

Full transcript of Editor James M. Berkman's video interview with Dr. Cheryl Phillips:

Editor James M. Berkman: Hi, I'm Jim Berkman, editor of McKnight's Long-Term Care News. And I'm here in Denver at the Leading Age annual convention with Dr. Cheryl Phillips, vice president of quality affairs. Dr. Phillips we're certainly seeing anti-psychotics are in the news. There's a big deadline coming up. What can you tell us about that?

Cheryl Phillips: There is a big deadline coming up, and CMS has set the stage for us for a 15 percent reduction. I'll give you both sides of that. Personally I think it's very doable, and I'm actually very optimistic. I know that when I talk to communities around the country, they are: 'Oh my goodness, what do we do?'

They're waiting for the Holy Grail. They are waiting for the answers to come out. They're waiting for the tools. And as I've talked with many of them, and you look at a 100-bed nursing home, maybe 22 — the national average, close to it — are on anti-psychotics. If you stop three or four residents, you are at the 15 percent reduction.

So we talk through, how can you do that? What are strategies you can do within your own community? Things like just having a list of everybody who's on them, knowing why they're on them. Knowing how long they've been on them. So, yes, it is a little scary. I am optimistic the 15 percent reduction will happen. But I'm also optimistic because it's changing the framework just from meds to focusing on: How do I do this? And how do I do a better job of taking care of these individuals with dementia?

Berkman: OK, now as we also know there's somebody else very interested in how this is going to change. And that's our friend Senator Kohl, who recently introduced legislation. How do you see on that from your office? That's a little bit of a sticky wicket.

Phillips: It *is* a little bit of a sticky wicket. And it is always interesting when Congress practices medicine. There is a bill proposed that has several elements, many of which we are very supportive of. One is the idea of using resources to educate prescribers about the appropriateness and at times inappropriateness of anti-psychotics, when to use them and when not to use them, and how to look, most importantly, to alternatives.

There is the other issue in this bill that is raising the most rancor and that it is the issue of informed consent. We are of the position that we believe very much in the information sharing. My concern is that we don't devolve into just a consent form, a paper-signing process. Because that will in essence bring us further away from true, engaged decision making with the care givers and family members and those who are involved in the care, and the resident when they can be. So, if informed consent replaces that, I think we lose.

The other concern that we will consistently share is that this isn't a nursing home problem. This is a practice of care problem, of cross settings. And while this bill is just

focusing on nursing homes, we want the understanding to be this is a concern in acute care hospitals, and outpatient clinics and assisted living.

And it is driven because of our lack of understanding of how truly to engage the community of caregivers to support individuals with dementia. If we make it about one class of drugs, we'll just go to another class. If we make it about one setting, we'll miss the boat. So I think the intentions are very good with this bill. I think it continues to drive the conversation forward, and our concern is as we watch it evolve, is to make sure that consent isn't just a signature. And that we can eventually move beyond the walls of the nursing home.

Berklan: Well thank you very much. It's an excellent perspective and we'll be very interested to see how this evolves going forward.

Phillips: Thank you.

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