

Quality Health Associates
of North Dakota

Addressing Antipsychotic Use in Nursing Homes

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Who we are:

- ✓ Quality Health Associates of North Dakota (QHA) is the Quality Improvement Organization (QIO) for North Dakota
- ✓ We are a private non-profit organization
- ✓ QIO programs serve beneficiaries, health care providers and communities to improve quality access, value and equity to citizens of North Dakota.
- ✓ We create partnerships with nursing homes, community leaders and healthcare organizations to make healthcare in ND and each community the best it can be.
- ✓ We work collaboratively with organizations to provide Quality Improvement support assistance that aligns with the initiatives and goals of Centers for Medicare & Medicaid Services (CMS) and other national organizations such as Health Resources and Services Administration (HRSA) and the Centers for Disease Control (CDC).



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Objectives

- Overview of Antipsychotics
- CMS guidelines
 - Gradual Dose Reductions (GDRs)
 - Surveys/F-Tags
 - 5-star Quality Measures
- Challenges



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What are Antipsychotics?

- Antipsychotics are medications used to help manage symptoms of mental health conditions like schizophrenia and bipolar disorder. They work by affecting certain chemicals in the brain to reduce symptoms like hallucinations (seeing or hearing things that aren't there) and delusions (believing things that aren't true)



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Major Milestones

1950s The era of modern pharmacopsychiatry began with the development of antipsychotics in the 1950s

1987 OBRA established regulations to improve the quality of care in nursing homes, including guidelines for the use of antipsychotic medications

2011 The Centers for Medicare & Medicaid Services (CMS) began monitoring the use of antipsychotics in nursing homes due to concerns about their overuse



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CMS Priorities

Regulatory Oversight

In response to these concerns, CMS introduced regulations and monitoring programs aimed at reducing the inappropriate use of antipsychotics in nursing homes. This includes requirements for facilities to report and monitor their use of these medications, ensuring that they are used only when clinically necessary and with appropriate monitoring for effectiveness and adverse effects.

Quality of Care Improvement Initiatives

CMS's initiatives are part of broader efforts to improve the quality of care provided in nursing homes. By promoting more judicious use of antipsychotics and encouraging person-centered care approaches, CMS aims to enhance residents' quality of life and overall well-being.



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CMS Priorities

Concerns About Overuse

Antipsychotic medications were historically prescribed in nursing homes to manage behavioral symptoms associated with dementia and other conditions. However, there was growing concern that these medications were being used excessively and inappropriately, often as a first-line treatment without adequate consideration of non-pharmacological alternatives.

Adverse Effects and Risks

Antipsychotic medications can have significant side effects, especially in older adults. These may include increased risk of stroke, cardiovascular events, sedation, falls, and worsening cognitive function. Given these risks, CMS aimed to promote safer prescribing practices and minimize unnecessary use.



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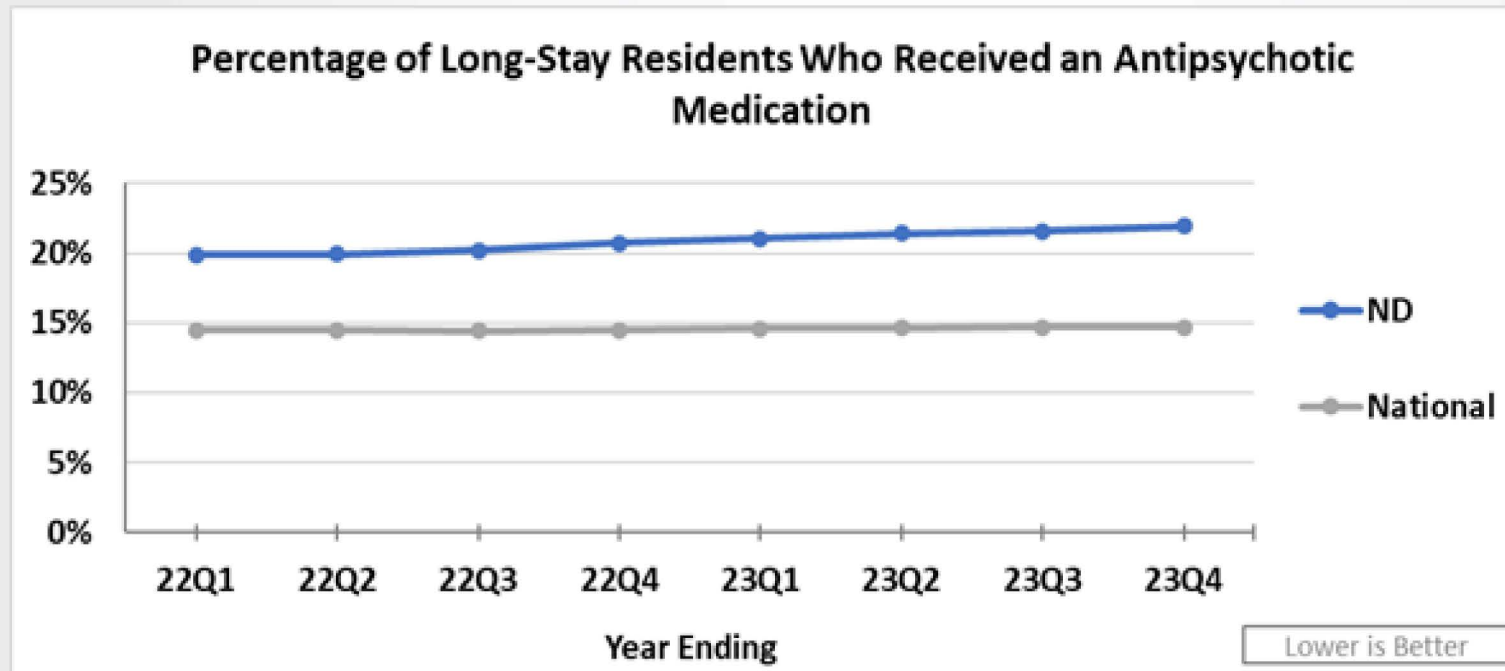
CMS Priorities

Educational and Support Programs: CMS also provides educational resources and support to nursing homes and healthcare providers to help them implement evidence-based practices for managing behavioral symptoms without resorting to medications unnecessarily.



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Antipsychotic Use in North Dakota Nursing Homes



**AP rates ending
2023 Q4**
ND: 21.96%
National: 14.72%



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Antipsychotics Side Effects/Risks

- Urinary Tract Infections
- Tremors, Stiffness, and Slow Movements
- Positional Drop in Blood Pressure
- Vision Changes
- Dizziness
- Drowsiness
- Falls
- Cardiovascular Impact
 - Heart Attack
 - Stroke
- Decreased Self Care Abilities
- ED Visits
- Hospitalizations
- Death

Black Box Warnings



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Gradual Dose Reductions (GDRs)

- Purpose: The goal of GDRs is to reduce or discontinue the use of antipsychotic medications whenever possible, especially when they are not clinically necessary. This is to minimize potential side effects and improve the quality of life for residents.
- Regulations: According to the Centers for Medicare & Medicaid Services (CMS), nursing homes must attempt GDRs for residents on antipsychotic medications within the first year of admission and at least once in two separate quarters, unless clinically contraindicated.



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GDRs: Process

- The process involves gradually lowering the dose of the medication while monitoring the resident for any adverse effects or changes in behavior. If the resident's condition remains stable, the dose can be further reduced or discontinued.
 - The process should be managed collaboratively by a team of healthcare professionals to ensure safety and effectiveness. The specific individuals who should be involved in the process may vary depending on the patient's individual circumstances, but typically, the following professionals should be included:
 - Psychiatrist or Prescribing Physician
 - Pharmacist
 - Care team
 - Patient and family
 - Behavioral health specialist/champion



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GDRs: Behavioral Intervention

- Alongside GDRs, nursing homes are encouraged to use non-pharmacologic (intervention without medication) approaches and behavioral interventions to manage symptoms.
- Examples:
 - Reducing stimulation- lower lights, lower noise level
 - Consistent schedule/environment to include consistent staff
 - Offering choices by letting them be involved in their care
 - Offering food, drink, activity, rest, or repositioning and over the counter medication for discomfort



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GDRs: Documentation

- Proper documentation is crucial. The reasons for the use of antipsychotic medications, the plan for GDRs, and the outcomes of these reductions must be thoroughly documented in the resident's medical record.
 - GDRs do not have to be repeated if it is *well documented* that a GDR was not successful- ie.
 - Behavioral symptoms present danger to self or others, significantly impact the functioning of the individual and/or clinical symptoms returned and could not be managed by behavioral intervention.



Excluded diagnoses

CMS indicated that the following conditions are excluded from further scrutiny:

- Schizophrenia
- Huntington's Disease
- Tourette's Syndrome

After this change, there was an increase of erroneous schizophrenia diagnoses to justify the use of psychotropic medications. Therefore, CMS is more intensely monitoring diagnosis and psychotropic medication use on the Minimum Data Sheet (MDS)



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Minimum Data Sheet (MDS)

Section N	Medications
N0450. Antipsychotic Medication Review	
Enter Code <input type="checkbox"/>	A. Did the resident receive antipsychotic medications since admission/entry or reentry or 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="checkbox"/>	B. Has a gradual dose reduction (GDR) been attempted? 0. No → Skip to N0450D, Physician documented GDR as clinically contraindicated 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: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> Month Day Year </div>
Enter Code <input type="checkbox"/>	D. Physician documented GDR as clinically contraindicated 0. No - GDR has not been documented by a physician as clinically contraindicated → Skip N0450E, Date physician documented GDR as clinically contraindicated 1. Yes - GDR has been documented by a physician as clinically contraindicated → Continue to N0450E, Date physician documented GDR as clinically contraindicated
	E. Date physician documented GDR as clinically contraindicated: <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> Month Day Year </div>



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Surveys/F-tags

- CMS surveys for skilled nursing facilities (SNFs) are inspections to ensure SNFs comply with federal regulations and provide quality care. Surveyors assess safety, care standards, staffing, on an annual basis or more frequent if a safety concerns or family complaint is identified.
- F-tags are codes used by CMS to identify and categorize deficiencies found during inspections of nursing homes. Each tag corresponds to a specific regulatory requirement or standard of care that facilities must meet. These tags help enforce compliance with federal regulations aimed at safeguarding the health and well-being of nursing home residents.
- F-tags may result in federal fines/payment denials



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Surveys/F-tags

F-tags are categories used by the Centers for Medicare & Medicaid Services (CMS) to classify deficiencies found during inspections of nursing homes and skilled nursing facilities. These F-tags provide a structured framework for identifying deficiencies and guiding facilities in improving care quality and compliance with federal regulations.

Here are some common F-tag categories:

- Quality of Care
- Pressure Ulcers
- Medication Errors
- Infection Control
- Pharmacy Services
- Resident Assessment
- Nutrition and Dietary Services



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Examples of F-tags related to Antipsychotic use

- F605: ensures that residents are free from any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms.
- F606: requires facilities to develop and implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property.
- F689: addresses the treatment and services provided to residents with mental and psychosocial disorders in long-term care facilities. It emphasizes assessing residents' needs, developing individualized care plans, providing appropriate treatments and interventions, monitoring progress, training staff, and documenting care effectively. This tag ensures that facilities meet regulatory standards in caring for residents with these specific health needs.



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Five-Star Quality Rating System

- The 5-star rating system for nursing homes is used by the CMS to help individuals and families compare nursing homes based on quality measures.
 - 5-star rating focuses on:
 - Health Inspections
 - Staffing
 - Quality Measures
 - The star rating system is used to determine payment rates and incentives for nursing homes. Facilities with higher star ratings may receive higher reimbursement rates or bonuses, while those with lower ratings may face financial penalties or reduced payments.
 - www.medicare.gov/care-compare



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Challenges

The GDR and MDS processes require a great deal of staff time and collaboration. The ability to manage these tasks can be impacted by:

- Work-force shortages, at all levels
- Limited access to specialized care, such as specialized psychiatrists, acute-care beds
- Care gaps during transitions
- Shared decision making, including the resident and family/guardians
- Work culture-staff turnover, access to training/education



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References

- MDS form [MDS3.0 Final Item Sets v1.18.11v6 for Oct 1 2023 \(ZIP\) \(cms.gov\)](#)
- MDS manual [Final MDS-3.0-RAI-Manual-v1.18.11 October 2023 \(PDF\) \(cms.gov\)](#)
- SOM-Federal Regulations http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
- [Key Guidelines for Gradual Dosage Reductions of Psychotropic Medications - Caring for the Ages](#)
- [Five Star State level cut point table - Updated June 2024 \(cms.gov\)](#)



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Questions?



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