

My name is Brenda Gallant. I am the Long-Term Care Ombudsman. The Ombudsman Program is a state-wide non-profit organization that provides advocacy for elderly and disabled recipients of long-term care services and supports throughout the state. We serve residents in nursing homes, assisted housing programs, assisted living facilities, adult day programs and recipients of home care services.

We support this legislation that proposes that the MaineCare rules be amended to allow Registered Nurses and Behavioral Health Specialists to be reimbursed, for providing covered services via telecommunications technology as are medical doctors, physician's assistants, and family nurse practitioners. We hope that this legislation is intended to include the telehealth services provided by Medicare certified home health care agencies across the state. We have heard for some time from these agencies about the effectiveness of telehealth services in improving quality outcomes, reducing emergency room visits and hospitalizations by addressing

medical problems before they become acute. This approach also enhances the ability of home health care agencies to reach all consumers who need care regardless of where they live.

Telehealth has real benefits for consumers who need on-going support, education and monitoring in order to effectively manage acute and chronic illness. It allows monitoring of compliance with medications. This is important because noncompliance is a common problem and can lead to further problems regarding health outcomes. It also offers a cost effective way for home care agencies to serve an increasing number of consumers who need services in a state that presents significant geographic challenges.

More and more people are being served in the community and will be in the years ahead. Our state's elderly population is rapidly expanding. Costs for health care continue to rise. Telehealth is one option for reaching consumers across the state in a way that creates savings without compromising quality of care. We urge you to support this legislation.

Thank you for your consideration.



HomeHealth Visiting Nurses MaineHealth

Meet Betty. At 86 years old she is blessed with 7 children, 13 grandchildren and 30 great-grandchildren. She's looking forward to attending the wedding of one of her grandchildren this summer. In March, however, it didn't look as though Betty would be attending any more family events. She started to experience difficulty breathing; it worsened until she couldn't walk more than a few feet.

One day, Betty suddenly couldn't breathe at all, and her family called for an ambulance. Her symptoms were so sudden and severe that doctors started to talk about hospice. She went home from the ER with oxygen tanks to stabilize her condition and someone stayed with her at all times. A week later, her daughter-in-law was unable to wake her from a nap and called the ambulance again. This time, a CAT scan revealed that large amounts of fluid had pooled around her heart, preventing proper circulation of blood; the excess fluid was also crushing her lungs. Physicians drained almost 30 pounds of fluid from Betty's body, relieving her need for oxygen and creating an astonishing change in her physical appearance.



When the hospital discharged Betty, HomeHealth Visiting Nurses installed Telehealth in her home.

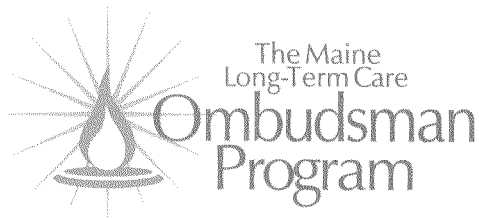
Using the Telehealth equipment, HHVN closely monitored her blood pressure, weight, and oxygen levels daily using data that Betty generated herself each morning with the help of her Telehealth machine. According to Betty's daughter, Marie:

"It was so exhausting for her to walk the 20 feet from her bedroom to the living room—trying to get to the doctor just about did her in. It was an all-day event. Telehealth was a safety net for her. If mom didn't send in her information every morning, the nurse called her to check in. It was very reassuring to have someone else looking after her and checking on her. Absolutely, Telehealth saved her life. No question. She would have died without it."

HHVN nurses tested her blood, closely monitored kidney function, and checked Coumadin levels to help prevent blood clots. They also reviewed her medications and provided a pill organizer to help Betty keep track of her many prescriptions and ensure that she took them safely.

"Because of HomeHealth Visiting Nurses, mom could stay at home, be healthier and know she was going to get well. That's where HomeHealth shines. They make all the difference."

Betty is now off of Telehealth services, but wears a Lifeline device for peace of mind, in case of another emergency. She is bright, alert, and smiles beautifully when she talks about attending her grandchild's upcoming wedding. Who knows, maybe she'll even take a spin or two on the dance floor.



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TESTIMONY

LD 1487: An Act to Implement Managed Care in the MaineCare Program

Brenda Gallant Maine Long-Term Care Ombudsman Program

Before the Joint Standing Committee on Health and Human Services

February 6, 2014

Senator Craven, Representative Farnsworth and members of the Joint Standing Committee on Health and Human Services.

My name is Brenda Gallant. I am the Long-Term Care Ombudsman. The Ombudsman Program is a state-wide non-profit organization that provides advocacy for elderly and disabled recipients of long-term care services and supports throughout the state. We serve residents in nursing homes, assisted housing programs, assisted living facilities, adult day programs and recipients of home care services.

Thank you for the opportunity to comment on L.D. 1487, An Act to Implement Managed Care in the MaineCare Program. My comments are focused on the potential impact of managed care with respect to long-term care services and supports. We are very concerned that managed care may have an adverse impact on access, quality of care and quality of life for nursing home residents because of the potential emphasis on serving residents in facilities with the lowest costs. Staffing that is so critical to quality outcomes may be reduced. This is particularly important in consideration of the complex needs of residents served in Maine facilities.

As you know, Maine changed its medical eligibility standards in 1994 significantly raising these standards with the result that our nursing homes serve elderly and disabled people with an acuity

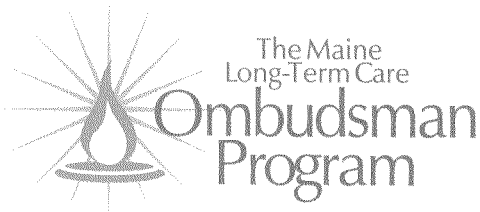
that is among the highest in the country. In fact, case mix data collected for Maine nursing home residents shows a steady rise in acuity since then. This upward trend has continued in more recent years as well. The case mix index for MaineCare residents rose by 7% between 2000 and 2010. Case mix data shows that Maine nursing home residents are first in the country with respect to their need for assistance with toileting, second with the need for assistance with transfers and third with the need for assistance with dressing. (source, American Health Care Association Research Department, June, 2013)

In spite of the challenges of meeting the complex needs of these residents, Maine nursing homes have a level of care deficiencies well below the national average. *The average in Maine is 4.1 while the national average is 6.8 Nursing Home Compare. Additionally, 33% of Maine nursing homes have earned a 5 star rating while the national average is only 9%.* This is in large part due to our direct care staffing requirements. In fact, numerous studies show that staffing levels are the single most important contributor to quality of care. Maine facilities staff above most other states.

Recently, the work of the Long-Term Care Commission concluded. Central to the discussions were concerns regarding the significant underfunding of our state's nursing homes. Those facilities with a high MaineCare census have been particularly challenged. The lack of sufficient funding caused the closure of the nursing home that was located in Calais and the loss of nursing home beds for that area. Residents, their families and the community were very distressed by the closure. The Commission was informed that other facilities are facing this same funding crisis.

We are very concerned that access to care, choice and the quality care be preserved.

Thank you for your consideration.



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TESTIMONY

In Support Of

LD 1749: An Act To Create Greater Efficiency and Improve Health Outcomes by Incorporating Increased Access to Dental Services for Adults through MaineCare's Care Management and Coordination Initiatives

**Brenda Gallant
Maine Long-Term Care Ombudsman Program**

Before the Joint Standing Committee on Health and Human Services

February 19, 2014

Senator Craven, Representative Farnsworth and members of the Joint Standing Committee on Health and Human Services.

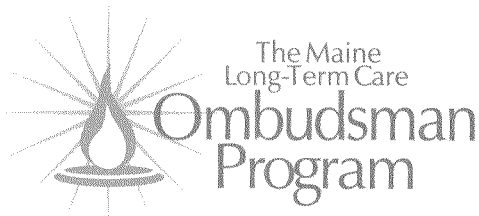
My name is Brenda Gallant. I am the Long-Term Care Ombudsman. The Ombudsman Program is a state-wide non-profit organization that provides advocacy for elderly and disabled recipients of long-term care services and supports throughout the state. We serve residents in nursing homes, assisted housing programs, assisted living facilities, adult day programs and recipients of home care services.

We support LD 1749, An Act to Create Greater Cost Efficiency and Improve Health Outcomes by Incorporating Increased Access to Dental Services for Adults through MaineCare's Care Management and Coordination Initiatives. We support greater access to dental care because of its importance in the overall health of individuals and the adverse consequences and costs when this care is not provided. A lack of dental care is linked to health problems such as stroke, heart disease,

respiratory disease and diabetes. Additionally, there is evidence that persons without dental care utilize emergency room services more frequently. Oral Health America found that emergency room visits for dental health reasons doubled in the past decade. The data showed that from 1999 to 2000 there were about 1 million such cases involving adults over age 65 compared to 2.3 million cases from 2009 to 2010.

The Ombudsman Program sometimes receives complaints from consumers about the lack of access to dental care even when the individual is in pain or when their teeth need to be extracted. Preventative or restorative care would benefit long-term care consumers by resolving issues before they become an emergency. Greater access to dental care as proposed in this legislation would aid in improved health and reduced health care costs resulting from the absence of needed dental care.

Thank you for your consideration.



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TESTIMONY

In Support Of

LD 1745: An Act To Preserve Maine's Long-Term Care Facilities

Brenda Gallant
Maine Long-Term Care Ombudsman Program

Before the Joint Standing Committee on Health and Human Services

February 19, 2014

Senator Craven, Representative Farnsworth and members of the Joint Standing Committee on Health and Human Services.

My name is Brenda Gallant. I am the Long-Term Care Ombudsman. The Ombudsman Program is a state-wide non-profit organization that provides advocacy for elderly and disabled recipients of long-term care services and supports throughout the state. We serve residents in nursing homes, assisted housing programs, assisted living facilities, adult day programs and recipients of home care services.

We are pleased to provide testimony in support of LD, 1745 An Act to Preserve Maine's Long-term Care Facilities. This legislation proposes a 2% cost of living rate increase for MaineCare Appendix C private nonmedical institutions (PNMIs).

Maine's Appendix C PNMIs serve approximately 4,200 elderly residents. Close to half of these residents are 85 years old with an average age of 80.8 years old. This average age is close to that of the average age of nursing home residents which is 81.4 years old. 47% have a dementia. Most are admitted to residential care from home (37%) but 30% come to residential care from nursing facilities.

Approximately one quarter of residents served in Appendix C PNMIs are nursing

home eligible. This is significant when we consider that Maine's eligibility criteria for nursing facility care is among the highest in the country. In general, it is safe to say that Maine's PNMI's are serving elderly residents with increasing needs. This is evidenced by the fact that the average case mix index for persons in residential care facilities was on the rise between the years 2000 and 2010. *Within this ten year time period, the overall case mix index grew by 20%*. (data source: Chartbook, Older Adults and Adults with Disabilities: Population and Service Use Trends in Maine 2012 Edition, Muskie School of Public Service University of Southern Maine)

We understand that the PNMI's have received few increases since 2004 (2% in FY 2006 and FY 2007 and 1% in FY 2012) and that like Maine nursing facilities, the MaineCare rates are insufficient to meet costs. Approximately 80% of residents served in PNMI's are MaineCare recipients. Recently, I spoke with two administrators of nonprofit residential care facilities who tell me they operate at a loss every year and must rely on endowments to make up for this deficit. Unfortunately, not all facilities are fortunate enough to have an endowment.

Insufficient funding translates into low wages for staff and an inability to make needed renovations. In 2009, the Health Facility Specialists within the Maine Division of Licensing and Regulatory Services estimated that 41% of the State's supply of case mix residential care beds were in buildings in need of renovation or replacement for reasons ranging from building condition to fire safety. (Chartbook 2012)

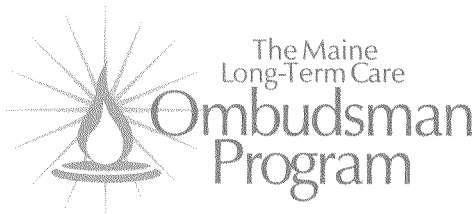
The Commission to Study Long-term Care Facilities recently concluded its work. In response to concerns regarding the underfunding of nursing facilities and the impact this may have on staffing, quality of care, and the potential closure of facilities with a high MaineCare census, recommendations were made that propose increases in MaineCare funding. Funding for PNMI's was not included in this discussion. It is likely that if the work of the Commission had also focused on funding of the PNMI's that the recommendations would have included an increase for these facilities.

We know that providing adequate funding for long-term services and supports cross the continuum of care is essential in preserving access and quality of care. Funding deficits exist for nursing facilities and residential care and for home care, homemaker and adult day services as well. Waiting lists for home and community based services and the inability to attract sufficient numbers of home care workers

due to low wages and a lack of benefits are evidence of the need to invest more resources in these services.

We believe that a strong case can be made for the 2% increase in MaineCare reimbursement for PNMIs proposed in this legislation. PNMIs provide critically needed services to elderly residents with increasing needs. We urge your support.

Thank you for your consideration.



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TESTIMONY

In Support of

LD 1776: An Act To Implement the Recommendations of the Commission To Study Long-term Care Facilities

Brenda Gallant
Maine Long-Term Care Ombudsman Program

Before the Joint Standing Committee on Health and Human Services

March 5, 2014

Senator Craven, Representative Farnsworth and members of the Joint Standing Committee on Health and Human Services.

My name is Brenda Gallant. I am the Long-Term Care Ombudsman. The Ombudsman Program is a state-wide non-profit organization that provides advocacy for elderly and disabled recipients of long-term care services and supports throughout the state. We serve residents in nursing homes, assisted housing programs, assisted living facilities, adult day programs and recipients of home care services.

I am pleased to provide testimony in support of LD 1776, An Act To Implement the Recommendations of the Commission to Study Long-term Care Facilities. I served as a Commission member. This legislation implements Commission recommendations focused on addressing deficits in MaineCare reimbursement to assure access to nursing home care and to protect and promote quality of care. LD 1776 proposes changes in MaineCare reimbursement including the following: rebase to 2011 and every two years, increase the peer group upper limit, repeal the administrative and management ceiling, provide an annual cost of living adjustment, provide a supplemental payment for homes with a high a MaineCare census above 70% and amend Minimum Data Set (MDS) to better capture the needs of residents with dementia. It also

recommends keeping staffing requirements the same without any changes in ratios to preserve quality of care. It proposes further Commission work to study payment methodologies for nursing homes. It also proposes a Blue Ribbon Commission on Long-Term Care to address long-term care planning across the continuum.

Commission members were provided with information regarding the shortfall in MaineCare reimbursement through cost reports and information from providers. There is no doubt that MaineCare reimbursement for nursing home care has not kept pace with the increasing costs of providing care for residents with increasing acuity. In 2011, nursing home cost reports showed a significant underpayment of homes, with allowable costs equal to \$300,571,792 and another \$8,000,000 in administrative and management costs subject to a cap. MaineCare reimbursement for the same time period was significantly below costs at \$271,457,438. The total underfunding for nursing homes in 2011 was \$37,114,354. While Medicare has provided higher reimbursement and some relief for nursing homes, the number of Medicare residents has decreased and Medicare rates have also decreased. In July 2013, payer sources in nursing homes were 67.43% MaineCare, 10.68% Medicare and 21.89% other.

Supplemental Payment for Nursing Homes Above 70% MaineCare Census

We think this provision is particularly important in giving nursing homes the resources they need to provide quality care and to prevent the closure of homes who cannot survive without additional resources. Commission members heard testimony from the Administrator of Oceanview in Lubec expressing concerns about the enormous challenges of trying to stay afloat with a MaineCare census of approximately 85%. This 31 bed nursing home needs relief quickly through a supplemental payment, in order to remain open. If Oceanview were to close, it would be the second nursing home in Washington County since 2012 to close creating hardship for the elderly and disabled residents who would have to move to another facility. It would also create hardship for families who would have to travel to Eastport, Lincoln, Machias or Ellsworth to visit their loved ones. While the problem of a high MaineCare census is being experienced in rural communities, this problem also exists for nursing homes in more urban areas of the state. Relief is needed for these nursing homes if we are to assure access to care close to home.

Increase Acuity for Dementia

We support the provision that directs the Department of Health and Human Services to amend the Principles of Reimbursement to increase the specific resident classification group case mix weight that is attributable to a resident diagnosed with dementia. There have been concerns expressed for several years that the Minimum Data Set (MDS) does not give adequate weight to the needs of residents with dementia. This change would enable better recognition of resident need and would allow the resources needed to provide better care.

Maintain Current Staffing Ratios

We support the recommendation that Maine's minimum staffing regulations remain unchanged. These regulations have been in place since 2000. They have served to promote and protect quality care in our state's nursing homes as evidenced by the fact that Maine's nursing homes

have a lower incidence of deficiencies in care than in most other states. Maine's average is 4.1% while the national average is 6.8% (data source Nursing Home Compare 2013).

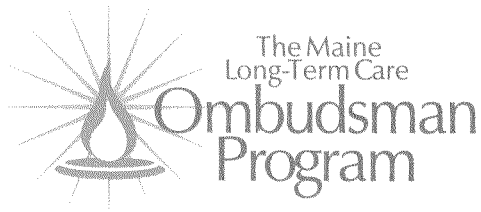
Establish Blue Ribbon Commission on Long-Term Care

We support the proposal to create a Blue Ribbon Commission on Long-Term Care to study the feasibility of developing a state plan for long term care across the continuum. There is a great need for a comprehensive plan for long term services and supports. Our growing aging population and our limited resources requires this if we are to meet the challenge before us. In the absence of a clear path and plan it will be difficult to improve or expand services in the most cost effective manner.

Continue the Commission

We support continued work regarding payment methodologies particularly regarding pay for performance because of its potential impact on quality of care. We have seen the positive impact of work on reducing the use of antipsychotic medications in nursing homes and believe this is a good model for future work regarding quality initiatives. We look forward to further discussion of the possible development of pay for performance.

Thank you for your consideration.



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TESTIMONY

LD 1779: An Act Relating to Nursing Facility and Inpatient Hospice Patients and Medical Marijuana Use

Brenda Gallant Maine Long-Term Care Ombudsman Program

Before the Joint Standing Committee on Health and Human Services

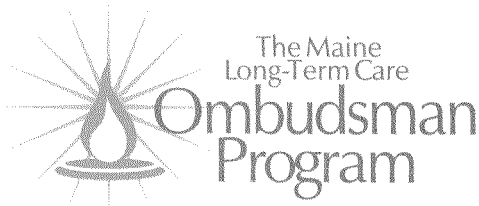
March 5, 2014

Senator Craven, Representative Farnsworth and members of the Joint Standing Committee on Health and Human Services.

My name is Brenda Gallant. I am the Long-Term Care Ombudsman. The Ombudsman Program is a state-wide non-profit organization that provides advocacy for elderly and disabled recipients of long-term care services and supports throughout the state. We serve residents in nursing homes, assisted housing programs, assisted living facilities, adult day programs and recipients of home care services.

At present, the law allows patients in nursing facilities and hospice facilities to use medical marijuana. It already allows for the medical use of vaporized marijuana, edibles, tinctures, salves. Participation by facilities in the program is voluntary. We do think that Marijuana should be handled like any other controlled substance and should not be left in the resident's room. If that is allowed, it will very likely be a deterrent for facilities who might otherwise participate in the program.

Thank you for your consideration.



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TESTIMONY

In Support of

LD 1757: Resolve, To Establish the Blue Ribbon Commission on Independent Living and Disability

**Brenda Gallant
Maine Long-Term Care Ombudsman Program**

Before the Joint Standing Committee on Health and Human Services

March 6, 2014

Senator Craven, Representative Farnsworth and members of the Joint Standing Committee on Health and Human Services.

My name is Brenda Gallant. I am the Long-Term Care Ombudsman. The Ombudsman Program is a state-wide non-profit organization that provides advocacy for elderly and disabled recipients of long-term care services and supports throughout the state. We serve residents in nursing homes, assisted housing programs, assisted living facilities, adult day programs and recipients of home care services.

We are pleased to provide support for LD 1757, Resolve To Establish the Blue Ribbon Commission on Independent Living and Disability. This legislation requires the Commission to evaluate the needs of citizens with a disability, review existing resources and services and recommend priorities for cost effective changes designed to promote independence and community inclusion.

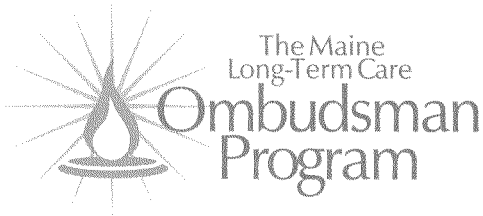
One in five citizens in Maine lives with a disability according to the census. Additionally, Maine has a higher disability rate than the other New England states. As the population ages, the instances of disability increases. Having a disability may mean difficulty in finding

employment, housing, transportation, and in living independently. It is important that we address the barriers to independence faced by Maine people with disabilities.

The Ombudsman Program staff work with residents of nursing homes who want to return to the community with the services provided through the Homeward Bound Program. These residents have been challenged in finding housing and staff sufficient to meet their needs. While these barriers do exist, when they are overcome, it is amazing to see the independence that can be acquired.

The Blue Ribbon Commission work is needed to address the barriers to independence, employment and community inclusion for people with disabilities.

Thank you for your consideration.



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TESTIMONY

Supplemental Budget 2014 – 2015

Brenda Gallant Maine Long-Term Care Ombudsman Program

Before the Joint Standing Committee on Appropriations

March 7, 2014

Senator Hill, Representative Rotundo and members of the Joint Standing Committee on Appropriations and Financial Affairs

My name is Brenda Gallant. I am the Long-Term Care Ombudsman. The Ombudsman Program is a state-wide non-profit organization that provides advocacy for elderly and disabled recipients of long-term care services and supports throughout the state. We serve residents in nursing homes, assisted housing programs, assisted living facilities, adult day programs and recipients of home care services.

Proposed reductions in “all other “of 1% and 3%

We are concerned about the proposed funding cuts in “all other”. A 1% cut in state funding to the Ombudsman Program would be equivalent to a 10% reduction in an FTE, and the 3% cut would be equivalent to a 30% reduction in an FTE. The Ombudsman Program focuses its resources on providing direct service for long-term care consumers; consequently a cut to our funding of that magnitude would reduce our ability to serve all those who need our assistance. We have only 11.5 FTEs and all our staff, except one, provide direct service. We have an extensive statewide mandate that requires us to serve consumers across the continuum of long-term care services and supports. As such, we are responsible for providing access to our services for 6,900 residents in nursing homes, 4,200 residents in residential care, 226 residents in assisted living, 1,680 recipients of homemaker services, 734 consumers of self directed home care services, 3,633 consumers served with state funded and MaineCare funded home care services, participants in adult day services and recipients of licensed home health care services. We are

required by federal law to establish and maintain a regular presence in 355 long-term care facilities across the state. We have an extensive mandate to meet with a small number of staff, however we have learned how to maximize the staff that we have. The results of our work in successfully resolving consumer problems indicate that we are a very effective program.

While we have a very strong volunteer program of 60 individuals that are essential in assisting staff to establish a presence in long-term care facilities across the state, these volunteers do not handle complex complaint investigation and resolution.

Ombudsman Program staff assist consumers in resolving any barriers they encounter with access to services, payment and quality. When problems with services arise, they are often very significant and our assistance can make all the difference in assuring that needed long-term care services are provided. For example:

- Correction of an error in co-pay: We helped a man whose co-pay for MaineCare home care services was not calculated correctly. As a result, the co-pay was more than he could afford. He believed he would have to give up the services he needed to remain in the community. We discovered the error in the calculation through a review of the rules and were able to get the co-pay reduced so that his home care services could continue.
- Intervention to correct substandard care: We are often the first to know when a long-term care facility is experiencing problems with the care being provided and when residents may be a risk. At present, the Department of Health and Human Services' Division of Licensing and Regulatory Services is taking action in a residential care facility due to referrals we have made concerning our observations of substandard care. We are collaborating with Licensing to monitor the conditions and care that is being provided at this facility to assure that observed problems are corrected.
- Help when home care services could not be found: We assisted a woman with Amyotrophic Lateral Sclerosis (ALS) in getting home care services so that her husband could continue his job while keeping her at home.
- Provided leadership to reduce the use of antipsychotic medications in nursing homes: We have led the Maine Partnership to Improve Dementia Care in Nursing homes along with Holly Harmon of the, Maine Health Care Association. This statewide coalition has worked since July 2012 to reduce the use of antipsychotic drugs. Our work has resulted in a 21.96% reduction in the use of antipsychotic medications improving the quality of care and quality of life for nursing home residents with dementia. Additionally, these reductions have resulted in some savings. We have done this work without additional funding and have been glad to provide this leadership especially with such a good outcome. I have attached a summary of our work. You will see that we plan to extend this effort to other care settings including hospitals and the community.

Thank you for your consideration.



Maine
Culture Change Coalition
Local Area Network of Excellence (LANE)



Maine Partnership to Improve Dementia Care in Nursing Homes *February 2014 Update*

In July 2012, the Maine Culture Change Coalition/LANE, the Maine Long-Term Care Ombudsman Program and the Maine Health Care Association joined forces to lead the statewide Partnership to Improve Dementia Care in Nursing Homes. The goal of the Partnership is to provide education and support to all 107 nursing homes across the state as they provide care to residents with dementia. 57% of residents in Maine nursing homes have dementia. The Partnership is assisting nursing homes by providing inspiration and supporting them in reducing the use of antipsychotic medications. This has generated savings while promoting best practices.

The Centers for Medicare and Medicaid Services (CMS) set a national goal to reduce the use of antipsychotic medications by 15% for residents living in nursing homes with dementia. **Maine has held its place as the 4th most improved state in the country.** Our nursing homes achieved a reduction in percentage points of 5.98 from 27.24 % in Quarter 4 2011 to 21.26 % in Quarter 3 2013. **Maine has achieved a 21.96% reduction, well exceeding the CMS target of 15% reduction – a true accomplishment considering the high percentage of Maine nursing home residents with dementia.**

The Partnership has been pleased to support nursing home staff in the following ways:

- Provided a statewide training to kick off the Initiative with Dr. Susan Wehry, Geriatric Psychiatrist as keynote.
- Developed a consumer fact sheet for family members distributed by Ombudsman staff and volunteers, Maine Health Care Association, Maine Culture Change Coalition/LANE and Partnership members.
- Co-sponsored direct care staff training developed by the Northeast Health Care Quality Foundation called “Moving Towards Person Directed Dementia Care”. Trainings were held in Bangor, Bar Harbor, Caribou, Lewiston, Machias, Rumford, Scarborough, and Waterville. Over 200 direct care staff attended these day-long trainings.
- Supported the Northeast Health Care Quality Foundation’s “Train the Trainer” program for “Moving Towards Person Directed Dementia Care”. Five Ombudsman Volunteers completed the “Train the Trainer” so that they can provide training for direct care staff.
- Supported the Maine Health Care Association’s conference featuring nationally recognized expert, Dr. G. Allen Power, board certified internist and geriatrician, clinical associate professor of medicine at the University of Rochester and a Fellow of the American College of Physicians/American Society of Internal Medicine. Approximately 100 individuals attended including nursing home staff and over 20 Division of Licensing & Regulatory Services Surveyors.



**Maine
Culture Change Coalition**
LOCAL AREA NETWORK OF EXCELLENCE (LANE)



Maine Health Care Association

- The Ombudsman Program, the Maine Health Care Association and the Culture Change Coalition/LANE sponsored an annual workshop for the Partnership to reflect upon the past year and develop goals for the New Year.

Partnership goals for the year ahead:

- Provide education for physicians regarding the Initiative to improve dementia care and reduce the use of unnecessary antipsychotic medications. Dr. Jabbar Fazeli, fellowship trained and board certified in geriatric medicine will be a presenter.
- Network with hospitals and primary care practices to establish outreach to physicians across the health care continuum.
- Raise awareness of the value of life stories, explore various models and identify effective approaches for direct caregivers to incorporate life stories to promote individualized care.
- Develop a proposal for reinvestment of savings from reduced antipsychotic medication use to benefit nursing homes in continued efforts to improve dementia care.
- Continue training for direct care staff.

Coalition Members:

Maine Culture Change Coalition/LANE, Maine Health Care Association, Maine Long Term Care Ombudsman Program, Northeast Health Care Quality Foundation, American Medical Directors Association/Maine Medical Directors Association, Maine Alzheimer's Association, DHHS Division of Licensing and Regulatory Services, Office of Aging and Disability Services, Continuum Health Services, First Atlantic Corporation, Genesis HealthCare – Sedgewood Commons, Greenwood Center, Lakewood, Maine General – Glenridge Living Community and Gray Birch, Maine Health, Maine Veterans' Homes, Mount St. Joseph, National Health Care Associates – Winship Green, North Country Associates, Rumford Community Home, Varney Crossing, Woodlands Senior Living – Cape Memory Care.

The Partnership commends the outstanding efforts of nursing homes across the state for the commitment to continuously improving quality of care & quality of life for the individuals living in nursing homes.

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