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Psychotropic Medication:

Current Guidance & Practices to Avoid Survey Problems

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PART ONE

Recent History of CMS Guidance on the Use of Psychotropic Medications

- 2012- National Partnership to Improve Dementia Care

- 2017- Mega Rule (Final Rule) – aimed at improving person-centered care in long term care

Tag 758 (483.45)

Drug Regimen Review:

- Defines psychotropic drug as any drug that affects brain activities associated with mental processes and behavior
- Opiate medications are exempt from this definition

Classes of Medication

- Antidepressants
- Anti-anxiety
- Antipsychotic
- Hypnotic

Central Question

Did the team comprehensively assess the individual's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes (to the extent possible) of their condition and the impact of use of the medication on the person's function, mood, and cognition?

Justification of Psychotropic Medication Use

- Medical & Behavioral Justification
- Appropriate Diagnosis
- Evaluation of Risks/Benefits
- Elimination of environmental causative factors
- Non-medication intervention prior to or in conjunction with medication therapy
- Ongoing monitoring of effectiveness and potential or actual adverse consequences (MRP)
- Regular review and efforts to reduce or eliminate medication integrated into care plan

Decision to Use Psychotropic Medication

- Were medical causes ruled out or being addressed?
- If underlying cause identified was treatment initiated in timely manner?
- If medical cause ruled out was a root cause analysis conducted?
- Were family members/caregivers contacted for information?
- Was the medication prescribed consistent with diagnosis or was it an off label use?
- Were non-pharmacological, person centered interventions attempted first?
- Was family and legal representative contacted about use of psychotropic medication and was it documented?
- Does the drug use have a defined time frame?
- Are there appropriate monitoring in place for improvement of target behaviors and staff aware of potential side effects?
- IDT documentation and ongoing discussion?

Gradual Dose Reduction

Gradual Dose Reduction (GDR)

Goal: Appropriate dose and duration….

Finding an optimal dose or determine if the medication continues to benefit resident

GDR: Antipsychotics, Antidepressants, Anti-anxiety Medications

- Within first year a resident is admitted on or started on a psychotropic medication
- Must attempt a GDR twice with at least one month between attempts unless clinically contraindicated. Focus of documentation must be on clinically supported reasons not to attempt GDR.
- After that, annually unless contraindicated

Concept of Medical Stability

- View nonproblematic resident on a psychotropic as **“Stable”**…better concept “Mood/behavior are being medically managed”
- Differences in evaluating physical and psychiatric conditions
- A balanced review of side effects, long term effects, and possibility that psychotropics may not be benefiting resident
- Accept that certain moods & behaviors are an expression of a untreatable illness which requires acceptance on our part….i.e. increases in psychotropic medications sometimes only complicate care.

Examples of Opportunities for Gradual Dose Reduction

- Pharmacist's Monthly Medication Review
- Practitioners Review of orders and care plan
- Care Plan Updates
- Quarterly MDS review
- As clinically indicated during a medically necessary visit

Considerations Not to Attempt GDR

- Consistent with current standards of practice
- Established and documented clinical rationale
- Target symptoms return or worsen after tapering

PRN Psychotropic

- Must be used to treat a specific condition or symptom
- PRN antipsychotics may only be used for fourteen days. New orders require face to face visit from the treating provider
- All other PRN psychotropics may be written for longer than fourteen days if diagnosis, target symptoms, rationale, and timeframe are clearly documented.

PART TWO

Past Practice Doesn't Necessarily Support Future Practice

- Demands by resident and family
- Medications prescribed in community
- Medications started at hospital
- Medications prescribed at past SNFs
- Poly-pharmacy concerns

Symptoms v. Diagnosis

- Multiple Psychiatric Diagnoses
- Resident in transition and more symptomatic
- Documentation of symptoms v. Dx
- Process of cleaning up list of diagnoses

Educate Staff on Regulations

- Breakdown regulations & translate to Staff's responsibilities

- First step in establishing a Non-pharmacological culture

PRN & Non-Pharmacological Strategies

- Limit use of PRNs
- Start immediate review when PRN prescribed
- Establish Behavior Plan/Involve Psychologist
- Make sure behavior interventions available to all shifts
- Increase role of Recreation Therapy
- Emphasis on promoting pro-social behavior and reducing behavioral challenges

Off Label Use

- Trigger close review
- Are medications consistent with Dx and if not is use an accepted standard of care
- Clear documentation of why medication is being used
- Failure of approved agents

Focus on GDR Early in the Process

- Scheduled GDR dates
- Clear documentation of why GDR is contraindicated ...simple reliance of dx insufficient
- Generate Monthly Reports

No way to catch up on missed GDRs…**Tag 758**..
Resident on unnecessary medication

Staff Support

- Develop Role of Psychologist
- Behavior Rounding
- Training on Non-pharmacological interventions, care planning, and documentation
- Educate Staff on common symptoms of psychiatric diagnosis…e.g. schizophrenia, dementia, depression and establish realistic expectations

Establish a Non-Pharm Culture

- Switch emphasis from medication to behavioral intervention
- Promote non-pharmacological interventions in enhancing quality of care
- Discuss Quality Measures…specific to floors
- Role in 5 Star Rating
- Financial savings
- Brag about INDIVIDUAL & TEAM SUCCESSES!!!

Summary & Questions

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Thank you for attending!

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