

# SWOT Matrix for Recommendation Development

Meeting #3, January 25, 2022

Topic: Administration of Antipsychotic Medication

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> <li>Providers and families know each other, given that they often reside in the same town or region. Relationships are so important, and Kansans have a long history of that. Communication about meds can be strengthened by relationships.</li> <li>PEAK program</li> <li>Culture of care and kindness among Kansas citizens</li> <li>Rich resources on the problems of antipsychotics that have become public; more people know and want to know</li> <li>Many options are developing in how to provide palliative care for persons with dementia instead of anti-psychotics</li> <li>Medication review and QDR policies for care homes encourage pharmacist participation</li> <li>Federal regulations require informed consent. Federal regs provide guidance on this topic.</li> <li>Many opportunities for staff of adult care homes to receive continuing education on this topic</li> </ul>	<ul style="list-style-type: none"> <li>Consumers, payors, and policymakers often don't share the same priorities.</li> <li>More education to doctors who prescribe</li> <li>Limited mental health resources for older adults</li> <li>A large focus on adult care homes as being the main place where seniors live/receive care</li> <li>Oppressive regulations that have nothing to do with care for residents and distract from providing quality person-centered care</li> <li>Lack of provider training in understanding the regulatory impact of their prescribing habits or what is needed by nursing facilities to medically justify treatment with antipsychotics.</li> <li>Greater integration/access to mental health services – especially within rural areas. There are needs, but without proper support, the NF can be vulnerable to deficiency issues.</li> <li>Lack of community services-need to rebalance services</li> <li>Added diagnosis to resident files without proper diagnosis</li> <li>Staffing</li> <li>Restricting formularies that don't work for psychiatric patients where drugs may not work or work differently</li> <li>Staffing minimum staffing requirements</li> <li>Staff quantity and education</li> <li>Access to telehealth/telepsychiatry and policies that support that service.</li> <li>System of care delivery problems associated with behaviors that lead to antipsychotic use.</li> </ul>	<ul style="list-style-type: none"> <li>The population of Kansas, especially in our rural and in some urban counties like Shawnee, is aging rapidly, so our voices as seniors and family members of seniors have added strength. Voices raising concerns about medication access and related issues is a strength.</li> <li>Lack of aid and nurse training on communication with people who have dementia</li> <li>Reporting and addressing false documentation</li> <li>KanCare MCOs (Managed Care Organizations) can provide Geri-psych nurse practitioner consult to providers</li> <li>MCOs has data we can access</li> <li>Person centered thinking training for all staff</li> <li>Policies regarding step therapy and use of injections.</li> <li>Recommend development of mental health resources</li> <li>In dealing with dementia patients and a Durable Power of Attorney (DPOA), communications with the DPOA needs to be first</li> <li>Nursing home residents with low care needs</li> <li>Medications that have a secondary side effect benefit without being an antipsychotic medication can be explored first</li> </ul>	<ul style="list-style-type: none"> <li>Regulation to reduce antipsychotics when the need may only be increasing. Occasional difficulty getting proper diagnosis.</li> <li>More access to medical care including the use of APRNs.</li> <li>Communication process channels -&gt; physician responses can be untimely yet expose the care facility to penalties.</li> <li>Need written informed consent</li> <li>Ongoing pandemic and negative effect on those receiving and providing care</li> <li>Need for widespread education</li> <li>Consumer reliance on these medications. Seniors' own choice to take and receive antipsychotics</li> </ul>
<p>Themes</p> <ul style="list-style-type: none"> <li>Existing programs: Promoting Excellent Alternatives in Kansas (PEAK) nursing homes</li> <li>Culture of care; community relationships</li> <li>Resources for palliative care alternatives to anti-psychotics</li> </ul>	<p>Themes</p> <ul style="list-style-type: none"> <li>Staffing requirements</li> <li>Limited access to behavioral health services and community-based services</li> <li>Lack of resources and education across system providers/prescribers as well as mental health resources for older adults</li> </ul>	<p>Themes</p> <ul style="list-style-type: none"> <li>Untapped access to or use of existing data, e.g., MCO data</li> <li>Nursing facility residents with low care needs</li> </ul>	<p>Themes</p> <ul style="list-style-type: none"> <li>Reliance on antipsychotic medications</li> <li>Effect of pandemic</li> </ul>

### Opportunities

- The population of Kansas, especially in our rural and in some urban counties like Shawnee, is aging rapidly, so our voices as seniors and family members of seniors have added strength. Voices raising concerns about medication access and related issues is a strength.
- Lack of aid and nurse training on communication with people who have dementia
- Reporting and addressing false documentation
- KanCare MCOs (Managed Care Organizations) can provide Geri-psych nurse practitioner consult to providers
- MCOs has data we can access
- Person centered thinking training for all staff
- Policies regarding step therapy and use of injections.
- Recommend development of mental health resources
- In dealing with dementia patients and a Durable Power of Attorney (DPOA), communications with the DPOA needs to be first
- Nursing home residents with low care needs
- Medications that have a secondary side effect benefit without being an antipsychotic medication can be explored first

### Strengths

- Providers and families know each other, given that they often reside in the same town or region. Relationships are so important, and Kansans have a long history of that. Communication about meds can be strengthened by relationships.
- PEAK program
- Culture of care and kindness among Kansas citizens
- Rich resources on the problems of antipsychotics that have become public; more people know and want to know
- Many options are developing in how to provide palliative care for persons with dementia instead of anti-psychotics
- Medication review and QDR policies for care homes encourage pharmacist participation
- Federal regulations require informed consent. Federal regs provide guidance on this topic.
- Many opportunities for staff of adult care homes to receive continuing education on this topic

**Opportunity-Strength (OS) Strategies:** *Use strengths to take advantage of opportunities*

### Recommendations:

### Opportunities

- The population of Kansas, especially in our rural and in some urban counties like Shawnee, is aging rapidly, so our voices as seniors and family members of seniors have added strength. Voices raising concerns about medication access and related issues is a strength.
- Lack of aid and nurse training on communication with people who have dementia
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### Weaknesses

- Consumers, payors, and policymakers often don't share the same priorities.
- More education to doctors who prescribe
- Limited mental health resources for older adults
- A large focus on adult care homes as being the main place where seniors live/receive care
- Oppressive regulations that have nothing to do with care for residents and distract from providing quality person-centered care
- Lack of provider training in understanding the regulatory impact of their prescribing habits or what is needed by nursing facilities to medically justify treatment with antipsychotics.
- Greater integration/access to mental health services – especially within rural areas. There are needs, but without proper support, the NF can be vulnerable to deficiency issues.
- Lack of community services-need to rebalance services
- Added diagnosis to resident files without proper diagnosis
- Staffing
- Restricting formularies that don't work for psychiatric patients where drugs may not work or work differently
- Staffing minimum staffing requirements
- Staff quantity and education
- Access to telehealth/telepsychiatry and policies that support that service.
- System of care delivery problems associated with behaviors that lead to antipsychotic use.

### Opportunity-Weakness

**(OW) Strategies:** *Overcome weaknesses by taking advantage of opportunities*

### Recommendations:

**Threats**

- Regulation to reduce antipsychotics when the need may only be increasing. Occasional difficulty getting proper diagnosis.
- More access to medical care including the use of APRNs.
- Communication process channels -> physician responses can be untimely yet expose the care facility to penalties.
- Need written informed consent
- Ongoing pandemic and negative effect on those receiving and providing care
- Need for widespread education
- Consumer reliance on these medications. Seniors' own choice to take and receive antipsychotics

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**Threat-Strength (TS) Strategies:** *Use strengths to avoid threats*

**Recommendations:**

**Threats**

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**Weaknesses**

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**Threat-Weakness (TW) Strategies:** *Minimize weaknesses and avoid threats*

**Recommendations:**