



Reducing Inappropriate Use of Antipsychotics in Nursing Homes

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Pharmacological Treatment

- ► In 2005 the FDA issued a black box warning on antipsychotics and the increased risk of cardiovascular mortality when used in the elderly for behavioral symptoms in dementia
- Antipsychotics are not FDA approved for behavioral symptoms in dementia
- No psychotropic medications are FDA approved for behavioral symptoms
- ► There is some evidence supporting cautious use of antipsychotics at low doses



AHCA

- ▶ 2011- HHS Inspector General found that 14% of NH residents were prescribed antipsychotics, but eight to 10% were off-label, and, thus, not for treatment of mental illness
- ► Goal Reduce avoidable antipsychotic use by 15% by 12/31/12 (18,400 fewer individuals will receive antipsychotic medications per year)





Measure

Measure 1

- Incidence: % of individuals who have an antipsychotic drug initiated for an off-label use within the first 90 days of a nursing facility stay (regardless of payer source or length of stay)
- Exclusions:
 - (1) Antipsychotic use identified on the initial assessment *or*
 - (2) Diagnosis of: bipolar or schizophrenia

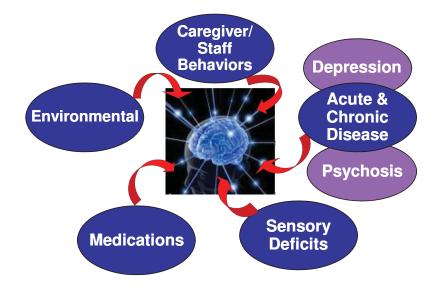
Measure 2

- Prevalence: % of long-stay residents with offlabel use of an antipsychotic drug
- Exclusions:

Diagnosis of bipolar or schizophrenia.

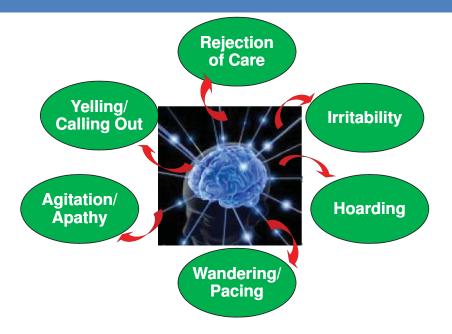


Triggers





Behavioral Symptoms





Preferred Staff Reaction



- ► STOP & LISTEN
- What is the Target behavior?
- ▶ How often is it occurring & timing
- ▶ What are the circumstances?
- What may have precipitated behavior?
- What has already been done to modify the behavior?



Modifiable Causes of Behavioral Symptoms

- Medical / Physical: PAIN, infection, hunger, thirst, hypoxia, sleep disturbance, constipation
- Medications: that cause anti-cholinergic reactions (including psychosis), delirium, depression, sleep disturbance
- Communication: Inability to communicate perceptions or expectations

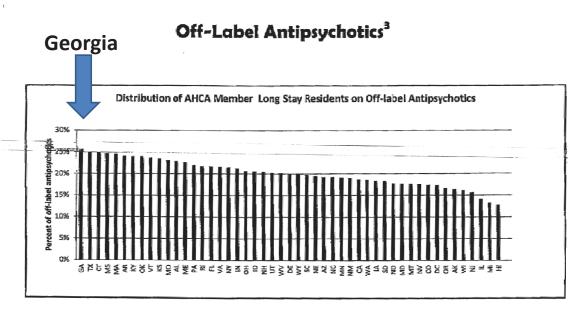


Modifiable Causes of Behavioral Symptoms

- ► Environmental: Noise, physical barriers, visual barriers, temperature
- Cognitive impairment: Lack of understanding (agnosia), inability to communicate perceptions or expectations
- Psychiatric conditions: Depression, Anxiety, Psychosis

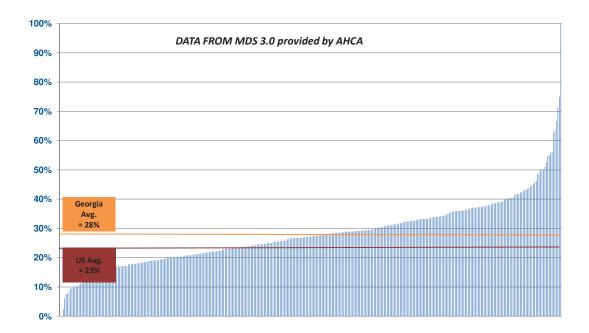






³ Source: AHCA analysis of Brown University Center for Gerontology and Health Care Research data. Note: Preliminary data. Measure specifications and the target are likely to change, 2009.

Off-Label Anti-Psychotic Use in Georgia LTC



Strategy

- 1) Obtain Leadership Commitment build the will to work on this and develop the buy- in to understand, taking a thoughtful approach, use QA&A (or QAPI) review
- 2) Convene a local interdisciplinary committee for oversight
- Review Baseline data the nation, state, facility data to determine the issue (pull own data, understand the numbers, follow regularly)
 - a) Rate of use of antipsychotics for all reasons; rate of offlabel use; rate and pattern of PRN use
 - b) Behaviors that trigger use of medications
 - c) Initial patient list of impacted individuals



Strategy (continued)

- 4) Assess current practices i.e., consistent assignment, CNA meetings, environmental assessment, culture change processes, pharmacy processes, Medical Director and staff MD involvement
- Education of CNAs to increase skills and give new tools
- 6) After the above (months into project) ask CNAs which residents could benefit from this new approach
- 7) Routine monitoring of facility MDS 3.0 data



Potential Impact

- Culture change of family, staff and clinicians
- Fewer accidents and injury rates
- Fewer residents on antipsychotics
- Lower doses of antipsychotics
- Improved staff satisfaction
- Avoid future potential penalties



Next Steps?

- ► Alliant | GMCF is ready to partner with you
 - Identify and tailor educational tools
 - Host webinars / facilitate presentations
 - Data interpretation and analysis
 - Pilot projects
 - Targeted Quality Improvement support
- ▶ What can you do?

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