

Working Group to Create a State Plan for Alzheimer's Disease and Related Disorders
Workforce Sub-Group

First Meeting

October 2, 2012

In Attendance: Gail Patry (Healthcentric Advisors), Jenn Wood (PACE), Laura Lee Costello (Workforce Solutions, DLT), Valerie Topp (Home Instead), Ann Marie Caron (Evercare), Sarah Collins (Evercare).

1. The meeting was kicked off by Gail Patry, who has been asked to serve as the chair. Each attendee introduced themselves, including the organization they were representing.
 - a. Jenn Wood from PACE mentioned that PACE provides all-inclusive care for the elderly, including; a day center, PT and OT, physician services, etc. The intent is to keep seniors in the community and out of facilities –Jenn is also certified to run support groups for Alzheimer's disease.
 - b. Laura Lee Costello attended from Workforce Solutions (DLT). Her work focuses on managing eligible training providers and building a list of approved schools and providers.
 - c. Gail Patry is a Nurse Practitioner with expertise in quality improvement consulting. Her work at Healthcentric focuses on education and training of healthcare providers.
 - d. Valerie Topp attended from Home Instead, which is a home care provider. She is interested in developing the workforce as well and agreed with Laura that education is a huge component to this work. Home Instead certifies their staff in Alzheimer's care and they're interested in doing more.
 - e. Ann Marie Caron works for Evercare, a United Health group supplying nurses to work in long term care facilities. Their efforts are focused on keeping residents out of the hospital.
 - f. Sarah Collins also attended from Evercare.
 - g. Lindsay McAllister, from the Lt. Governor's office, attended as the staff person to the Working Group and Sub-Group.

Minutes:

1. Gail expressed a concern that the sub-group begin by recognizing the strong footing already in place as far as existing workforce initiatives and not reinvent the wheel. She also posed a few challenges to the sub-group – mentioning that there is truly a need to standardize the expectations set by the state for facilities. The regulations governing assisted living and nursing home dementia units are very vague. Healthcentric consults in all 86 nursing homes in the state and it seems to mean many different things across the various facilities.
2. Lindsay provided some background to the group as far as the goals for this first State Plan, reminding everyone that the first version may identify more questions than answers, but will nonetheless serve to provide an “as is” landscape, identify

gaps in services or ability to meet future needs, and that this Plan will be a “living document.” The chairs of the Working Group intend it to be revisited into the future. We do not have to get it exactly right or have all the answers in this initial Plan.

3. Sarah Collins raised the de-emphasis on medication across care settings. Anti-psychotics are used to varying degrees depending on which setting you're in and it often depends on how the provider was educated and where.
4. Gail Patry mentioned that QIO work gets launched in January through Medicare and via Healthcentric – current rates in RI for off label anti-psychotic drugs ranges hugely. That variability is too big to be random.
5. Anne Marie Caron runs an anti-psychotic study across the facilities served by Evercare, and has been able to reduce use by a significant amount. The focus is asking people to be accountable and take a look at the current meds and reexamine their necessity. Evercare has about 35 homes in the state.
6. Gail Patry suggested that staff needs to be trained on resident behaviors, but even more so, staff must be trained on how not to contribute to behavior of individuals. She asked whether the effort to decrease anti-psychotics training is formalized at Evercare?
 - a. Anne explained that it is mostly dependent upon the efforts of the nurse practitioners – but they have a facility-wide education program. As far as the anti-psychotics, it comes down to the NPs, as prescribers, to make a change.
7. Jenn Wood shared that at her adult day center, about an hour out of each day is spent going over medical and behavioral needs or challenges. Staff help brainstorm in the moment to best care for the individual. She's certified through the Alzheimer's Association to train people.
8. Gail added that they're launching an initiative aimed at better dementia care with one goal; to reduce medications. In January their charge from CMS is to entice all nursing homes in RI (working with state Medicaid office – changing way they reimburse nursing homes and in 2013 [April, May, June] introducing a quality rider at roughly \$100/mo. Under Medicaid, but if meet quality markers, will tack on \$5 additional starting in the spring. New Healthcentric launch, intrigued by topic and charge to reduce medications, so next steps with Medicaid is to look at how to fold in better dementia care for the population.
9. Gail also added that the URI Geriatric Education Center has a grant to provide training to anyone interested in dementia care and other aspects of caring for this population. It is run by Dr. Phil Clark. Dr. Stuchides is the physician educator. They will work with Healthcentric in context of CMS grant – provide the actual prescriber part of the training – getting the physicians into the room is hard part of that. Healthcentric also has access to DLT (healthcare industry partnership) money to provide funding to providers to provide online training through certified Alzheimer's training programs. Additionally, they have a national certified Alzheimer's trainer on staff – someone who used to train for Alzheimer association.

10. Valerie Topp - Usually have administrative team go through that program. There are about 3-4 each year and it touches on variety of geriatric issues (usually at Radisson \$110 - \$150 day in Warwick). They have an advisory board.
11. The Genesis Center offers homemaker program. You have to offer a national certification program (homemaker program was hard to find). They did eventually find some national certification for Alzheimer's. There is an eligible training provider list.
12. Valerie Topp added that they used the same program for ten years and changed only last year to a different one, which is more behaviorally driven. There are two pieces to it; direct care staff and a family caregiver training as well.
13. Gail Patry asked what people thought about – once we've landed on training or education requirements/recommendations – recommending a competency-based training rather than a particular training completion (don't designate it must be "x" training). In other words, do people agree with leaving the options open, but favoring a set of some criteria?
14. Lindsay McAllister asked whether there is any standardization at all? If we compared all of them across the board, is there overlap?
15. Gail Patry was not sure.
16. Valerie Topp – where are we going to get these people who want to do this work? She added that it's challenging to find people who want to do this work.
17. CCRI was suggested – insofar as they do workforce development – Frank Capp (works on their PACE grant around training capacity and pre-CNA and CNA programs). Valerie Topp offered to call someone over at CCRI.
18. Gail added that she felt that as far as concerns regarding staffing shortages, it's often that people aren't leaving their patients, they're leaving their bosses. Everyone seemed to agree with this. So it's lack of pipeline but its also internal turmoil. Some have 120% turnover and some have 2%.
19. Sarah Collins added that the nursing home providers are CNAs and dementia patients get attached to them – if you switch them up, they find that stressful and disruptive. Should the training program come before the person works on the dementia unit?
20. The group consensus was that new efforts need to be centered around the CNA workforce, but also management who hires, trains and should be supporting the CNA workforce.
21. Lindsay McAllister asked the group whether they were aware of any existing management programming or training opportunities?
22. Gail Patry stated that its ad hoc. No systematic or statewide efforts are underway. They've dreamed of offering a year-long program similar to how leadership RI works and have sessions on management competencies for healthcare managers. Healthcentric cannot charge providers to medicare beneficiaries, so it has to be funded somehow.
23. Valerie Topp – there are some ways of looking at managing long-term care facilities that dramatically improve care to direct care staff (Elmhurst is only one that has one), for example, looking at how staff are handled, how residents are handled and what they're lives should be like and what working there should be like. Retention improves.

- a. Look at the Eden Initiative.
 - b. Mentoring? Educating them about what to expect and how to handle it.
 - c. Coaching for younger staff and older staff.
24. They do coaching at Valerie Topp's home care program because its different to be providing care at home versus in a facility where you have a support structure.
 25. How you treat your employees is how they're going to treat their patients.
 26. Expense is challenging, but sometimes all of the measures of the outcomes aren't in play – like in conversation about nursing home diversion – it makes ethical sense (don't need nursing home level of care, for example) but also makes financial sense. That gets translated into a community based care conversation – doing the right thing for the right amount of dollars.
 27. Lindsay mentioned Rich Gamache's (chair of the LTC sub-group) interest in bringing Bill Thomas to state to talk about Eden Initiative.
 28. Valerie Topp added that she'd seen Bill Thomas present a lecture about how a focus on “safety, safety, safety...” creates a broken home, broken spirit – more concerned about falling and breaking a hip than fact that the person never got out of bed today...
 29. Gail Patry asked how the group felt about trying to quantify the existing workforce initiatives – do we want an environmental needs assessment? What is actually going on out there? Even at provider level, try to understand the home grown stuff – everyone must have a class on dementia care.
 30. Valerie Topp said that there's an annual CNA requirement of hours, so there's a piece to the workforce initiative there. Sheh also agreed that, at least internally by employer or facility, there's a lot going on. It would be great to have a list of all the active external training programs and workforce centers, and whatever else DLT has out there, also CCRI, medical assistant programs, etc.
 31. Gail Patry suggested that Healthcentric could do a quick Survey Monkey request on what's out there. We also talk about education and training in the after-the-fact sense – they're out there working; what do they need now that they're in the field? The other piece to this is post-secondary education providers and what they currently offer.
 32. Anne Marie Caron reminded the group that it's often the saying that if its not on the exam, its probably not taught.
 33. Gail Patry wrapped up the conversation in interest of time and asked whether there were additional groups we needed to involved beyond RIDEK and CCRI outreach – anyone else?
 34. The meeting was adjourned.