



Session: W634:
Renewed Focus on Antipsychotics:
CMS regulations, diagnosis, utilization and annual survey expectations

1

Speakers

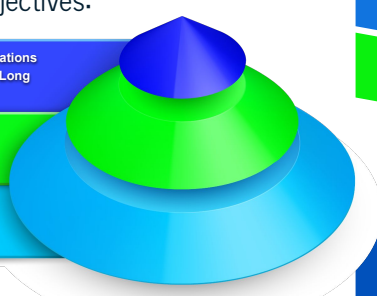
Tana Whitt, MSN, APRN, PMHNP-BC
tana@psych360.org

Nicole Coniglio, MSN, APRN, PMHNP-BC, ACNP-BC
nicole@psych360.org

Anthony NedeIman, Ph.D
anthony@psych360.org

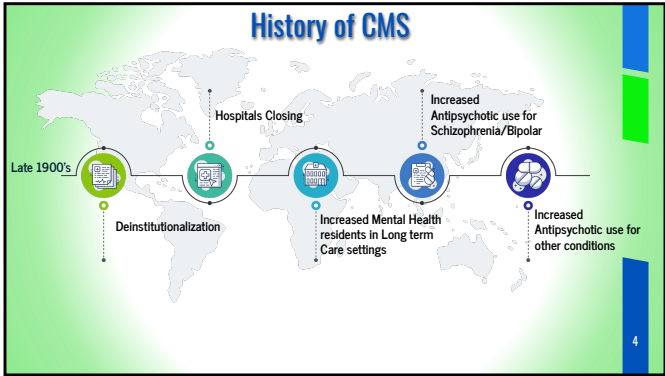
2

Objectives:




- 1 Understand CMS rules and regulations regarding Antipsychotic use in Long term care
- 2 Understand DSM-V Criteria for psychotic disorders: Prevalence, Presentation and Management
- 3 Understand Evidence Based Guidelines for Utilization of Antipsychotics

3




Omnibus Budget Reconciliation Act (OBRA)




PHARMACOLOGICAL AGENTS

Used to treat mental illnesses despite the evidence of risks associated with them



OBRA '87

Reduced physical and chemical restraints in response to research and clinical observations



RESEARCH

Shows that many non-pharmacological approaches resulted in meaningful improvements

5

CMS Efforts

2012 → National Partnership to Improve Dementia Care and reduce Unnecessary Antipsychotic Drug use in Nursing homes (National Partnership) Now known as (Partnership to Improve Dementia Care in Nursing Homes Went from "One size fits all" to Personalized Patient Care

2016 → Developed CMS Mega Rule:



6

CMS Mega Rule- 2016

First Comprehensive update since 1991

"...reviewed regulations in an effort to improve the quality of life, care, and services in LTC facilities, optimize resident safety, reflect current professional standards, and improve the logical flow of the regulations."

"These proposals are also an integral part of our efforts to achieve broad-based improvements both in the quality of healthcare furnished through federal programs, and in patient safety, while at the same time reduction procedural burdens on providers."

7

CMS Mega Rule: 3 Phases

- Phase One
 - November 28, 2016
- Phase two
 - November 28, 2017
- Phase three
 - November 28, 2019



Behavioral Health Services



Pharmacy Services



CMS Regulations Post Hospitalizations



CMS Mega Rule

Unnecessary Medication use



Free From Chemical Restraints



Quality of Care



9

STATE & FEDERAL REGULATIONS REGARDING PSYCHOTROPICS

Requires
that psychotropic medications have a documented Gradual Dose Regulation (GDR)

Review
PRN Medications every 14 days. The patient needs to be seen and examined for continuing therapy.

Prevent
unnecessary medication use in a vulnerable population



10

Five Star Rating

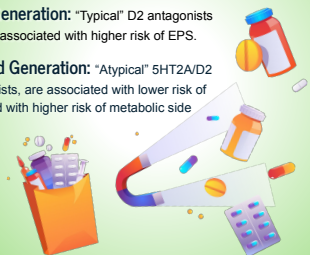
- Health inspections
- Staffing
- Quality measures



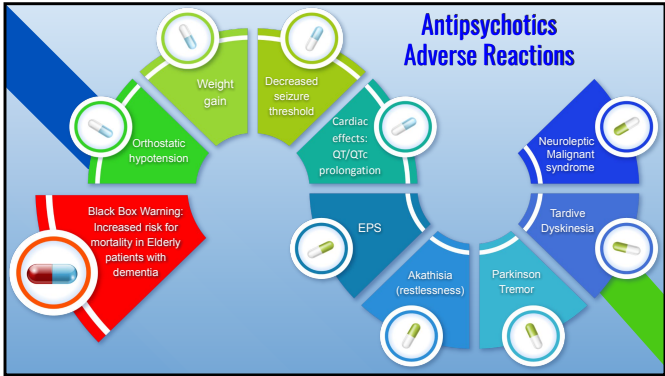
11

Antipsychotics

- ▶ **First Generation:** "Typical" D2 antagonists and are associated with higher risk of EPS.
- ▶ **Second Generation:** "Atypical" 5HT2A/D2 antagonists, are associated with lower risk of EPS and with higher risk of metabolic side effects.



12



Antipsychotic use: CMS Approved Diagnosis

- Schizophrenia
- Schizoaffective disorder
- Huntington's disease
- Tourettes

Schizophrenia

DSM-V Criteria:

Prevalence: 1% internationally


Incidence: New cases annually is 1.5 per 10,000 people

Modal Onset: Men: 18-25 Women: 25-35

***Late-life onset (over 45 years) is rare

15

Schizoaffective disorder



DSM-V Criteria:

- Prevalence: Estimated at <1% in general population
- Onset: Ages 16-30 years old.
 - Onset after 30 is rare
- Often misdiagnosed as either Bipolar disorder or Schizophrenia

Psych360 16


Antipsychotic Use: FDA approved Dx and EBP DX

- Bipolar disorder/Mood disorders
- Psychotic disorders
- Depression with psychosis
- Treatment resistant depression
- Severe agitation or aggression with risk to harm to self/others
- Delirium
- Parkinson's disease psychosis

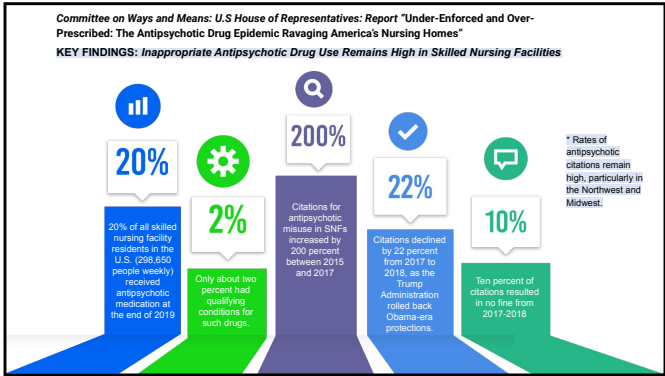
17

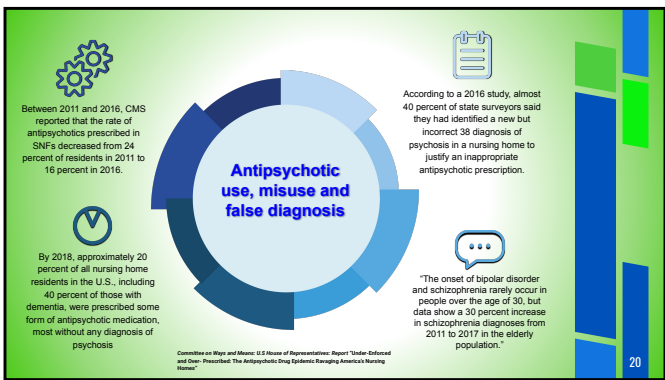
Inadequate Indications/diagnosis

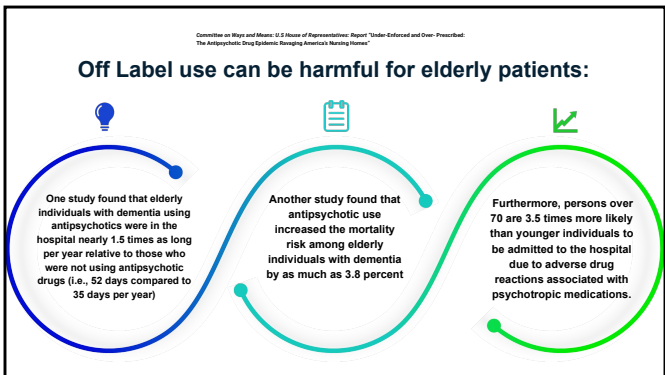
- Wandering
- Poor self-care
- Restlessness
- Impaired memory
- Nervousness
- Mild anxiety
- Insomnia
- Inattention or indifference to surroundings
- Sadness or crying alone unrelated to depression or other psychiatric disorders
- Fidgeting
- uncooperativeness



18







Relationship with Staffing Levels:

Relationship with staffing levels. Research shows that inappropriate use of antipsychotics is linked to lower registered nurse (RN) staffing levels: For residents with and without dementia, one additional RN hour per resident-day could reduce the odds of antipsychotic use by 52 percent and 56 percent, respectively.

- ▶ **Training intervention** focusing on alternatives to drugs for agitation led to a 19.1 percent reduction in neuroleptic prescribing.
- ▶ **According to the HRW report**, experts interviewed agreed that many nursing facilities exhibited staffing levels well below what is needed to provide appropriate care, further confirming the link between staffing levels and the overuse of antipsychotics as a chemical restraint.



Committee on Ways and Means, U.S. House of Representatives, Report "Shut Out and Over-Prescribed: The Antipsychotic Drug Epidemic Ravaging America's Nursing Homes"

22

Medicare Costs:

Antipsychotic overuse inflicts on patients and families, it also carries a high public cost. About one-third of older adult Medicare Part D enrollees with dementia who spent more than 100 days in a nursing home were prescribed an antipsychotic in 2012, constituting roughly \$363 million in Part D plan payments that year.

Furthermore, falls – a type of adverse event associated with inappropriate use of antipsychotics in senior populations – are particularly expensive, annually costing \$50 billion (non-fatal) and \$754 million (fatal) for the 65 and older population, according to the Centers for Disease Control and Prevention.

Not only does the public bear the cost of overprescribing, but inappropriate prescribing also increases Medicare spending due to increased hospitalizations.



Committee on Ways and Means, U.S. House of Representatives, Report "Under Informed and Over-Prescribed: The Antipsychotic Drug Epidemic Ravaging America's Nursing Homes"

23

Recommendations to Reduce Antipsychotic Use in Skilled Nursing Facilities

- ▶ Assessing for Pain
- ▶ Treatment plan
- ▶ Benefit assessment of antipsychotic use
- ▶ Informed consent
- ▶ Side effect profiling
- ▶ Employment of nonpharmacological interventions prior to antipsychotic use



24

Unnecessary Medication Citations:



- Level 1:** No Actual Harm with Potential for Minimal Harm
- Level 2:** No Actual Harm with Potential for more than Minimal Harm that is not Immediate Jeopardy
- Level 3:** Actual Harm that is Not Immediate Jeopardy
- Level 4:** Immediate Jeopardy to Resident Health or Safety

25

Project "Pause"

(Psychoactive Appropriate Use for Safety and Effectiveness)

Aims to educate policymakers and the public on effective solutions for improving clinical care in long-term care settings by advocating for streamlined, clinical surveyor training, improved quality measures to appropriately determine antipsychotic drug use in long-term care settings, and other solutions aimed at improving the diagnosis and management of neuropsychiatric symptoms (NPS) in dementia. Project PAUSE is convened by the Alliance for Aging Research and the American Society of Consultant Pharmacists (ASCP).



26

Pharmacological interventions: Non- Antipsychotic

- ▶ Antidepressants
- ▶ Anxiolytics
- ▶ Mood stabilizers
- ▶ Benzodiazepines
- ▶ Genetic Testing
- ▶ Reducing Polypharmacy

27

Non pharmacological interventions:

- ▶ Sensory interventions
- ▶ Social contact
- ▶ Staff training
- ▶ Structured activities
- ▶ Environmental interventions
- ▶ Medical and nursing interventions
- ▶ Counseling

Counseling

- ▶ CBT
- ▶ DBT
- ▶ Psychodynamic
- ▶ Brief
- ▶ Strengths Based
- ▶ Solution Focused



References:

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. Man/Mag.
- Buhr, G. T., & White, H. K. (2006). Difficult behaviors in long-term care patients with dementia. *Journal of the American Medical Directors Association*, 7(3), 180-192.
- Cohen-Jadlowitz, J. (2011). Neuropsychological interventions for inappropriate behaviors in dementia: a review, summary, and critique. *The American Journal of Geriatric Psychiatry*, 19(4), 363-381.
- Kahn, H. C., Gillis, L. N., & Lykeson, C. G. (2014). Management of neuropsychiatric symptoms of dementia in clinical settings: recommendations from a multidisciplinary expert panel. *Journal of the American Geriatrics Society*, 62(4), 750-760.
- Reference: Richard E. Powers, MD "Overview of OBRA Guidelines for Psychiatric Care in Nursing Homes" 2008 Bureau of Geriatric Psychiatry/Dementia Education & Training Program for the State of Alabama
- Rosenberg, I., Woo, D., & Roane, D. (2009). The aging patient with chronic schizophrenia. *Ann Longterm Care*, 27(5), 20-24.
- Stahl, S. M. (2017). *Stahl's essential psychopharmacology: neuroscientific basis and practical applications*. Cambridge university press.
- Steinberg M, Shao H, Zandi P, Lyketsos CG, Walsh-Buhner KA, Norton MC, Breitner JC, Staffers DC, Tschazitz JT. Point and 5-year period prevalence of neuropsychiatric symptoms in dementia: the Cache County Study 1st 7. *Senior Psychiatry*. 2018;23:170-175.
- Under Enforcement and Over-Prescribed: The Antipsychotic Drug Epidemic Ravaging America's Nursing Homes, U.S. HOUSE OF REPRESENTATIVES COMMITTEE ON WAYS AND MEANS MAJORITY (July 2020). <https://waysandmeans.house.gov/wp-content/uploads/2020/07/under-enforcement-and-over-prescribed-antipsychotic-drug-epidemic-ravaging-americas-nursing-homes.pdf>
- Woods, B., Spector, A., Jones, C., Orrell, M., & Davies, S. (2005). Reminiscence therapy for dementia. *Cochrane Database Syst Rev*, 2
