Antipsychotic Medications: Renewed Scrutiny

Psychotropics & Appropriate Use, GDRs, Focus on Schizophrenia

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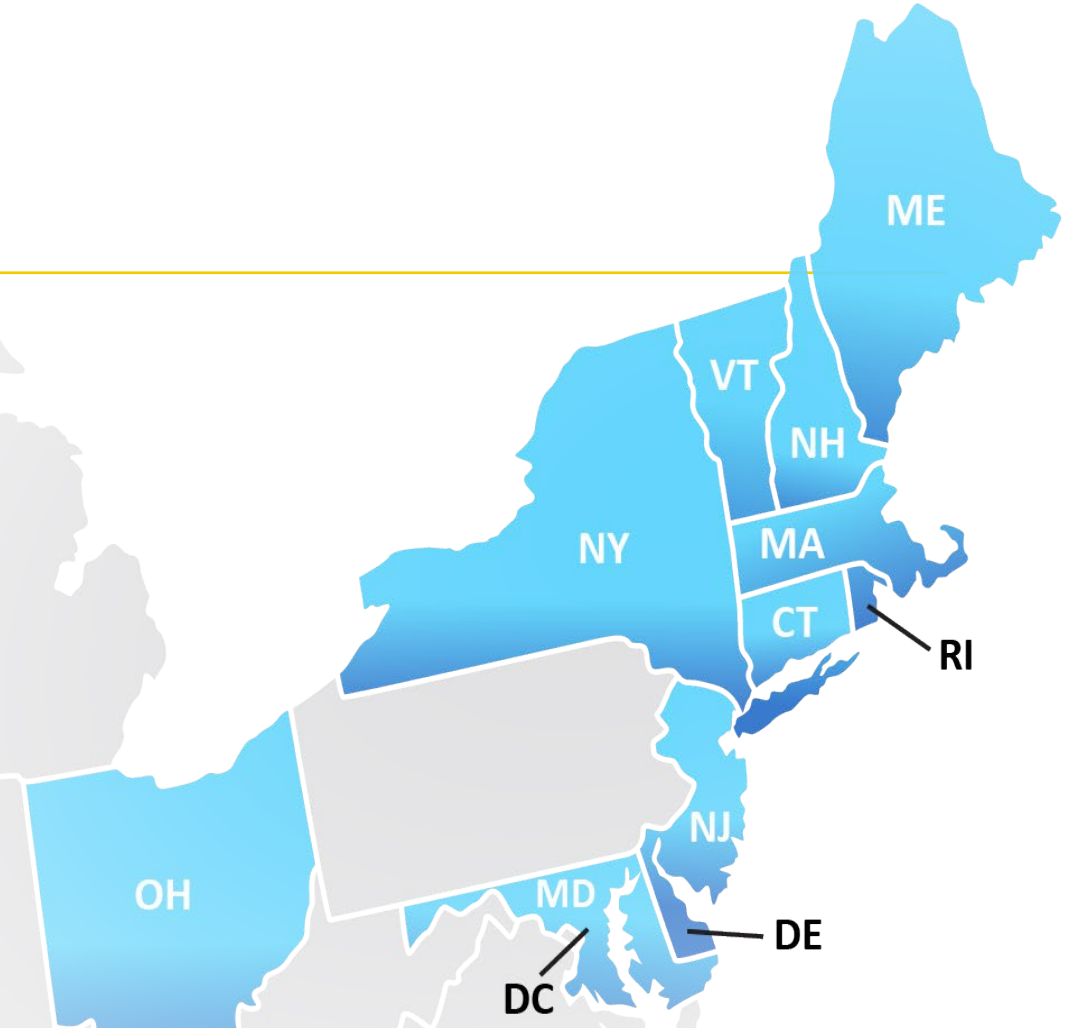

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Learning Objectives

- Understand why there is a new focus on psychotropic medications prescribed in nursing homes
- Educate about agencies having an impact on the efforts to address psychotropic medication patterns and trends
- Review regulatory guidance related to pharmacy services and psychotropic medications in the CMS State Operations Manual, Appendix PP
- Highlight MDS criteria and the diagnosis of schizophrenia
- Provide access and examples of resource materials offered by the IPRO-QIN-QIO in its Antipsychotics Resources material

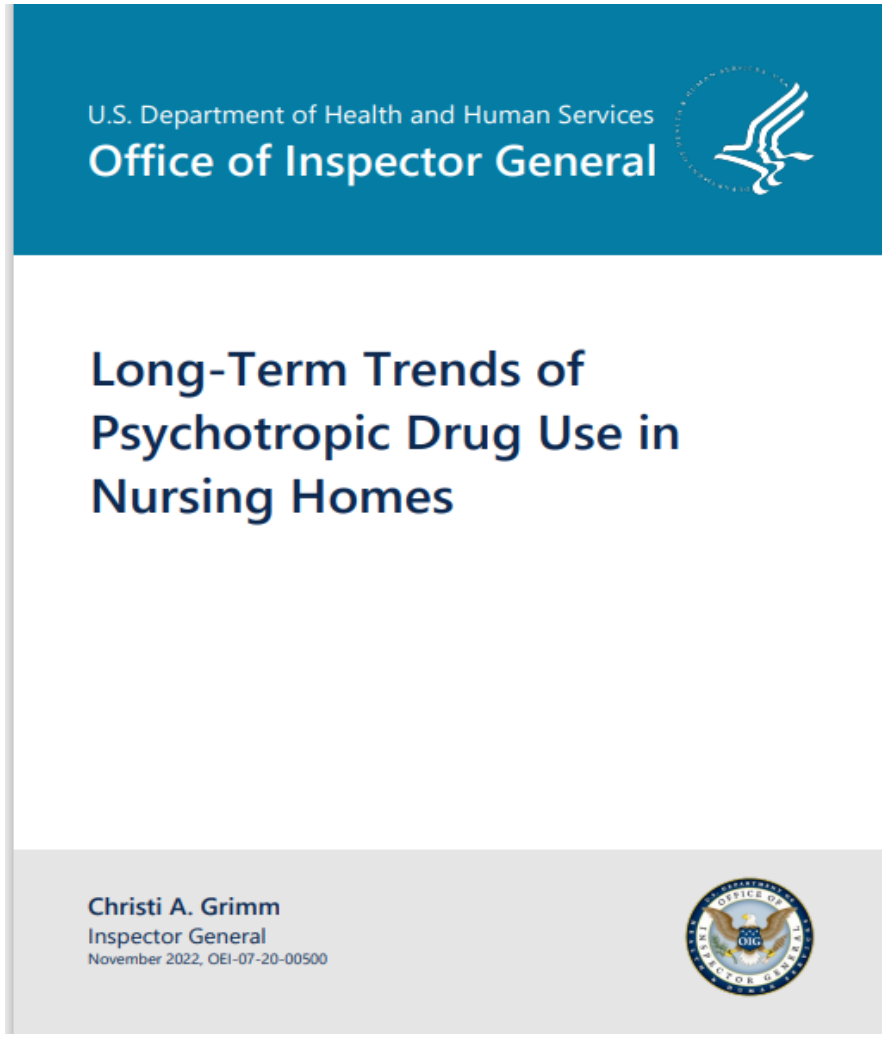
Centers for Medicare & Medicaid Services (CMS) to QIOs: Use Data; Reduce Adverse Drug Events (ADEs)

National Action Plan for Adverse Drug Event Prevention

- The Quality Improvement Organization (QIO) Program is a network of organizations staffed with physicians, pharmacists, nurses, technicians, and statisticians who are experts in health care quality.
- CMS requires QIOs to contribute to the aim of reducing and preventing ADEs and to provide medication-related quality improvement intervention strategies to health care providers, practitioners, Medicare Advantage organizations, and prescription drug sponsors.
- Measures reported by QIOs include, across time, the overall rate of ADEs, the rate of potential ADEs, and specific measures targeting three areas of focus: anticoagulants, diabetes agents, and antipsychotic medications.

http://health.gov/hcq/pdfs/ade-action-plan-508c.pdf

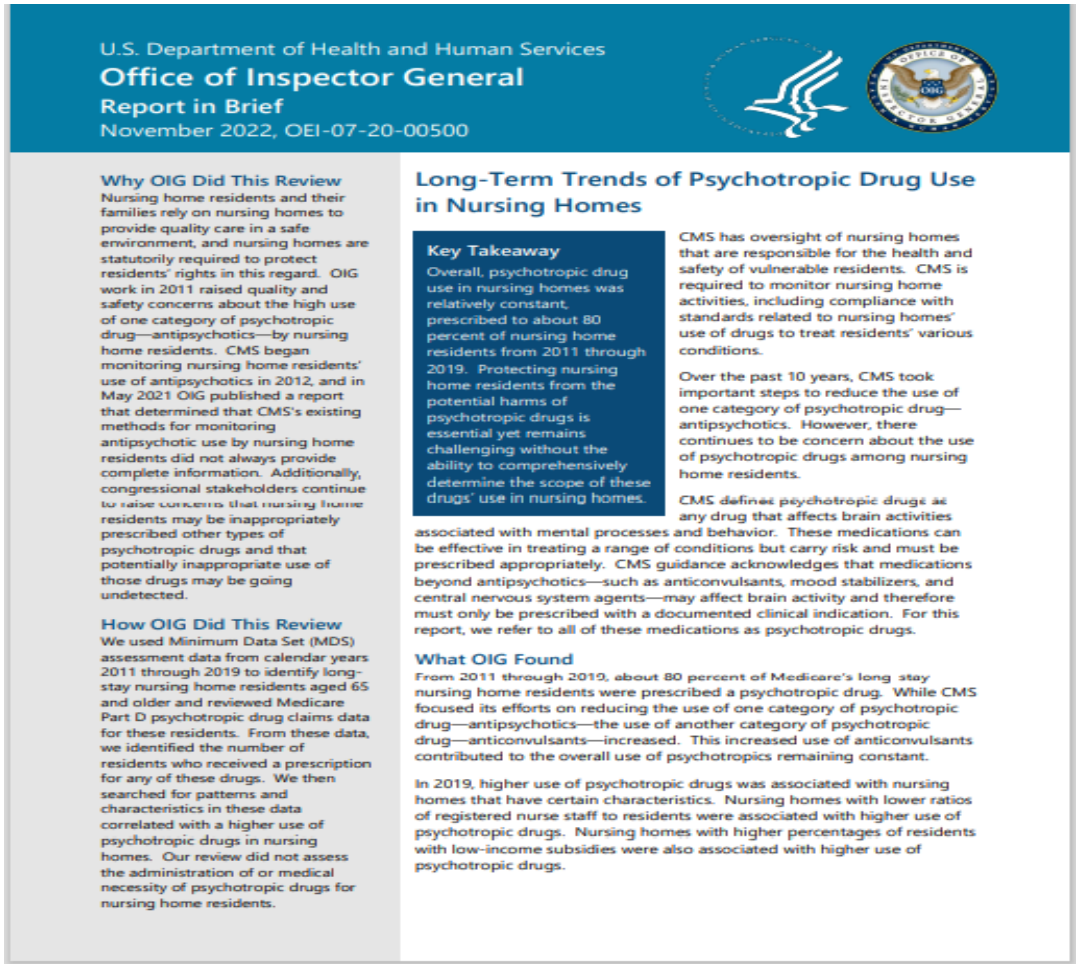
Psychotropic Drugs, Antipsychotics, and Nursing Homes


U.S. Department of Health and Human Services

Office of Inspector General

Long-Term Trends of Psychotropic Drug Use in Nursing Homes

Christi A. Grimm
Inspector General
November 2022, OEI-07-20-00500


U.S. Department of Health and Human Services
Office of Inspector General
Report in Brief
November 2022, OEI-07-20-00500

Why OIG Did This Review

Nursing home residents and their families rely on nursing homes to provide quality care in a safe environment, and nursing homes are statutorily required to protect residents' rights in this regard. OIG work in 2011 raised quality and safety concerns about the high use of one category of psychotropic drug—antipsychotics—by nursing home residents. CMS began monitoring nursing home residents' use of antipsychotics in 2012, and in May 2021 OIG published a report that determined that CMS's existing methods for monitoring antipsychotic use by nursing home residents did not always provide complete information. Additionally, congressional stakeholders continue to raise concerns that nursing home residents may be inappropriately prescribed other types of psychotropic drugs and that potentially inappropriate use of those drugs may be going undetected.

How OIG Did This Review

We used Minimum Data Set (MDS) assessment data from calendar years 2011 through 2019 to identify long-stay nursing home residents aged 65 and older and reviewed Medicare Part D psychotropic drug claims data for these residents. From these data, we identified the number of residents who received a prescription for any of these drugs. We then searched for patterns and characteristics in these data correlated with a higher use of psychotropic drugs in nursing homes. Our review did not assess the administration of or medical necessity of psychotropic drugs for nursing home residents.

Long-Term Trends of Psychotropic Drug Use in Nursing Homes

Key Takeaway

Overall, psychotropic drug use in nursing homes was relatively constant, prescribed to about 80 percent of nursing home residents from 2011 through 2019. Protecting nursing home residents from the potential harms of psychotropic drugs is essential yet remains challenging without the ability to comprehensively determine the scope of these drugs' use in nursing homes.

CMS has oversight of nursing homes that are responsible for the health and safety of vulnerable residents. CMS is required to monitor nursing home activities, including compliance with standards related to nursing homes' use of drugs to treat residents' various conditions.

Over the past 10 years, CMS took important steps to reduce the use of one category of psychotropic drug—antipsychotics. However, there continues to be concern about the use of psychotropic drugs among nursing home residents.

CMS defines psychotropic drugs as any drug that affects brain activities associated with mental processes and behavior. These medications can be effective in treating a range of conditions but carry risk and must be prescribed appropriately. CMS guidance acknowledges that medications beyond antipsychotics—such as anticonvulsants, mood stabilizers, and central nervous system agents—may affect brain activity and therefore must only be prescribed with a documented clinical indication. For this report, we refer to all of these medications as psychotropic drugs.

What OIG Found

From 2011 through 2019, about 80 percent of Medicare's long-stay nursing home residents were prescribed a psychotropic drug. While CMS focused its efforts on reducing the use of one category of psychotropic drug—antipsychotics—the use of another category of psychotropic drug—anticonvulsants—increased. This increased use of anticonvulsants contributed to the overall use of psychotropics remaining constant.

In 2019, higher use of psychotropic drugs was associated with nursing homes that have certain characteristics. Nursing homes with lower ratios of registered nurse staff to residents were associated with higher use of psychotropic drugs. Nursing homes with higher percentages of residents with low-income subsidies were also associated with higher use of psychotropic drugs.

https://oig.hhs.gov/oei/reports/OEI-07-20-00500.asp

Diagnosis of Schizophrenia in Nursing Homes, 2011- 2019

- A Quality Measures exemption exists for schizophrenia;
- Data in the report calls into question the validity of the schizophrenia diagnosis.
- “Over time, the number of unsupported schizophrenia diagnoses increased and in 2019 was concentrated in relatively few nursing homes.
- Specifically, we found that from 2015 through 2019 both the reporting of residents with schizophrenia in the MDS and the number of residents who lacked a corresponding schizophrenia diagnosis in Medicare claims and encounter data increased by 194 percent.”

https://oig.hhs.gov/oei/reports/OEI-07-20-00500.asp

Additional Findings of the Office of Inspector General (OIG) Report, Focus on Psychotropic Drugs

- OIG found that from 2011 through 2019, about 80 percent of Medicare's long-stay nursing home residents were prescribed a psychotropic drug.
- While CMS focused its efforts to reduce the use of one category of psychotropic drug—antipsychotics—the use of another category of psychotropic drug—anticonvulsants—increased.
- This increased use of anticonvulsants, as mood stabilizers, contributed to the overall use of psychotropics remaining constant.

https://oig.hhs.gov/oei/reports/OEI-07-20-00500.asp

Antipsychotics are High Risk Medications; Can Lead to Adverse Drug Events and Hospitalizations

- Psychosis is a serious medical condition which may necessitate the use of antipsychotic medications.
- Use of these medications carry benefits as well as substantial risks.
- Types of adverse drug events related to use of antipsychotics include sedation, confusion, orthostatic hypotension, falls; extrapyramidal symptoms including akathisia and dyskinesia; Parkinson-like symptoms; dystonia; stroke/CVA.
- Two times the risk of mortality when used in the elderly with the diagnosis of dementia.

Unintended Consequences Lead to Warnings

- Boxed warnings are required by the U.S. Food and Drug Administration (FDA) for certain medications that carry serious safety risks. These warnings communicate potentially rare but dangerous side effects, or they may be used to communicate important instructions for the safe use of the drug.
- The FDA issued its first boxed warning about increased mortality being linked to atypical antipsychotic use in elderly patients with dementia in 2004.
- The warnings are intended to call attention to certain risks or instructions so that healthcare professionals will be aware of them and carefully consider them when prescribing medications to patients.

Antipsychotics and Risks When Used for Residents with Dementia: FDA Requires Boxed Warning

Black Box Warning for Antipsychotics

- Antipsychotics and mortality in dementia patients
  - **Black Box Warning issued in 2004**
    - Elderly with dementia-related psychosis treated with these drugs at an increased risk for death compared to placebo
  - **Consistent across all antipsychotics**
  - **Relative Risk = 1.6-1.7**
    - Absolute risk = 3.5% vs. 2.3% with placebo
  - **Number needed to harm = 83**
    - Number needed to treat = 5-14
    - For every 9-25 persons helped, 1 death is associated with antipsychotic use

Jeste, et.al., Neuropsycopharmacology 2008; 33:957-70

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NORTH DAKOTA HEALTH CARE REVIEW, INC.

Table. Atypical and Conventional Antipsychotics With Boxed Warnings Regarding Use in Patients With Behavioral and Psychological Symptoms of Dementia[a]

Atypical Antipsychotics	Conventional Antipsychotics
Aripiprazole	Chlorpromazine
Clozapine	Fluphenazine
Olanzapine	Haloperidol
Olanzapine and fluoxetine	Loxapine
Paliperidone	Molindrone
Quetiapine	Perphenazine
Risperidone	Pimozide
Ziprasidone	Prochlorperazine
	Thioridazine
	Thithixene
	Trifluoperazine

[a]Table based on information in reference 8 in the citation list.

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CMS State Operations Manual (SOM) – Appendix PP

- Suite of regulations addresses pharmacy services and medications, begins at §483.45.

- Includes F Tags at:
- 755 Pharmacy Services
- 756 Drug Regimen Review
- 757 Unnecessary Drugs
- 758 Psychotropic Drugs/PRN Use

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

F757 Unnecessary Medications, Psychotropic Medications

- Must have an accompanying specific diagnosis or condition for use.
- Must have this documented in the clinical record.
- Must receive gradual dose reductions and behavioral interventions, unless clinically contraindicated.
- Must make effort to reduce or discontinue these drugs.

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

F758 PRN Psychotropics and PRN Antipsychotics

- Ensure that the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record.
- *PRN orders for psychotropic drugs* are limited to 14 days; If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.
- **PRN orders for anti-psychotic drugs** are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

Quality Assurance Performance Improvement (QAPI)

- Psychotropics (including antipsychotics and medications being used “off label”) could be tracked by pharmacists or other facility staff as part of a facility’s QAPI program.

- For example, through the use of reports from the long-term care provider pharmacy, or the consultant, a facility’s tracking of Quality Measures will identify trends, prompt the medical administration to review, and potentially reduce adverse events related to medication use.

Avoid Prescribing Substitutes for Antipsychotics

- Use of psychotropic medications other than antipsychotics, should **not** increase when efforts to decrease antipsychotic medications are being implemented.

Using Non-Psychotropic Medications as Substitutes

- **“Off-label” Use of FDA approved Medications:**
- “Other medications not classified as anti-psychotic, anti-depressant, anti-anxiety, or hypnotic medications can also affect brain activity and should not be used as a substitution for another psychotropic medication listed in §483.45(c)(3), unless prescribed with a documented clinical indication consistent with accepted clinical standards of practice.
- The requirements pertaining to psychotropic medications apply to these types of medications when their documented use appears to be a substitution for another psychotropic medication rather than for the original or approved indication.”

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

Validation of Documentation & Monitoring Determines Next Steps

Documentation

Why is the non-psychotropic medication being prescribed?

- "For example, if a resident is prescribed valproic acid and the medical record shows no history of seizures but there is documentation that the medication is being used to treat agitation or other expressions of distress, then the use of valproic acid should be consistent with the psychotropic medication requirements under §483.45(e)."

Monitoring

What type of monitoring is being performed and documented by the provider or the staff?

- Assess for the common side effects related to psychotropics, including:
- Fall risk mitigation: sedation, orthostatic blood pressure, confusion, anticholinergic effects.
- Involuntary movements (AIMS).

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

The Gradual Dose Reduction (GDR) for Psychotropics

- Facility is required to attempt GDRs…unless clinically contraindicated.
- “Dose reductions should occur in modest increments over adequate periods of time to minimize withdrawal symptoms and to monitor symptom recurrence.
- Compliance with the requirement to perform a GDR may be met if, for example, within the first year in which a resident is admitted on a psychotropic medication or after the prescribing practitioner has initiated a psychotropic medication, a facility attempts a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated.”

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

Communication: Concern Over Schizophrenia Coding

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-23-05-NH

DATE: January 18, 2023

TO: State Survey Agency Directors

FROM: Director, Quality, Safety & Oversight Group (QSOG)

SUBJECT: **Updates to the Nursing Home Care Compare Website and Five Star Quality Rating System: Adjusting Quality Measure Ratings Based on Erroneous Schizophrenia Coding, and Posting Citations Under Dispute**

Memorandum Summary

- **Adjusting Quality Measure Ratings:** CMS will be conducting audits of schizophrenia coding in the Minimum Data Set data and, based upon the results, adjust the Nursing Home Care Compare quality measure star ratings for facilities whose audits reveal inaccurate coding.
- **Posting Citations Under Dispute:** To be more transparent, CMS will now display citations under informal dispute on the Nursing Home Care Compare website.

- QSO-23-05-NH (cms.gov)

2022 Focus: MDS and Admission History, Diagnosis, and Subsequent Actions

The resident was admitted without a diagnosis of schizophrenia. After admission, the resident is prescribed an antipsychotic medication for schizophrenia by the primary care physician.

However, the resident's medical record includes no documentation of a detailed evaluation by an appropriate practitioner of the resident's mental, physical, psychosocial, and functional status (§483.45(e)) and persistent behaviors for six months prior to the start of the antipsychotic medication in accordance with professional standards.

https://www.cms.gov/files/document/mds30raimanualv1171rerratav2july152022.pdf

What is Schizophrenia?

- Schizophrenia is a serious mental illness that interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others. It is a complex, long-term medical illness.
- The exact prevalence of schizophrenia is difficult to measure, but estimates range from 0.25% to 0.64% of U.S. adults. Although schizophrenia can occur at any age, the average age of onset tends to be in the late teens to the early 20s for men, and the late 20s to early 30s for women.
- It is uncommon for schizophrenia to be diagnosed in a person younger than 12 or older than 40. It is possible to live well with schizophrenia.

https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Schizophrenia

Schizophrenia Diagnosis: By Whom?

- Schizophrenia must be diagnosed by **a qualified practitioner**, using evidence-based criteria and professional standards, such as the Diagnostic and Statistical Manual of Mental Disorders - Fifth edition (DSM-5), and documented in the resident's medical record.

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

Definitions & Disorders of the Schizophrenia Spectrum

- **1) Schizophrenia, 2) Schizotypal personality disorder, 3) Delusional disorder, 4) Brief psychotic disorder, 5) Schizophreniform disorder, 6) Schizoaffective disorder, 7) Catatonia – a symptom that can include lack of movement, unusual movements, unusual repetitive behaviors, not speaking (mutism) and social withdrawal.**
- Schizophrenia diagnosis requires the following:
- A) At least two of five main symptoms: delusions, hallucinations, disorganized or incoherent speaking , disorganized or unusual movements and negative symptoms.
- B) Duration of symptoms and effects: The key symptoms you have must last at least one month. The condition's effects (whether or not, they meet the full criteria for the symptoms) must also last for at least 6 months.
- C) Social or occupational dysfunction - This means the condition disrupts either your ability to work or your relationships(friendly, romantic, professional or otherwise)

According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental disorders Fifth Edition (commonly known as DSM-5)

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Schizophrenia Symptoms

- Include delusions, hallucinations, disorganized speech (e.g., frequent derailment or incoherence), grossly disorganized or catatonic behavior, and diminished expression or initiative.
- *Delusions* refer to false beliefs that don't change even when the person who holds them is presented with new ideas or facts.
- *Hallucinations* include a person hearing voices, seeing things, or smelling things others can't perceive.

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

SOM and Guidance to Surveyors

- Note: CMS is aware of situations where practitioners have potentially misdiagnosed residents with a condition for which antipsychotics are an approved use (e.g., new diagnosis of schizophrenia) which would then exclude the resident from the long-stay antipsychotic quality measure.
- For these situations, please refer to the following regulations:
- • §483.21(b)(3)(i), F658, to determine if the practitioner's diagnostic practices meet professional standards.
- • §483.20(g), F641 to determine if the facility completed an assessment which accurately reflects the resident's status

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

Schizophrenia and Resources

Adapted from:

- The National Alliance on Mental Illness (NAMI). “Schizophrenia.” Accessed November 9, 2022. https://www.nimh.nih.gov/health/topics/schizophrenia
- This brochure describes symptoms, causes, and treatments for schizophrenia with information on ways to get help and cope effectively.
- American Psychiatric Association. “Diagnostic and Statistical Manual of Mental Disorders - Fifth edition.” 2013.

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

MDS 3.0 Resident Assessment Instrument User Manual Errata and Revisions

- In Section I: Active Diagnoses, CMS identified concerns regarding the assignment of a new diagnosis of schizophrenia to residents after admission.
- "In situations where practitioners have potentially misdiagnosed residents with a condition for which there is a lack of appropriate diagnostic information in the medical record, such as for a mental disorder, the corresponding diagnosis in Section I should not be coded, *and a referral by the facility and/or the survey team to the State Medical Boards or Boards of Nursing may be necessary.*"

https://www.cms.gov/files/document/mds30raimanualv1171rerratav2july152022.pdf

Goals to Reduce Inappropriate Prescribing

- **Overall Goal:** to reduce the use of unnecessary antipsychotics and improve the accuracy of the quality measure and the five-star rating system, as well as improve safety and quality in nursing homes.

- **The White House Fact sheet:** states, "CMS will launch a new effort to identify problematic diagnoses and refocus efforts to continue to bring down the inappropriate use of antipsychotic medications."
- FACT SHEET: Protecting Seniors by Improving Safety and Quality of Care in the Nation's Nursing Homes | The White House

Schizophrenia: Review Medical Record History

Focus on:	Provide:	Dialogue:	Recognize:
All residents who have Schizophrenia as the diagnosis and ICD-10 coded orders. Assure accuracy and validate at the time of MDS submissions or subject to penalties.	Education to facility nursing staff, about the use of the diagnosis of Schizophrenia when an order is entered in the Electronic Medical Record (EMR) or chart.	Consultant pharmacists can dialogue with providers about the diagnosis of Schizophrenia and its ramifications.	There a**re** appropriate uses for antipsychotic medications for residents with enduring and chronic medical conditions.

Pearls to Ensure Success

Request reports from the provider pharmacy, or access this information via the pharmacy's portals.

Partner with the facility Medical Director and Health Information Management staff to create review tools, verify psychiatric diagnoses.

Dosages of antipsychotics for known and well-established Schizophrenia residents tend to much greater ; "red flag" exists when doses are very low.

Psychotropic Medication Pearls During Care Transitions

Scrutinize all orders for psychoactive drugs, progress notes, and care plans.

Review the diagnoses or ICD-10 codes for each drug for accuracy.

Avoid diagnosis of schizophrenia unless verified in medical history.

Hospitalists preparing patients for discharge:

- **Review each psychoactive medication.**
- **Determine whether medication was started while at the hospital to treat an acute condition.**
- **Has the condition resolved (UTI- delirium) ?**
- **Discontinue the medication or document in the discharge summary whether it could be stopped.**

Summarizing the Key Points

- **Background**- Concern that some nursing homes have erroneously coded residents as having schizophrenia. This will enable them to administer antipsychotics to residents without impacting the Quality Measures or star rating calculation.
- **Result**- CMS will conduct audits of schizophrenia coding and adjust the QM star ratings for facilities whose audit reveals inaccurate coding.
- **Penalties-** Admit culpability for a potentially reduced penalty and star ratings adjustment; or accept audit and risk greater penalties and sanctions

More Specifics

- CMS will examine the facility's evidence for appropriately documenting, assessing, and coding a diagnosis of schizophrenia in the MDS for residents in a facility.
- During pilot audits, several issues were noted
- **Absence of:**
    - **Comprehensive psychiatric evaluations**
    - **Behavior documentation** (many of the behaviors were due to dementia rather than schizophrenia)

Contact: For questions or concerns relating to this memorandum, please contact BetterCare@cms.hhs.gov
For questions about the schizophrenia MDS audits, please contact DNH_BehavioralHealth@cms.hhs.gov

Auditing Process

- Facilities selected for an audit will receive a letter explaining the purpose of the audit, the process that will be utilized, and instructions for providing supporting documentation.

- During the audit process, facilities will have the opportunity to ask questions and seek any clarification needed.

- Additionally, at the conclusion of the audit, the facility will have the opportunity to discuss the audit results with CMS.

Next Steps

- Nursing homes should work with their psychiatric providers and medical directors to ensure the appropriate professional standards and processes are being implemented related to diagnosing individuals with schizophrenia.
- Refer to Appendix PP (F-tags 658, 740, and 758)
- Refer to the Minimum Data Set 3.0 Resident Assessment instrument Manual https://www.cms.gov/files/document/mds30raimanualv1171rerratav2july152022.pdf

Which Diagnoses are Excluded from Quality Measure Calculations?

“The presence of diagnoses that exclude nursing home residents from CMS's measure of the use of antipsychotic drugs”:

- Schizophrenia, other Diagnoses related to Schizophrenia Spectrum
- Huntington’s Chorea
- Tourette’s Syndrome

CMS has convened a Technical Expert Panel (TEP) to provide recommendations for improving how antipsychotics are reported for the star ratings.

Consultant Pharmacist As a Resource

How can you leverage your consultant pharmacist?

How can your consultant pharmacist assist with this process?

How can a program focusing on GDRs be implemented?

Pearls Related to Psychotropic Medication Use

Risks associated with use, at any dose, with any regimen include:

- FDA Boxed Warning on antipsychotics, atypical and typical, for dementia related psychosis.
- Sedation; quality of life ; participation in activities.
- Falls; falls with head injuries, several categories are contributors.
- Cardiac function and rhythm abnormalities and EKG monitoring (antidepressants, SSRIs, and other drugs).

Pearls Related to Psychotropic Medication Use

Risks associated with use, at any dose, with any regimen include:

- Prescribers who aren't confident or knowledgable and the consequences.
- Drug interactions , additive effects vs. synergistic effects.
- Use of drugs from multiple classes in "cocktail" fashion versus monotherapy and maximizing the dose and the benefit of a single drug.
- The prescribing cascade.

Psychoactive Medications

Categories of Medications that are considered “psychoactive”:

- **Antipsychotics**
- Sedative Hypnotics
- Anxiolytics
- Antidepressants
- Miscellaneous

Antipsychotics

Antipsychotic Drugs

- Most powerful in their ability to change chemical imbalances in the brain; used for the improvement of mental health; and when used for APPROPRIATE MEDICAL INDICATION OR DIAGNOSIS.
- Severe risks are associated with the use of these drugs in the elderly.
- **Antipsychotic drugs** may only be prescribed for specific medical indications including:
  - Psychosis; delusional disorder; schizophrenia; bipolar disorder
  - Should not be ordered for the treatment of DEMENTIA
  - Must have attempts at GDR at least every other quarter with a month in between (unless MD documents why it is “clinically contraindicated”)

Antipsychotic Drugs and Monitoring

Commonly prescribed **antipsychotics** include:

- Risperdal (risperidone)
- Zyprexa (olanzapine)
- Seroquel (quetiapine)
- Abilify (aripiprazole)
- Haldol (haloperidol)
- Thorazine (chlorperazine)
- Clozaril
- Side effects include sedation, movement disorder, postural hypotension, tremor, shuffling gait, excessive salivation, increased risk for falls; increased risk for death in dementia; lab abnormalities.

Sedative Hypnotics - Insomnia

Sedative Hypnotics

- Should be used to treat symptoms of insomnia that cannot be relieved with other modalities.
- Generally to be given for brief periods, discouraged for long term use.
- Must be evaluated for attempt to discontinue after 10 consecutive nights.
- Melatonin – a hormonal supplement – is not considered a sedative hypnotic; efficacy in dementia care is not evidenced-based.

Sedative Hypnotics - Examples

Commonly prescribed **sedative hypnotics** include:

- Ambien (zolpidem)
- Restoril (temazepam)
- Ativan (lorazepam) – used at bedtime

- Side effects include dependence, daytime sedation, increased risk for falls; do not use unless other reasons for insomnia have been ruled out; supplements as altenatives.

Anxiolytics

Anxiolytics – treat anxiety

- Used to treat symptoms of anxiety which cause the resident distress.
- Use of these drugs improve resident's functional status but are associated with increased risk for falls.
- Must be evaluated for GDR.

Anxiolytics - Examples

Commonly prescribed **anxiolytics** include:

- Ativan (lorazepam)
- Xanax (alprazolam)
- Valium (diazepam)
- Klonopin (clonazepam)

- Side effects include sedation and dependence.
- **CLASS - BENZODIAZEPINES - HIGH RISK FOR ADVERSE EVENTS INCLUDING FALLS.**
- **When used with opioids, an increased risk for respiratory depression.**

Antidepressants

Antidepressants

- Medications which are prescribed to treat depression, a chronic and enduring medical condition.
- All should be assessed periodically to determine effectiveness.
- Are subject to the GDR requirement for evaluation to assess for a taper or GDR unless contraindicated by the attending physician.

Antidepressants - Examples

Commonly prescribed **antidepressants** include:

- Zoloft (sertraline)
- Celexa (citalopram)
- Lexapro (escitalopram)
- Paxil (paroxetine)
- Prozac (fluoxetine)
- Wellbutrin (bupropion)
- Effexor (venlafaxine)
- Desyrel (trazodone)
- Remeron (mirtazapine)

‘OFF LABEL’ Prescribing

Miscellaneous psychoactive medications: shifting from one class to another for managing behaviors and expressions by residents with dementia. Examples include anticonvulsants.

- These drugs are being used to treat symptoms associated with a **psychiatric diagnosis.**

- Depakote (valproic acid)
- Neurontin (gabapentin)
- Trileptal (oxcarbazepine)
- Lamictal (lamotrigine)

Interdisciplinary Team and Person-Centered Care For Safe Use of Psychotropics

Facility team approach to manage medications includes:

- Individual medical care and assessment on monthly or as needed basis.
- NON-PHARMACOLOGICAL INTERVENTIONS attempted and documented.
- Use of specially designed template notes to capture interventions.
- Monthly review of medications by a pharmacist.
- Annual Psychotropic Rounds conducted by clinical team including Physician, Pharmacist, Nurse, Social Services, Therapeutic Activities, recommends adjustments based on current status and CMS guidelines.

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Reflections On Person Centered Care For Anyone Receiving Psychotropic Medications

Things to ask your team members:

- What is my role as a provider of care to the residents?
- How well do I communicate with residents and their families, and other members of the team?
- Be aware of the medications for each resident. Discuss with the medical team and advocate for using the lowest dose necessary, or none!

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CMS: Contact Your QIN-QIO

- "For assistance in reducing the use of antipsychotic medications, we encourage nursing homes to contact their Quality Improvement Organization (QIO) for additional resources, assistance, and tools that are available." CMS QSO memo January 18, 2023
- **IPRO-QIN-QIO** has an action plan, education, and resources available to assist with psychotropic reduction.
- **IPRO-QIN-QIO** can meet with your facility and team individually to help develop and implement processes for psychotropic reductions.
- **Contact IPRO**: ipronursinghometeam@ipro.org

IPRO QIN-QIO Resource Library

Antipsychotic Action Plan

IPRO

February 9, 2023

The Antipsychotic Action Plan template is to be used by clinical staff in the nursing home setting to assess and review medication management. It is intended to be a template capable of being modified as needed.

The SMART goals in the plan address education, non-medication interventions, documentation and gradual dose reduction strategies and outcomes. The resource section includes links to augment education and implementation of interventions.

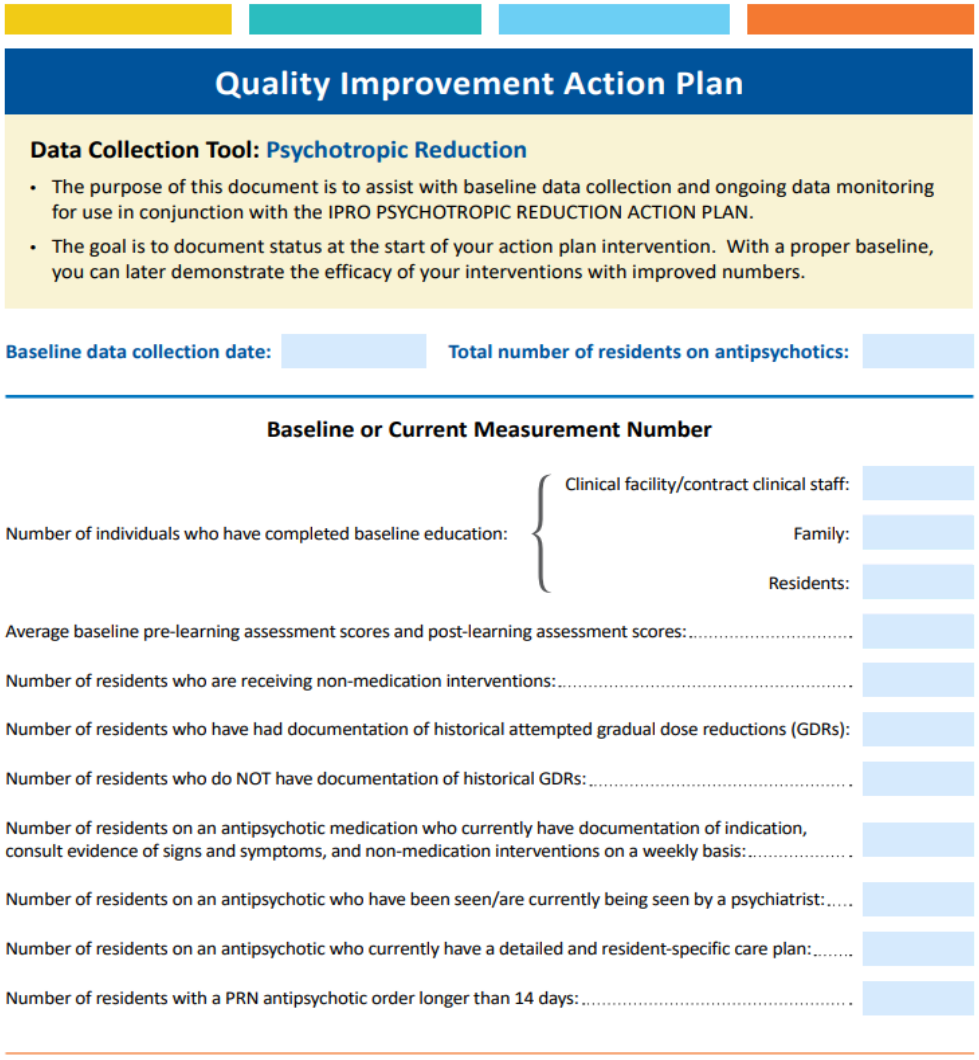
Resource Location:
https://drive.google.com/open?id=1QeiCq0Ez3SMUw4mwCGI2g8V8ZNw1NZW5

SMART Goals in the Action Plan

SMART Goals (Specific, Measureable,Attainable, Realistic, Time-Bound)
1. 100% of clinical facility/contract clinical staff, family and residents will receive education on antipsychotic gradual dose reduction and non-medication interventions by **XX/XX/XXXX**. Learning assessments will be completed (pre and post testing). Education will be conducted annually.
2. Increase the number of residents for whom more than **X** non-medication interventions are/is implemented. Goal is to achieve an absolute rate of 100% for residents over the next 90-120 days.
3. Set a goal of Gradual Dose Reduction (GDR) for a minimum of X residents/month (confer with Medical Director, Pharmacist, prescribers regarding goal) Increase the number of antipsychotic gradual dose reduction attempts initiated by XX each month within the next 90-120days.
4. Residents on antipsychotic medications will have documentation in the medical record that will include the indication for antipsychotic medication, psychiatrist consult , evidence of any signs or symptoms of disturbance and non-medication interventions that were and were not effective. 100% of residents will be reviewed (weekly/daily) over the next 90-120days.
5. Residents receiving antipsychotic medications will have documentation of a specific care plan including medication adverse effects, interventions, gradual dose reduction attempts/failures and previous doses. 100% of residents will be reviewed (weekly/daily) over the next 90-120 days.

https://drive.google.com/open?id=1QeiCq0Ez3SMUw4mwCGI2g8V8ZNw1NZW5

Quality Improvement Action Plan



Quality Improvement Action Plan

Data Collection Tool: Psychotropic Reduction

- The purpose of this document is to assist with baseline data collection and ongoing data monitoring for use in conjunction with the IPRO PSYCHOTROPIC REDUCTION ACTION PLAN.
- The goal is to document status at the start of your action plan intervention. With a proper baseline, you can later demonstrate the efficacy of your interventions with improved numbers.

Baseline data collection date: **Total number of residents on antipsychotics:**

Baseline or Current Measurement Number

Number of individuals who have completed baseline education:
- Clinical facility/contract clinical staff:
- Family:
- Residents:

Average baseline pre-learning assessment scores and post-learning assessment scores:

Number of residents who are receiving non-medication interventions:

Number of residents who have had documentation of historical attempted gradual dose reductions (GDRs):

Number of residents who do NOT have documentation of historical GDRs:

Number of residents on an antipsychotic medication who currently have documentation of indication, consult evidence of signs and symptoms, and non-medication interventions on a weekly basis:

Number of residents on an antipsychotic who have been seen/are currently being seen by a psychiatrist:

Number of residents on an antipsychotic who currently have a detailed and resident-specific care plan:

Number of residents with a PRN antipsychotic order longer than 14 days:

- Data Collection is an important first step.
- Start with your Baseline.
- IPRO Psychotropic Reduction Worksheet
- Contact IPRO Nursing Home Team for more information.

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For Assistance and More Information

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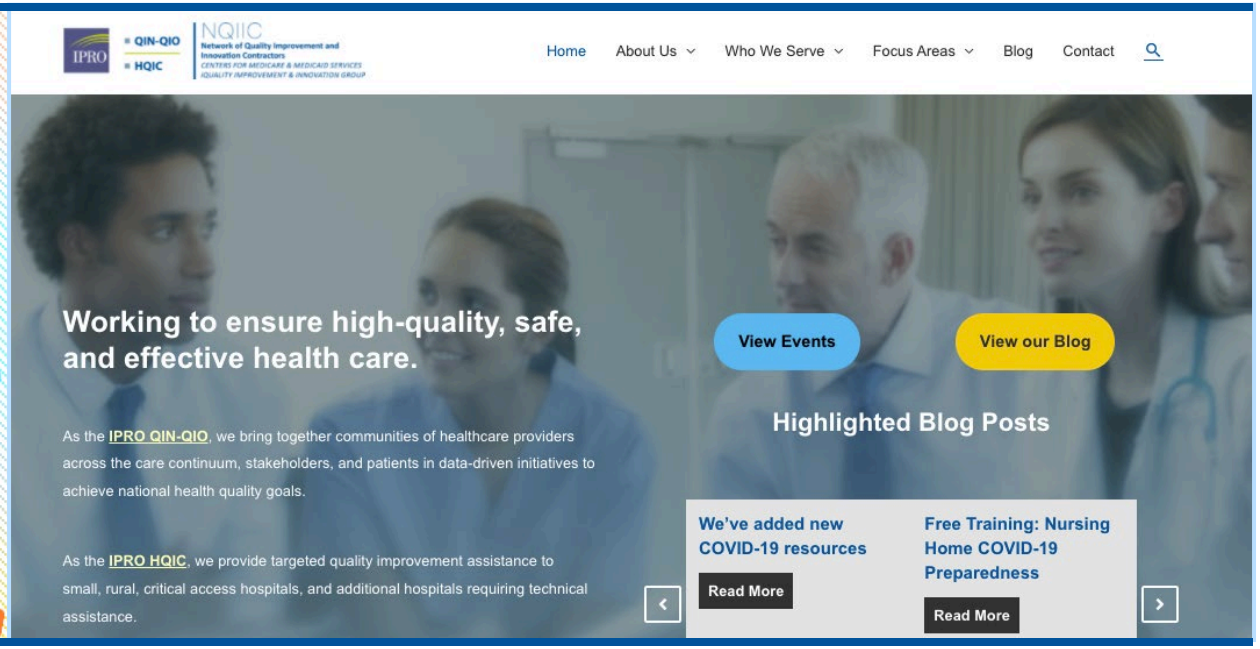

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