Beyond Medication Regimen Reviews:
Quality Measure-Focused Consulting in LTC

SEPTEMBER 2022

PRESENTED BY BETHANY L. BRAMWELL, RPH, BCGP

Guardian® pharmacy Missouri

Disclosure and Conflict of Interest

Presenter has no personal or financial conflicts of interest to disclose.

All product names, logos, and brands are property of their respective owners. All company and product names used are for identification purposes only.

Use of drug names, logos, and brands does not imply endorsement by the pharmacist, or pharmacy.

Objectives

At the end of this session, participants should be able to:

1. Discuss the similarities between common geriatric syndromes and the CMS quality measures.
2. Identify the quality and outcome measures on which a consultant pharmacist can have a direct impact.
3. Discuss the role of the consultant pharmacist in multidisciplinary initiatives aimed at improving quality and outcomes in skilled nursing facilities.
4. Analyze evidence-based interventions for common geriatric syndromes.

Summary

Ensuring quality and improving outcomes in the LTC setting is a team effort. Due to their complexity, medication therapy should be continuously monitored and improved. Pharmacists play an integral role in preventing and managing adverse events and can have a direct impact on quality and outcome measures. Consultant pharmacists should broaden their responsibilities in skilled nursing facilities beyond medication regimen reviews by taking on roles in quality and performance improvement projects. This session will review the specific quality and outcome measures on which an engaged consultant pharmacist can have a direct impact and discuss types of interventions aimed at improving SNF quality measures.

Geriatrics by the numbers…

- The 65-and-older population in the U.S is projected to reach 83.7 million by the year 2050, nearly doubling in size from the 2012 level of 43.1 million.
- The over-85 age group is the fastest-growing, projected to double in size between 1995 and 2030 and increasing fivefold by 2050.
- Approximately 82% of older adults have at least one chronic disease and thus have become central to the business of health care.
- These numbers will drive dramatic changes in health care and society.

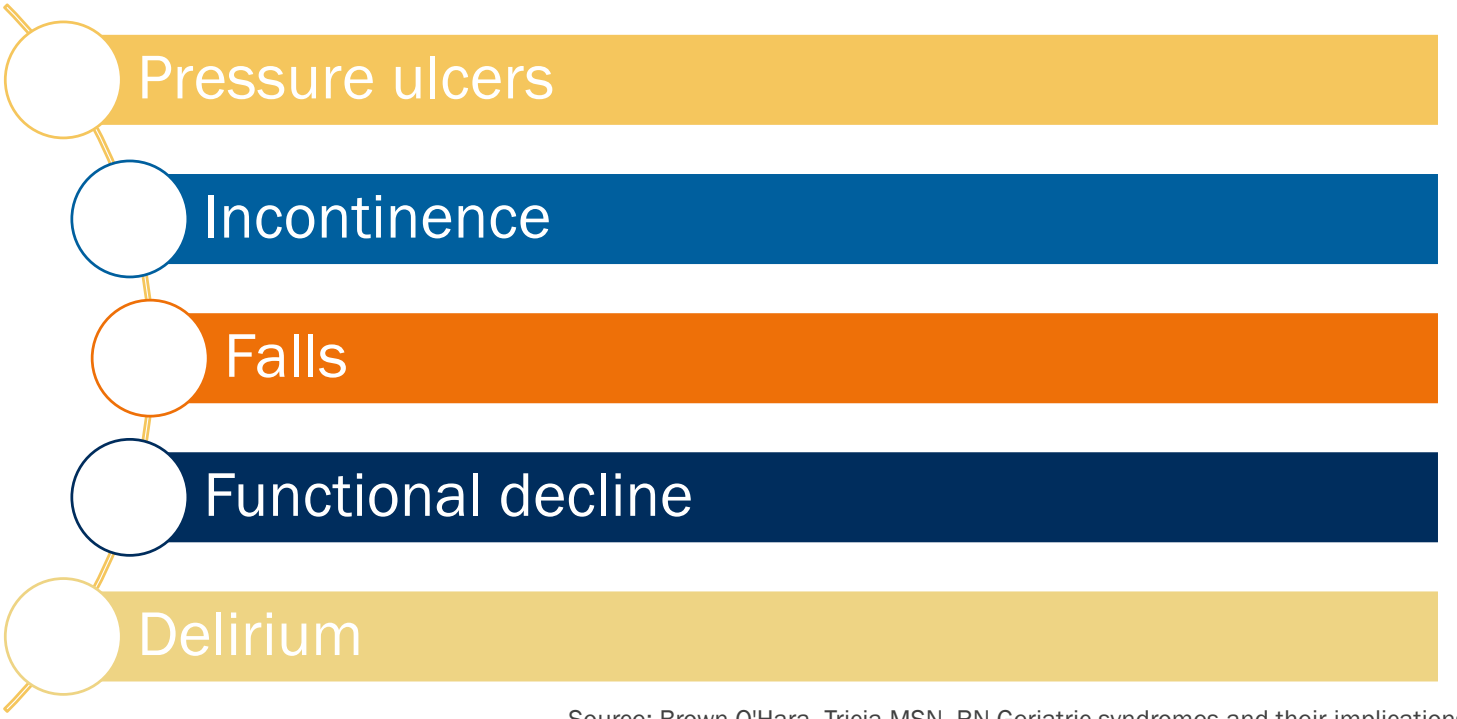
Source: Brown-O'Hara, Tricia MSN, RN Geriatric syndromes and their implications for nursing, Nursing: January 2013 - Volume 43 - Issue 1 - p 1-3 doi: 10.1097/01.NURSE.0000423097.95416.50

The “Geriatrics Syndromes”

- Term used to capture the clinical conditions in older adults that do not fit into specific disease categories.
- Represent common serious conditions for older persons with substantial implications for functionality and life satisfaction.
- One or more found in nearly every older adult.
- Lead to increased mortality and disability, decreased financial and personal resources, and longer hospitalizations, and diminished quality of life.

Source: Brown-O'Hara, Tricia MSN, RN Geriatric syndromes and their implications for nursing, Nursing: January 2013 - Volume 43 - Issue 1 - p 1-3 doi: 10.1097/01.NURSE.0000423097.95416.50

The Most Common “Geriatrics Syndromes”



Source: Brown-O'Hara, Tricia MSN, RN Geriatric syndromes and their implications for nursing, Nursing: January 2013 - Volume 43 - Issue 1 - p 1-3 doi: 10.1097/01.NURSE.0000423097.95416.50

The “Geriatrics Syndromes”

Newer or newly defined:

- MaInutrition, eating and feeding problems
- Sleeping problems
- Dizziness and syncope
- Self-neglect
- Sarcopenia (muscle atrophy, contributing to functional decline)
- Polyprovider
- Polypharmacy
- Pain
- Frailty (most problematic, results from combination of top geriatric syndromes)

Source: Brown-O'Hara, Tricia MSN, RN Geriatric syndromes and their implications for nursing, Nursing: January 2013 - Volume 43 - Issue 1 - p 1-3 doi: 10.1097/01.NURSE.0000423097.95416.50

SAMPLE CASPER REPORT

MDS 3.0 Resident Level Quality Measure Report

Resident Name	Pressure Ulcer	Pain	Restraints	Falls	Antipsych	Antianx/Hyp	Behav Sx	Depressive Sx	UTI	Cath Insert/Left	Lose B/B Con	Wt Loss	Incr ADL Help	Move Worse	Impr Func	QM Count
Kyle, S		X		X	X							X				4
Rogers, S						X								X		2
Gordon, B																0
Banner, B				X												1
Kent, C		X		X	X		X		X				X			6
Romanova, N		X				X				X						3
Strange, S					X			X								2
LeBeau, R		X						X				X				3

Pharmacist's Making a Direct Impact

- Immunizations
- Antipsychotic use
- Antianxiety/hypnotic use
- Behavioral symptoms affecting others
- Falls
- Urinary tract infections
- Weight loss
- Depressive symptoms
- Rehospitalization rates
- Pressure ulcers
- Incontinence
- Functional decline/increased ADLs
- Pain

Performance Improvement Projects (PIPs)

- Basic building blocks of an effective QAPI program.
- Examine and improve care in areas identified as needing attention and should focus first on “high-risk, high-volume” areas related to quality of care and quality of life.
- Consultant pharmacists are key members of PIP teams targeting falls, pain management, antipsychotic use, weight loss, depressive symptoms and preventable rehospitalizations.

Staff Education And Provider Academic Detailing

- Involvement of multiple healthcare providers in the management of LTC residents leads to complex interacting factors and competing priorities.
- Academic detailing aimed at changing prescribing practices should focus on flexible, facility-tailored interventions, improved communication processes, and a common language across the team.

Staff Education And Provider Academic Detailing (cont.)

- Detailer credibility, a strong relationship with the detailer, and a “third party” perspective have been shown to be important components of engaging providers in LTC initiatives.
- Consultant pharmacists are uniquely qualified to provide prescriber detailing and facility staff education.

Making a Direct Impact – THE BIG 5

1. FALLS
2. ANTIPSYCHOTIC USE
3. WEIGHT LOSS
4. REHOSPITALIZATIONS
5. DEPRESSION

#1 FALLS

- 50% to 75% of nursing home residents fall annually; 2X the rate of falls in community-dwelling older adults
- Falls are a leading cause of preventable hospitalizations from LTCFs
- Medications are common and potentially modifiable contributors to falls in older residents of long-term care facilities
- Fall prevention through medication management has consistently been shown to reduce risk of falls

Willy B, et al. Strategies for Reducing Falls in Long-Term Care *Annals of Long-Term Care: Clinical Care and Aging.* 2014;22(1):23-32. Rojas-Fernandez CH, Seymour N, Brown SG. Helping pharmacists to reduce fall risk in long-term care: A clinical tool to facilitate the medication review process. Canadian Pharmacists Journal : CPJ. 2014;147(3):171-178; Boyle N, Naganathan V, Cumming RG. Medication and falls: risk and optimization. Clin Geriatr Med 2010;26:583-605

FALLS

- Polypharmacy and falls-risk medications are potentially modifiable risk factors for falling
- Discontinuing unnecessary medications can lower fall risk and the number of falls
- Specific classes of drugs increase fall risk; falls can be prevented through interventions that target specific medications
- Pharmacists play a key role in reducing medications' impact on fall risk

Ryan-Atwood TE et al. Medication Use and Fall-Related Hospital Admissions from Long-Term Care Facilities: A Hospital-Based Case-Control Study. Drugs Aging. 2017 Aug;34(8):625-633.

FALLS

Hospital-based, case-control study of patients ≥65 years hospitalized from LTCFs:

- No association between polypharmacy and fall-related hospital admissions
- Odds of fall-related hospital admissions increased by 16% for each additional falls-risk medication
- Medications that cause orthostatic hypotension (OH) were associated with fall-related hospital admissions
- Psychotropics were not associated with fall-related hospital admissions
- The association between medications that cause OH and fall-related hospital admissions was strongest among residents with polypharmacy

Ryan-Atwood TE et al. Medication Use and Fall-Related Hospital Admissions from Long-Term Care Facilities: A Hospital-Based Case-Control Study. Drugs Aging. 2017 Aug;34(8):625-633.

FALLS & DEMENTIA

Higher fall rates in LTC residents with dementia are associated with a combination of:

- Impaired Mobility
- Indicators Of Disinhibited Behavior
- Diabetes
- Analgesics
- Beta Blockers
- Psychotropics

Kosse, N., De Groot, M., Vuillerme, N., Hortobágyi, T., & Lamoth, C. (2015). Factors related to the high fall rate in long-term care residents with dementia. *International Psychogeriatrics, 27*(5), 803-814.

ASCP-NCOA Falls Risk Reduction Toolkit:

A Companion to CDC's Stopping Elderly Accidents, Deaths & Injuries (STEADI) Tool Kit

- Designed to focus on falls risk factors in older adults identified to be at increased risk using screening tools
- Guides clinicians through a comprehensive assessment of falls risk inducing medications and medical conditions
- Conveys the importance of an interprofessional approach to falls risk detection and management
- Medications and chronic conditions are often implicated as a risk factor for falling - the role of the pharmacist in falls risk reduction is emphasized
- Available at: CDC.gov/steadi

ASCP-NCOA Falls Risk Reduction Toolkit

Fall Risk Checklist – Medication Assessment

- ❑ Total number of medications
- ❑ Recent medication regimen change
- ❑ Suboptimal dose
- ❑ Interactions between medications, food, medical conditions
- ❑ Allergies and intolerances within current regimen
- ❑ Dose too high
- ❑ Lacking medication therapy for all medication-requiring indications
- ❑ Unnecessary medication
- ❑ Safer evidence-based therapy available
- ❑ Difficulty administering any medication (eye drops, inhalers, large dosage forms)
- ❑ Adherence

FALL RISK CHECKLIST

Medication Assessment		
☐ Number of medications (Rx, prn, OTC, vitamin, supplement, herbal)	☐ ≥ 5	☐ ≥ 10
☐ Recent medication regimen change	☐ Within last week	☐ Within last month
Falls risk Medication-Related-Problems detected:		
☐ Suboptimal dose*	☐ Dose too high**	☐ Safer evidence-based therapy available
☐ Interactions between medications, food, medical conditions	☐ Lacking medication therapy for all medication-requiring indications	☐ Difficulty administering any medication (eye drops, inhalers, large dosage forms)
☐ Allergies and intolerances within current regimen	☐ Unnecessary medication	☐ Adherence
Medications		
☐ Anticholinergic (e.g. oxybutinin, trihexiphenidyl, amitryiptyline)	☐ Anticonvulsant	☐ Antidepressants
☐ Antihypertensive/CV meds (especially α-blockers, nitrates)	☐ Antipsychotics/neuroleptics - typical or atypical	☐ Benzodiazepines (short or long τ 1/2)
☐ Dopaminergic agents	☐ Hypoglycemia agents	☐ Muscle relaxant
☐ Opioids	☐ Sedative/hypnotics	☐ Over-the-counter: diphenhydramine, doxylamine

AHRQ The Falls Management Program:
A Quality Improvement Initiative for Nursing Facilities

- Interdisciplinary quality improvement initiative
- Designed to assist nursing facilities in:
  - Providing individualized, person-centered care
  - Improving fall care processes and outcomes through educational and quality improvement tools
- Helps identify and intervene on common causes of falls

Available at: https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/injuries/fallspx/man1.html

AHRQ Falls Management Program

Intervention Targets

Intrinsic Fall Risk Factors

- Effects of aging on gait, balance and strength
- Acute medical conditions
- Chronic diseases
- Deconditioning from inactivity
- Behavioral symptoms and unsafe behaviors
- Medication side effects

Extrinsic Fall Risk Factors

- Environmental hazards
- Unsafe equipment
- Unsafe personal care items

Available at: https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/injuries/fallspx/man1.html

Strategies For Reducing Falls

Requires a comprehensive approach:

- Identifying conditions that predispose to falls
- Plan interventions to reverse or address each risk factor identified

"More than 90% of patients are willing to stop a medication if their doctor says it is possible."

Willy B, et al. *Annals of Long-Term Care: Clinical Care and Aging.* 2014;22(1):23-32. Reeve et al. *Journal of the American Geriatrics Society.* 2013;61:1508-1514

Multidisciplinary Strategies For Reducing Falls

- Prevent Syncope
  - ✓ Common causes include carotid stenosis, orthostatic hypotension (OH), postural orthostatic tachycardia syndrome, and diabetes
  - ✓ Stop offending medications, when possible
  - ✓ Errors in assessing OH are common
- Recognize Pain, Discomfort, Desire to Move, and Prevent Boredom
  - ✓ To remain seated, residents must be comfortable and engaged
- Promote Appropriate Exercises
- Address Staffing Issues

Willy B, et al. Strategies for Reducing Falls in Long-Term Care *Annals of Long-Term Care: Clinical Care and Aging*. 2014;22(1):23-32.

#2 Antipsychotic Use

Interventions shown to reduce inappropriate antipsychotic use include:

- Nursing educational programs
- Provider academic detailing
- Prospective reviews
  - e.g., in-house prior authorization process through behavior management committee
  - Results in fewer new starts and improved documentation
  - Empowers nursing to improve buy-in (e.g., let nursing choose the interventions)
- Implementation of quantitative behavior monitoring
- Routine multi-disciplinary team re-evaluations

Deprescribing Guidelines - APA

- Review response to non-drug interventions prior to use of an antipsychotic (AP)
- Risks and benefits should be assessed by the physician and discussed with the resident/family prior to initiation of an AP
- If there is no significant response after a 4-week time period, the medication should be tapered and withdrawn
- In residents with an adequate response treatment, an attempt to taper and D/C the AP should be made within 4 months of starting
- In residents whose AP is being tapered, symptoms should be assessed at least every month during tapering and for at least four months after the medication is discontinued

Rues V, et al. The American Psychiatric Association Practice Guideline on the Use of Antipsychotics to Treat Agitation or Psychosis in Patients With Dementia. Am J of Psychiatry May 2016

Suggested Antipsychotic Tapering Strategies

- Reduce slowly, every other week before stopping
- Slower tapering for patients with severe BPSD symptoms or long-term use
- Have a plan for recurring symptoms during the taper process
  - Most antipsychotics are re-started or the doses are increased back up in the first week after reduction or discontinuation due to nursing's requests or reports of recurring symptoms.

Bjerre L, et al. Deprescribing antipsychotics for behavioural and psychological symptoms of dementia and insomnia. Can Fam Physician. 2018 Jan;64(1):17-27

Suggested Antipsychotic Tapering Strategies

- Quantitative behavior monitoring before and after the reduction is helpful to illustrate changes (or lack of change) in resident's behaviors
- Example: 2 episodes of combativeness w/ cares in the 30 days prior to the reduction and 2 episodes in the 30 days after illustrates lack of efficacy of an antipsychotic, not the need for an antipsychotic

Bjerre L, et al. Deprescribing antipsychotics for behavioural and psychological symptoms of dementia and insomnia. Can Fam Physician. 2018 Jan;64(1):17-27

The HALT Project

Multidisciplinary initiative for deprescribing antipsychotics in LTC, two interventions:

#1 Deprescribing: 50% reduction in AP every 2 weeks

#2 Education:

- Prior to deprescribing, training provided for staff on how to reduce and manage BPSD using person-centered approaches
- Academic detailing for providers

Jessop T, et al. Halting Antipsychotic Use in Long-Term care (HALT): a single-arm longitudinal study aiming to reduce inappropriate antipsychotic use in long-term care residents with behavioral and psychological symptoms of dementia. Int Psychogeriatr. 2017 Aug;29(8):1391-1403

The HALT Project – Results

- 133 residents started deprescribing
- 126 completed deprescribing
- 26 were represcribed
- At the end of 12 months, 81.7% of residents were off of antipsychotics
- No change in total NPI score over time
- No change in total agitation/aggression over time

Jessop T, et al. Halting Antipsychotic Use in Long-Term care (HALT): a single-arm longitudinal study aiming to reduce inappropriate antipsychotic use in long-term care residents with behavioral and psychological symptoms of dementia. Int Psychogeriatr. 2017 Aug;29(8):1391-1403

The HALT Project – Take Aways

- Study recruited 1 to 2 RN champions per NH
- Assessed residents 2 months before intervention
- 12 weeks of training for nurses in psychosocial management of behaviors
- Avoided replacement with other drugs
- Monitored for effects of withdrawal and re-emergence of behaviors

Jessop T, et al. Halting Antipsychotic Use in Long-Term care (HALT): a single-arm longitudinal study aiming to reduce inappropriate antipsychotic use in long-term care residents with behavioral and psychological symptoms of dementia. Int Psychogeriatr. 2017 Aug;29(8):1391-1403

The HALT Project - Challenges

Difficulty recruiting, Change in processes	Facility Level
Difficulty recruiting, Fear of deprescribing	Families
Difficulty recruiting, Fear of deprescribing, Lack of education	Providers
Lack of education	Care Staff
Recruiting “champions”, Presence of “nurse led” prescribing, Task oriented care, Changing processes, Addressing family expectations	Nursing

Deprescribing Initiatives

- Consultant pharmacists are well positioned to lead deprescribing programs
- Initiatives should align with facility's mission, goals, and values
- Build on current organizational strengths
- Identify and address barriers within the current processes
- Partner with interdisciplinary champions in the development, implementation, and evaluation of initiatives

Pruskowski, B., Zarowitz, B., Handler, S., Perceptions of Nursing Facility proivders on the Utility of Deprescribing. ASCP The Consultant Pharmacist July 2018

#3 WEIGHT LOSS

Common **modifiable** causes of unintended weight loss in the elderly include:

- Drug-induced weight loss
- Psychiatric disorders
- Endocrine disorders

Quality improvement initiatives should target the root cause of weight loss and focus on evidence-based interventions to treat unintended weight loss.

WEIGHT LOSS – Modifiable Factors

Physiologic factors	Psychological factors	Social factors
Disease-related Medication-related	Depression Cancer Cardiac d. Benign GI d.	Reduced social activity

Svetlana S, et al. Unintentional weight loss in older adults. CMAJ. 2011 May 17; 183(8): 935.

Common Causes of Unintentional WEIGHT LOSS in Older Adults

Drug Induced	Psychiatric Disorders	Endocrine Disorders	Unidentified Cause
May account for only about 2% of cases	Especially depression 9-42%	Especially hyperthyroidism 4-11%	In 25% of cases, a specific cause cannot be identified

Alibhai SMH, Greenwood C, Payette H. An approach to the management of unintentional weight loss in elderly people. *CMAJ : Canadian Medical Association Journal*. 2005;172(6):773-780. doi:10.1503/cmaj.1031527. Huffman G, Evaluating and Treating Unintentionial Weight Loss in the Elderly *Am Fam Physician.* 2002 Feb 15;65(4):640-651

Medications and Weight Loss

Cardiac
- Digoxin
- Aspirin
- ACE inhibitors
- Calcium channel blockers
- Hydralazine
- Loop diuretics
- Hydrochlorothiazide
- Spironolactone
- Statins
- Nitroglycerin

Neurologic and psychiatric
- SSRIs
- Tricyclics
- Neuroleptics
- Benzodiazepines
- Anticonvulsants
- Lithium
- Levodopa
- Dopamine agonists
- Donepezil
- Memantine

Bones/Joints/Analgesics
- Bisphosphonates
- NSAIDs
- Opiates
- Allopurinol
- Colchicine
- Hydroxychloroquine

Endocrine
- Levothyroxine
- Metformin

Other
- Anticholinergics
- Antibiotics
- Decongestants
- Antihistamines
- Iron
- Potassium
- Alcohol
- Nicotine

Svetlana S, et al. Unintentional weight loss in older adults. CMAJ. 2011 May 17; 183(8): 935.

Addressing Unintended Weight Loss

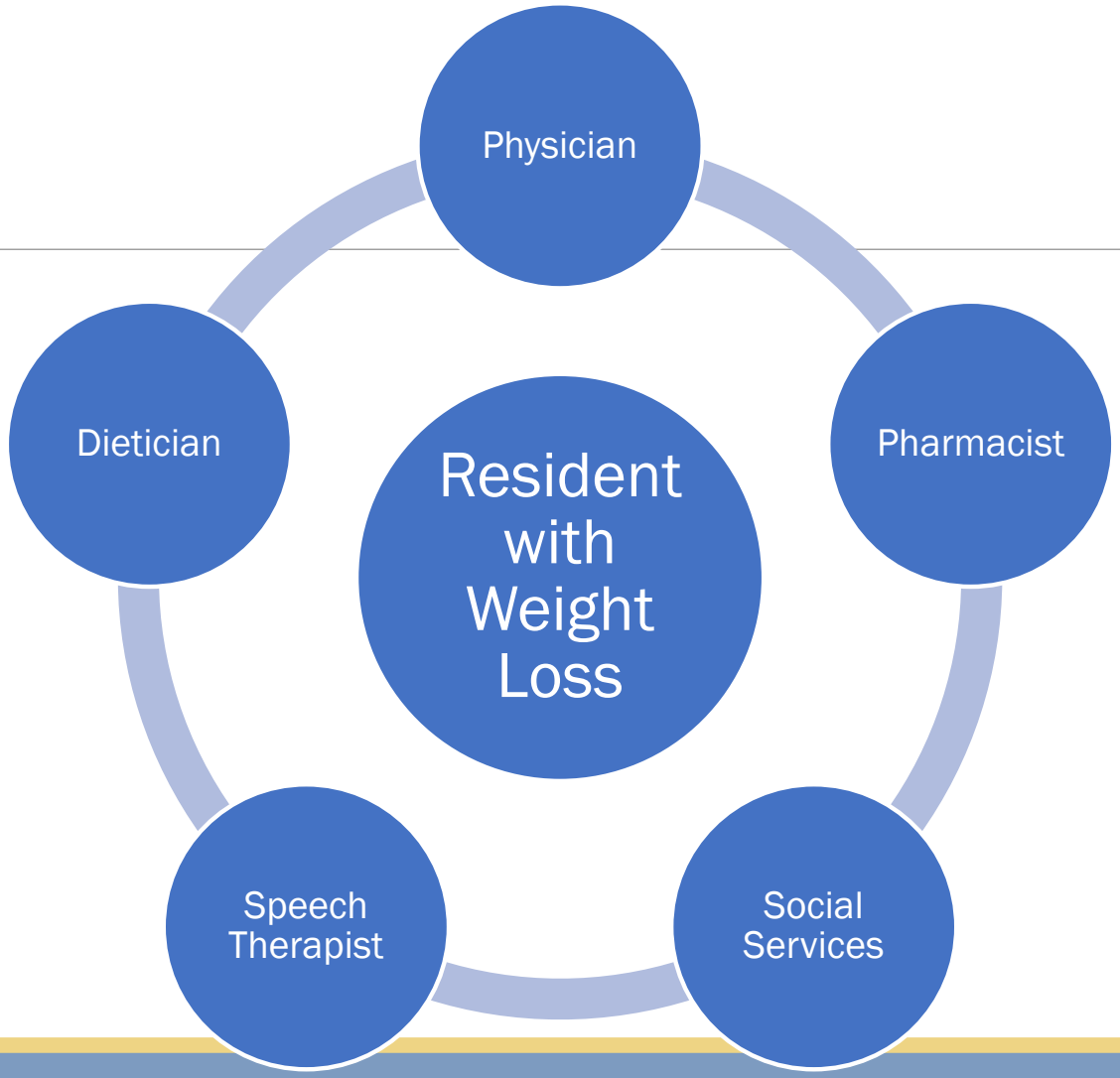
1st Nonpharmacologic Interventions

- Screening for dementia and depression
- Remove dietary restrictions (diabetic, low-salt, etc.)

2nd (if at all) Pharmacologic Treatment

- Should be used only after all underlying causes of weight loss are assessed and treated; **minimal evidence to support use of pharmacologic agents**
- Initial treatment should be targeted at addressing identified risk factors, although evidence of benefit is limited
- Treatment of depression may, in and of itself, cause weight gain
- Medications that are not clearly required and that may be contributing to the weight loss should be discontinued or appropriate alternatives considered

Svetlana S, et al. Unintentional weight loss in older adults. CMAJ. 2011 May 17;183(8):935; Alibhai SMH, Greenwood C, Payette H. An approach to the management of unintentional weight loss in elderly people. CMAJ : Canadian Medical Association Journal. 2005;172(6):773-780.


Physician
Pharmacist
Social Services
Speech Therapist
Dietician
Resident with Weight Loss

#4 Rehospitalizations

- Mismanagement of medications and adverse drug events are leading causes of preventable rehospitalizations.
- Polypharmacy and use of potentially inappropriate medications (PIMs) are consistently associated with increased all-cause hospitalizations.
- Multifaceted, multidisciplinary interventions including transitions of care programs that incorporate identification of high-risk residents and medication reconciliation have been shown to reduce rehospitalization rates.

REHOSPITALIZATIONS

- Adverse drug events (ADEs) can lead to emergency department (ED) visits and hospitalizations -- many ADEs are preventable
- Factors leading to use of PIMs and drug-drug interactions (DDIs):
  - ✓ incomplete information
  - ✓ poor understanding
  - ✓ time constraints
- High-risk medications should be reviewed and potential DDIs should be reviewed and avoided when possible (look for new MDS Section N in 2023)
- Programs which may be helpful in preventing DDIs and use of PIMs include:
  - ✓ medication therapy management
  - ✓ transitional care nursing

Dresden, Scott M., et al. Common Medication Management Approaches for Older Adults in the Emergency Department. Clinics in Geriatric Medicine. Published online: June 15, 2018

REHOSPITALIZATIONS

High-dose influenza vaccination reduces hospitalization.

A RCT demonstrated that high-dose influenza vaccination reduced all-cause hospitalization compared with standard-dose vaccination.

Polypharmacy and PIMs are consistently associated with increased all-cause hospitalization.

Four studies suggested polypharmacy and PIMs increased all-cause hospitalization.
Inconsistent associations found between psychotropic medications with all-cause and cause-specific hospitalizations (11 studies).
Warfarin, NSAIDs, pantoprazole, associated with all-cause or cause-specific hospitalizations in single studies of specific resident populations.

Source: Wang KN, et al. Medications and Prescribing Patterns as Factors Associated with Hospitalizations from Long-Term Care Facilities: A Systematic Review. Drugs Aging. 2018 May;35(5):423-457.

Reducing Rehospitalization Risk

Polypharmacy Assessment

- Medication Appropriateness Index (MAI)
- Measures appropriate prescribing based on 10-item list and 3-point rating scale
- Higher scores associated with higher rates of hospitalization and emergency room visits
- Higher risk of adverse drug reactions
- Compared to Beers criteria, IPET and HEDIS: best at detecting prescribing improvement over time, most time consuming to use

HEDIS= Healthcare Effectiveness Data and Information Set; IPET=Improving Prescribing in the Elderly Tool

Hanlon JT, Schmader KE. The Medication Appropriateness Index at 20: Where it Started, Where it has been and Where it May be Going. *Drugs & aging*. 2013;30(11):10.

Reducing Rehospitalization Risk

- SNF QRP Measure #11 COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)
  - Data submission began October 1, 2021
- SNF QRP Measure #12 Influenza Vaccination Coverage among Healthcare Personnel (HCP)
  - Data submission begins October 1, 2022.
- SNF QRP Measure #16: SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization
  - Scheduled to be publicly reported in CY 2022.

Reducing Rehospitalization Risk

- Admission Medication Regimen Reviews
- Transitions of Care Medication Reconciliation
- Standardized Treatment/Monitoring Protocols
  - Diabetes Management: standing orders for CBGs; admission, routine, sick days; alert parameters for CBGs
  - Warfarin Therapy: standing orders for INRs; admission, antibiotic therapy
  - CV Therapy: alert and withholding parameters for abnormal vitals; weight alert parameters for HF patients
  - Standardized Nursing Assessments for Residents Suspected of Having an Infection (e.g., Infection SBAR)

#5 Depressive Symptoms

Depression is the most prevalent mood disorder and often becomes a chronic or recurrent problem for older adults.

- Prevalence is 10-25% in older adults in community settings.
- Prevalence is 48-50% in nursing homes and medical settings.
- A significant risk factor contributing to death, particularly for individuals in poor physical health.
- Frequently experienced with medical illnesses and associated with higher levels of functional disability and pain in older adults.
- Remains underdiagnosed and inadequately treated in older patients in the clinical settings.

JBI Evidence Synthesis. July 2016, volume: 14 Number 7. Effectiveness of bright light therapy on depressive symptoms in older adults with non-seasonal depression: a systematic review protocol.

Assessing for Depression

PHQ-9 will be changed to PHQ-2 (Draft MDS 1.18.11 effective Oct 2023)

- Shortens the interview to two questions in some cases
- More accurately reflects diagnostic validity of the assessment

Source: cms.gov/medicar/quality-iniatives-patient-assessment-instruments/nursinghomequalityinits Accessed Sept 23, 2022

Depressive Symptoms

Depression in nursing home residents differs from depression in community-dwelling seniors

- Profound social and environmental challenges and changes
- Many older adults experience symptoms that do not meet the criteria for major depressive disorder, but symptoms are thought to significantly impact their quality of life

Treating depression in the LTC setting requires an integrated approach

- Alleviate social isolation and environmental stressors
- Medications may or may not be needed
- Presence of dementia does not appear to be an obstacle to recovery

Jules Rosen et al., "Control-Relevant Intervention in the Treatment of Minor and Major Depression in a Long-Term Care Facility," American Journal of Geriatric Psychiatry 5, no. 3 (Summer 1997): 247-57

Depressive Symptoms

Depression in older adults can be treated by psychotherapy and/or antidepressants.

Antidepressants are reasonably effective in older adults, however they have a higher risk of side effects compared with younger patients such as sedation, anti-cholinergic effects, extrapyramidal effects and orthostatic hypertension.

Selection of antidepressant based on patient-specific factors is important to reduce the risk of side effects.

JBI Evidence Synthesis. July 2016, volume: 14 Number 7. Effectiveness of bright light therapy on depressive symptoms in older adults with non-seasonal depression: a systematic review protocol.

Interventions for Depression

- Psychotherapy
  - Cognitive Behavioral Therapy
  - Behavioral Activation
  - Problem-solving therapy
- Exercise, as appropriate
- Music Therapy
- Pet Therapy
- Bright Light Therapy

Photo courtesy: https://namiwc.org/

Holvast F. *PLoS One*. 2017;12(9):e0184666. Published 2017 Sep 22. doi:10.1371/journal.pone.0184666; Wu MC. Int J Nurs Pract. 2015 Oct;21(5):653-9. doi: 10.1111/ijn.12307.Isabel C. *The Journals of Gerontology: Series A*, Volume 56, Issue 6, 1 June 2001, Pages M356–M360, https://doi.org/10.1093/gerona/56.6.M356; Ambrosi C. Psychogeriatrics. 2019 Jan;19(1):55-64. doi: 10.1111/psyg.12367.

Interventions for Depression

- Psychosocial intervention enhancing socialization according to each resident's choice and pre-admission preferences
  - Positive therapeutic impact on almost 50% of residents with major or minor depression
  - Three components to pleasure: anticipation, the experience and the reminiscence
    - Participants report that they enjoy looking forward to the activity as much as actually doing the activity

Jules Rosen et al., "Control-Relevant Intervention in the Treatment of Minor and Major Depression in a Long-Term Care Facility," American Journal of Geriatric Psychiatry 5, no. 3 (Summer 1997): 247-57

PAIN

Initiatives shown to improve pain management include:

- Needs assessments
- Educational workshops for facility staff and clinicians
- Adoption of standardized nursing assessment, documentation, and prescriber communication tools.

PAIN

- Pain continues to be underrecognized and undertreated in LTC
- 45% to 80% of older adults in LTC experience significant chronic pain
- Poorly managed pain negatively affects cognition and function and impairs overall QoL
- Disability, dementia, comorbidities, and communication difficulties among LTC residents complicate efforts to assess and manage pain
- AMDA–The Society for Post-Acute and Long Term Care Medicine has developed clinical practice guidelines to address barriers to pain management in the LTC
- Systemic barriers make consistent application of guidelines difficult:
  - ✓Drug costs
  - ✓Formulary restrictions
  - ✓Staffing challenges
  - ✓Lack of care coordination

Reid MC, O'Neil KW, Dancy J, Berry CA, Stowell SA. Pain Management in Long-Term Care Communities: A Quality Improvement Initiative. *The annals of long-term care : the official journal of the American Medical Directors Association*. 2015;23(2):29-35.

Pain QAPI Initiative

Methods, Development & Implementation:

- Needs assessment to identify areas for improvement
- 2-hour educational workshop for facility staff and local clinicians
- A pre- and post-survey (significant improvement in knowledge of pain management and confidence the ability to recognize and manage pain)
- To measure the effectiveness of the QI initiative charts reviewed at baseline and at 3 and 8 months after the session to evaluate pain assessment and management

Reid MC, O'Neil KW, Dancy J, Berry CA, Stowell SA. Pain Management in Long-Term Care Communities: A Quality Improvement Initiative. *The annals of long-term care : the official journal of the American Medical Directors Association*. 2015;23(2):29-35.

Pain QAPI Initiative

Results:

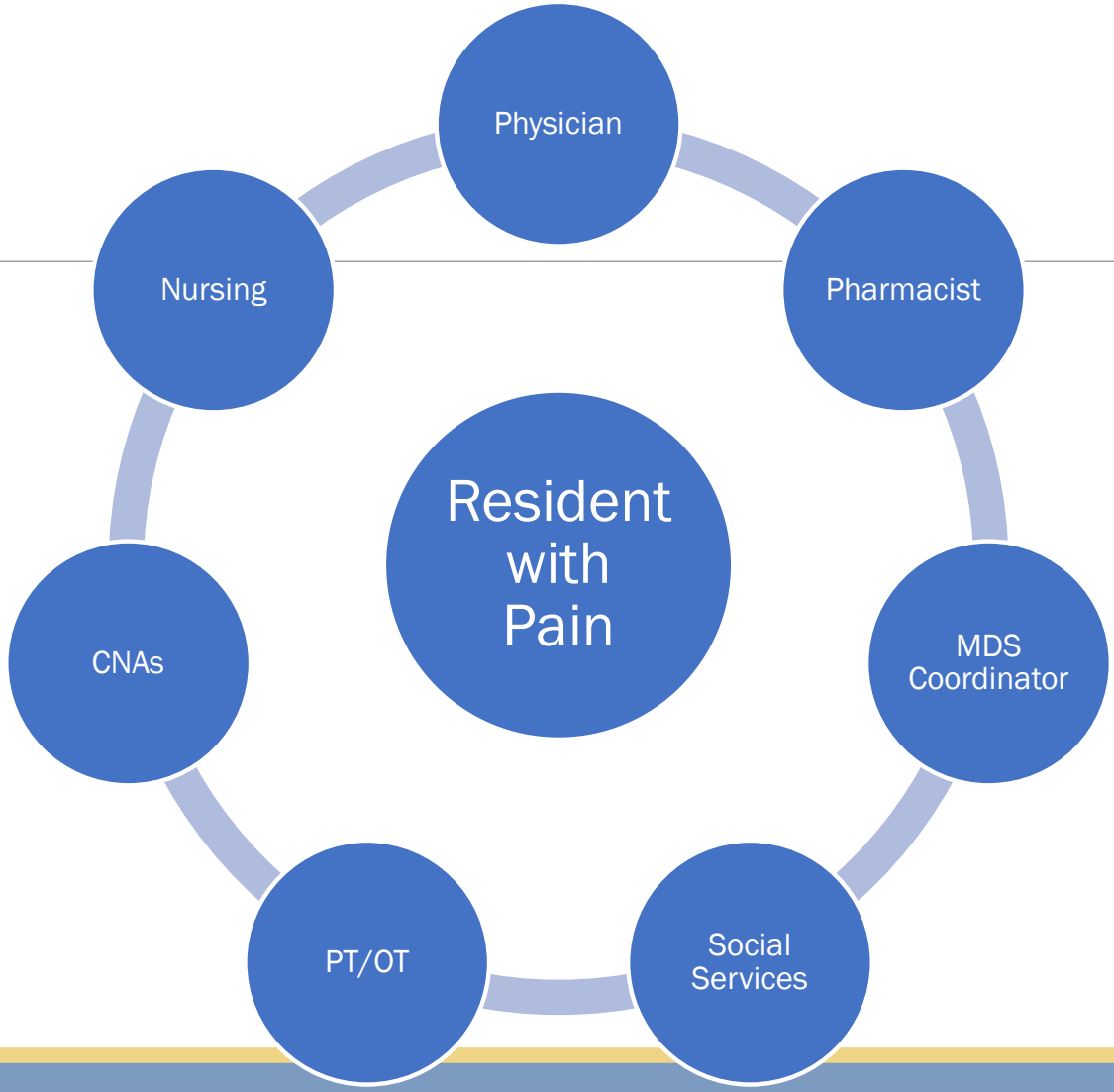
Post-workshop chart reviews showed significant improvement in:

- Consistency of documentation of pain characteristics (ie, location, intensity, duration)
- Use of targeted pain assessments for residents with cognitive dysfunction

Conclusion:

QI initiative is an effective way to improve pain care practices in the LTC setting

Reid MC, O'Neil KW, Dancy J, Berry CA, Stowell SA. Pain Management in Long-Term Care Communities: A Quality Improvement Initiative. *The annals of long-term care : the official journal of the American Medical Directors Association*. 2015;23(2):29-35.


Physician
Pharmacist
MDS Coordinator
Social Services
PT/OT
CNAs
Nursing
Resident with Pain

The Pharmacist Role

"In this [new] patient-centered care reimbursement model, providers will be rewarded for positive outcomes. A pharmacist role in reducing a patient's length of stay while simultaneously reducing re-hospitalizations is a better measure of a positive performance than the lowest cost of medication per patient day."

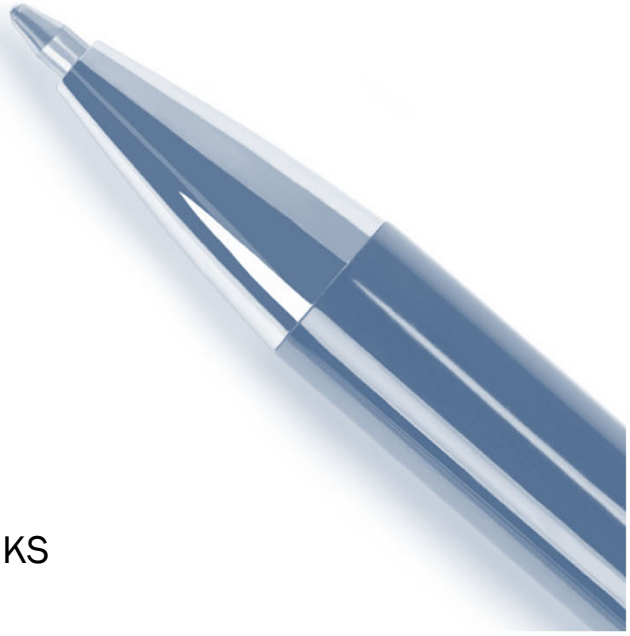
- Frank Grosso, ASCP 2017
  Consultant pharmacists and long-term care 101

Resources

1. ASHP The Pharmacist's Role in Quality Improvement Available at: www.ashp.org Accessed: June 26, 2018
2. CMS Quality Initiatives Available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/ NHQIQualityMeasures.html Accessed June 26, 2018
3. NCPA Pharmacists' Impact on Quality Measures and Opportunities for Pharmacy Enhanced Services Available at: http://www.ncpa.co/issues/APMAY17-CE.pdf Accessed: June 26, 2018
4. Reid MC, et al. Pain Management in LTC Communities: A Quality Improvement Initiative. The annals of long-term care: AMDA. 2015;23(2):29-35.
5. Carnahan RM, et al. Impact of programs to reduce antipsychotic and anticholinergic use in nursing homes. Alzheimer's & Dementia: Translational Research & Clinical Interventions. 2017;3(4):553-561.
6. Desveaux L, et al. Improving the appropriateness of antipsychotic prescribing in nursing homes: a mixed-methods process evaluation of an academic detailing intervention. Implementation Science: IS. 2017;12:71.
7. CMS QAPI at a glance: A step by step guide to implementing QAPI in your nursing home. Available at: CMS.gov Accessed: July 2, 2018
8. Guetzko J, et al. Standardization of standing orders in LTC. Annals of Long-Term Care: Clinical Care and Aging. 2016;24(6):21-32.
9. ASCP-NCOA Falls Risk Reduction Toolkit Available at: https://www.ascp.com/general/custom.asp?page=fallstoolkit&_zs=4JHqd1&_zl=TTM15 Accessed: July 25, 2018

Questions?

Thank you



Guardian® Pharmacy Heartland

Springfield, MO | St. Louis, MO | Lenexa, KS

GuardianPharmacyHeartland.com