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National Provider Call - Transcript

Centers for Medicare & Medicaid Services
National Partnership to Improve Dementia Care in Nursing Homes
MLN Connects National Provider Call
Moderator: Leah Nguyen
May 20, 2014
1:30 p.m. ET

Contents

Operator: At this time, I would like to welcome everyone to today's MLN Connects National Provider Call. All lines will remain in a listen-only mode until the question-and-answer session.

Announcements and Introduction

Leah Nguyen: I am Leah Nyugen from the Provider Communications Group here at CMS, and I am your moderator today. I would like to welcome you to this MLN Connects National Provider Call on the National Partnership to Improve Dementia Care in Nursing Homes.

MLN Connects Calls are part of the Medicare Learning Network. During this MLN Connects National Provider Call, speakers will share their success stories on the critical role that activity professionals play in the mission to improve dementia care and the reduction of antipsychotic medications through person-centered, nonpharmacological care approaches.

CMS subject manner experts will provide National Partnership updates, discuss efforts to monitor enforcement rates, and share information about future initiative goals. A question-and-answer session will follow the presentation.

The CMS National Partnership to Improve Dementia Care in Nursing Homes was developed to improve dementia care through the use of individualized comprehensive care approaches. The partnership promotes a systematic process to evaluate each person and identify approaches that are most likely to benefit that individual.

The goal of the partnership is to continue to reduce the use of unnecessary antipsychotic medications as well as other potentially harmful medications in nursing homes and eventually other care settings as well.

You should have received a link to the call materials for today's call in previous registration emails. If you've not already done so, please view or download the presentation and video clip from the following URL, www.cms.gov/npc. Again, that URL is www.cms.gov/npc. At the left side of the web page select National Provider Calls and Events, then select the May 20th call from the list.

Second, this call is being recorded and transcribed. An audio recording and written transcript will be posted to the MNL Connects Call website. An announcement will be placed in the MNL Connects Provider eNews when these are available.

At this time, I would like to turn the call over to Michele Laughman, coordination of the National Partnership to Improve Dementia Care at CMS.

Presentation

Michele Laughman: Hello and welcome. As Leah mentioned, our call today will focus on initiative updates, the role of activity professionals, and nonpharmacologic approaches to care in relation to the national partnership.

I'm not quite sure if Thomas Hamilton has been able to join the call yet. Thomas, are you there? OK, well I'm going to go ahead and start off by doing the welcome and just letting you know that CMS is, on behalf of Thomas Hamilton, is grateful for you time, energy, and dedication to the mission of the partnership. These calls allow for the sharing of updates and new information about national efforts in the implementation of quality dementia care practices as well highlighting examples of best practice strategies that are being put into place around the country.

CMS and our partners would like to commend you for all of the work that has been done and for your dedication to all that is yet to be accomplished. Through this collaborative partnership, our shared vision of implementing truly person-centered dementia care practices in every nursing home is becoming a reality.

National Partnership goals to reduce antipsychotic use

Most of you are probably aware that based upon recently released data, the initial goal of the National Partnership has been achieved. Over 18 months, the national prevalence of antipsychotic use in long-staying nursing home residents was reduced by 15.1 percent. And we are extremely pleased with this accomplishment and attribute this success to the combined effort of this unique public-private partnership. Clearly much more remains to be done to focus nursing home care on person-centered care principles, individualized approaches, and a systems-based framework for quality improvement.

Many nursing homes across the country demonstrated that these changes may be achievable without a substantial investment in additional resources, and in some cases, even saved resources. Today we look forward to hearing from the National Association of Activity Professionals. NAAP is a national organization that represents activity professionals working in primarily geriatric settings.

In addition, we will also hear about nonpharmacologic approaches to care that are being successfully implemented by Hospice of the Valley through their unique dementia program as well as Music and Memory, a program that involves the utilization of personalized therapeutic music for persons with dementia. We look forward to hearing from those of you who are sharing your stories today. And it is only through your efforts that we will succeed in improving dementia care for people living in our nursing homes.

The CMS team was extremely pleased with the recent data which confirmed that the initial goal of the partnership has been achieved. In the last few weeks, we released data that included quarter four of 2013, in addition to an interim report that outlined the history of the National Partnership, summarized activities to date, provided insight into the early progress of the initiative, and discussed next steps for the future.

Currently our efforts have been devoted to the upcoming pilot of a focused dementia care survey. In order to optimize survey efficiency and effectiveness, CMS is undertaking this pilot to more thoroughly examine the process for prescribing antipsychotic medications as well as other dementia care practices in nursing homes. We will pilot this focus survey in order to gain new insights about surveyor knowledge, skills, and attitudes, and ways

that the current survey process may be streamlined to more efficiently and accurately identify and cite sufficient practice as well as to recognize successful dementia care programs.

Tomorrow we will be holding an informational call for all interested state survey agencies. This will be an opportunity for states to ask questions, obtain clarification, and determine if they would like to volunteer for the pilot. Shortly after this call we will request notification from those states that want to participate and CMS will make final determinations based upon interest. At this time, we are preparing to test the tools that will be utilized in the pilot and developing materials for the upcoming training webinar.

The training webinar is tentatively scheduled for the beginning of July, with plans to conduct the pilot in July and August. And now I will turn it over to Leah for a keypad polling question.

Keypad Polling

Leah Nguyen: Thank you, Michele. At this time, we will pause for a few minutes to complete keypad polling so that CMS has an accurate count of the number of participants on the line with us today. Please note, there will be a few moments of silence while will tabulate the results. Victoria, we are ready to start polling.

Operator: CMS appreciates that you minimize the government's teleconference expense by listening to this calls together using one phone line. At this time, please used your telephone keypad and enter the number of participants that are currently listening in.

If you are the only person in the room enter 1, if there are between two and eight of you listening in, enter the corresponding number, if they are nine or more of you in the room, enter 9.

Again, if you are the only person in the room, enter 1, if there are between two and eight of you listening in, enter the corresponding number, if there are nine or more of you in the room, enter 9. Please hold while we complete the polling.

Thank you. I would now like to turn the call back to Leah Nguyen.

Leah Nguyen: Thank you, Victoria. I'll now turn the call back over to Michele.

Presentation Continued

Michele Laughman: Now, I would like to introduce Vanessa Emm, the vice president and *Lisa* Ost-Beikmann, education outreach, from NAAP, the National Association of Activity Professionals. Vanessa and Lisa will discuss the critical role that activity professionals have in this effort. Vanessa and Lisa, I turn it to you.

The Role of Activity Professionals

Vanessa Emm: OK, good morning to some of you and afternoon to others. My name is Vanessa Emm and I would like to thank Michele for including that today's successful role of the activity professional.

I've been working in activities for the past 12 years, both as a certified director and currently as a certified consultant and educator. During these years in activities, as most activity professionals will also attest to, I've had many life-changing moments when working with residents and clients. It's important for other professionals to understand the activity profession, the national standard, and the qualifications of these individuals to truly understand the work that we do and that they do every day.

Activity professionals are unique individuals that adapt and assure diversity, program development and implementation, quality of life, quality of care, continuous change, and still find moments of joy in every way while working with clients of various needs and diagnoses.

Activity professionals are individuals and facilities that truly are in charge of quality of life and quality of care through various program needs. Some of them would spiritual, emotional, tactile, physical, learning and education, leisure, socializing, memory care, cultural diversity, artistic expression, musical, horticulture, and pet therapies. Activity professionals' role is one that is vital within the geriatric care setting on a daily basis. Through our members of NAAP, we've been made aware that many activity professionals are the lifelines to their clients and residents that they serve as well as their trusted companions.

Now there's two regulations, two Federal regulations, 248 and 249 – 248 tells –tells us that the facility must provide for ongoing activity programs and 249, it tells us who is qualified to lead and provide that service. There's been a lot of questions over the years and in the past with administrators and different facilities that to – what is the difference of qualified and certified?

Now 249 breaks down into four parts of the requirements to lead an activity department. The first one, number one, is a qualified therapeutic recreation specialist or an activity professional who is licensed or registered as applicable by the state in which practicing. This would apply to states that have their own certification or licensing and is exclusive to those states. Second part is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1st of 1990.

Number two, have 2 years of experience in the social or recreation program within the last 5 years, one of which was full time in a patient activity program or in a health care setting. Number three, a qualified occupational therapist or occupational therapy assistant, or has completed a training course approved by the state. And again, like in number one, number four, this is a state by state and not all states have approved courses for activity professionals.

So those are the four areas there that are outlined as qualified per the federal regulation. If you need to know if your state has its own training certification course or licensing, it would be helpful to contact your local state activity professional organization, and they can usually provide you with direction on the state requirement.

So does qualified meaning certified, and is it the same? This is the question we get often, and the answer is, no. Having the certification through a national certification body assures administrators and surveyors alike that you have met certain professional standards to become certified. Many facilities and administrators look exclusively for certified applicants because of the guarantee of knowledge and education that the individual has achieved to be nationally certified. National certification increases the probability of quality activity services being developed and implemented to residents and clients.

National certification can include the following steps to achieved certification: Applicants would need experience hours, they would need to obtain continuing education credits, they would need to complete a national exam, and somewhat – some of the organizations, they have a national course that goes in conjunction with their certification.

Activity professionals with professional training and a high importance placed on quality of services can be a tremendous benefit to the clients and facilities they serve. We have website information on these organizations at the end of our presentation that will be discussed.

I'd like to now introduce Lisa Ost-Beikmann. She’s going to continue to discuss quality of care for the activity professional.

Quality of Care

Lisa Ost-Beikmann: Thank you, Vanessa. And welcome to all of you that are able to join us today. I have personally been in long-term care a number of years and I quickly realized how important my position was for both the residents and the other staffs in the facility I serve. Currently, I serve as an activity consultant and as a certified Alzheimer's disease and dementia practitioner care trainer. We all know that the quality of care that we provide our residents is key in long-term care.

When we talk about the assessment, this is where it is such a critical time for the activity professional to obtain as much history regarding the resident as possible. We’re not only looking for the interest that the resident currently enjoys but we need to refer back to their younger years so that we can spark some of the memories and important factors they have had throughout their lives. We’ve learned over time, this is an area that will help to calm our residents when they are going through both dementia-related moments and basic depression.

So if we have the knowledge, we can use the number of techniques to guide them through the happier moments and memories. Well activity professionals are sometimes looked upon as a lesser discipline, we have found that through our assessment of each resident,

we are the individuals responsible for obtaining the information that's critical to making the residents' lives continue when they enter our long-term care facilities. We are there to provide a source of continued activity both socially and individually, so they can continue their zest for life. And quite often it's found that a resident will find a new interest that they didn't previously have.

The documentation is like the story of our resident when they enter our homes and how their basic daily lives are progressing. It is important to have daily notes reflecting on the highlights and the difficulties that occur so we are able to improve each day.

The care plan is how the entire disciplinary team can join together to create the best quality day or week for our resident. It requires medical information, family information, the resident's personality, and all the acquired needs for that individual.

The care plan is the individual's map per se. The additional documentation required from the activity professional are the resident's preferences and how we need to keep their days quality. Progress notes assist us on continually updating the resident's needs and desires.

Activity professionals are required to maintain documentation in numerous areas, including but not limited to the daily notes, quarterly progress notes, MDS coding, the cause, the significant changes, and of course, the care plan. This then rolls right into the program development and implementation.

We cannot place everyone into a group and work with everyone in the same manner. They were individuals before they arrived into the long-term care setting and they must remain individuals, so their daily care must be specialized. As we receive each new resident into the facility, we must create a specialized program for their needs, their interest and pleasure, and then execute it on a daily basis. This will keep their quality of life rich and important.

It is our job as the activity professional today– to make their days worth living. Moving into a retirement home should not be a death sentence and it is critical that we put this individuals at ease and help them believe that we will do all we can to make life enjoyable for them even when they do need some form of assistance.

National Associations of Activity Professionals

Now, when we talk about the organizations that represent activity professionals, we are referring to the nationally recognized organizations. NAAP is the National Associations of Activity Professionals and we have been around for 32 years. We work with CMS with LeadingAge, with the American Health Care Association, the American Dietetic Association, and the National Certification of Dementia Practitioners, just to name a few.

NAAP specifically educates our members and those interested in participating with education summits twice a year, the national conference and bimonthly lunch-and-learn webinars. We feel that giving the activity professional the opportunity to attend a one-

hour session while they are in their facility is very beneficial and it's interacting with other professionals and being educated on a variety of topics that are invaluable.

NAAPCC and NCAP are two national certification organizations that are specifically designed for activity professionals. Please look at their websites for specific details on the certification process for more information.

Again, Vanessa and I would like to thank you again for having us today and we appreciate you taking the time to learn more about our profession and why we are so critical to long-term care. We are there for the resident and their specific needs, not purely for entertainment. Thank you.

Nonpharmacologic Approaches to Care

Michelle Laughman: Thank you Vanessa and Lisa, I appreciate that. Next up will be Maribeth Gallagher and she is the director of the Dementia Program within Hospice of the Valley in Arizona and Dan Cohen, founding executive director of Music and Memory, Inc.

Maribeth and Dan will be discussing the implementation of nonpharmacologic approaches to care and how closely this correlates to the mission of the National Partnership. Maribeth, I turn it over to you.

Hospice of the Valley

Maribeth Gallagher: Thanks, hi everybody. So Hospice of the Valley is located in Phoenix, Arizona, which is a retirement destination, right? So we have a lot of older adults here and our hospice is the largest nonprofit hospice in the United States. We have a very large census, usually between 2,000 to 3,000 people on any given day. Our census is low right now. And we have over 500 - 600 patients on hospice services who have dementia. So the reason I'm sharing these numbers with you is simply to say, if those we serve are our greatest teachers, then we have a lot of people who have taught us some wonderful lessons of where we're doing well and how we can do every better.

As a psych nurse practitioner, you can imagine that my job is – when people call me, they want drugs, you know. And so I'm in a unique position in order to be able to really look at the person and understand what's driving the behaviors and how we can optimize wellbeing.

So in 2005, Hospice of the Valley created an emphasis agencywide on nonpharmacological approaches in order to enhance quality of life in the person with dementia and also to prevent or minimize any challenging behaviors. So we tried, you know, all of the different sensory approaches and spiritual approaches, and we started to document in order to honor the concept of person-centered care and to implement that.

Upon admission we learn about the patient with advanced dementia who cannot speak for him- or herself. And so we learn all of the different sensory experiences that they prefer and spiritual practice perhaps that they have in their life. And now it's become one of our

quality indicators that we have to know who we're caring for, otherwise we can't possibly be providing excellent care.

And so over the 9 years of using nonpharmacological interventions, we found that one of the most profound and feasible methods is using music, particularly individualized music. And so, I thought one of the best ways I could serve all of the people who are listening is to talk about the evidence that underlies using music for persons with dementia, particularly in our case advanced dementia.

So, I gave you a lot of references that show this great history, this emerging body of research that's supporting what it is that we do when we use music, and particularly, the work focuses around that of Dr. Linda Gerdner and the reference that I put in the back about 2012. There's a link to a free article that really shows the history since the early '90s of how it's used and I'll hope that you'll make yourself read that at some point.

Individualized Music

So let's talk about individualized music. So the definition, just to all be on the same page, is that it's music that's integrated into the person's life and based upon their personal preferences prior to the onset of cognitive impairment. So think about this in your own life. Think about the music from maybe your ethnic background, your spiritual practices, maybe what part of the country you're from. You know, I'm from Brooklyn, New York, so that music that I grew up on is going to be quite a bit different perhaps than someone who's from Texas. Also prior musical instruments, maybe you learned how to dance to a certain type of music, or maybe you played an instrument, or what about specific songs that are associated with really pleasant memories in your life. And particularly the research tells us, let's look to those teen years, and those early 20 years because that's when we're really in the midst of our becoming.

And so music has very powerful ties, even of an anthem- like quality, you know, think about each one of you, think about when you first fell in love, was there a certain song that had meaning for you? And then forevermore, do you think you'll ever forget that song when you hear it, that it won't have a strong emotional impact?

So theoretical framework, once again, just to stress that there is real evidence out there that's guiding our practice of using music for people with dementia. So Dr. Gerdner created this individualized music intervention for agitation. So, fancy word for a theoretical framework that simply means this: As we have cognitive impairment, our ability to interpret and decipher all of the stimuli around us and even from inside of us starts to become so much more difficult to make sense of, right?

And even for those of us who think that we're cognitively intact, on a day when we're having trouble making sense of the world around us, and in spite of our best efforts when we're trying and trying but things aren't working out for us, doesn't that lower our stress threshold? In other words, when we don't feel in control and things aren't making sense, it takes less and less to perhaps set us off and to create maybe a fight, flight, or freeze response because we're so hardwired for that.

So particularly for those who start to have more advanced cognitive impairment, they're more hyper-vigilant or they're more vulnerable to their environment and this can lead to more frequent expressions, emotional expressions of agitation, right? So, the thing about someone who's cognitively intact is when we get upset, we hopefully, have the ability to regulate our emotions, to take a deep breath, to calm ourselves down, to self-talk, right, and to bring ourselves to a more pleasant state of mind and, hopefully, more pleasant behaviors.

But as dementia progresses, the individual loses that ability to regulate their own emotions. And so where we can serve them is to help them reach a more positive emotional state. And so this is where music comes in, where if you play music that is catered to – tailored to the preferences of the individual and has a pleasant association, many is the time this will override the confusing stimuli or that internal agitation and, therefore, lead to decreased agitation.

Actually, I have a simpler way of saying this – one person's musical heaven is another person's musical hell, do you agree with that? So I'm going to see if I can try this. This is going to be difficult because I'm on a phone. But let's just see if I can play this music for you, OK?

I want you to think about, let's say you're having difficulty making sense of the world around you, and you don't have control to change the environment. You may be saying, "I want to go back to my room" and somebody is saying, "Five more minutes; you need to stay out here." And I'm going to play this piece of music for you and I want you just to check in with your body, mind, and spirit, and see how you feel.

(Jazz music plays.)

OK so, if you have physical pain, is it going to get worse or better or the same? If you're emotionally on the edge, is it going to get worse? Is it going to stay the same or get better? And spirituality, are you all open and flowing, are starting to become constricted when you hear that sound. And you can't change it necessarily because this is what a noisy environment feels like or this is maybe what, if the news is on – on the television and just how it could be impacting you.

So what if we took the stimulus and instead we changed it to more of a sound like this.

(Opening notes of Beatles "Here Comes the Sun" play)

OK, so let's A/B this. When you heard the first music and, hopefully you heard it, is there any difference with the way that you felt with the first music and the second music? And if there was a difference, was it a small difference? Was it a moderate size? Or was it a big difference?

So that's the difference. If that was a big difference for you, even a moderate size, that's just an illustration of what changing the sounds in the environment can do for an individual – very, very powerful changes.

When we look at the evidenced-based outcomes for music and dementia, they're numerous, so I just had to pick a smattering that may pertain to some challenges that you have in long-term care. One of them is we see significant reductions in agitation. We also see significant reductions in anxiety.

And when we even talk about biological markers, stress hormones, neuropeptides – we see that they're significantly lower levels in these stress hormones. Also the evidence tells us that when a person loses their ability to think and reason and use verbal communication for meaningful interactions, the shared experience of music is a catalyst for very profound shared experiences.

And many of us who have been working in long-term care a long time can tell you many stories about people who don't speak but then when you play songs that they're familiar with, they can start singing along and how – what a moment of celebration that is.

Also, as a psych nurse practitioner, I'll say that many is the time when I anticipate that a person's having pain or some other symptom, and I do prescribe medication. I also used nonpharmacological approaches, almost as a synergistic approach to maximizing outcomes for the person with dementia.

So how can music benefit those we serve? Again, it's a means of communication and self-expression when verbal language abilities are diminished and all of us understand that to communicate and to express oneself remains all the way until people draw their last breath.

Also you know, there's only so much environmental modification we can do. Some of us are stuck with certain situations. We do the best we can but then it's still far from perfect. So music is an opportunity to replace confusing environmental stimuli with something that is familiar, soothing, interpretable.

How many of our residents with dementia are bored out of their minds, these movers and shakers who have been busy from the moment they woke to the time they went to bed their whole lives, and now they're just sitting there and they're supposed to not get up.

And so music is a way that can really provide engagement and distraction with something that's very, very familiar. I know at mealtime we started to use music as well and we've seen decreased wandering and restless behaviors, and almost increased eye to eye contact, which can be quite profound for someone with advanced dementia and a sense of connectedness.

We see that music decreases agitation and distracts from fear and anxiety, particularly with personal care. I'm going to talk about that a little bit more. But once again, that's

where that theoretical framework comes in and if fear and anxiety are – we're hardwired for that when we can't make sense of our environment; music is a beautiful way in order to provide something that overrides those distressing experiences.

And as we all know, you can play a piece of music and it instantly stimulates remote memories that have very positive feelings. So at Hospice of the Valley in 2005, we decided that we wanted to really aggressively seek nonpharmacological interventions. And so we evaluated the research about individualized music and the feasibility, you know, we're a nonprofit hospice. And so we got the leadership onboard. As you know, it's most important, and we actually added the nonpharm approaches to the plan of care. Everybody at hospice, all the disciplines, were educated in order to how to use this and given the materials so that we can set them up for success.

We also offered it to the families and the caregivers in long-term care who aren't receiving our hospice services. Once again, to empower, to raise that level up that everybody knew how to use it, and had the equipment to use it. It became one of our quality indicators and we started to share the stories of success, which as you know in clinical experience is so important to broadcast. And over time we really created a culture change where music is now a part of daily care, not only to prevent or minimize behavioral expressions, but also simply to enhance quality of life and meaningful connections with all of the people who are around –who are providing care.

So what are the nuts and bolts, you know, how do we use it day-to-day? Well, we particularly use it with personal care because as you know, many of us witness behavioral expressions, particularly when we're providing personal care – bathing, dressing, brief changes, oral care. And so we put that music on, we initiate it before we start these things so that we create this ambiance of connectedness.

We also use it instead of using medications for sleep at night or napping in the afternoon. It's a great way to help relaxation, and once again, you know, I love to say, "the goal isn't sedation, the goal is serenity," and certainly music has a fabulous way of achieving that.

With people who have predictable periods of agitation, we found that if– let's say 3:30 in the afternoon is the time when they become agitated, we've started to notice that if 3:30 is their agitation, then around 2:45, 3 o'clock we're going to make sure that we use customized music and provide this activity for them. And many is the time it helps us to prevent the agitation or at least to minimize it.

Again, when even on those days when I have to prescribe medications, we use the nonpharm with the medications, although we want nonpharm approaches to be the first methods that we try. When families come to visit as, you know, when patients have advanced dementia, sometimes families, they stop visiting because they don't feel that they're able to have a sense of engagement with the person. And so teaching them to have the shared experience of music has really encouraged people to continue visiting and feel connected with their loved ones.

We use it whenever we identify boredom. And what we love about music is music doesn't place a cognitive demand per se that can wind up overstimulating the person. It stimulates the long-term memories. And at end of life we're trying to ease physical symptoms, we're trying to provide emotional comfort, not only for the person who's dying but for their loved ones who are gathered around. You know that hearing's one of the last senses to go. And also, music can offer that spiritual connection as the person gets themselves ready for their transition.

So what are some of the lessons learned from our 9 years of experience with thousands and thousands of people who have dementia? Again, if you know the temporal patterns associated with periods of agitation in the person, start the music maybe 30 minutes prior to it or at least start it as soon as you start to see them ramping up. Regardless of how fabulous I maybe telling you music is, unless you anticipate the unmet needs of the person and provide comfort measures, the impact of the music is going to be limited.

So again, you know, make sure that thirst, hunger, cold, hot, toileting, pain – all of those things are addressed before you start the musical intervention. People with dementia have increasing difficulty paying attention. And so it's important to minimize any potential distractions – people coming and going, cell phones going off – really try to create this uninterrupted environment so the person can most successfully engage with the music.

And we've notice that with people with advanced dementia, when we used more than one sensory approach at a time, it tends to have a more powerful impact; therefore, I love to invite movement to the music, chair dancing, bed dancing, tapping one's toes or fingers, or clapping, and it seems to really integrate the musical experience even more.

And you know again, getting back to the anecdotes that are shared, it's the stories of when you've taken care of somebody from months and suddenly you recognize a spark in someone that you have not seen before. It opens up limitless possibilities and creates, as Oprah would say, an aha moment. And caregivers really start to recognize and be re-inspired that there's a person inside there. They see the evidence, they witness the possibilities, and I'll tell you from my personal and clinical experience, I found that of all of the different nonpharmacological measures, it seems that music and spiritual practices tend to transcend any boundaries imposed by dementia, and that's the promising message.

So why is individualized music appropriate for those of us who are caring for these individuals? Well it's cost-effective, it's nonpharmacological, thank goodness, it's noninvasive, it's readily available – if you don't have the equipment, you have the ability to sing. And it doesn't matter whether you're pitch perfect, tone perfect, it's all depends upon your voice to be able to convey comfort and tenderness, and all of us have that ability.

It integrates all of the earlier experiences and it honors the uniqueness of the person. So with that, here's all of the references and Dan Cohen is going to tell you exactly how you can start to integrate this more fully into your practice. I wish you all the best. Thank you.

Music and Memory

Dan Cohen: Great, thanks so much, Maribeth, for your excellent overview. My name is Dan Cohen, I'm a social worker by training but actually had a career in technology companies. So this is a blend of two things that I really love in terms of introducing music to nursing home residents, in general, and persons with dementia, of course, are a big part of that.

Music and Memory, a nonprofit promoting use of iPod-based personalized music. Now many of you've seen the Henry video. It's now surpassed 10 million views, which is the most viewed video on Alzheimer's or any form of dementia made. The Music and Memory, we train nursing homes to get them up to speed because it's not so easy.

People think those iPods, iTunes, you know, we have a lot of staff here that can do that. And so what typically happens is staff will just go ahead and get the devices and start rolling them out. And it will work for one, two, three, four, five people, but then they hit kind of a wall, an institutional wall of resistance because questions come up – gee, you know, we have enough problems with hearing aids and dentures. And staff has no time, and activities, you guys can do this, but don't – don't involve anybody else. Or gee, is it really legal to be copying music all over the nursing home? So, all of these things are top administrative concerns, and they'll go away in the realities of the program. In terms of theft and loss of the iPods, it turns out with proper policies and procedures and the way you manage them, it's not such a big issue.

In terms of staff, it takes up too much time. Well actually, because residents who are resistant to care, that resistance drastically reduces – in terms of ADLs when they're listening to their own music. So all of these things sort of come together and these concerns dissipate really quick. I never hear these concerns after the program has rolled out.

So Music and Memory programs are currently running in 490 skilled facilities – assisted living, adult daycare, home care, hospice, and hospitals in 42 states and eight countries. The chief of psychiatry at the New York City Health and Hospitals Corporation at Coler-Goldwater has measured a drop over 3 years in antipsychotic use from 38 percent to 13 percent using the iPods as part of its initiative.

Director of nursing in Lemon Grove in California has cut the number of residents on antipsychotics in half after they set up the program. In Michigan, I was listening on a conference call last – I'm sorry, in Wisconsin, on a conference call last week, one of the nursing homes said in 4 or 5 months they've cut the use of antipsychotics and antianxiety meds by 30 percent.

So in Wisconsin they've been doing something really fantastic, using civil money penalty funds. The Department of Health Services last fall rolled out personalized music in 100 of their nursing homes to 1,500 residents with dementia. And they're tracking this. And so these 1,500 residents with dementia have the iPods against a control group of 1,500 without.

And so this research began in January, it's going to last 18 months. But they're not waiting for that research to finish because the results have been pretty clear. So they're already preparing phase 2, another 150 nursing homes to roll out in the – in the fall.

And Kevin Coughlin, who's helping to run the program for the Division of Long-Term Care in Wisconsin, I asked him, Do you have anything to say, you know, to this call – to this group? And so this is what Kevin said. He said, "We're hearing so many great success stories, including reducing reliance on antipsychotic and anti-anxiety medications, reducing agitation, sundowning, and resistance to care, improved staff morale, and enhancing engagement and socialization. The success of the program is beyond what we had hoped for and are now in the process of expanding to phase 2 to include 150 more nursing homes reaching another 1,500 residents with Alzheimer's or related dementia."

So, in the Henry video clip – it's actually part of a documentary that is about to become officially released. Some of you have seen it in film festivals or conferences, it's called, "Alive Inside: A Story of Music and Memory." And this won the 2014 Sundance Film Festival Audience Award for Best Documentary. And I say this because it really is very effective in inspiring audiences and helping people break through their preconceived notions of persons with some form of dementia and that resistance to visiting people in a hospital. And that persons with dementia – have all of this – potential and capability and the ability to enjoy themselves. And so much with advanced dementia, people assume those with advanced dementia have lost the ability to experience pleasure, and we know that's not true.

The Sundance Film Festival took place in Utah back in January. And during the Q&A, which they usually do, a woman stands up after the seeing the movie and being moved by it and says, "I am responsible for Utah's 100 nursing homes and we're going to do this." And so 90 days later, they received the CMP funds and we're going to be training in June, the nursing homes to roll this out. And this is being – this is under the auspices of the Utah Healthcare Association.

In Toronto, the Alzheimer's Chapter loved the impact so much, they're actually – anybody who's diagnosed with Alzheimer's Disease who's a resident of the City of Toronto, the Alzheimer's Chapter will give the family an iPod Shuffle, they'll give them $100 in iTunes cards, and they'll help them set up.

And they're rolling out 10,000 iPods to 10,000 families right now. And they've done research on the first 500 and that research is about to show up on their website. I have a copy, which is free to give out – everybody can see it – which shows that the impact not only for the persons with dementia but on the caregiver has been statistically significant in terms of increasing caregiver confidence, reducing caregiver stress, regardless of whether that caregiver is a family member at home or the direct care person in the nursing home.

So how does this all work? The program is iTunes centric so you have a laptop with a music library on it, and you're allowed to copy music onto an unlimited number of iPods, that's the rule. The most important part of the program is truly to learn what songs hold personal meaning for each individual, not just give them a long – list of songs in their favorite genre.

Imagine if I said to you, "OK what's your favorite genre of music and think of five of your favorite musicians and then tell somebody else, 'Gee, this is my favorite genre of music, I want you to guess my top five."

And when I do this in groups, you know, nobody really guesses all five or four or three or rarely two, and sometimes only one song. So the music that is best practice right now over the loud speaker, is Al Power says, you know, this is just that 50-song loop. It's just background –becomes background noise. And so, we really have the opportunity to take advantage of that.

The program is interdisciplinary, it is not just for the activities folks. The activities folks are running this, but if someone is up and agitated in the middle of the night, it can't be, "Oh, they have an iPod but it's locked up in activities until morning." No, the CNA needs to have access. They need to be empowered, otherwise they won't touch it, if they won't do it. So all shifts need to be involved for this to be successful. Social work needs to be involved, director of nursing, dietary, everybody. So the – when I started this, you know, people said, "Well this is just iTunes and iPods," but the – this wall of resistance that they hit – that's the key.

But once the staff sees the impact and they see the benefit to them, that's really the key to just overcome that resistance. So it's not my job, it's, you know, oh music's always been done by activities. And so this is part of person-centered care and culture change. It's really this team approach, there is no real defined structure. This is music, so it passes through, it does not – it's limited, it's not siloed by professional discipline.

So we're shooting for universal access. Everyone who can benefit should have access to the music that makes them feel better. They're more cooperative, more attentive, more engaged, less agitated, and in less pain.

These behaviors often transform – behavior changes transform the family visit. As Maribeth was saying, this has been huge where the grandkid doesn't want to visit grandma because she's doesn't know who he is. Well, stuff happens, in terms of the reminiscing and the talking and the music playing in the room. And so we're finding people stay longer and have a – come away more satisfied.

Wisconsin even has a program called, Who are your Henrys? Taking that Henry video concepts and people in the state, really the nursing homes, are all just submitting pretty quickly all the stories of unexpected outcomes that really are very exciting for everybody.

But now that individuals are becoming more alert and engaged, you want them to have people to be more engaged with. Because people do become more social. They're not isolated and sort of head down and just filled with angst all the time. And music's the perfect icebreaker for volunteers and student interns, making it possible to reverse this societal trend we have of aging of having and fewer and fewer relationships. This is just one of the reasons why nobody is looking forward to going to a nursing home when you ask.

So we're building on it. Students at Ball State University in Indiana sit with residents. They have their little cable splitters, so that both the student and the elder are listening to the same music at the same time, face to face, and it's just great bonding. And the kids think it's the best thing they've ever done. The students raised the money, got the donors' iPods, and spend time every week going to the nursing home.

When a Churchill fellow, somebody from the U.K. came over, some of you know her, a couple of years ago and her job was to look at best programs in terms of fine arts and dementia care in the United States and bring those program ideas back to the U.K. She spent 10 weeks here, visited 40 programs, all the programs we know and love. MOMA, TimeFlex and she said in her report, at the end she said, "Gee, you know, you do have a lot of great programs, but almost all of them are for folks early and mid-stage."

And since 40 percent of folks with dementia have more advanced forms of the disease, you know, personally meaningful activity for them is rare. And that the only way to address that in a way that scales to millions is with digital music. And so you know, there is no downside to this. It's only really potential upside. The worst case is it doesn't work with someone, and most likely that's because we haven't figure out their own music. And I look forward to questions if we have time.

Leah Nguyen: We're going to take questions at the end.

Dan Cohen: OK.

Next Steps for the Partnership

Michele Laughman: Maribeth and Dan, thank you, Maribeth and Dan, I appreciate that. Unfortunately, Karen Tritz was on the agenda to finish up our call today and she was – she has a conflict, so I'm going to go ahead and share some information about next steps and future goals for the national partnership.

Thomas, Karen, and I are very grateful for the effort of so many people and so many organizations, and it's because of you that we've seen the 15.1 percent reduction in the rate of antipsychotics in long-staying nursing home residents in less than 2 years. Of course we want to continue moving forward to set and reach even greater goals beyond that.

CMS along with many of you that are represented on today's call are having conversations to determine and establish a challenging, yet achievable set of goals for the

future. We are moving in the right direction, but we realize that more discussions will be necessarily. We plan to finalize new partnership goals in the next few weeks. And this information will be shared at that time.

We thank you for your participation in today's call and we look forward to continued collaboration and partnership. I will now turn it over to Leah and Victoria for the question-and-answer session.

Question-and-Answer Session

Leah Nguyen: Thank you Michele. Our subject matter experts will now take your questions about the National Partnership to Improve Dementia Care in Nursing Homes. But before we begin I would like to remind everyone that his call is being recorded and transcribed.

Before asking your question, please state your name and the name of your organization. In an effort to get to as many of your questions as possible, we ask that you limit your questions to just one. If you'd like to ask a followup question or have more than one question, you may press star 1 to get back into the queue and we'll address additional questions as time permits. All right Victoria, we're ready to take our first question**.**

Operator: To ask a question press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, please press the pound key.

Remember to pick up you handset before asking your question to assure clarity. Please note your line will remain open during the time you are asking your question so anything you say or any background noise will be heard into the conference. Please hold while we compile the Q&A roster.

Please hold while we compile the Q&A roster. Your first question comes from Steven McClain.

Steven McClain: Yes, this is for Mr. Cohen. If he could just repeat again how a nursing home can legally play the music off a library – off the library, again, we've had that question coming up several times in our facilities.

Dan Cohen: Well there are very specific rules and we follow iTunes terms and conditions. But basically the way they go, Steve Jobs worked this out with the record labels before he formed iTunes. That you can download a song, pay a dollar or you could take a song off of an original CD and you can make any number of copies of that music onto any number of iPods under that one iTunes account, there is no limit.

Steven McClain: OK, all right.

Dan Cohen: But you can't have ripped CDs. You can't borrow from the library, it has to be music that you own or music that the residents own.

Steven McClain: OK, all right. Thank you.

Operator: Your next question comes from Armelia Oliver.

Armelia Oliver: Yes. With – we're – asking the question about the iPod Project and wondering if there is one available for the State of Alabama?

Dan Cohen: There's a lot of interest in Alabama. There are sites that are running Music and Memory programs. And there is a lot going on down there. I'd be glad to – if you write me, I'll tell you who's doing it in such, in such but that's already sort of in gear. A lot of people are very interested in it down there.

Armelia Oliver: Thank you.

Dan Cohen: I don't know if that answers you question.

Operator: Your next questions from the line of Julie Swedburg.

Julie Swedburg: Hi, I was wondering if you had any specific devices that you found would compensate for hearing loss and not just aggravate everybody else around because things are blasting. What you found most useful?

Dan Cohen: Everybody's different in terms of being hard of hearing. So with some people the headphones on with the hearing aids on are fine. Some people the hearing aids have to be off. And when there's a question whether their hearing is scrambled, you need to bring in an audiologist.

I'm working with a big headphone maker and we're trying to figure out how to fill frequencies. We're also trying to figure how to – for the headphones – the head sets that won't be accepted, maybe build the speakers into wigs and hats and caps. So it's a weight on the head they're used to. So there are different things we're looking at and it's sort of a wide open for progress that still needs to be made.

Julie Swedburg: Thank you.

Operator: Your next question comes from the line of Adrienne Johnson.

Adrienne Johnson: Hi. What's the easiest way to get set up with Music and Memory?

Dan Cohen: Just go to MusicandMemory.org and it will explain right there everything.

Adrienne Johnson: OK, thank you.

Operator: Your next question comes from Donna Cansfield.

Donna Cansfield: Good afternoon, I am Donna Cansfield and my question is – first of all, to all of you, a great thank you. I am from Toronto, Ontario, Canada, and it is because of the work that you have done, all of you and there's too many of you to name.

I started the whole issue of around use of – the use of antipsychotics in our long-term care homes. And I just wanted to give you a heartfelt thank you. I am so grateful for the work that you've done. It spurred me on as a member of provincial parliament to do the work that I needed to do, to even begin to think that we could lower our usage as you have done yours and I just want to say a heartfelt thank you.

Operator: Your next question comes from the line of Jean Meyer.

Jean Meyer: Yes hi, I am Jean Meyer. I'm calling from Long Island, New York. The question I have is, we've been wanting to do this, you know, to implement the iPod but our – we do have a 40-bed Alzheimer's community but our challenge – and if anybody has any input is, the fear of them being misplaced or tossed or lost and how – any kind of types of controls that you – that are, you know, may have worked.

Dan Cohen: So, yes. So now we have 489 facilities, we figured that out. We've got – the more you control the iPod, the less you're going to lose it. The – in fact this turned out to be really not a problem, these devices are all this small, the kids don't need them, they have their smart phones and tablets.

And yes, sometimes they'll get lost. The resident with dementia will put it in the back of somebody else's drawer or it'll get kicked under the radiator and you'll find it two months later. But the benefits far outweigh losing an occasional iPod. Cobble Hill in Brooklyn, they have a 175 iPods for 6 years, they've lost a total of five because they have the right systems in place.

Jean Meyer: Wow great, OK, thank you so much.

Operator: Again if you would like to ask an audio question, press star 1 on your telephone keypad. Your next question comes from the line of Natasha Yanez.

Natasha Yanez: Hi my name is Natasha Yanez and I'm calling on behalf of Berkeley Pines Care Center in Berkeley, California. I was wondering if there are any additional nonpharmacological approaches to care that anybody has maybe used or seen or know of in programming or additional resources that are out there to look at for our facility.

Maribeth Gallagher: Hi this is Maribeth with Hospice of the Valley. You know, yes, we do all of the different sensory things I mean – so, that would fall under nonpharmacological, right? So obviously, you know, from chocolate, to massage and aroma therapy, et cetera. In addition, spiritual practices are great nonpharmacological interventions.

And then we've decided that we have a couple of people who really have the knack, so to speak, who are doing and we have CNAs called quite moment CNAs, and they're particularly good at finding any, any tactile object or something tied in with the person's previous interests or perhaps profession. And they go in and they tweak it so that they find out what really sparks the person and then that's put on the record and disseminated to all.

Also, our volunteers in hospice are huge. And so, the memory core volunteers are what we've created so they receive special education in nonpharmacological approaches. Again you know, and then they learn how to customize them with the people that they're serving.

Natasha Yanez: Right. And so, I guess for – my question would be more geared towards skilled nursing facilities. We're very small and we don't have – I mean we have the staffing for it but we don't particularly have individual care as the hospice would. So, I didn't know if there's a program that I could maybe look up or just try to search for.

Maribeth Gallagher: Oh wow, I think the activity professionals probably could hook you into that.

Natasha Yanez: OK alright, well thank you so much.

Operator: Your next question comes from the line of Margaret Reader.

Margaret Reader: Hi this is Margaret Reader. Thank you all for putting this on. I am representing the therapy, the rehabilitation for a larger nursing home company and I'm wondering if there's been any studies or research, or direction you can give on incorporating the Music And Memory program with therapy–with physical, occupational, speak therapy.

Dan Cohen: There is actually huge potential in terms of rehab. I mean right now OTs, you know, really what I had – don't know what to do with someone with dementia and, you know, their adult kid says, "Can you help mom to continue walking and exercise?" Well, you know, she's really not going to be able to follow instructions or keep going or be motivated. And we know that, you know, for us who, you know, running and jogging and exercise keeps us going.

I mean so that's one thing and speech, maximizing speech and maximizing function in different ways. I mean we are seeing – rehab folks are seeing a lot of pretty significant benefits to integrating personalized music to their practice. So you know, this again it's worth investigating and I think there's a lot of potential there based on what I'm hearing from the field.

Margaret Reader: And has there been research done yet or …

Dan Cohen: No, not that I know of.

Margaret Reader: OK, alright, thanks.

Operator: Your next question comes from the line of Judy Unruh.

Judy Unruh: Yes. I was wondering if there is a premade questionnaire, if I could call it that – that would help identify the preferences of each resident that will be used formally.

Dan Cohen: Sure, yes, we have a number of different tools, we have a whole drop box and people go through the training. We put them all in context and there's this whole series of documents that help make this – the whole process easier.

So, you know, that's how we sort of manage that. That's a very important component because actually learning somebody's favorite music is the hardest part. And it's our hope that families will generate that list before their elder becomes, you know, gets cog – become more cognitively impaired or when they're diagnosed, you really nail down that list. So as they go through the system, wherever they are, that list is following, that music is following them along.

Maribeth Gallagher: And to build upon that, Linda Gerdner's work – the references that I put in the hospice section – Linda Gerdner also has an instrument that she developed that was reliable and valid, etc., that helps you get the information from the person or from the person's caregivers.

Judy Unruh: Thank you guys.

Operator: Your next question comes from the line Judy Simpson.

Judy Simpson: Hi, this is Judy Simpson. I work for the American Music Therapy Association and I am a board certified music therapist. And I just wanted to say how much I appreciate the attention and recognition of the importance of music in dementia care and to reassure all of you that are listening that there is a strong and long-standing research in music therapy. And the question about rehabilitation, there's a lot of cotreatment that's done in neurologic music therapy to along with those OTs, PTs, and speech therapist, as we are colleagues in rehabilitation settings as well as in skilled facilities. And so there's a lot of collaborative work going on and research that's been done documenting the effectiveness of music.

Music therapists obviously use evidence-based protocols that our speakers have been taking about. And we've been around for more than 60 years. So it's not a new thing, and it's so exciting to see the larger community come together and recognize the importance of music for this population.

I just wanted to raise awareness of all the positive outcomes that are achieved when qualified music therapists are engaged and how live music plays a part as well. And how that can engage others, engage the families, and make it so it's not quite so isolating. And I just wanted to, you know, recommend if people had questions or want to know more

about music therapy that they could check out our website as well, musictherapy.org. Learn more about the research and also maybe provide guidance for those facilities wanting to start the Music and Memory program because we know we don't own music and there's not enough of us to go around. But the concept that you have some support and some guidance in the selection of the music, the assessment process, determining what music is best, that having someone who's trained in music therapy might assist with the process. So thank you so much for bringing this to this call today, really appreciate it.

Maribeth Gallagher: Yes, this is Maribeth. I just want to say my computer froze as soon as I started speaking so I had to just think – talk off the top of my head. But I do want to say kudos to the music therapists and a lot of the information has been built upon their incredible work. And thank you for everything that you do.

Dan Cohen: Absolutely.

Judy Simpson: Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Abena Jones-Boone.

Abena Jones-Boone: Yes. I'm a recreation therapist at one of the veterans' hospitals. We currently use music all throughout our programming. We also are starting to use the Music and Memory project and I was wondering, is there any type of documentation stating that we are allowed to download a song from an original CD. We're running into some legal issues with that as far as the government is concerned. Can you direct me to where I can find that documentation?

Dan Cohen: Sure, I have it in MySee of access to the music memory drop box.

Abena Jones-Boone: OK.

Dan Cohen: It's in there under Frequently Ask Questions. It's just boldface like two lines. There is no limit and so you can show them or call me or email me and I'll find that for you and give to you. And I'll be glad to talk to your IT folks to let them know what the rules are.

Abena Jones-Boone: OK, thank you so much.

Operator: And there are currently no further phone questions.

Leah Nguyen: Thank you, I'm going to turn it back over to Michele for some closing remarks.

Additional Information

Michele Laughman: I just wanted to finalize today's call with a little bit of update on our portion of the Advancing Excellence website. As you probably all very much aware, we share resources and it's kind of a one-stop shop for resources and tools, materials associated with the partnership, and I wanted just to mention that Advancing Excellence has revamped their website and updated things. So you may, when you go and visit it, you may find a new appearance. It's still has the same address, but like I said, it will just have a new look and appearance and may take a little bit of getting used to – to try and surf that site and find out where things are, but I certainly invite you to do so, and with any update there may be a few glitches here and there.

And we're just asking that when you're visiting, if you're finding some things that aren't opening properly related to the partnership, please send that information to me and I will work with the Advancing Excellence team to make sure that those problems are resolved.

Just wanted to throw that out there, and again thank everybody for your participation in today's call. I hope that you found the information to be helpful and beneficial to the work that you're doing every day and I appreciate the time that the speakers put in, too, as well. And just thank you and have a great afternoon.

Leah Nguyen: Thank you Michele. An audio recording and written transcript of today's call will be posted to the MLN Connects Call website. We will release an announcement in the MLN Connects Provider eNews when these are available.

On slide 30 of the presentation you'll find information and a URL to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary.

We hope you will take a few moments to evaluate your MLN Connects Call experience. Again, my name is Leah Nguyen. I would like to thank our presenters and also thank you for participating in today MLN Connects Call on the National Partnership to Improve Dementia Care in Nursing Homes. Have a great day everyone.

Operator: This concludes today's call, presenters please hold.

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