

Seminar summary September 2012

CMS Initiative Reducing Antipsychotic Medications

Goal

Reduce antipsychotic drug use by 15% by the end of 2012. Since initiative did not start at the beginning of the year the actual goal is 3% by the end of 2012. New targets will be set by 2013 .

Facilities with antipsychotic percentages below the state and national averages are expected to attempt dose reductions of psychopharmacological medications

Facilities will not be cited if their antipsychotic numbers are not reduced or are above the national average as long as they have appropriate documentation and complete care plan with all the necessary components in place

Nursing Home Compare website

Starting July 2012 website will contain the percentage of residents in the nursing facility using antipsychotic medications

Antipsychotic number will be provided by RNAC from MDS

Issue to be addressed

Off label use of antipsychotic medication for residents with Dementia behaviors

Black box warning of increased risk of death for residents on antipsychotic medication with a diagnosis of dementia

Medications that will be targeted are antipsychotic medication, typical and atypical as well as all other classes of psychopharmacological medication will be examined

If a gradual dose reduction is clinically contraindicated clear rationale as to why must be provided by the prescriber, which would include documentation why any attempted dose reduction would be likely to impair the resident's function or cause psychiatric instability; or that the resident's target symptoms returned or worsened after the most recent attempt at tapering the dose within the facility. Along with rationale a summary of what non pharmacologic interventions are being attempted now, were attempted in the past and plans for future use of the medication should be clearly outlined in the care plan. Monitoring plan for intervention success or failure should be established and progress documented. Non pharmacologic interventions should be attempted even if Dementia is not the diagnosis.

Non pharmacological alternatives which include resident specific activities based on resident likes, staff consistency, staff training, massage therapy and aroma therapy are just some of the suggested interventions.

Person Centered care practice

Person exhibiting a behavior has an unmet need. Staff will be taught to anticipate issues and interact with resident in a gentle way in order to try to alleviate some of these behaviors.

Use root/cause analysis to give individuals what they want personally.

Prescriber and team to evaluate resident needs and wants

Intent of F329

Each resident's medication regimen will be managed and monitored to promote goals of resident's highest well-being, try non-pharmacologic interventions instead of, or in addition to medication, only give necessary medication in dose and duration that is clinically indicated and adverse consequences are to be minimized.

Person centered care is the goal of Culture Change Movement. This movement seeks to move nursing homes from institutional practices to individualizing care via a set of principles. Individualized care and the use of consistent staff assignment makes residents happier and they used less supplements because they eat what they like, residents gain weight, staff turnover drops, occupancy rises, saves money.

What to consider before prescribing

Rule out other causes of behavioral distress, determine if symptoms are severe enough to warrant a medication, were non-pharmacologic interventions attempted first, evaluate benefit vs risk of starting antipsychotic medication, have resident goals been considered(ie end of life). Be prepared to initiate and follow up with gradual dose reductions (GDR) as outlined in the state operations manual.

Resident already on antipsychotic medication

Evaluate the reason why the resident is taking this medication, determine if the diagnosis is appropriate, determine possible drug interactions and positive and negative medication effects. Establish goals for use of the medication.

Role of the Pharmacist

Track patterns of antipsychotic and related drug use, to educate clinical staff on good drug effects and adverse effects, look at possible interactions and incompatibilities with other medication being used, and participate with interdisciplinary committees when applicable

Surveyors are being taught to ask

What was a non-pharmacological intervention tried before drug therapy was initiated? If a resident is on a drug is there a valid diagnosis and specific behaviors? Does the care plan reflect the indication for the medication and time period and specific monitoring? Was a gradual dose reduction attempted, and if so what was the outcome?

A prescriber may be interviewed by the surveyor and asked to provide rationale for the addition of the antipsychotic drug. A surveyor will check for adverse consequences such as falls, headaches, dizziness, sedation, seizure activity, new cognitive decline, unplanned weight loss and weight gain. If any of these are found a surveyor will evaluate how the facility managed the medications in light of these findings. A surveyor expects to see a full story in the chart which outlines the history of the patient's illness.

Pharmacist may be interviewed by the surveyor regarding the results of the monthly review and recommendations if concern regarding therapy is noted.

CMS Recommendations

Prescriber training on person centered care and non-pharmacologic interventions first. Interdisciplinary teams working together to determine root\cause analysis of behaviors. Residents and families to be engaged and educated in resident care. Review of policies and procedures and institute that non-pharmacologic interventions should be tried before starting a drug for a resident with dementia.

Culture change philosophy

Know each person, every person can make a difference, build relationships with patients, respond to spirit as well as mind and body, make life as normal as possible, put person before task, preserve self determination, community is the antidote to institutionalization, do unto others as you would have them do unto you, promote growth and development, evaluate the environment in all aspects: physical, organizational, psycho\social\physical, look for opportunities to do better.

Hand in Hand

CMS distributing the training kit to all nursing homes. These staff training videos explain the diagnosis of dementia and what to expect from patients as their cognitive function declines, along with abuse recognition and prevention.

Activities

Comprehensive CMS regulatory guide as to how activities can impact the resident and psychopharmacological drug use. Key is to know each person and find out what they need and want, what they used to like and what activity is a part of their quality of life.

QAPI

This regulation is not written yet. Expected sometime in 2013.

Mandated by the affordable care act 2010, CMS needs to develop a regulation for quality assurance and performance improvement (QAPI) for all nursing homes. This is a data driven proactive approach to quality improvement that involves members of the multidisciplinary team to continuously identify opportunities for improvement, address gaps through planned interventions to improve overall quality of the care and services of nursing home residents

Five elements include Design and scope, Governance and Leadership, feedback, data systems and monitoring, performance improvement projects systemic analysis and systemic action. Nursing

homes must have a written QAPI plan that addresses the five elements and this plan must be presented to CMS.

On The Horizon

Updates to State Operation Manual that may include removal of dementia with behavior disturbance as an acceptable diagnosis to support antipsychotic therapy.