



California Department of Public Health Center for Health Care Quality

*Skilled Nursing Facility Quality and Accountability
Supplemental Program:
California Specific Antipsychotic Medication
Measure Specifications*

June 2018

Introduction

California legislation requires the California Department of Public Health (CDPH) and the California Department of Health Care Services (DHCS) to implement a Skilled Nursing Facility Quality and Accountability Supplemental Program (SNF QASP). As part of this statutory requirement, CDPH and DHCS evaluate various areas to expand the SNF QASP measure set. CDPH contracted with Health Services Advisory Group, Inc. (HSAG) to develop new measure specifications for the Percent of Residents Who Received an Antipsychotic Medication (Long-Stay) Minimum Data Set (MDS) 3.0 measure. This measure is a new area of evaluation in the QASP. The intention of this new measure is to ensure that facilities are appropriately administering antipsychotic medications to their residents. Regulation of the use of antipsychotic medication in the nursing home setting has been a goal for the Centers for Medicare & Medicaid Services (CMS), and several attempts have been made to reduce the “off-label” use of the medication.¹

There is a wide range of clinical conditions for which the use of antipsychotic medications may be appropriate for both clinical and practical reasons. The current CMS antipsychotic medication measure does not adequately exclude all conditions for which antipsychotic medications are appropriately prescribed. Literature review and findings from the data support the addition of three conditions to the exclusion criteria of the measure specifications: manic depression (i.e., bipolar disorder), psychotic disorder (other than schizophrenia), and traumatic brain injury. By excluding cases with the three additional conditions, the measure will capture only those residents who should not, within the context of accepted medical practice, be given antipsychotic medications and the patient mix at each facility should not affect the measure rates (e.g., a facility with more residents with neurological conditions and/or psychiatric disorders would not be penalized). The revisions to CMS’ antipsychotic medication measure enhances the measures and makes it more appropriate for use in all facilities.

¹ The National Consumer Voice for Quality Long-Term Care. *The Misuse of Antipsychotics amongst Nursing Home Residents: A Status Update*. September 2012. Available at: <http://theconsumervoice.org/uploads/files/issues/status-update.pdf>. Accessed on: April 20, 2018.

California Specific Antipsychotic Medication Measure Specifications

HSAG developed new measure specifications by including additional exclusion criteria to the original measure specifications to account for other clinical conditions that require use of antipsychotic medications. The new specifications are identical to the original CMS specification for the Percent of Residents Who Received an Antipsychotic Medication measure, with the exception of additional exclusion criteria, as asterisked (*) below.

- **Numerator:** Long-stay residents with a selected target assessment where the following condition is true: antipsychotic medications received. This condition is defined as follows:
 - For assessments with target dates on or after 04/01/2012: (N0410A = [1,2,3,4,5,6,7]).
- **Denominator:** Long-stay residents with a selected target assessment, except those with exclusions.
- **Exclusions:** The following exclusions apply:
 - The resident did not qualify for the numerator and **any** of the following is true:
 - For assessment with target dates on or after 04/01/2012: (N0410A = [-]).
 - **Any** of the following related conditions are present on the target assessment (unless otherwise indicated):
 - Schizophrenia (I6000 = [1]).
 - Tourette’s syndrome (I5350 = [1]).
 - Tourette’s syndrome (I5350 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available.
 - Huntington’s disease (I5250 = [1]).
 - * Traumatic Brain Injury (TBI) (I5500= [1]).
 - * Manic Depression (I5900= [1]).
 - * Psychotic Disorder (I5950= [1]).

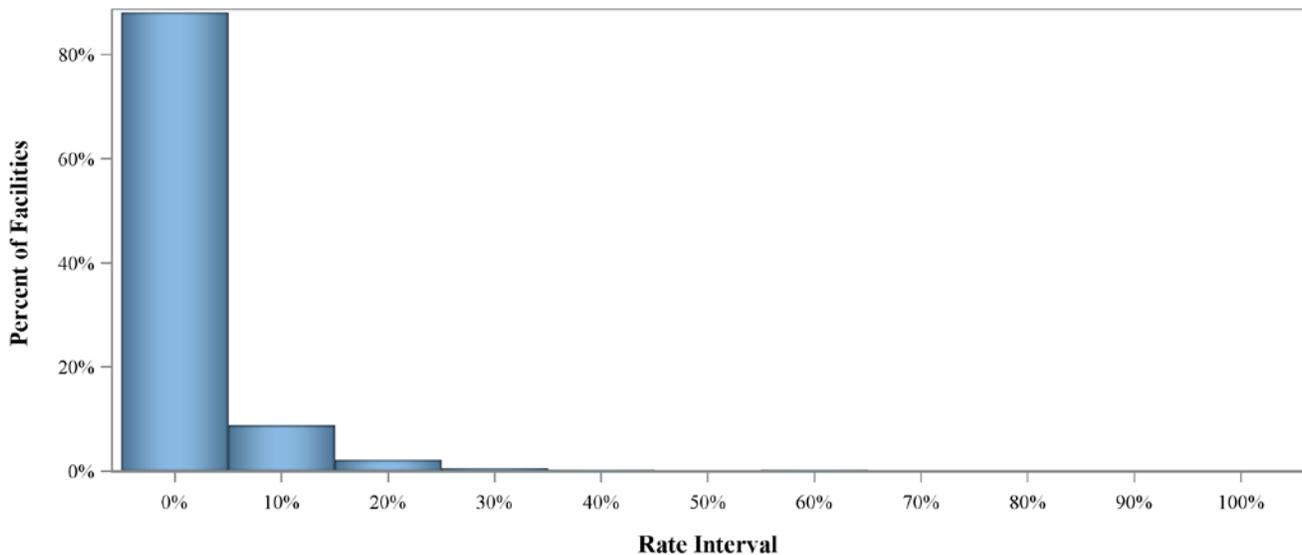
Table 1 displays the summary statistics for facilities meeting the minimum denominator criteria (i.e., at least 30 residents) among the facilities included in 2016-2017 Annual Report using the California Specific Antipsychotic Medication measure specifications with additional exclusions.

**Table 1—California Specific Antipsychotic Medication Measure Rate Summary
(Target Period: 7/1/2016 – 6/30/2017)**

Performance Period	Number of Facilities	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Mean	Minimum Rate	Maximum Rate
SFY 2016-2017	1,037	10.96%	6.51%	2.82%	0.94%	0.00%	4.80%	0.00%	70.00%

Figure 1 displays the rate distribution as a histogram among the facilities meeting the minimum denominator criteria (i.e., at least 30 residents) included in 2016-2017 Annual Report using the California Specific Antipsychotic Medication measure specifications with additional exclusions. Each 10 percent interval includes all facilities whose rate is at or above the lower interval and less than the higher interval.

**Figure 1—California Specific Antipsychotic Medication Measure Rate Distribution
(Target Period: 7/1/2016 – 6/30/2017)**



Point Allocation Distribution

HSAG will use the following point allocation for the California Specific Antipsychotic Medication measure:

- If a facility was performing worse than the Statewide average, the facility would receive no points for the measure.
- If the facility was performing at or better than the Statewide average, but performing below the 75th percentile for the measure, the facility would receive half of the possible points for the measure.
- If the facility was performing at or better than the 75th percentile for the measure, the facility would receive all of the possible points.

A facility’s performance on the measure was not evaluated or scored if the facility did not meet the minimum denominator size threshold for that measure.

Color coding was used throughout the facility-level results worksheet to indicate how the facility performed compared to defined benchmarks. Cells in the facility-specific worksheet were assigned a red, light green, or dark green shading to indicate the following:

- *Red shading:* the facility did not meet the Statewide average and would not receive any points for the measure.
- *Light green shading:* the facility met or exceeded the Statewide average, but did not meet the 75th percentile, and would receive half of the possible points for the measure.
- *Dark green shading:* the facility met or exceeded the 75th percentile and would receive all possible points for the measure.