OHCA
OHIO HEALTH CARE ASSOCIATION

55 Green Meadows Drive South
PO Box 447
Lewis Center, OH 43035
P: 614.436.4154 / F: 614.436.0939
www.ohca.org

CARES® Dementia Basics™ Grant
Final Report
To the Ohio Department of Medicaid
November 2018

Introduction and Overview

In 2017, the Ohio Department of Medicaid awarded the Ohio Health Care Association (OHCA) a grant to evaluate implementation of the CARES® Dementia Basics™ training program in a selection of Ohio skilled nursing facilities (SNFs). This training program, which was developed and is offered by Health Care Interactive (HCI), has received accolades nationally, including support from the U.S. Centers for Medicare and Medicaid Services (CMS). OHCA's proposal was to provide this training to staff in the selected SNFs with the goal of improving care to patients who have dementia.

The primary goal of the grant was for the 150 enrolled SNFs to have their staff members participate in CARES® Dementia Basics™ online training courses. Under the projected, OHCA offered the participating centers initial, in-person training sessions that were designed for staff members who would lead implementation of the program in the individual buildings. Then, OHCA encouraged the centers in the project to have as many of their staff members as possible complete the free, online basics training and ultimately obtain the essentiALZ certification through CARES®.

As discussed below, OHCA's grant proposal called for measuring the success of the program in two ways: participation and outcomes. Participation was measured by the percentage of staff members at the 150 centers who completed the basics training and the number who attained the essentiaALZ certification. OHCA originally proposed to measure outcome through the Ohio Department of Aging (ODA) resident satisfaction survey, but that approach proved to be unsatisfactory. OHCA added a second measure, long-stay antipsychotic use, to supplement the satisfaction survey results.

Parameters for evaluating the project as specified in the approved grant application:

1. *Up to 150 Ohio SNFs will have at minimum 25% of their staff complete the CARES® Dementia Basics™ Online Training Program.*

2. *Through the training of direct care staff and other staff in SNFs, patients will receive better care which will result in an improvement to the SNFs' resident satisfaction scores.*

3. *Of the participating SNFs, at least one staff member will earn the essentiALZ certificate.*

Notwithstanding the attested value of the CARES® Dementia Basics™ training, the results of the grant-funded project were somewhat disappointing. Participation was low, and there was no clear positive movement on the outcome measures.

One reason for these results could be the project's relatively short duration. There were only two reporting quarters – the first and second quarters of 2018 – after the project began in the latter part of 2017. It is possible that over a longer period of time, participation would have increased. Likewise, the positive impact of the grant-funded dementia care training on lowering antipsychotic use may have manifested itself more clearly over a longer reporting period.

Participation

As listed above, the participation goals for the project were that each of the 150 enrolled SNFs would have at least 25% of their staff members complete the basic online course and that each center would have at least one staff member who attained the essentiALZ certificate.

By the end of the second reporting quarter, however, only 28% of the SNFs met the 25% training standard and only 44% had one or more staff members who achieved the essentiALZ certificate. Even more disappointing was that one-third (52) of the SNFs essentially did not participate at all, as they had no one who completed the online training.

The in-person training for individuals who were to lead and promote implementation of the program at the center level presaged the subsequent challenges with provider participation in the online training. A total of 150 individuals attended the in-person training, but of the 150 centers chosen for the project, 33 (22%) did not send anyone.[1]

We found the lack of participation somewhat surprising. The SNFs selected for the project were not "forced" to enroll. They chose to do so, and could have chosen to decline participation at the outset. Clearly staff in SNFs are time-challenged, as they were implementing the new Requirements of Participation and other regulatory changes at the same time as this project, along with their normal care duties. The lack of available time was exacerbated by the current workforce shortage.

Nonetheless, centers could have integrated the dementia training into their existing educational structure, such as by making it a part of orientation, annual training, or required in-service hours for state-tested nurse aides. Because the grant paid for more than a full year of access to the online training, there was time for a committed center to ensure that all employees completed the training.

OHCA and HCI made extra efforts to encourage participation, reaching out to every facility through emails and calls. HCI also scheduled multiple, free webinars (not funded by the grant) to assist with implementation. Many were attended by zero participants. HCI also offered one-on-one calls and webinars to help participating centers.

The project design did not include an exit survey or interview or another method to ascertain why centers did or did not participate and how valuable they found the training. The sheer numbers, though, suggest that some of the facilities that volunteered for the project did not find the program of sufficient value to require their employees to devote the time needed for the training, despite the fact that it was

[1] Some participating centers sent more than one person to the in-person training.

free. Without qualitative data on why the centers did not participate (or did so minimally), we cannot draw any firm conclusions on what more could have been done to generate more acceptance of the program.

Outcomes

The initial outcome measure – the ODA resident satisfaction survey – was flawed for multiple reasons.

First, the time frames of the resident surveys did not line up with the timing of the training. The baseline data from the previous resident survey in 2015 were two years old at the beginning of the project. The comparison data from the most recent resident survey in 2017 were gathered before the grant-funded training occurred, so the training had no impact on those results. ODA did not conduct another resident survey during the project's duration. The next survey will be in 2019, with results reported in 2020.

Second, ODA changed the questions on the resident satisfaction survey between 2015 and 2017, so the results would not be comparable even if the time frames corresponded with those of the grant. As a result of the changes to the questions, the median resident satisfaction score for all SNFs declined by 7.375 points between 2015 and 2017, from 84.19 to 76.815.[2]

Of the 40 SNFs in the project that met the 25% goal for staff training, the median change from the 2015 resident satisfaction score to the 2017 resident satisfaction score was a 6.48 point reduction. While this reduction compares favorably to the median reduction for all centers of 7.375 points, it cannot be attributed to implementation of the CARES® Dementia Basics™ training because of the timing issue identified above.

Third, even if the project was of longer duration, the resident satisfaction data do not provide a useful means for continuing evaluation of the training because the survey is done only every two years.

In view of the inadequacy of resident satisfaction as an outcome measure for this project, OHCA supplemented it with CMS Quality Measure for long-stay antipsychotic use. This measure is reported publicly on a quarterly basis, so it can be aligned with the project period. Moreover, a key goal of CARES® Dementia Basics™ training is to provide facility staff members with tools to address the needs of patients with dementia through non-pharmacological means. Accordingly, the hypothesis would be that if the training is effective, the antipsychotics measure eventually would show lower-than-expected utilization in the participating SNFs.

We used the second quarter of 2017 as the baseline for evaluating the antipsychotics data. We began reporting comparison data for the fourth quarter of 2017. As of the conclusion of the project and the preparation of the second quarterly report, two quarters of reporting data were available, Q4 2017 and Q1 2018.

Improvement on the antipsychotics measure is shown by a lower percentage of medication use. We found that 19 (47.5%) of the 40 centers that had more than 25% of their staff trained had lower percentages on the measure in the second reporting quarter than in the baseline quarter, but the median change among the entire 25% group actually was an increase (worsening) of 0.566 percentage

[2] The 2016 family satisfaction survey also utilized the new questions, but it would not be valid to gauge improvement by comparing resident scores from one year against family scores in another year.

points. By contrast, the median change in the antipsychotics measure among all centers in Ohio during the same time period was a reduction (improvement) of 0.2825 percentage points.[3] [4]

It is worth noting in this context that the median baseline antipsychotics measure for the 25% group was already slightly lower than the median baseline percentage for all Ohio SNFs (14.3% compared to 14.6%).

While the sample size is small and the time period perhaps too short[5] to show meaningful improvement, the data do not show any relationship between meeting the 25% training goal and reduction in use of antipsychotics.

Although it occurred outside of the data reporting period for the grant, additional Quality Measure data for the second quarter of 2018 became available before we prepared this final report. These data show that the median change in the antipsychotics percentage from the baseline quarter for the 40 centers that met the 25% training goal was a reduction (improvement) of 1.22 percentage points, compared to a reduction of 0.82 percentage points for all Ohio centers.

This result might suggest that as time went on, there was a positive connection between meeting the training goal and reduced antipsychotics use. We feel that the short-term volatility of the data, which can result from such factors as changes in patient census and changes in the conditions of existing patients, precludes drawing that conclusion at this time.

Conclusion

OHCA appreciates the opportunity to partner with ODM in offering this project. While it is not possible to determine with certainty that the SNFs in the project found the CARES® Dementia Basics™ training to be of value or that the training led to better patient outcomes, the product has a quality track record. The design of this project may have contributed to the ambiguous results.

If further study is desired, some changes to the methodology might be suggested:

- Ensure that all centers selected for the project have a leader or "cheerleader" participate in the in-person introductory session. If any center does not send a person to this session, it should be replaced in the project.
- By building in a mechanism for soliciting feedback, identify barriers to completing the online staff training and develop interventions to remove or ameliorate these barriers.
- Select more meaningful outcome measures, including the antipsychotics Quality Measure and possibly others that may be relevant to patients with dementia.

[3] For both the participating centers and the universe of all centers, any facility with insufficient data in either the baseline or the reporting quarter was excluded from the analysis.
[4] The -0.2825 percentage point change for all centers is a corrected value from the previously submitted second quarter data report.
[5] Antipsychotics are physician-ordered medications that are prescribed in response to behaviors exhibited by patients. In many cases, it would take time for the care planning team to determine that other measures might be effective in addressing the behaviors and for the physician to discontinue the medication order. For instance, there likely would be a period of gradual dose reduction before the antipsychotic is removed.

- Provide for a longer data collection and analysis period to account for the attenuated completion of training and the time needed for improved care practices to have an impact on the selected Quality Measure(s).