RATIONALE & STRATEGIES TO REDUCE ANTIPYSCHOTIC USE

JOINT PROVIDER SURVEYOR TRAINING

APRIL 9, 2019

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DISCLAIMER - CE

- We have no conflicts of interest related to the content of this presentation.

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OBJECTIVES

- Describe the rationale for reducing antipsychotic use in long term care.
- Identify alternative interventions to antipsychotic medication use.
- Describe the positive impact gradual dose reduction of antipsychotics has on residents' quality of life, staff safety, employee retention and job satisfaction.

RATIONALE FOR REDUCING ANTIPSYCHOTIC USE IN LTC

- ANTIPSYCHOTIC USE IN OLDER ADULTS HAS AT TIMES PROVEN TO BE LETHAL (BLACK BOX WARNING)
- COULD BE CONSIDERED CHEMICAL RESTRAINTS
- MAY PREVENT RESIDENTS FROM ACHIEVING THEIR HIGHEST PRACTICABLE LEVEL OF MENTAL, PHYSICAL, AND PSYCHOSOCIAL WELL-BEING
- IMPACT ON QUALITY OF LIFE

F 758
AKA "UNNECESSARY PSYCH DRUGS"

- **"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;"**

INDICATIONS FOR USE OF PSYCH DRUGS (MEDICAL INDICATION)

- *"is the identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident's condition and therapeutic goals and is consistent with manufacturer's recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies or evidence-based review articles that are published in medical and/or pharmacy journals." (Appendix PP)*

F 758

- **"Residents who use psychotropic drugs receive gradual dose reductions, AND BEHAVIORAL INTERVENTIONS, unless clinically contraindicated, in an effort to discontinue these drugs;" (caps added for emphasis)**

Lake Superior QIN

- Serve in collaboration with Stratis Health of MN and MetaStar of WI as Lake Superior Quality Innovation Network (QIN).
- Assist CMS in improving healthcare for Medicare beneficiaries by convening and connecting providers to share knowledge and spread best practices.

Our Work

- Heart Health
- Diabetes
- Nursing Homes
- Care Coordination
- Adverse Drug Events
- Antibiotic Stewardship
- MIPS/APMs
- QI Initiatives (BFCC)
- Adult Immunizations
- Behavioral Health

2.39 Million FFS Medicare Beneficiaries

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Psychotropic vs Antipsychotic Medications

Psychotropic drugs include, but are not limited to:

- Antipsychotics - typical/first generation or atypical/second generation
- Antidepressants
- Anxiolytics (anti-anxiety)
- Sedatives/hypnotics
- Mood stabilizers
- Antiepileptics

Table 1. Antipsychotic Agents Available in the U.S.

Typical Antipsychotics	Atypical Antipsychotics
Chlorpromazine (Thorazine)	Aripiprazole (Abilify)
Fluphenazine (Prolixin)	Asenapine (Saphris)
Haloperidol (Haldol)	Clozapine (Clozaril)
Loxapine (Loxitane)	Iloperidone (Fanapt)
Perphenazine (Trilafon)	Lurasidone (Latuda)
Thioridazine (Mellaril)	Olanzapine (Zyprexa)
Thiothixene (Navane)	Paliperidone (Invega)
Trifluoperazine (Stelazine)	Quetiapine (Seroquel)
	Risperidone (Risperdal)
	Ziprasidone (Geodon)

Source: Reference 8.

Source: https://www.uspharmacist.com/article/antipsychotic-use-for-behavioral-and-psychological-symptoms-of-dementia 9

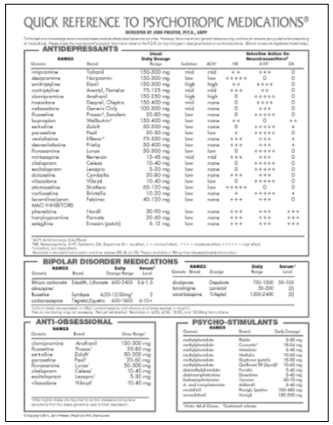
Psychotropic vs Antipsychotic Medications

A psychotropic drug is defined in the regulation § 483.45(c) as "any drug that affects brain activities associated with mental processes and behavior." Psychotropics (also called psychoactives) are drugs whose "…primary or significant effects are on the central nervous system" thus "affecting the mind or mental processes."[7,8]

Antipsychotics are a drug class or subset of psychotropic medications

Source: https://www.uspharmacist.com/article/antipsychotic-use-for-behavioral-and-psychological-symptoms-of-dementia 10

Psychotropics and Antipsychotics (a subset)

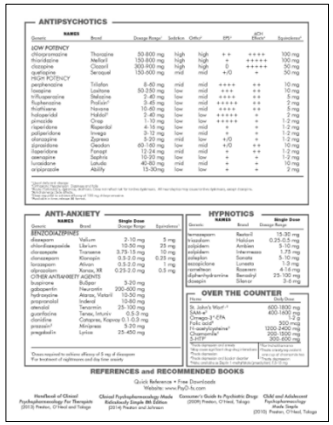

QUICK REFERENCE TO PSYCHOTROPIC MEDICATIONS®

ANTIDEPRESSANTS

BIPOLAR DISORDER MEDICATIONS

ANTI-OBSESSIONAL

PSYCHO-STIMULANTS


ANTIPSYCHOTICS

ANTI-ANXIETY

HYPNOTICS

OVER THE COUNTER

REFERENCES and RECOMMENDED BOOKS

Source: https://www.continuinedcourses.net/active/courses/images/course015-quickreference2014.pdf

Factors that Influence Antipsychotic Medication Prescribing

Behavioral and Psychological Symptoms of Dementia (BPSD)[10, 12, 13]

BPSD are exhibited in 83 percent of residents with a diagnosis of dementia such as:

- Hallucinations, restlessness, aggression, agitation
- Wandering, delusions, insomnia, confusion, irritability
- Psychosis, depression, repetitive acts, self harm
- Eating disorders
- Inappropriate vocalizations Inappropriate motor activity

Factors that Influence Antipsychotic Medication Prescribing

- Short staffing/minimal resources and time constraints for individualized care [13]
- Inadequate or non-existent staff education re: non-pharmacological interventions [13]
- Caregiver/family insistence on resident relief via medication administration [13]
- Non-evidence-based perception that antipsychotics help residents [13]

Factors that Influence Antipsychotic Medication Prescribing

- Limited alternative options for BPSD treatment in individuals with dementia [14]
- Persistent, sometimes harmful BPSD [14]
- Inadequate pain assessment or control [11]
- Inadequate assessment or response to unmet needs[13]

Why Are ***WE*** Still Prescribing Antipsychotic Medications?

"Inappropriate prescribing of antipsychotic medications is recognized as a marker of poor care, especially if prescriptions are not regularly reviewed by the prescribing physician."[4, 10, 12, 13]

- Historically antipsychotics were go-to drug class to reduce BPSD
- Antipsychotic deemed only viable 'treatment" despite negative outcomes
- Behavioral concerns cause caregiver strain, unnecessary hospital admissions and psychiatric facility detainment)

Why Are ***WE*** Still Prescribing Antipsychotic Medications?

- Residents who exhibit negative behaviors experience ostracism, loneliness
- Isolation associated with diminished interactive abilities, mental awareness
- Caregiver strain due to thinning of resources to accommodate individual needs
- Alternative treatments not considered

Non-indications for Antipsychotic Medications

Antipsychotic medications in persons with dementia should not be used if the only indication is one or more of the following:

- Nervousness
- Impaired Memory
- Uncooperativeness without aggression
- Apathy
- Poor self-care
- Mild anxiety
- Avoidance of social interaction
- Inattention or indifference to surroundings
- Any verbal expression or behavior not posing a threat to self or others
- Wandering
- Poor self-care
- Restlessness
- Boredom
- Undiagnosed infection
- Insomnia
- Sadness or crying alone that is not related to depression or other psychiatric disorders
- Fidgeting
- Uncooperativeness (e.g. refusal or difficulty receiving care)
- Modifiable causes of behavioral symptoms
- Inadequate pain control
- Adverse drug events
- Electrolyte disturbances
- Drug interactions
- Hunger
- Isolation
- Fluctuations in blood glucose
- Organ failure (kidney, liver)
- Hypoxemia

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Source: https://www.cms.gov/Medicare/.pdfProvider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-

Non-Pharmacological Interventions

"Approaches to care that do not involve medications, generally directed towards stabilizing or improving a resident's mental, physical or psychosocial well-being."[16]

1. Acupuncture**,** aromatherapy, light therapy, massage, Snoezelen Multisensory Stimulation (MSS)
2. Artificial Intelligence (robotic pets)
3. Describe, Investigate, Evaluate, and Create (DICE)
4. CMS Hand in Hand Training for nursing homes

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Non-Pharmacological Interventions

5. Montessori Learning
6. Music & Memory
7. Person-centered Care
8. SAIDO Learning
9. Teepa Snow: Positive Approach to Care (PAC)

Acupuncture, Aromatherapy, Light Therapy, Massage, and Snoezelen Multisensory Stimulation

- Acupuncture [22]
- Aromatherapy[22]
- Light Therapy[22]
- Massage[22]
- Snoezelen Multisensory Stimulation (MSS) [22]

Artificial Intelligence (AI)

AI-PARO Robotic Pet Seal [25, 26]

- Robotic device seen as a viable substitute for animal therapy
- Most common FDA approved device looks like baby harp seal
  - PARO seal reacts to hands on, sounds and light/dark via 'external tactile sensors'
  - PARO body moves, eyelids open/close, makes seal vocalizations
- Therapeutic effects without risk of unexpected animal behaviors, allergic response or clean up

https://www.youtube.com/watch?v=oJq5PQZHU-I

PARO Seal Intervention

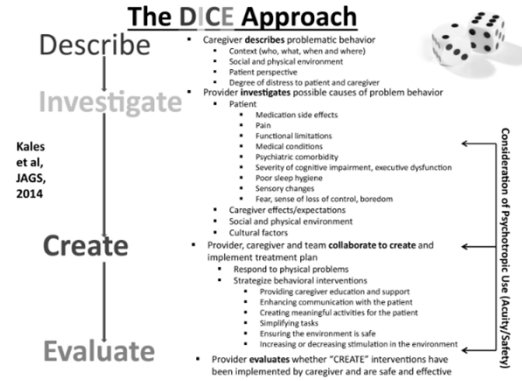
Two studies examined resident and staff perception of PARO Seal Intervention

- PARO intervention group vs standard intervention group
- PARO activated group vs PARO disabled group

PARO Seal Intervention Limitations and Barriers

- Cost
- Training requirements
- Infection risk/keeping clean
- Harp seal sounds
- Dignity
- Prescriber resistance

Describe, Investigate, Create Evaluate (DICE) Approach



Source: http://www.programforpositiveaging.org/diceapproach/

CMS Hand in Hand Training for Nursing Homes

- Training materials designed by experts in dementia care
- Developed for certified nurse aid (CNA) skill and knowledge requirements
- Content geared to educate staff regarding “non-pharmacological and person-centered approaches to dementia”
- Resource: CMS Hand in Hand: A Training Series for Nursing Homes Online

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Source: https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMSHIH_ONL
https://www.nhqualitycampaign.org/files/Antipsychotic_Reduction_Resident_Prioritization_Tool.pdf

Memory Input Systems

Declarative Memory System [35]

- Involves conscious memory for facts and events, but erodes with dementia

Procedural Memory System (PMS) [36]

- Part of memory which remains most intact as dementia progresses
- People with dementia tend to continue to use skills learned through PMS
- The five senses (e.g. sight, smell, etc.) impact PMS
- Responsible for associative relations, simple conditioning, motor and cognitive skills

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Montessori Learning Principles

- Intent is to provide interesting activities in culturally relevant context [35, 36]
- Structured to facilitate success by adopting rehabilitation processes:
  - Task breakdown
  - Guided repetition
  - Use of self-correcting, modifiable tasks
  - Progressing difficulty from simple to complex, concrete to abstract

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Montessori Learning Examples

Zipping Frame Example

- Assists a resident to maintain ADL capabilities [35]
- Isolates task of zipping
- Promotes resident engagement using common items [35]
- Familiarity creates strong response for stimulation, engagement and reminiscence [35]
- Gives user the opportunity through repetition to tap into procedural memory to maintain, improve upon or relearn a skill [35]

Additional Montessori Learning Examples

Additional Ideas:

- Prepare activity stations with games, items to be sorted, puzzles[36]
- Place signage with instructions to invite engagement
- Provide laundered towels for folding or laundered socks for pairing up[36]
- Set up station with PVC or other easy-to-connect tubing[36]
- Offer baking ingredients, utensils, measuring devices, cookware[36]
- Residents with more progressed dementia may enjoy caring for dolls[36]

Music & Memory®

- Provides individualized music playlists on personal MP3s to residents
- Music is selected by residents and family members
- Music engages residents including those who are isolated and non-communicative
- Resource: https://musicandmemory.org/

Person-centered Care (PCC)

- Puts the resident at the center of their care within the nursing home environment
- Residents are supported according to their individual preferences regarding:
  - Choices
  - Goals
  - Intended design for their life
  - “Physical, mental and psychosocial needs”

 Source: https://www.nhqualitycampaign.org/goalDetail.aspx?g=med

PCC Individual Preferences

- Inherent dignity
- Desired level of independence
- Desired quality of life
- Desired quality of care
- Desired level of comfort
- Right to safety, freedom from harm

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Source: https://www.nhqualitycampaign.org/goalDetail.aspx?g=med

How PCC Benefits LTC Staff in Delivering Care

Staff members…

- Are more comfortable caring for people they know
- Form a strong partnership with residents and their families
- Know a person's preferences, anticipate their needs and adapt accordingly
- Can devote time where it is most needed

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Source: https://www.nhqualitycampaign.org

How PCC Benefits LTC Staff in Job Satisfaction

Staff members…

- Are highly valued in person-centered care organizations
- Work more efficiently in person-centered care environments
- Are trusted and valued when they are empowered to individualize resident care
- Feel rewarded when they know they have provided good care

Source: https://www.nhqualitycampaign.org

SAIDO Learning®
Learning for a Healthy Brain Centers

- Designed by Professor Ryuta Kawashima of Tohoku University and further developed by Japan KUMON [15, 16, 42]
- A “learning therapy” program for residents with dementia
- Employs basic math, writing and reading to stimulate the prefrontal cortex of the brain
- Proven effective to delay progressive dementia symptoms
- Maintains or improves resident independence with activities of daily living

SAIDO Learning® Socialization Benefit

Stimulates improved socialization through[42]:

- 20-30 minute sessions held five days per week
- Facilitation of three-way interaction between two learners (residents) and one supporter (trained staff member)
- Positive guidance, encouragement and praise for participation

SAIDO Learning® Features

Include[42]:

- Program content and a learning pace individualized to resident preferences and current capabilities
- Adaptive training tasks that are simple to perform
- Common activities and tools (reading materials, paper, pencil) which are familiar to most residents

Teepa Snow
Positive Approach to Care (PAC) ®

Principles

- Each resident's dementia symptoms manifest differently
- "Care partners" must adjust their own expectations and approach to resident care
- PAC ® training requires discipline and time to learn a full range of techniques for all stages of dementia
- Education involves a relationship not just behavior management
- Care partners must learn to identify their own goals and motivations for choosing to improve skills through dementia training

Source: https://teepasnow.com/

Teepa Snow (PAC) ® Philosophy

Philosophy

- Care partners are coached to approach resident with dignity, kindness and respect
- Training moves from "reaction" to "response" for best resident care and life experiences
- Empathy for resident circumstances and their stage of dementia is encouraged
- Must understand the impact of an environment on resident well-being

Gradual Dose Reduction (GDR)

"…(T)he stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or the dose can be discontinued"

- Residents' experience of BPSD exacerbation with GDR, adds to staff stress and burnout
- Regulations requiring GDR of antipsychotic medications directs LTC leadership to implement viable alternative interventions to minimize the impact of BPSD on staff
- Inadequate training in dementia care keeps staff from performing work according to their own standards thus affecting job satisfaction
- "Educational in-reach approaches involving education and individual patient review…were also largely effective in reducing antipsychotic use."

Source: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

(GDR) and Staff Satisfaction

Leadership support for staff improves job satisfaction and employee retention by:

- Providing adequate training and resources for non-pharmacological interventions
- Encouraging autonomy through skill building and demonstrating confidence in their capabilities
- Creating a positive work environment to explore non-pharmacological interventions for residents

Tool Highlights for Standardized GDR Process

- Engage the interdisciplinary team (physician, nursing, psychiatric services, MDs, etc.) in medication management review (MMR)
- Determine how often and by whom medications are reviewed and monitored
- Establish how your facility will identify residents with a diagnosis of dementia
- Exclude residents with diagnoses of Tourette's Syndrome, Huntington's Disease or Schizophrenia

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Source: https://www.hsag.com/contentassets/a94cac2292914df2bef9611b42c1f177/antipsychotic-reduction-tool_508pubbed.pdf

Tool Highlights for Standardized GDR Process

- Determine if a GDR has been attempted in the past six months; if 'yes' what were the results
- Review antipsychotic medication prescription to determine if dosage reduction is possible
- Identify the BPSD associated with antipsychotic medication use
- Introduce non-pharmacological interventions as needed to address BPSD
- Prioritize resident selection for GDR based on scoring criteria on page 2 of the Antipsychotic Reduction/Resident Prioritization Tool

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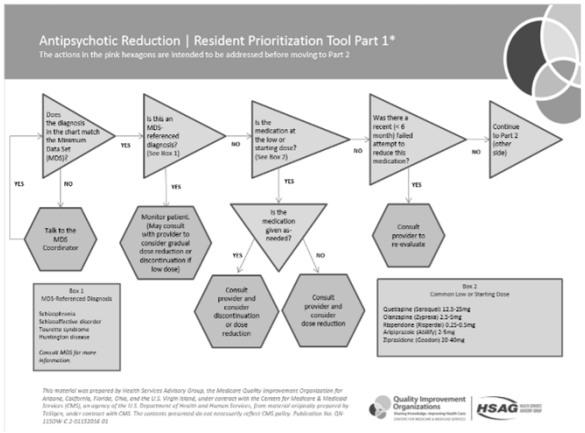
Source: https://www.hsag.com/contentassets/a94cac2292914df2bef9611b42c1f177/antipsychotic-reduction-tool_508pubbed.pdf

Antipsychotic Medication Reduction –Resident Prioritization Tool Part 1



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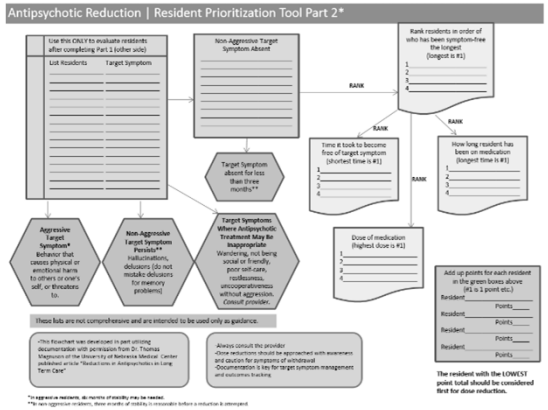
https://www.hsag.com/contentassets/a94cac2292914df2bef9611b42c1f177/antipsychotic-reduction-tool_508pubbed.pdf

Antipsychotic Medication Reduction –Resident Prioritization Tool Part 2



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https://www.hsag.com/contentassets/a94cac2292914df2bef9611b42c1f177/antipsychotic-reduction-tool_508pubbed.pdf

When GDR May Not Viable

Steps to re-evaluate GDR

- Arrange physician consultation to determine if GDR is contraindicated for the resident
- IDT meeting with resident and family members

Long-term Care Ombudsman Services – Recourse for resident rights

- Advocates for residents' rights and quality care in nursing homes, personal care, residential care and other long-term care facilities

Resources:

https://theconsumervoice.org/get_help

https://ltcombudsman.org/about/about-ombudsman

Questions?

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