Improving Behavioral Health Management and Reducing Use of Antipsychotic Medications in Nursing Homes

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Why this Initiative? Why Now?
High prevalence rates of antipsychotic drug use in nursing home residents have been reported in several studies. Much of the use is in residents with a diagnosis of dementia.

According to CMS’s QM/QI report, between July and September 2010, 39.4% of nursing home residents nationwide who had cognitive impairment and behavioral problems but no diagnosis of psychosis or related conditions received antipsychotic drugs.

In one study, 17.2% had daily doses exceeding recommended levels. And 17.6% had both inappropriate indications and high dosing.

In addition to dangers associated with antipsychotic medications for the elderly, it can also be expensive to consumers and Medicare. Atypical antipsychotic drugs cost more than $13 billion in 2007 – nearly 5% of all U.S. drug expenditures.
Average Percentage of Long-Stay Residents Receiving an Antipsychotic Medication

Source: MDS National Quality Indicator System -3.0
CMS’ National Initiative to Improve Behavioral Health & Reduce the Use of Antipsychotic Medications for Nursing Home Residents

• CMS developed a national action plan to improve dementia care, behavioral health management and to safeguard nursing home residents from unnecessary antipsychotic drug use

• By improving dementia care and non-pharmacologic interventions for behavioral health management in nursing homes, CMS hopes to reduce inappropriate antipsychotic medication use in nursing homes and eventually other care settings as well
CMS Plans for National Initiative: A Public-Private Partnership

• Proactive efforts include collaboration with partner organizations around:
  – provider and prescriber training
  – surveyor training, review of surveyor guidance, protocols and challenges related to assessing compliance in these areas
  – research
  – quality measurement
  – public reporting
  – communication strategies such as local and national conference presentations
  – developing dissemination strategies in states and regions and a sustainable national plan for ongoing monitoring and evaluation of these issues
Partnership Overview

• The Partnership promotes the three “R’s”
  – Rethink – rethink our approach to dementia care
  – Reconnect – reconnect with residents via person-centered care practices
  – Restore – restore good health and quality of life
Partnership Overview

• Multidimensional approach includes:
  
  – **Public Reporting**
    
    • First year goal: reduce prevalence rate of antipsychotic drug use in long-stay nursing home residents by 15% by end of 2012
    
    • Rates of nursing homes’ antipsychotic drug use available on Nursing Home Compare (long-stay prevalence; short-stay incidence)
      
      – clear information about nursing home performance to consumers
      
      – accessibility to residents and families
  
  – **Partnerships and State-based Coalitions**
    
    • Engage the ongoing commitment and partnership of stakeholders including state survey agency and Medicaid agencies, provider groups, resident advocates, professional associations, QIOs, LANES, consumer groups, ombudsman and others
    
    • Create or support existing individual state coalitions that will identify and spread best practices
Partnership Overview

– **Research**
  - Conduct research to better understand how the team makes decisions to use antipsychotic drugs in residents with dementia
    - Study factors that influence prescribing practices
  - Implement treatments to improve overall management of residents with dementia based on results of study

– **Training**
  - Available for providers, clinicians, and surveyors on Advancing Excellence website and several association, university websites
  - *Hand in Hand*: series that provides direct care workers with training that emphasizes person-centered care, prevention of abuse, and non-pharmacological interventions (distributed to all nursing homes this Summer)
In April 2005, the FDA issued a black box warning of increased risk of death associated with use of atypical (second-generation) antipsychotics in elderly population with dementia.

- Of seventeen placebo controlled trials of **olanzapine** (Zyprexa), **aripiprazole** (Abilify), **risperidone** (Risperdal), or **quetiapine** (Seroquel) in elderly demented patients with behavioral disorders, fifteen showed increased risk of mortality in the drug-treated group compared to the placebo-treated patients.

- Two other atypical antipsychotics, **clozapine** (Clozaril) and **ziprasidone** (Geodon), have not been evaluated in the dementia population but are likely to have similar mortality risks in this population.

Source: Public Health Advisory: Deaths with Antipsychotics in Elderly Patients with Behavioral Disturbances (4/11/2005)
FDA Black Box Warning Extended to Conventional Antipsychotics

- In 2008, FDA extended the black box warning to the conventional (first-generation) antipsychotics
  - Elderly patients with dementia-related psychosis treated with conventional or atypical antipsychotic drugs are at increased risk of death
  - Antipsychotic drugs are not approved for the treatment of dementia-related psychosis. Furthermore, there is no approved drug for the treatment of dementia-related psychosis. Health care professionals should consider other management options
  - Physicians who prescribe antipsychotics to elderly patients with dementia-related psychosis ("off-label" use) should discuss this risk of increased mortality with their patients, patient’s families, and caregivers

http://www.fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm124830.htm
Antipsychotic Medication Use in Nursing Homes: background

- After the 2005 black box warning, there was decline in use of atypical antipsychotics in patients with dementia (Kales et al., 2011)
  - Factors contributing to decline: concerns about adverse effects, decline in drug company promotion

- Current MDS 3.0 data and several studies reveal that use of antipsychotic drugs remains high, especially in residents with dementia

- In 2005, a study by Sink et al. concluded:
  - “The atypical antipsychotics risperidone and olanzapine currently have the best evidence for efficacy; the effects are modest and further complicated by an increased risk of stroke”
Antipsychotic Medication Use in Nursing Homes: increased mortality

- In 15 placebo-controlled trials, death occurred in 3.5% of patients randomized to atypical antipsychotic medications compared with 2.3% of patients randomized to a placebo (Maher et al., 2011)

- Two large high-quality cohort studies reported higher mortality in patients taking atypical antipsychotic medications compared with those not taking these drugs (Maher et al., 2011)
Major Adverse Outcomes with Antipsychotics

- Parkinsomism
- Sedation
- Gait disturbance
- Increased respiratory infections
- Edema
- Accelerated cognitive decline
- Stroke (>3 fold)
- Other thromboembolic events
- Mortality (1.5-1.7 fold)

Schneider et. al., 2005; Ballard et. al., 2009; Maher et al., 2011
Antipsychotic Medication Use in Nursing Homes: prescribing issues

- According to CMS’s QM/QI report, between July and September 2010, 39.4% of nursing home residents nationwide who had cognitive impairment and behavioral problems but no diagnosis of psychosis or related conditions received antipsychotic drugs.

- In one study, 17.2% had daily doses exceeding recommended levels. And 17.6% had both inappropriate indications and high dosing (Briesacher, 2005).

- The likelihood of a resident to receive an antipsychotic medication was related to the facility-level antipsychotic prescribing rate, even after adjustment for clinical and socio-demographic characteristics (Chen et al., 2010).
In a recent OIG study, 373 of the 375 nursing home records reviewed for residents on antipsychotic medications lacked evidence to indicate that the facility was in compliance with all Federal requirement(s) for nursing facility resident assessments and care plans (Office of the Inspector General, 2012)
Current CMS and HHS Agencies Involved in the National Initiative

- Office of Clinical Standards and Quality
  - Survey and Certification and the Division of Nursing Homes
  - Quality Measurement and Health Assessment Group (QMHAG)
  - Quality Improvement Group (QIG) – including the Quality Improvement Organizations (QIOs) in states and regions
- Center for Medicare (CM)
- Center for Medicaid and CHIP Services (CMCS)
- Federal Coordinated Health Care Office (FCHCO)
- Center for Medicare and Medicaid Innovation (CMMI)
- Consortium for Quality Improvement and Survey and Certification Operations (CQISCO)
- Regional Offices
Current CMS and HHS Agencies Involved in the National Initiative

- HRSA
- SAMHSA
- AHRQ
- FDA
- AoA, ombudsman programs
- Veteran’s Administration
Current Partner Organizations

• AHCA
• AMDA
• LeadingAge
• Advancing Excellence
• ASCP
• Several universities
• Behavioral health management companies

• AAGP
• AGS
• NICHE
• Alzheimer’s Association
• Consumer Voice, Center for Medicare Advocacy, LTCCC, CANHR, other advocacy organizations
• IOM
Current Partner Organizations

- APNA
- GAPNA
- NaRCAD
- AANAC
- AHFSA and several state survey agencies
Stakeholder Comment Letters

• Focus efforts on improving care of persons with dementia and Alzheimer's disease
• Enhance surveyor training
• Encourage IDT staff training:
  – In non-pharmacological approaches to managing individuals with dementia
  – About ways to improve the prescribing and monitoring of antipsychotic medications
• Partner with Advancing Excellence and stakeholders on initiative
• Add measures to evaluate the off-label use of antipsychotic medications
• Collect metrics that include residents who are admitted on antipsychotic medications
• Publish a nursing home’s antipsychotic medications use rate on Nursing Home Compare and the Five Star Rating System
• Set a national goal for reduction
• Expand goal on reduction of physical restraints to include appropriate/reduced use of chemical restraints
• Consider the use of informed consent for the use of psychoactive drugs
• Review F-Tag 329 and the role of the medical director and consultant pharmacist for its effectiveness as a tool in reaching CMS’ goals for the initiative
• Amend survey protocol to require surveyor to include residents using antipsychotic medications in the resident sample in every survey
CMS Challenge to Our Partners

• Share your existing work/resources with national leadership
  – Curricula on dementia, behavioral health and non-pharmacologic interventions; strategies to reduce antipsychotic drug use in nursing home residents

• Consider ways to communicate with members and encourage engagement around this issue

• Work with CMS to develop local, state, regional and national workgroups or collaboratives around this issue
Quality Indicators, Quality Measures and Public Reporting

- Quality Measurement and Health Assessment Group (QMHAG) is evaluating use of new quality measures and/or quality indicators
- An Antipsychotic Medication Quality Indicator* is listed on the Nursing Home Compare website
- Advancing Excellence is considering a new measure related to antipsychotic drug use
- QMHAG is developing measures around the dementia-related conditions

* Quality Indicators (QIs) are measures of health care quality that indicate either the presence or absence of potentially poor nursing home care practices or outcomes; they have not been NQF endorsed.
Nursing Home Compare Quality Indicators

- **Measure:** Percentage of Long Stay Residents Who are Receiving Antipsychotic Medication
  
  - **Description:** The percentage of long stay residents (>100 cumulative days in the nursing facility) who are receiving antipsychotic medication.

- **Measure:** Percentage of Short Stay Patients Who Have Antipsychotics Started – Incidence
  
  - **Description:** The percentage of short stay residents (<=100 cumulative days in the nursing facility) who have psychoactive drugs started in the absence of evidence of psychotic or related conditions.
Q&A, Discussion and Next Steps

• Setting goals for the national initiative
• Engaging partners at the local, state, regional and national level
• Considering a steering committee to coordinate all these efforts
• Further quality measurement development
Questions?

• Thank you!

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