Psychotropic Drug Use in LTC Settings: It’s Getting Another Look!

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Today’s Webinar and Speaker

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Learning Objectives

- Educating on how to foster safer use of Psychotropic Drugs in all Healthcare Settings
- Learning why these powerful medications, while helpful, are sometimes over prescribed
- Reviewing the major side effects and adverse events associated with these drugs
- Identifying some of the clinical concerns associated with misuse and overprescribing
- Exploring what regulators are examining when they perform various surveys and inspections

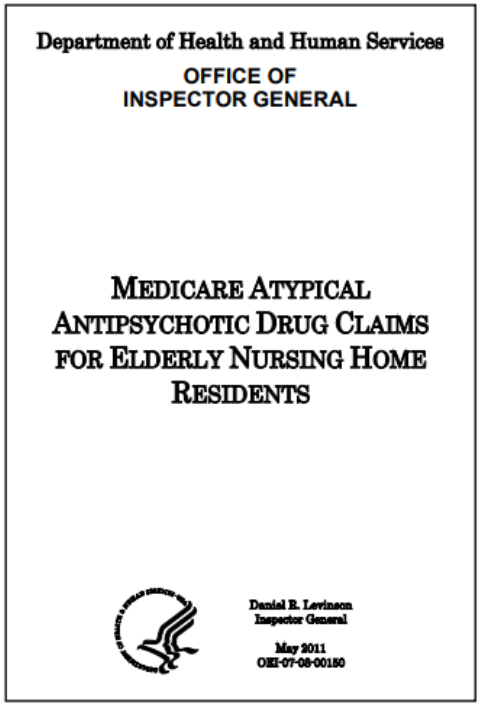
Safer Use of Psychotropics

Determining how to foster safer use of Psychotropic Drugs in all Healthcare Settings - a concern by representatives in government

2011 Office of Inspector General Report and Use of Antipsychotic Drugs in Nursing Homes :

- shines the light on the prevalence of prescribing;
- questions why medications are prescribed for folks with dementia and inappropriate use;
- outlines the concerns over the consequences for the residents receiving these drugs

Groundbreaking Report: Office of Inspector General



Department of Health and Human Services

OFFICE OF
INSPECTOR GENERAL

MEDICARE ATYPICAL ANTIPSYCHOTIC DRUG CLAIMS FOR ELDERLY NURSING HOME RESIDENTS

Daniel R. Levinson
Inspector General

May 2011
OEI-07-08-00150

Office of Inspector General

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Monitoring Psychotropic Drug Use in Nursing Homes

Previous OIG work found that elderly nursing home residents who were prescribed antipsychotics, a type of psychotropic drug, were at risk for harm. In response, the Centers for Medicare & Medicaid Services (CMS) took steps to address the risk of harm to nursing home residents. One such step was introducing a quality measure to track the rates of antipsychotic drug use in residents without an appropriate diagnosis. Recently, CMS and researchers expressed concerns that some nursing homes underreport antipsychotic drug use and may inaccurately report certain patient diagnoses in order to avoid CMS monitoring. Additionally, research on antipsychotic drug use has highlighted the need to closely monitor all psychotropic drug use to accurately oversee drug use in nursing homes. We will determine the extent to which there are inconsistencies, if any, between (1) Medicare claims data for residents prescribed psychotropic drugs compared to nursing home self-reported data on residents who received psychotropic drugs, and (2) Medicare claims data as it relates to the diagnoses that exclude residents from monitoring in the antipsychotic quality measure compared to nursing home self-reported data on resident diagnoses.

Announced or Revised	Agency	Title	Component	Report Number(s)	Expected Issue Date (FY)
May 2020	Centers for Medicare and Medicaid	Monitoring Psychotropic Drug Use in Nursing	Office of Evaluation and Inspections	OEI-07-19-00490	2021

Psychotropic Drugs Are Front and Center

Monitoring Psychotropic Drug Use in Nursing Homes : Work Plan Announced in May 2020

Previous OIG work found that elderly nursing home residents who were prescribed antipsychotics, a type of psychotropic drug, were at risk for harm. In response, the Centers for Medicare & Medicaid Services (CMS) took steps to address the risk of harm to nursing home residents. One such step was introducing a quality measure to track the rates of antipsychotic drug use in residents without an appropriate diagnosis. **Recently, CMS and researchers expressed concerns that some nursing homes underreport antipsychotic drug use and may inaccurately report certain patient diagnoses in order to avoid CMS monitoring. Additionally, research on antipsychotic drug use has highlighted the need to closely monitor all psychotropic drug use to accurately oversee drug use in nursing homes.** We will determine the extent to which there are inconsistencies, if any, between (1) Medicare claims data for residents prescribed psychotropic drugs compared to nursing home self-reported data on residents who received psychotropic drugs, and (2) Medicare claims data as it relates to the diagnoses that exclude residents from monitoring in the antipsychotic quality measure compared to nursing home self-reported data on resident diagnoses.

Date report to be released: 2021

https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000470.asp

Keystone to Action: National Partnership & Dementia Care

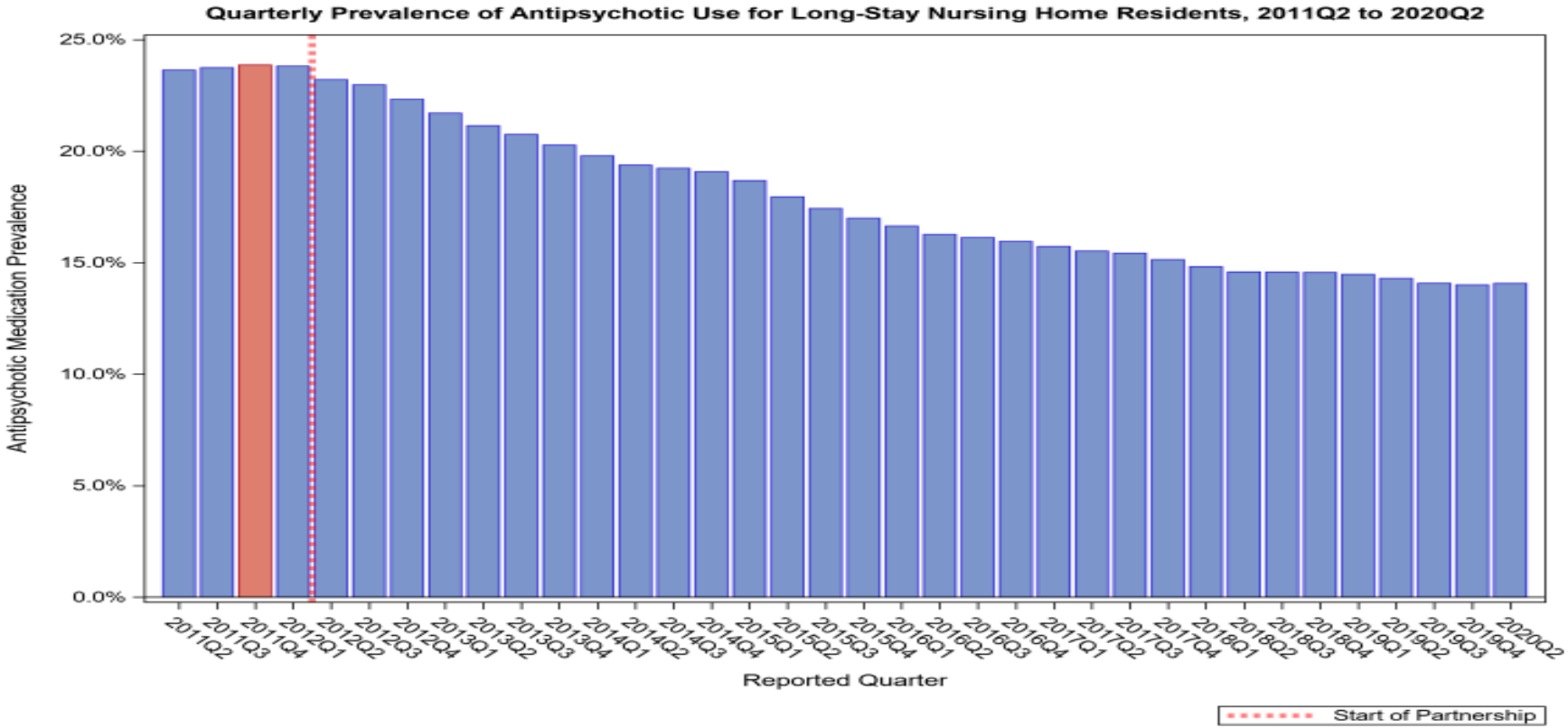
National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use Data Report (October 2020)

The National Partnership to Improve Dementia Care in Nursing Homes is committed to improving the quality of care for individuals with dementia living in nursing homes. The National Partnership has a mission to deliver health care that is person-centered, comprehensive and interdisciplinary with a specific focus on protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication and a systematic process to evaluate each individual's need. The Centers for Medicare & Medicaid Services (CMS) promotes a multidimensional approach that includes; research, partnerships and state-based coalitions, revised surveyor guidance, training for providers and surveyors and public reporting.

CMS is tracking the progress of the National Partnership by reviewing publicly reported measures. The official measure of the Partnership is the percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's Disease or Tourette's Syndrome. In 2011Q4, 23.9 percent of long-stay nursing home residents were receiving an antipsychotic medication; since then there has been a decrease of 41 percent to a national prevalence of 14.1 percent in 2020Q2. Success has varied by state and CMS region, with some states and regions having seen a reduction of greater than 45 percent. CMS acknowledges that circumstances exist where clinical indications for the use of antipsychotic medications are present and does not expect that the national prevalence of antipsychotic medication use will decrease to zero.

A four-quarter average of this measure is posted to the Care Compare website at https://www.medicare.gov/care-compare/. Due to the COVID-19 public health emergency, quality measures were frozen at the time the data were pulled for this report. Because of this, the four-quarter average consists of data from 2019Q1 – 2019Q4.

Data: Antipsychotic Use Trends Since OIG Report, 2011



CMS Regional Data: National Comparison

region	2011Q4	2015Q3	2015Q4	2016Q1	2016Q2	2016Q3	2016Q4	2017Q1	2017Q2	2017Q3	2017Q4	2018Q1	2018Q2	2018Q3	2018Q4	2019Q1	2019Q2	2019Q3	2019Q4	2020Q2	Percentage point difference (2011Q4-2020Q2)	% Change
National	23.9%	17.4%	17.0%	16.6%	16.3%	16.1%	16.0%	15.7%	15.5%	15.4%	15.1%	14.8%	14.6%	14.6%	14.6%	14.5%	14.3%	14.1%	14.0%	14.1%	-9.80	-41.0%
CMS Boston	26.2%	18.1%	18.0%	17.6%	17.3%	17.3%	17.1%	16.9%	17.1%	17.2%	17.1%	16.9%	16.7%	16.9%	16.8%	16.9%	16.9%	16.8%	17.1%	17.3%	-8.96	-34.2%
CMS New York	20.1%	14.6%	14.5%	14.0%	13.5%	13.3%	12.8%	12.2%	11.8%	11.5%	11.2%	11.0%	10.6%	10.5%	10.5%	10.5%	10.4%	10.3%	10.6%	10.7%	-9.31	-46.4%
CMS Philadelphia	21.8%	16.1%	15.7%	15.8%	15.5%	15.3%	15.1%	15.1%	14.9%	14.7%	14.6%	14.5%	14.4%	14.4%	14.5%	14.5%	14.5%	14.3%	14.3%	14.2%	-7.57	-34.7%
CMS Atlanta	25.5%	18.2%	17.8%	17.5%	17.2%	16.9%	16.9%	16.6%	16.2%	16.1%	15.9%	15.5%	15.5%	15.4%	15.5%	15.3%	15.0%	14.6%	14.5%	14.8%	-10.73	-42.0%
CMS Chicago	22.7%	17.5%	16.8%	16.4%	16.0%	16.0%	15.9%	15.7%	15.5%	15.4%	15.3%	15.0%	14.8%	14.7%	14.7%	14.7%	14.5%	14.4%	14.2%	14.2%	-8.54	-37.6%
CMS Dallas	28.2%	20.3%	19.6%	18.9%	18.4%	18.2%	17.6%	17.3%	17.0%	16.8%	15.7%	15.1%	14.4%	14.3%	14.3%	14.2%	13.9%	13.5%	13.1%	12.8%	-15.39	-54.6%
CMS Kansas City	24.5%	18.9%	18.4%	18.3%	18.0%	18.0%	17.9%	17.7%	17.9%	17.9%	17.3%	16.9%	16.9%	17.1%	17.1%	16.9%	16.7%	16.5%	16.6%	16.9%	-7.61	-31.1%
CMS Denver	21.4%	15.8%	16.0%	15.6%	15.2%	15.4%	15.5%	15.6%	15.4%	15.3%	15.7%	15.5%	15.2%	15.1%	14.9%	14.7%	14.7%	14.6%	14.8%	15.3%	-6.16	-28.7%
CMS San Francisco	21.3%	13.9%	13.7%	13.3%	12.9%	12.7%	12.5%	12.4%	12.1%	11.9%	11.9%	11.7%	11.5%	11.5%	11.2%	11.1%	11.3%	11.0%	10.9%	10.9%	-10.48	-49.1%
CMS Seattle	22.3%	16.4%	16.2%	15.9%	15.2%	15.3%	15.2%	15.2%	15.0%	15.3%	15.3%	15.0%	14.7%	15.2%	15.2%	15.2%	14.7%	14.6%	14.8%	14.9%	-7.39	-33.1%

OIG Follow Up Reporting Due in 2021

Assessing Trends Related to the Use of Psychotropic Drugs in Nursing Homes

Previous OIG work found that elderly nursing home residents who were prescribed antipsychotic drugs—*a type of psychotropic drug*—were at risk for harm. CMS concurred with some OIG recommendations and developed new initiatives. However, policymakers continue to raise concerns about whether CMS has made sufficient progress in reducing the use of antipsychotic drugs to care for the elderly. **We will report the changes over time for the following: (1) the use of psychotropic drugs for elderly nursing home residents; (2) citations and civil monetary penalties assessed to nursing homes regarding psychotropic drugs; and (3) the presence of diagnoses that exclude nursing home residents from CMS's measure of the use of antipsychotic drugs.**

https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000495.asp

Self Assessment Question 1

Which government agency first raised concerns about the use of antipsychotic drugs in nursing homes?

a. **FDA**
b. **CMS**
c. **OIG**
d. **FBI**

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a. **FDA**
b. **CMS**
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Psychotropics & CMS Quality Measures: Short Stay

- Percentage of short-stay residents who were re-hospitalized after a nursing home admission.
- Percentage of short-stay residents who have had an outpatient emergency department visit.
- **Percentage of short-stay residents who got antipsychotic medication for the first time.**
- Percentage of SNF residents with pressure ulcers that are new or worsened (SNF QRP).
- Rate of successful return to home and community from a SNF (SNF QRP).
- Percentage of short-stay residents who improved in their ability to move around on their own.
- Percentage of short-stay residents who needed and got a flu shot for the current flu season.
- Percentage of short-stay residents who needed and got a vaccine to prevent pneumonia.
- Percentage of SNF residents who experience one or more falls with major injury during their SNF stay (SNF QRP).
- Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan (SNF QRP).
- Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF (SNF QRP).
- Medicare Spending Per Beneficiary (MSPB) for residents in SNFs (SNF QRP).

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures

Psychotropics & CMS Quality Measures: Long Stay

- Number of hospitalizations per 1,000 long-stay resident days.
- Outpatient emergency department visits per 1,000 long-stay resident days.
- **Percentage of long-stay residents who got an antipsychotic medication.**
- Percentage of long-stay residents experiencing one or more falls with major injury.
- Percentage of long-stay high-risk residents with pressure ulcers.
- Percentage of long-stay residents with a urinary tract infection.
- Percentage of long-stay residents who have or had a catheter inserted and left in their bladder.
- Percentage of long-stay residents whose ability to move independently worsened.
- Percentage of long-stay residents whose need for help with daily activities has increased.
- Percentage of long-stay residents who needed and got a flu shot for the current flu season.
- Percentage of long-stay residents who needed and got a vaccine to prevent pneumonia.
- Percentage of long-stay residents who were physically restrained.
- Percentage of long-stay low-risk residents who lose control of their bowels or bladder.
- Percentage of long-stay residents who lose too much weight.
- Percentage of long-stay residents who have symptoms of depression.
- **Percentage of long-stay residents who got an antianxiety or hypnotic medication.**

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures

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
- Huntington’s Chorea
- Tourette’s Syndrome

These exclusions have led to “gaming the system” for reporting purposes:

resulting in inaccuracies of reporting and diagnosis shifting

CMS is addressing in a 2021 report with recommendations for improving reporting

Requirements of Participation: Relevant CMS Ftags and Psychotropics

Psychotropic Medications

605 Dignity - Chemical Restraints

679 Activities

756 Medication Regimen Review

757 Unnecessary Drugs

758 Psychotropic Medications

F756 Drug Regimen Review (MRR)

F756 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) **Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.** (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.

MRR: The pharmacist’s review considers factors such as:

Whether the physician and staff have documented progress towards, decline from, or maintenance of the resident’s goal(s) for the medication therapy;

Whether the physician and staff have documented any attempts for gradual dose reduction (GDR) or added any non-pharmacological approaches, in an effort to reduce or discontinue a drug

MRR: The pharmacist's review considers factors such as:

Whether the physician and staff have noted and acted upon possible medication-related causes of recent or persistent changes in the resident's condition such as worsening of an existing problem or the emergence of new signs or symptoms. Some examples of changes potentially related to medication use that could occur include:

o Anorexia and/or unplanned weight loss, or weight gain;

o Expressions or indications of distress, or other changes in a resident's psychosocial status;

o Bowel function changes including constipation, ileus, impaction;

o Confusion, cognitive decline, worsening of dementia (including delirium);

o Dehydration, fluid/electrolyte imbalance;

o Excessive sedation, insomnia, or sleep disturbance;

o Falls, dizziness, or evidence of impaired coordination

F757 Unnecessary Drugs

F757 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.45(d) Unnecessary Drugs—General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used—

F757 Unnecessary Drugs

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§483.45(d) Unnecessary Drugs—General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used—

§483.45(d)(1) In excessive dose (including duplicate drug therapy);

"Excessive dose" means the total amount of any medication (including duplicate therapy) given at one time or over a period of time that is greater than the amount recommended by the manufacturer's label, package insert, and accepted standards of practice for a resident's age and condition.

F757 Unnecessary Drugs

F757 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.45(d) Unnecessary Drugs—General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used—

or §483.45(d)(2) For excessive duration;

Periodic re-evaluation of the medication regimen is necessary to determine whether prolonged or indefinite use of a medication is indicated. The clinical rationale for continued use of a medication(s) may have been demonstrated in the clinical record, or the staff and prescriber may present pertinent clinical reasons for the duration of use.

F757 Unnecessary Drugs

F757 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.45(d) Unnecessary Drugs—General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used—

or §483.45(d)(2) For excessive duration;

Common considerations for appropriate duration may include: A medication initiated as a result of a time-limited condition (for example, delirium, pain, infection, nausea and vomiting, cold and cough symptoms, or itching) is then discontinued when the condition has resolved, or there is documentation indicating why continued use is still relevant. **Failure to review whether the underlying cause has resolved may lead to excessive duration.**

F757 Unnecessary Drugs

F757 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.45(d) Unnecessary Drugs—General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used—

or §483.45(d)(3) Without adequate monitoring;

Monitoring and accurate documentation of the resident's response to any medication(s) is essential to evaluate the ongoing benefits as well as risks of various medications. Monitoring should also include evaluation of the effectiveness of non-pharmacological approaches, such as prior to administering PRN medications.

F757 Unnecessary Drugs

F757 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.45(d) Unnecessary Drugs—General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used—

or §483.45(d)(4) Without adequate indications for its use;

The resident's medical record must show documentation of adequate indications for a medication's use and the diagnosed condition for which a medication is prescribed. An evaluation of the resident by the IDT helps to identify his/her needs, goals, comorbid conditions, and prognosis to determine factors (including medications and new or worsening medical conditions) that are affecting signs, symptoms, and test results.

F757 Unnecessary Drugs

F757 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.45(d) Unnecessary Drugs—General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used—

or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued;

Adverse consequences related to medications are common enough to warrant serious attention and close monitoring. An HHS Office of the Inspector General (OIG) report released in February 2014 found approximately one in five SNF residents experienced at least one adverse even during their SNF stay. Thirty-seven percent of these events were related to medications and were often preventable. **The risk for adverse consequences increases with both the number of medications** being taken regularly and with medications from specific pharmacological classes, such as anticoagulants, diuretics, **psychotropic medications**, anti-infectives, and anticonvulsants.

F757 Unnecessary Drugs

F757 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.45(d) Unnecessary Drugs—General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used—

or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.

Self Assessment Question 2

An example of an unnecessary drug includes:

a. a psychotropic prescribed without an appropriate reason
b. a medication ordered which sedates the resident and prevents them from getting up during the day
c. a drug ordered because a nurse wants the resident to be quiet at bedtime
d. all of the above

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c. a drug ordered because a nurse wants the resident to be quiet at bedtime
d. all of the above

F758 Psychotropics

§483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that-- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), 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. §483.45(e)(5) 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.

F758 Psychotropics

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

F758 Psychotropics

§483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that--

§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;

"... residents must not receive any medications which are not clinically indicated to treat a specific condition. The medical record must show documentation of the diagnosed condition for which a medication is prescribed. **This requirement is especially important when prescribing psychotropic medications which, as defined in this guidance, include, but are not limited to, the categories of anti-psychotic, anti-depressant, anti-anxiety, and hypnotic medications.** *All medications included in the psychotropic medication definition may affect brain activities associated with mental processes and behavior."*

F758 Psychotropics

§483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that--

§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;

"Use of psychotropic medications, other than antipsychotics, should not increase when efforts to decrease antipsychotic medications are being implemented, unless the other types of psychotropic medications are clinically indicated. Other medications which may affect brain activity such as central nervous system agents, mood stabilizers, anticonvulsants, muscle relaxants, anticholinergic medications, antihistamines, NMDA receptor modulators, and over the counter natural or herbal products must also only be given with a documented clinical indication consistent with accepted clinical standards of practice. Residents who take these medications must be monitored for any adverse consequences, specifically increased confusion or oversedation."

F758 Psychotropics

§483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that--

§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;

The regulation addressing the use of psychotropic medications identifies the process of tapering as a GDR and requires a GDR, unless clinically contraindicated. Within the first year in which a resident is admitted on a psychotropic medication or after the prescribing practitioner has initiated a psychotropic medication, the facility must attempt a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated. After the first year, a GDR must be attempted annually, unless clinically contraindicated.

F758 Psychotropics

§483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that--

§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;

For any individual who is receiving a psychotropic medication to treat a disorder other than expressions or indications of distress related to dementia (for example, schizophrenia, bipolar mania, depression with psychotic features, or another medical condition, other than dementia, which may cause psychosis), the GDR may be considered clinically contraindicated for reasons that include, but that are not limited to:

• The continued use is in accordance with relevant current standards of practice and the physician has documented the clinical rationale for why any attempted dose reduction would be likely to impair the resident's function or exacerbate an underlying medical or psychiatric disorder; or

• The resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility and the physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or exacerbate an underlying medical or psychiatric disorder.

F758 Psychotropics

§483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that--

§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record;

In certain situations, psychotropic medications may be prescribed on a PRN basis, such as while the dose is adjusted, to address acute or intermittent symptoms, or in an emergency. **However, residents must not have PRN orders for psychotropic medications unless the medication is necessary to treat a diagnosed specific condition.** The attending physician or prescribing practitioner must document the diagnosed specific condition and indication for the PRN medication in the medical record.

F758 Psychotropics

§483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that--

§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), 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.

F758 Psychotropics

§483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that--

§483.45(e)(5) **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.

The required evaluation of a resident before writing a new PRN order for an antipsychotic medication entails the attending physician or prescribing practitioner **directly examining the resident** and assessing the resident's current condition and progress to determine if the PRN antipsychotic medication is still needed. As part of the evaluation, the attending physician or prescribing practitioner should, at a minimum, determine and document the following in the resident's medical record: • Is the antipsychotic medication still needed on a PRN basis? • What is the benefit of the medication to the resident? • Have the resident's expressions or indications of distress improved as a result of the PRN medication?

Self Assessment Question 3:

LTC facilities are required to attempt GDRs of psychotropics except for residents with a diagnosis of:

a. Psychosis
b. Insomnia
c. Depression
d. Schizophrenia
e. General Anxiety Disorder

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Guidance to Surveyors- Training on Drug Management

“Anticholinergic side effect” is an effect of a medication that opposes or inhibits the activity of the parasympathetic (cholinergic) nervous system to the point of causing symptoms such as **dry mouth, blurred vision, tachycardia, urinary retention, constipation, confusion, delirium, hallucinations, flushing, and increased blood pressure.**

Types of medications that may produce anticholinergic side effects include: • Antihistamines, **antidepressants, anti-psychotics,** antiemetics, muscle relaxants; and • Certain medications used to treat cardiovascular conditions, Parkinson’s disease, urinary incontinence, gastrointestinal issues and vertigo

Pearls Related to Psychotropic Medication Use

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

- FDA Black Box 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:

- 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
  - May 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
- Lithium
- 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, day time sedation, increased risk for falls; do not use unless other reasons for insomnia have been ruled out; supplements as altenatives

Anxiolytics - Reduce Anxiety

Anxiolytics – treat anxiety

- Used to treat symptoms of anxiety which cause the resident distress
- Use of these drugs improve resident’s functional status
- Must be evaluated for GDR at least every other month (unless MD documents why it is clinically contraindicated)

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**

Antidepressants

Antidepressants

- Medications which are useful to treat depression, a chronic or 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)
- Nortriptyline
- Desyrel (trazodone)
- Remeron (mirtazapine)

Drugs and ‘OFF LABEL’ Prescribing

Miscellaneous psychoactive drugs

- These drugs should be used to treat symptoms associated with a **psychiatric diagnosis**
- May be prescribed “OFF LABEL”
-
- 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

Sample Template Note to Capture Interventions : GDR

GDR Note:

Resident discussed at Psych Rounds on [date]; team included Medical Director, Attending Physician, [ISNP Nurse Practitioner], Clinical Nurse Manager, Consultant Pharmacist, Resident Services Coordinator, Therapeutic Enrichment, Nutritionist. Psychotropic drugs discussed. Team decided:

[ ] will attempt GDR of : [name of drug]
[ ] will request a psych consult
[ ] not a candidate for GDR at this date

Sample Template Note to Capture Interventions: Falls

MRR Consultant Pharmacist Note - Med Review Falls

MRR - FALLS
Current medications reviewed; meds which increase risk for falls include:

Recommendations:
[ ] orthostatic BP monitoring, sitting->standing, every shift for 1 week. Notify MD for systolic drop more than 20
[ ] fingerstick for blood sugar in morning and evening for 1 week, notify MD for FS <70 or >300
[ ] medication regimen adjustment to include:
[ ] other:

Sample Template Note to Capture Non-Pharm Interventions

Incident-Based Behavioral Health Progress Note

Day of the Week:

Time of Day of Event Occurrence:

Observed Behavioral Health Needs/Communication:

[ ] Anxious mood state
[ ] Disruptive behavior [ ] Interpersonal conflicts [ ] Sad Affect [ ] Socially inappropriate behavior

[ ] Verbal aggression [ ] Physical aggression [ ] Other (specify):

Possible Precipitating Event:

[ ] Pain [ ] Hunger [ ] Sleepiness [ ] Environmental Stimuli (including noise, light, etc) [ ] Interpersonal interaction [ ] Personal loss[ ] Other

Sample Template Note to Capture Non-Pharm Interventions

Non-Pharmacological Intervention(s) Utilized to Support Residents Strengths:

[ ] Validated resident's feeling (frustration, sadness, anger, etc.) and provided emotional support [ ] Supported resident's strengths

[ ] Advocacy for self [ ] Advocacy for others [ ] Compassion

[ ] Confidence [ ] Humor [ ] Independence

[ ] Verbal Communication [ ] Nonverbal Communication [ ] Other: _____

[ ] Praised for all efforts made [ ] Assisted resident to another location to change environmental stimuli [ ] Offered sensory cat [ ] Offered music of residents preference [ ] Offered resident place to nap/rest [ ] Offer food of preference as indicated [ ] Reminisce with resident about residents profession and/or area of interest [ ] Referred to nursing/medical staff for signs of symptom of physical/emotional distress [ ] Contact and/or reference family member/designated representative to offer comfort/encouragement to resident [ ] Other (specify):

Reflections On Person Centered Care For Anyone Receiving PSYCHOTROPIC MEDS

Things to ask yourself:

- 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 only lowest dose necessary , or none!

Questions

Questions ?
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Thank you !

Appendix

Appendix : Resources which include Ftags and integrated Guidance to Surveyors from the State Operations Manual

F605 Dignity, Free from Chemical Restraints

F605 Dignity Free from Chemical Restraints

F605 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:

§483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2).

NOTE: A medication may have been required to treat a medical symptom, and as a result, the medical symptom is no longer present. In some cases, the clinical goal of the continued use of the medication is to stabilize the symptoms of the disorder so that the resident can function at the highest level possible. In other words, the clinical goal is to have no symptoms of the disorder. Although the symptom may no longer be present, the disease process is still present.

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For example, diseases may include:

- **Chronic psychiatric illness such as schizophrenia or schizoaffective disorder, bipolar disorder, depression, or post-traumatic stress disorder;**
- **Neurological illness such as Huntington's disease or Tourette's syndrome; and**
- **Psychosis and psychotic episodes.**

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In such instances, if the medication is reduced or discontinued, the symptoms may return. Reducing or eliminating the use of the medication may be contraindicated and must be individualized. **If the medication is still being used, the clinical record must reflect the rationale for the continued administration of the medication. If no rationale is documented, this may meet the criteria for a chemical restraint, such as for staff convenience (See also F758 for concerns related to unnecessary use of a psychotropic medication and lack of gradual dose reduction).**

F679 Activities

F679 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.24(c) **Activities** §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.

“Behavioral interventions” are individualized, **non-pharmacological approaches** to care that are provided as part of a supportive physical and psychosocial environment, directed toward understanding, preventing, relieving, and/or accommodating a resident’s distress or loss of abilities, as well as maintaining or improving a resident’s mental, physical or psychosocial wellbeing.