

Effective Solutions for Improving Clinical Care in Long-Term Care Settings



PROJECT
pallise

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Chad Worz, PharmD, BCGP, FASCP
Chief Executive

American Society of Consultant Pharmacists

Psychoactive Appropriate Use for Safety & Effectiveness

- Effective, evidence based, measurable solutions for long term care
- Advocacy to members of Congress
- Engagement with the Centers of Medicare and Medicaid Services (CMS)
- Education and training of clinicians and caregivers



Evidence and Efficacy



- A retrospective case-control study was conducted in the Veterans Health Administration from October 1, 1998, through September 30, 2009. Participants included 90 786 patients 65 years or older with a diagnosis of dementia. Final analyses were conducted in August 2014.
- As a group, the atypical antipsychotics (olanzapine, quetiapine, and risperidone) showed a dose-response increase in mortality risk, with 3.5% greater mortality (95% CI, 0.5%-6.5%; $P = .02$) in the high-dose subgroup relative to the low-dose group.

Maust DT, Kim HM, Seyfried LS, et al. Antipsychotics, Other Psychotropics, and the Risk of Death in Patients With Dementia: Number Needed to Harm. *JAMA Psychiatry*. 2015;72(5):438–445. doi:10.1001/jamapsychiatry.2014.3018

Evidence and Efficacy

- The use of antipsychotic medications, both conventional and atypical, was not associated with either time to nursing home admission or time to death after adjustment for relevant covariates. Rather, it was the presence of psychiatric symptoms, including psychosis and agitation, that was linked to increased risk of institutionalization and death after adjustment for exposure to antipsychotics.



<https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2013.12081046>

The History of Antipsychotic Management by CMS



- Established the National Partnership to Improve Dementia Care in Nursing Homes in 2012
 - Set goals (latest a 15% reduction in APs by 2019)
 - Provide resources
 - Educational Webinars
- Set for refinement/new goals

Current Inequities



Disadvantages Based on Facility Size

As the population of people over 65 years old continues to increase, the absolute number of patients suffering from psychosis will also continue to grow.⁴¹ The current quality measure utilized by The Partnership indicates that "lower is better," which fails to adjust for the increasing patient population and the additional services that these

Disadvantages Based on Facility Location

Utilizing a generic percentage as a quality metric does not accurately capture the size and scope of the problem, which is evident in many rural facilities across the country.⁴³ Rural facilities are more likely to house a smaller number of residents, which means that any resident receiving

Disadvantages Based on Clinical Expertise

Many nursing homes and LTCFs are beginning to specialize in treating residents with complex conditions.⁴⁵ A facility may choose to admit more patients with moderate dementia and psychotic symptoms due to management

Nursing Home Setting are growing more Complex and Heterogenous

well as professional and family caregivers. **Currently, CMS does not integrate diagnostic criteria and clinical guidelines into nursing home operator, prescriber, medical director, nursing, and surveyor trainings, or in standardized patient assessment elements (SPADEs) for the Minimum Data Set (MDS), Outcome and Assessment Information Set (OASIS), Inpatient Rehabilitation Facility–Patient Assessment Instrument (IRF-PAI), or LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS).**



Simple, Elegant Solution



N0450. Antipsychotic Medication Review	
Enter Code <input type="text"/>	A. Did the resident receive antipsychotic medications since admission/entry or reentry to the prior OBRA assessment, whichever is more recent? 0. No – Antipsychotics were not received → Skip N0450B, N0450C, N0450D, and N0450E 1. Yes – Antipsychotics were received on a routine basis only → Continue to N0450B, Has a GDR been attempted? 2. Yes – Antipsychotics were received on a PRN basis only → Continue to N0450B, Has a GDR been attempted? 3. Yes – Antipsychotics were received on a routine and PRN basis → Continue to N0450B, Has a GDR been attempted?
Enter Code <input type="text"/>	B. Has a gradual dose reduction (GDR) been attempted? 0. No → Skip to N0450D, documented GDR as clinically contraindicated <i>or documented use of the drug and dose as clinically appropriate</i> 1. Yes → Continue to N0450C, Date of last attempted GDR
	C. Date of last attempted GDR: <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> Month Day Year </div>
Enter Code <input type="text"/>	D. Documented GDR as clinically contraindicated or documented use of the drug and dose as clinically appropriate 0. No – GDR has not been documented by <i>BOTH physician and pharmacist</i> as clinically contraindicated <i>or documented use of the drug and dose as clinically appropriate</i> → Skip N0450E Date <i>physician or pharmacist</i> documented GDR as clinically contraindicated <i>or documented use of the drug and dose as clinically appropriate</i> 1. Yes – GDR has been documented by <i>BOTH physician and pharmacist</i> as clinically contraindicated <i>or documented use of the drug and dose as clinically appropriate</i> → Continue to N0450E, Effective date of documented GDR as clinically contraindicated <i>or documented use of the drug and dose as clinically appropriate</i>
	E. Date of documented GDR as clinically contraindicated or documented use of the drug and dose as clinically appropriate: <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> Month Day Year </div>

Shovel Ready Solutions



A summary list of our recommendations include:

1. Removing the requirement to count residents in SNFs who are appropriately prescribed antipsychotics for FDA-approved indications, from quality metrics for both short- and long-term stay residents receiving standing or as needed (PRN) antipsychotics medications.
2. Expanding CMS recognition of FDA-approved uses for psychotropic and antipsychotic medications for the treatment of neuropsychiatric disorders in late-life.
3. Integrating diagnostic criteria and clinical guidelines into nursing home operator, medical director, nursing, and surveyor trainings.
4. Sponsorship of population health studies which result in evidence-based clinical guidelines guiding the use of psychotropic and antipsychotic medications for the treatment of neuropsychiatric disorders in late-life.
5. Legislative action to establish additional opportunities for training of long-term care nursing and clinical staff.

Considerations for CMS: Medication Access Issues for People with NPS in AD and other Dementias



Many patients who surpass nonpharmacological intervention and require medications for psychosis or other NPS may struggle with accessing the medications they need due to facilities emphasis on star-ratings and regulations that do not consider these patients

CMS' current definition of psychotropic is too broad: F758 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17) §483.45(c)(3) A psychotropic drug is **any drug that affects brain activities associated with mental processes and behavior**. These drugs include, **but are not limited to**, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic.

Individuals in LTC with psychiatric illness may have trouble with accessing maintenance medications, even if those medications support stability

Alliance for Aging Research

Alzheimer's Foundation of America

American Association for Geriatric Psychiatry
(AAGP)

American Association of Post-Acute Care Nursing
(AAPACN)

American Health Care Association

American Society of Consultant Pharmacists (ASCP)

AMDA – The Society for Post-Acute and Long-Term
Care Medicine

Caregiver Action Network

The Gerontological Society of America (GSA)

National Community Pharmacists Association
(NCPA)

National Minority Quality Forum

Pharmacy Quality Alliance