

CALTCM Perspective on Antipsychotic Medication Use in the SNF

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CALTCM Perspective

- Antipsychotic medications are often overused in patients with dementia, and are dangerous
- Efforts to reduce use have been limited in success
- We support the CMS and CDPH measurable goals of 15% reduction
- A CQI approach is needed to achieve this goal
- CALTCM offers significant medical and CQI leadership for this initiative
- Let's work together– let's start now!

The Problem

- “Every system is perfectly designed to produce exactly the results it achieves.”
- Antipsychotic medication prescribing is driven by multiple factors that must be addressed before outcomes can be expected to change

Why are antipsychotics used in patients with dementia?

- 1. They do work in many patients for behavior problems and distress in patients with dementia—NOT ALL USE IS INAPPROPRIATE**
- 2. Nothing else is shown to work for these behaviors; even behavioral interventions and programmatic interventions are not “proven”**
- 3. Many of these patients are distressed or present a real danger to self or others**
- 4. Comfort may override function or longevity as primary goal for many patients with advanced dementia and other advanced illnesses**
- 5. Prescribing physicians are often distant from the site of care and have few alternatives**
- 6. The prescribing culture of the US and SNFs in particular is to add medications for problems**
- 7. Patients come to SNFs on antipsychotics; the rate at which they are reduced mean many never get off the drug**
- 8. The current incentives do not provide real resources to reduce use; rather ,they often encourage documentation to justify current use within regulations**

CALTCM Proposal: Drive Performance Improvement with CQI

1. Training

- 1. Educate medical community widely:**
- 2. Need to include training for frontline staff (CNAs and staff nurses need to see management of behavior as part of their mission.)**
- 3. Train SNFs in alternatives to antipsychotics such as pain medication and behavioral interventions**

2. Weekly intensified CQI process

- 1. More rapid and more frequent antipsychotic medication taper trials; encourage**
- 2. At least monthly physician IDT review of every patient on antipsychotic medication without FDA indication (recommend this be done by psychiatrist or medical director with commitment to CDPH/CMS targets)**
- 3. Improved monitoring of behaviors prior to initiation of antipsychotics when feasible**

3. Provide greater incentives for behavior change;

- 1. continued combination of sanctions and documentation requirements**
- 2. rewards for excellent outcomes**

Change the Process and Monitor Outcomes

1. Establish leadership group of SNFs who will commit to change
2. Partnership of all groups working together—CAHF, HSAG, CDPH, others
3. Must have dedicated medical director, DON, administrator
4. Collaborate with other medical organizations including American College of Physicians , Society of Hospital Medicine, American Academy of Geriatric Psychiatry
5. SNF leadership team should meet at least twice monthly to monitor antipsychotic medication use to discuss every patient with antipsychotic use at least monthly and attend statewide webinar conferences and coaching sessions. This group will also look at other factors in SNF that might be modified to reduce antipsychotic use
6. Training programs in the SNF will include CNAs and other front-line staff
7. Those who achieve 25% reduction or have antipsychotic rates at more than 25% below the mean obtain quality certification of some kind from CDPH and CMS

CALTCM Leadership

- 400+ members as California AMDA chapter
- Value of CMD and quality outcomes is proven with improved quality with CMDs
- Our work in action oriented behavioral interventions
- Leadership in effective collaboration with CDPH, CAHF, CCCC, POLST, CHCF over many years
- BOD and membership with academic and clinical expertise

CQI Technical Expertise

- CALTCM is national leader in SNF quality improvement
- INTERACT-II project
- Depression CQI project
- POLST statewide leadership
- Teaching and academic leadership
- Nationally renowned leaders/clinicians