FR9- Breaking Science: Presentations from Leading Researchers in PA/LTC Medicine

Friday, March 23
11:00 AM- 12:00 PM

Session Description
The session will highlight the latest scientific evidence through a series of brief oral presentations from leading researchers in the field of PA/LTC medicine. 10 minute oral presentations will be followed by a 5 minute dialogue between the audience and speakers.

Learning Objectives
Describe recent research studies conducted in the PA/LTC settings.
Disseminate research results and conclusions with peers in the PA/LTC field.
Direct clarifying questions to researchers about studies performed in PA/LTC settings.

Presenter(s): George Wang, MD, PhD, CMD; Julie Gammack, MD, CMD; Michele Bellantoni, MD, CMD; Philip Sloane, MD, MPH; Gail Sullivan, PhD, MSN, ARNP-BC, CCRN; Nadia Khan, RN, MPH; Virginia Kotzias, MPP

Presenter(s) Disclosures: All speakers have reported they have no relevant financial relationships to disclose.
Development and Evaluation of a Clinical Practice Guideline to Promote Antibiotic Stewardship in PA-LTC

Speaker: Nadia Khan, MPH, BSN, RN
University of Maryland School of Nursing

Co-Investigators: Lauren Meekins, BSN, RN
Vanessa Ohakam, BSN, RN

Speaker Disclosures
Nadia Khan has no financial relationships.

Learning Objectives
By the end of the session, participants will be able to:
• Describe consequences of inappropriate use of antibiotics
• Describe methodology used to develop and evaluate a clinical practice guideline (CPG)
• Describe perceptions of a proposed CPG amongst stakeholders of a PA-LTC organization

Background
• Antibiotic use in PA-LTC
  • Up to 75% of prescriptions may be unnecessary
  • Adverse drug events
  • Antimicrobial resistant pathogens
• Antibiotic stewardship program mandate
• Effective programs/interventions
• Utility of CPGs

Methods
• Setting
  • PA-LTC organization in the Mid-Atlantic region
• Two phases
  • Development of CPG Evidence review
  • Evaluation of CPG Appraisal by expert panel
  • Perceptions of end users

Methods Continued
• Data Collection Tools
  • Appraisal of Guidelines for Research & Evaluation (AGREE) II
  • Practitioner Feedback Questionnaire (PFQ)
• Outcome Measures
  • Domain scores from AGREE II
  • Percentage of agreement scores from PFQ

Brouwers et al., 2004; Brouwers et al., 2010
The Joint Commission, 2016; March et al., 2016; Crnich et al., 2015; Katz & Raghunath, 2016
Development and Evaluation of a Clinical Practice Guideline to Promote Antibiotic Stewardship in PA-LTC - Khan

AGREE II Results (n=3)

PFQ Results

PFQ Results

Conclusion

Acknowledgements

References


• Paul Reinbold, MD, CMD
• Fatima Naqvi, MD, CMD
• Margaret Hammersia, PhD, CRNP
• Lauren Meekins, BSN, RN
• Vanessa Ohakam, BSN, RN
• PA-LTC Organization Collaborators
• AMDA Annual Conference Committee
Thank you!

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nadiakhan@umaryland.edu
Innovative Approaches to LTSS Rebalancing: Perspectives from Medicaid Administrators, Service Agencies, and Patient Advocates - Kotzias

**LTSS in the United States**

**Goals of rebalancing initiatives are to:**
- DIVERT individuals at risk of becoming institutionalized
- TRANSITION individuals from institutions to HCBS
- MAINTAIN HCBS in a manner that meets individual needs

**SHIFT THE BALANCE of LTSS spending from institutions to HCBS**

**Rebalancing: The shift toward HCBS**

**Methods**
Study Sample: States and Stakeholders

<table>
<thead>
<tr>
<th>STATES</th>
<th>STAKEHOLDERS</th>
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<tbody>
<tr>
<td>Medicaid Administrators</td>
<td>33%</td>
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<tr>
<td>Service Agency Staff</td>
<td>33%</td>
</tr>
<tr>
<td>Patient Advocates</td>
<td>34%</td>
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</tbody>
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Data Collection and Analysis

- 1-hour phone interview
- IRB consent
- Audio-recorded

Coding & definition consensus

Qualitative Coding

Consensus-based analysis

To receive HCBS, beneficiaries need:

- Housing
- Providers
- Efficient administration

Results

Rebalancing with housing support approaches

Aging in Place

- Shift home modification from service to stipend/grant
- Expand transportation services (independent contractor, rideshare)

Beneficiary transition support

- Flexible stipend/grant for security deposit, first month's rent
- Interdisciplinary transition team - 1 to +9 months from reentry

Addressing supply

- Collaborative working group with State Housing Authority, community organizations
- Additional certificates for off-campus ALFs, group homes

Improving access to providers

Improve the pipeline

- Increase provider rates
- Self-direction (select informal)

Retain and Retain

- Create "career ladder" (certifications, specialization)
- Trainings online, in-person, or community-college partnered

Address rural barriers

- Telehealth for mental/behavioral health services, case management
- Relation log - rotating agency assignments to new patients
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Innovative Approaches to LTSS Rebalancing: Perspectives from Medicaid Administrators, Service Agencies, and Patient Advocates - Kotzias

Program Administration: collaborative, consolidated, and cooperative

- Create a centralized electronic database across agencies and providers
- Efficient screening, enrollment, plan of care, service record
- Automatic alerts from ER to care teams
- Collaborate across agencies, departments, and health centers
- LTC advisory board of stakeholders
- Align requirements across programs
- Uniform eligibility & assessment tool
- Waiver merge
- No Wrong Door / Single Entry Point

Stakeholder Perspectives: the good and bad about innovations

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<thead>
<tr>
<th>Medicaid Administrators</th>
<th>Service Agency Staff</th>
<th>Patient Advocates</th>
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<tbody>
<tr>
<td>Budget constraints</td>
<td>Managed care care/eligibility changes</td>
<td>Managed care care/eligibility changes</td>
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<tr>
<td>Legislation constraints</td>
<td>Insufficient housing</td>
<td>Insufficient housing</td>
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<td></td>
<td>Insufficient waiver slots</td>
<td>Insufficient waiver slots</td>
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<tr>
<td></td>
<td>Provider pay too low</td>
<td>Low rural access to services</td>
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<tr>
<td>NWD/SEP</td>
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<tr>
<td>Digitization, centralization</td>
<td>Stakeholder involvement in decisionmaking</td>
<td>Stakeholder involvement in decisionmaking</td>
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<tr>
<td>Collaboration between agencies/organizations</td>
<td>Provider training, support interdisciplinary transition teams</td>
<td>Participant direction interdisciplinary transition teams</td>
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<td>Uniform LOC Assessment</td>
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Successful innovations address gaps & barriers in the LTSS Pathway

- Addressing the spectrum of housing concerns
- Expanding and supporting the HCBS workforce
- Fighting fragmentation via program alignment, digitization, and centralization

Conclusions

Acknowledgements

- RAND Study Team:
  - Regina Shih, PI
  - Esther Friedman, Co-PI
  - Sangeeta Ahluwalia
  - Jessica Phillips
  - Daniel Siconolfi
  - Ammarah Mahmud

- We would like to acknowledge and thank our interview participants, without whom this research would not be possible.
- Research reported in this presentation was supported by the National Institute on Minority Health and Health Disparities of the National Institutes of Health under award number R01MD010360.
- The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.
Effects of a Story-sharing Intervention on Depression and Well-being in Older Adults Transitioning to Long-term Care

Gail J. Sullivan PhD, MSN, APRN-BC, CCRN
Debra Hain PhD, APRN, AGPCNP-BC, FAANP

Objectives

To better understand older adults (OAs) transition to long-term care (LTC)

To describe effects of story-sharing (SS) on depression and well-being of OAs transitioning to LTC

Background

Between 1980 and 2014, the population of OAs, age 65 years and older, increased from 25.2 to 46.2 million (Administration on Aging, 2014)

By 2050 the same group of racially & ethnically diverse individuals (Administration for Community Living, 2015; Batalova, 2012) are expected to increase in size to 88.5 million (U.S. Census Bureau, 2010)

Adults 65 years and older frequently have one or more chronic health conditions (National Council on Aging, 2016)

Such disease burden increases the risk that this population will experience functional declines and a growing need for LTC (Caffrey et al., 2012)

Furthermore, estimates suggest that 7 out of 10 OAs will need some form of LTC in their lifetime (USDHHS, 2013)

88% of all nursing home admissions are for adults age 65 years and older (CDC, 2010)

Securing LTC generally involves transitioning the OA from home to a new and unfamiliar place
TRANSITION TO LTC

**A complex process with multiple concurrent changes** (Schumacher & Meleis, 1994)

Such as a loss of autonomy, elements of an accustomed lifestyle, meaningful possessions, & the comfort of home (Lundgen, 2000)

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**Transition Outcomes**

*Healthy*: integrated identity, confidence, & interpersonal connections

*Unhealthy*: depression & decreased well-being

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**Story and Story-sharing**

Story—the oldest form of knowing, knowing epistemologically via gestures, breaths, & the spoken & unspoken words (Bradt, 1997)

Story-sharing has been reported to:

- improve self-identity & meaning
- reduce depression
- enhance social relationships, and
- enhance well-being

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**CONCEPTUAL MODEL**

- **Control Group**: N=52
  - Depression and Well-being
  - 3 weeks of Standard care
  - Depression and Well-being
  - Depression (Improved/Reduced)
  - And Depression (Reduced/Increased)

- **Total Sample**: N=100
  - Socio-demographics: age, gender, ethnicity, marital status, level of education, months living in LTC, choice to move, and health problem(s) that may have resulted in the move

- **Intervention Group**: N=48
  - Depression and Well-being
  - 3 weeks of Story Sharing plus standard care
  - Depression and Well-being
  - Depression and Well-being

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**Methods**

Experimental

RCT design

IV: SS (5 stories over a 3 week period)

DV: Depression & well-being measures (4 instruments)

**Data Analysis**

ANOVA & repeated multivariate analysis of variance (pre and post-test scores of depression and well-being)

GLM and canonical correlations to analyze the predictive ability of sociodemographic data

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**Research Findings**

There was no greater improvement to suggest an Intervention & Time effect for depression and/or well-being

Pretest results indicate participants had a low level of depression & an overall well-being

Level of education (Junior College) was the only sociodemographic variable that was statistically significant to predict depression (increased)

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**Sociodemographic Unique Variances Accounted for Well-Being**

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<thead>
<tr>
<th>Well-being Measures</th>
<th>Improved Well-being</th>
<th>Reduced Well-being</th>
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<tbody>
<tr>
<td>PWB</td>
<td>Time (more months)</td>
<td>Ethnicity (Hispanic) Choice (No choice) Level of education (LOE) (high school)</td>
</tr>
<tr>
<td>SWLS</td>
<td>Time (more months) Marital Status (all except divorced)</td>
<td>LOE (junior college)</td>
</tr>
<tr>
<td>SPANE</td>
<td>Time (more months) Marital Status (all except divorced)</td>
<td>LOE (high school)</td>
</tr>
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**Research Implications**

A million more individuals a year may be moving to LTC & we are the ones charged with caring for these adults

Strategies are needed to promote healthy transitions

Sociodemographic variables—particularly LOE, months in LTC, choice to move, ethnicity, & marital status—could help predict levels of depression & well-being in these adults

Pain, feelings of loss, and declining health may have influenced the findings. Further studies are needed.

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Thank you

Questions?