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POST-ACUTE AND LONG-TERM CARE MEDICAL ASSOCIATION

Understanding CMS Guidance to Antipsychotic Medication Prescribing in the Nursing Home

Antipsychotic prescribing to nursing home residents has been under scrutiny for over a decade and the topic remains a top concern of advocates, clinicians, and regulators. This document intends to provide a brief practical overview of frequently asked questions.

Why does CMS specifically focus on reducing unnecessary antipsychotics medication use?

Antipsychotics have been used frequently to sedate nursing home residents—especially those with dementia—without first undertaking appropriate diagnostic evaluations and attempting to manage symptoms with nonpharmaceutical interventions. Concerns about poor quality of life, poor quality of care, and premature deaths have led to a widespread effort to reduce the use of antipsychotic medications in nursing homes by encouraging better prescribing decisions by providers and enhancing training for staff about how to most effectively work with residents who have dementia.

What do the regulations say about using psychotropic medications, including antipsychotic medications?

***Psychotropic Drugs*.** Based on a comprehensive assessment of a resident, the facility must ensure that—

> (i) 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; and
>
> (ii) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

Like any medications prescribed for vulnerable populations such as nursing home residents, psychotropic medications should not be used without careful consideration of

what condition is causing the symptoms, whether the symptoms of concern are severe enough to warrant the risks related to the medication, whether the medications are likely to improve the symptoms, and the resident's response to attempted nonpharmacological approaches. This includes, where possible, the identification of the underlying cause(s) since a diagnosis alone may not warrant treatment with medication. Once started, there should be ongoing re-evaluation and monitoring of the effectiveness, with attempts to reduce or discontinue the medication unless clinically contraindicated.

What is the antipsychotic medication quality measure and what relevance does it have?

Simply put, the short-stay and long-stay antipsychotic medication quality measures formulae in Care Compare are a percentage of all residents who receive an antipsychotic medication (unless they have a diagnosis of schizophrenia, Huntington's disease, or Tourette's Syndrome). This does not preclude the use of antipsychotics for other clinically indicated reasons when the potential benefits outweigh the risks of drug treatment. However, such use may result in a higher percent of residents receiving an antipsychotic, which could lower a facility's quality measure score and quality measure ratings.

Practitioners should never prescribe a medication based on how a facility's quality measure score or rating may change, or a quality measure's methodology, such as its exclusions. Medications should only be prescribed based on the comprehensive assessment of a resident's condition and needs and following professional standards of practice for their license.

It's important to remember that quality measures are not intended to measure the type of care or outcomes experienced by a single or small group of residents. Rather, they represent the overall care or outcomes experienced by all residents over a period, such as a year. Since antipsychotic medications have a history of overuse and pose dangerous health risks for elderly individuals with dementia, lower use of these medications is preferred. However, it still may be appropriate to prescribe an antipsychotic medication for a nursing home resident, based on the comprehensive assessment of their condition and needs.

What are the consequences of poor performance on the quality measure?

The use of antipsychotic medications is carefully investigated during the survey process. If there is no documentation in the medical record that a resident has had appropriate clinical evaluation, indication for the drug, and monitoring to document the need for, effectiveness of, and absence of adverse effects, then the nursing home may receive a survey deficiency. Depending on how widespread the problem is and whether resident harm is noted, the results could impact the survey deficiency, which would affect the 5-star calculation.

Why is CMS performing off-site audits on erroneous schizophrenia coding and antipsychotic medication use in nursing homes?

Some nursing home residents receive a diagnosis of schizophrenia or schizoaffective disorder that has not been documented previously (see CMS memorandum QSO-23-05-NH for more information). The new onset of these disorders is extremely rare in older people (e.g. older than 65). Thus, there is risk that these diagnoses are either the result of lack of an adequate history from medical records or family, or an attempt to justify the use of antipsychotic medication. Unless there is documentation of a clear history consistent with one of these diagnoses, or there is documentation of an adequate diagnostic evaluation that determines that the resident meets the appropriate DSM V criteria, they should not be diagnosed as having one of these conditions. Additionally, if there is no documentation in the medical record that a resident has had appropriate clinical evaluation, indication for the use of an antipsychotic, and monitoring to document the need for, effectiveness of, and absence of adverse effects, the resident should not be exposed to the risks of antipsychotic medication.

What are some common misconceptions?

- ***Misconception:*** *When the pharmacist suggests a gradual dose reduction for a psychotropic medication, the prescriber must reduce the medication immediately.*
    - Explanation: Prescribers should regularly review if the benefits of a medication continue to exceed the risk. Reductions of psychotropic medications should be made, unless clinically contraindicated. The clinical rationale for not following the recommendation to reduce the medication should be clearly documented. The time frames of dose reduction attempts must follow professional standards of practice and should occur over adequate periods of time to minimize withdrawal symptoms and to monitor for symptom recurrence.

- ***Misconception:*** *An antipsychotic can't be used if a resident does not have a diagnosis of schizophrenia, schizoaffective disorder, Huntington's disease, or Tourette's Syndrome*
    - Explanation: The use of antipsychotic medications is not restricted to these diagnoses and an antipsychotic may be used for another valid diagnosis (e.g., dementia with psychosis that results in danger to the health and safety of the resident or others). The rationale for prescribing an antipsychotic medication (e.g., clinical evaluation, indications for use, monitoring, adverse events, etc.) should be clearly documented in the resident's medical record. All diagnoses should be based on professional standards of practice for the condition, and they should never be added unless an adequate diagnostic evaluation determines that the resident meets the criteria. The DSM-5-TR

criteria for a diagnosis of schizophrenia and schizoaffective disorder should be clearly documented.

- ***Misconception:*** *Antipsychotics are to be avoided in preference for other classes of medications (such as anxiolytics or mood stabilizers)*.
    - Explanation: Antiepileptics, antidepressants, anxiolytics and other classes of medications are often used as a substitute for or adjunct to antipsychotics. These medications should be used only after a thoughtful diagnostic evaluation and clear consideration of the risks and benefits and subsequent evaluation of effectiveness and side effects. These medications are subject to the CMS requirements for psychotropic medications if the medication falls into one of the psychotropic categories listed in the regulation or the medication appears to be a substitute for a psychotropic medication. For example, if a resident is administered one of the medications without documentation in the medical record for its rationale, the facility may be cited for noncompliance with unnecessary psychotropic medications.

- ***Misconception:*** *Why bother reducing the dose of antipsychotic if it will still show up on the quality measure?*
    - Explanation: Regardless of the medication, it is always clinically appropriate to seek the lowest effective dose, to minimize risks to the resident. Although it may not change the quality measure calculation, it is still in the resident's best interest to minimize risks. Reminder: Practitioners should never prescribe a medication based on how a facility's quality measure score or rating may change, or a quality measure's methodology, such as its exclusions. Medications should only be prescribed based on the comprehensive assessment of a resident's condition and needs and following professional standards of practice for their license.

- ***Misconception****: If the first medication is not working to manage symptoms, it is appropriate to add another medication from a different class*.
    - Explanation: If there is no benefit from a medication after a careful and adequate dose and duration trial (that is, it does not significantly reduce the frequency, intensity, or duration of symptoms), it should be discontinued. Most psychotropic medications should be tapered before complete discontinuation to avoid withdrawal effects. Switching to another medication should be considered, but simply adding more medications will result in unnecessary and potentially harmful adverse effects.