

Senior Care Task Force – Quality of Care and Protective Services Working Group

**Antipsychotic Drug Use
January 11, 2022**

**Kansas Department for Aging
and Disability Services**

Scott Brunner, Deputy Secretary

MCO Efforts to Reduce Antipsychotic Misuse in Kansas

Percent of Long-Term Stay Nursing Home Residents Receiving an Antipsychotic Medication, Excluding those Residents Diagnosed with Schizophrenia, Huntington's Disease, or Tourette's Syndrome

	Aetna			Sunflower			United		
	Receiving an Antipsychotic	NF or NFMH Eligibility	%	Receiving an Antipsychotic	NF or NFMH Eligibility	%	Receiving an Antipsychotic	NF or NFMH Eligibility	%
2020Q1	329	2,636	12.48%	441	3,575	12.34%	545	4,606	11.83%
2020Q2	335	2,705	12.38%	432	3,524	12.26%	527	4,608	11.44%
2020Q3	350	2,782	12.58%	413	3,508	11.77%	573	4,677	12.25%
2020Q4	342	2,699	12.67%	404	3,331	12.13%	533	4,506	11.83%
CY2020 Total	1,356	10,822	12.53%	1,690	13,938	12.13%	2,178	18,397	11.84%
2021Q1	327	2,607	12.54%	373	3,073	12.14%	515	4,166	12.36%
2021Q2	385	2,708	14.22%	380	3,011	12.62%	545	4,168	13.08%
2021Q3	370	2,772	13.35%	410	2,987	13.73%	581	4,119	14.11%
2021Q4			#DIV/0!			#DIV/0!			#DIV/0!
CY2021 Total	1,082	8,087	13.38%	1,163	9,071	12.82%	1,641	12,453	13.18%

-The KanCare MCOs have a pay for performance measure tied to reducing inappropriate antipsychotic drug use in Nursing Facilities.

CMS National Partnership to Improve Dementia Care in Nursing Homes

Overview

The CMS is partnering with federal and state agencies, nursing homes, other providers, advocacy groups, and caregivers to improve comprehensive dementia care. CMS and its partners are committed to finding new ways to implement practices that enhance the quality of life for people with dementia, protect them from substandard care and promote goal-directed, person-centered care for every nursing home resident. The Partnership promotes a multidimensional approach that includes public reporting, state-based coalitions, research, training, and revised surveyor guidance.

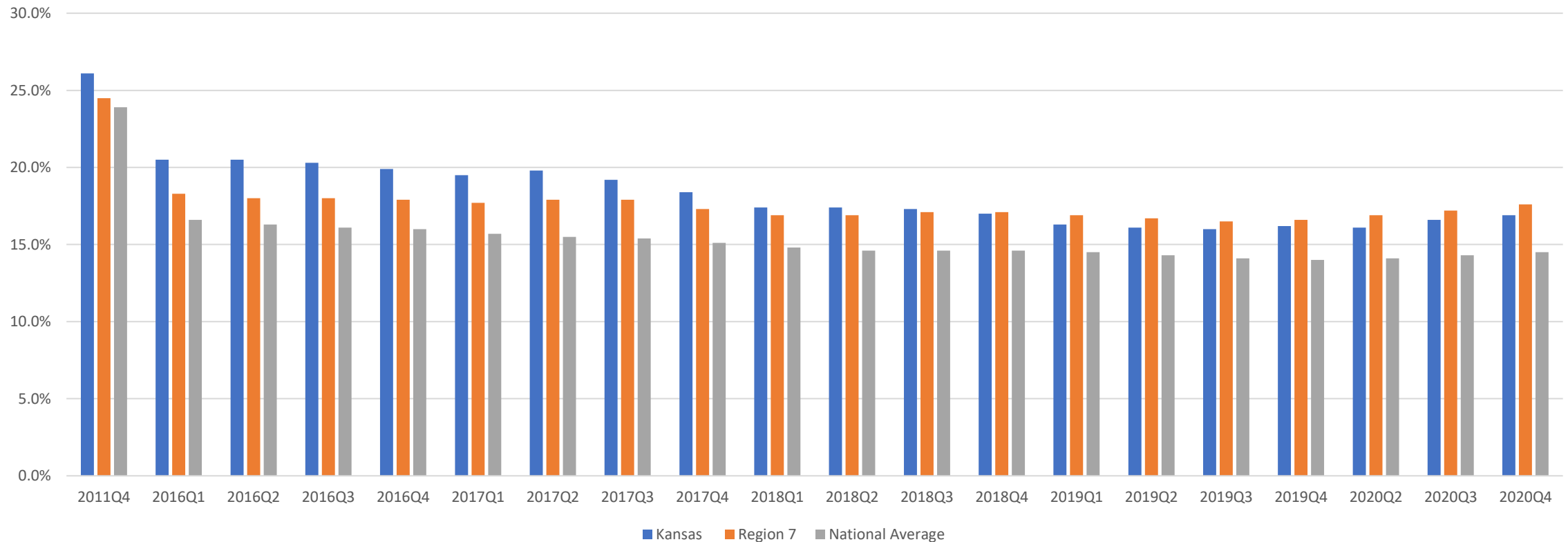
What's New?

Since the launch of the National Partnership, significant reductions in the prevalence of antipsychotic medication use in long-stay nursing home residents have been documented. The National Partnership continues to work with state coalitions and nursing homes to reduce that rate even further. Recently, CMS announced a new national goal, involving a 15 percent reduction of antipsychotic medication use by the end of 2019 for long-stay residents in those homes with currently limited reduction rates. This goal builds on the progress made to date and expresses the Partnership's commitment to continue this important effort.

While the initial focus was on reducing the use of antipsychotic medications, the Partnership's larger mission is to enhance the use of non-pharmacologic approaches and person-centered dementia care practices.

Kansas is Making Progress in Reducing the Use of Antipsychotic Drugs in Nursing Homes

Quarterly Prevalence of Antipsychotic Use for Long-Stay Residents



CMS National Partnership to Improve Dementia Care in Nursing Homes

Enhanced Oversight and Enforcement of Non-Improving Late Adopters

In December 2017, through the work of the National Partnership, approximately 1,500 nursing homes were identified as late adopters, meaning facilities that had not improved their antipsychotic medication utilization rates for long-stay nursing home residents since 2011Q4 and had high rates of usage.

If these facilities are determined not to be in substantial compliance with requirements for Chemical Restraints (F605), Dementia Care (F744), or Psychotropic Medications (F758) during a survey, they will be subject to increased enforcement remedies for such noncompliance

Group One	Consists of late adopters that have 3 or more citations for unnecessary medications or inappropriate use of psychotropic medications since January 1, 2016.	Group One and Group Two nursing homes will be subject to enforcement remedies as specified in Enhanced Oversight and Enforcement of Non-Improving Late Adopters policy, memorandum QSO-19-xx-NH.
Group Two	Consists of late adopters that have 2 citations for unnecessary medications or inappropriate use of psychotropic medications since January 1, 2016.	
Remainder of Late Adopters (non-highlighted)	Late adopters outside of the subset nursing homes (Group One & Two), and at this time are not subject to enforcement remedies. However, CMS will closely monitoring progress under this policy.	Kansas has 1 NF in group 1 and 12 in group 12.

KDADS Response to Questions

Antipsychotic Drugs

Q: What is the level of antipsychotic use in residential facilities other than certified nursing facilities, such as SLO facilities and Home Plus?

There is no survey measure or reportable measure for these types of facilities. There is some possible bandwidth that the MCO's be able to identify some of these measures for HCBS client's living in a state licensed only adult care home setting. There are however some safeguards in place but with the ability to self manage and administer medications in these setting it makes it more difficult to know true totals.

- *Medication orders. Only a licensed nurse or a licensed pharmacist may receive verbal orders for medication from a medical care provider. The licensed nurse shall ensure that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order.*
- *Standing orders. Only a licensed nurse shall make the decision for implementation of standing orders for specified medications and treatments formulated and signed by the resident's medical care provider. Standing orders of medications shall not include orders for the administration of schedule II medications or psychopharmacological medications.*
- *A licensed nurse informs the resident or the resident's legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which requires the identification of both adverse drug interactions or reactions and potential allergies. The resident's clinical record shall contain documentation that the resident or resident's legal representative has received the information and accepted the risk of potential adverse consequences.*

KDADS Response to Questions

Antipsychotic Drugs

Q: Do the MCOs always exclude schizophrenia, Huntington's Disease, and Tourette's Syndrome when reporting totals for antipsychotic drug use?

Yes, That is the way the Pay for Performance measure is defined by the state. The measure is "*Percentage of long-term stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's Disease or Tourette's Syndrome.*"

This reflects the CMS Quality Measure used in Nursing Home Compare, along with the measure specifications utilized in the nursing facilities' MDS assessment required by CMS.

KDADS Response to Questions

Antipsychotic Drugs

Q: What steps are MCOs taking to track the diagnoses excluded from antipsychotic drug measurements?

Aetna Better Health has a clinical workgroup that meets routinely to review members who are identified as being prescribed antipsychotic medications. Reconciliation of diagnoses, included those excluded, is completed through member information obtained by Aetna Better Health through care management, claims, etc., and/or through medical records received from the facility.



United Healthcare follows the specifications of the pay for performance measure using the CMS MDS data indicating medications received that are in the antipsychotic category excluding UHC members with a diagnosis of Huntington's Disease, Tourette's Syndrome, or Schizophrenia.



We review the CMS MDS survey data provided by KDADS. This is the data source the State uses for the P4P measure. We also review claims Sunflower receives and member health assessments. We use the claims and health assessment information to educate facilities about completing the MDS Correctly or updating during reassessment to accurately reflect the current diagnosis.



KDADS Response to Questions

MCO Actions to Reduce Inappropriate Antipsychotic Drug Use

- Sunflower sends letters monthly to prescribing providers to notify them of a Sunflower member residing in a nursing facility who is taking an antipsychotic medication with a diagnosis of dementia or major depressive disorder.
- Sunflower also sends a monthly letter to nursing facility medical directors to notify them of a Sunflower member who is prescribed an antipsychotic medication without a diagnosis of Huntington's, Tourette's, or Schizophrenia, nor another appropriate diagnosis e.g. schizoaffective disorder, bipolar disorder.
- Quarterly outreach is completed with facility MDS coordinators regarding Sunflower members who were marked as taking an antipsychotic on the MDS with no approved diagnosis where there is an approved diagnosis according to Sunflower medical claims. Facilities with higher rates of antipsychotic use outside of MDS listed diagnoses are targeted and provided educational materials.
- We also engage our Special Investigations Unit, when needed, to further investigate prescribing patterns when there is a concern with any prescribing provider. This may lead to provision of education, corrective action or termination of the provider contract.



KDADS Response to Questions

MCO Actions to Reduce Inappropriate Antipsychotic Drug Use

United is exploring opportunities to establish peer to peer review based on facilities identified as high volume with high antipsychotic utilization.

These conversations would help the MCO understand any underlying reasons for utilization and provide any suggestions or options that might be employed.



KDADS Response to Questions

MCO Actions to Reduce Inappropriate Antipsychotic Drug Use

- Aetna Better Health offers live outreach calls to prescribers for a peer-to-peer discussion with our plan's Medical Director.
- Member data is stratified by facility, prescriber, volume of members, etc. to evaluate trends for targeted intervention.
- Partnership with pharmacy providers such as OmniCare who may also be addressing antipsychotic use with their nursing facility customers.
- Request for full medical record from facility by Aetna Better Health's Quality Management department for a more robust medical record review prior to peer conversations; i.e. reconciliation of diagnosis.
- Possible long term approach of incentivization of nursing facility participation in the PEAK program offered through KDADs, to address environmental, social, and other issues impacting behavior and the prescribing of antipsychotic medication.



Questions

