

# Gradual Dose Reduction: Lessons from the Field

Part 1: March 22

2:30 PM MDT



# Introductions

Meet today's speakers:



**David Lawless, PharmD, MBA**  
Pharmacoeconomics  
Omnicare



**Jesse Kinsey, RN**  
Account Manager  
Mountain-Pacific Quality Health

# Polling Questions



# What's ahead?

- The why for gradual dose reductions (GDRs)
- Emphasis on individualized care plan for each resident
- Focus on non-pharmacological interventions
- Antipsychotic rates across our region
- Minimum Data Set (MDS) highlights
- IDT (interdisciplinary team approach) and focused care committees

# Omnibus Budget Reconciliation Act of 1987 (OBRA '87)



Improving quality of care in nursing homes

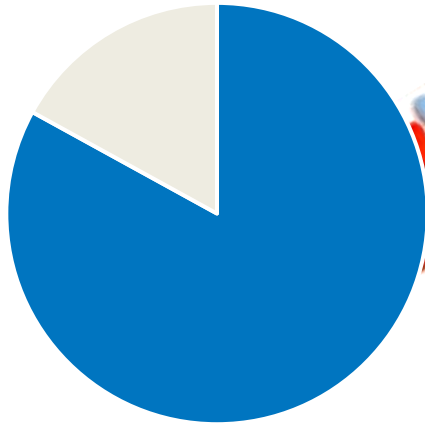


Quality of life  $\leftrightarrow$  quality of care



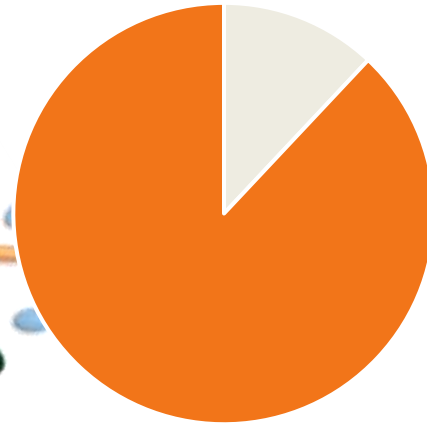
Higher quality of care standards

# Why are we focusing on this?



**83%**

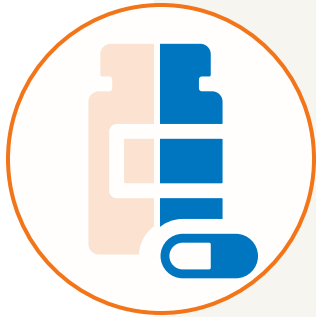
of Medicare claims associated  
with off-label conditions



**88%**

associated with condition  
specified in FDA boxed warning

# Why are we focusing on this?



While antipsychotic drugs have been approved by the FDA to treat an array of psychiatric conditions, numerous studies have concluded that **these medications can be harmful when used by frail elders with dementia** who do not have a diagnosis of serious mental illness. In fact, the FDA issued 2 “black box” warnings citing **increased risk of death** when these drugs are used to treat elderly patients with dementia. Improper prescribing not only **puts patients’ health at risk**, it also **leads to higher health costs.**”

*Senator Herb Kohl  
Senate Special Committee on Aging Hearing  
November 30, 2011*

# A Telling Story:

## Length of Antipsychotic Package Inserts

Risperdal<sup>®</sup> - 43 pages

Seroquel<sup>®</sup> - 51 pages

Zyprexa<sup>®</sup> - 49 pages

Many of these pages  
are related to  
adverse drug effects!

As a comparison:

Coumadin<sup>®</sup> (warfarin) - 21 pages

Digoxin - 16 pages

Methotrexate - 16 pages

Amiodarone - 21 pages

Duragesic<sup>®</sup> - 26 pages

Pradaxa<sup>®</sup> - 13 pages



# Approaches to Behavioral Symptom Management

**D**

Describe the behavior

**R**

Reasons for the behavior

**N**

Non-pharmacologic approach

**O**

Order medication as last step

# Behavioral Tracking Importance and Elements



Identify target behavior/trigger prior to medication start



Track specific behaviors (ideally for several days prior to medication start)



Monitor for:

- Behavioral episodes
- Care planned interventions
- Outcomes
- Side effects



Discuss certified nursing assistants (CNAs) reporting to nursing and filling out behavioral tracking forms

# General Approach for Residents with Dementia: “Approach Is Almost Everything”



Display positive, comforting demeanor (smile; calm; praise)

Treat resident with respect

Be aware of resident's need for personal space/way of doing things

Individualize care

# Nonpharmacologic Approaches to Behavior Management

Examples of nonpharmacologic treatment categories and strategies:

## Sensory

- Music therapy
- Massage
- Light therapy

## Environmental

- Adequate space
- Reduction in disruptive stimuli

## Behavioral

- Positive reinforcement
- Redirection
- Avoid reality orientation

## Communication

- Short sentences
- Adequate time for response
- Awareness of nonverbal communication

# Nonpharmacologic Approaches to Agitation



Avoid confrontation



Remove environmental triggers



Create calm, quiet environment  
(offer gentle help)



Structure daily routine



Address pain, discomfort



Use aromatherapy

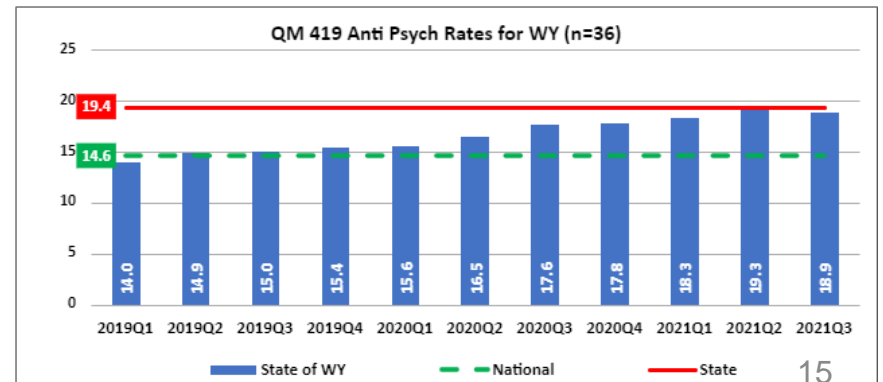
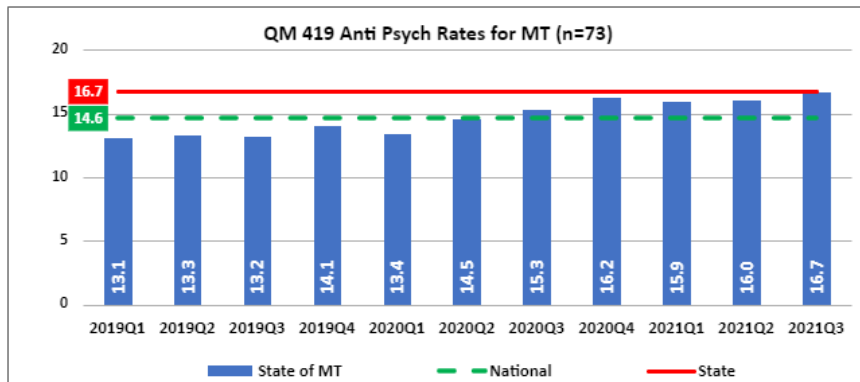
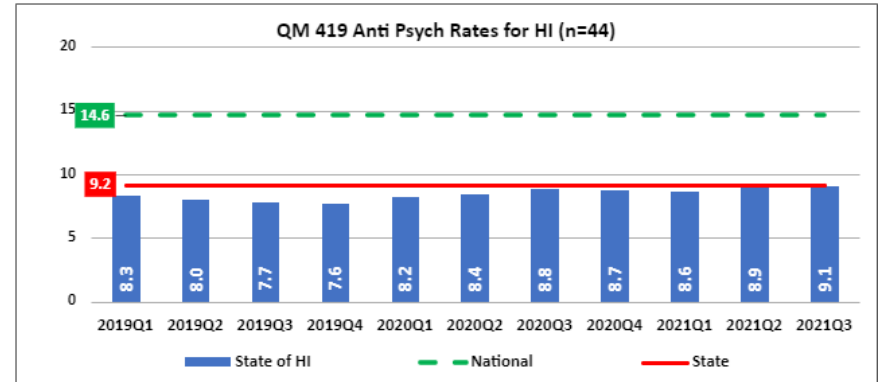
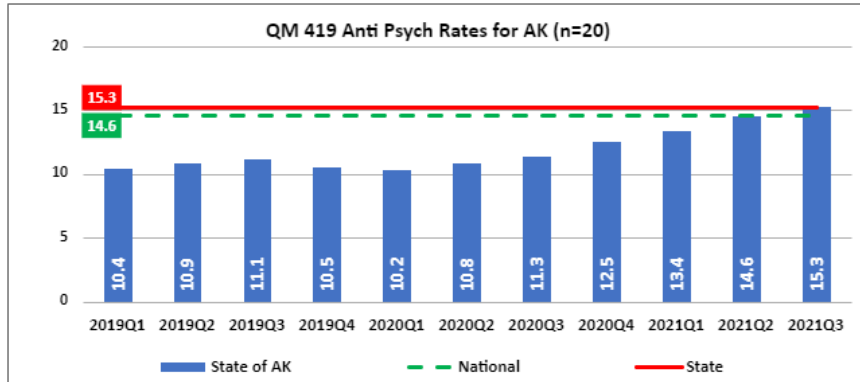


Use scheduled or prompted toileting

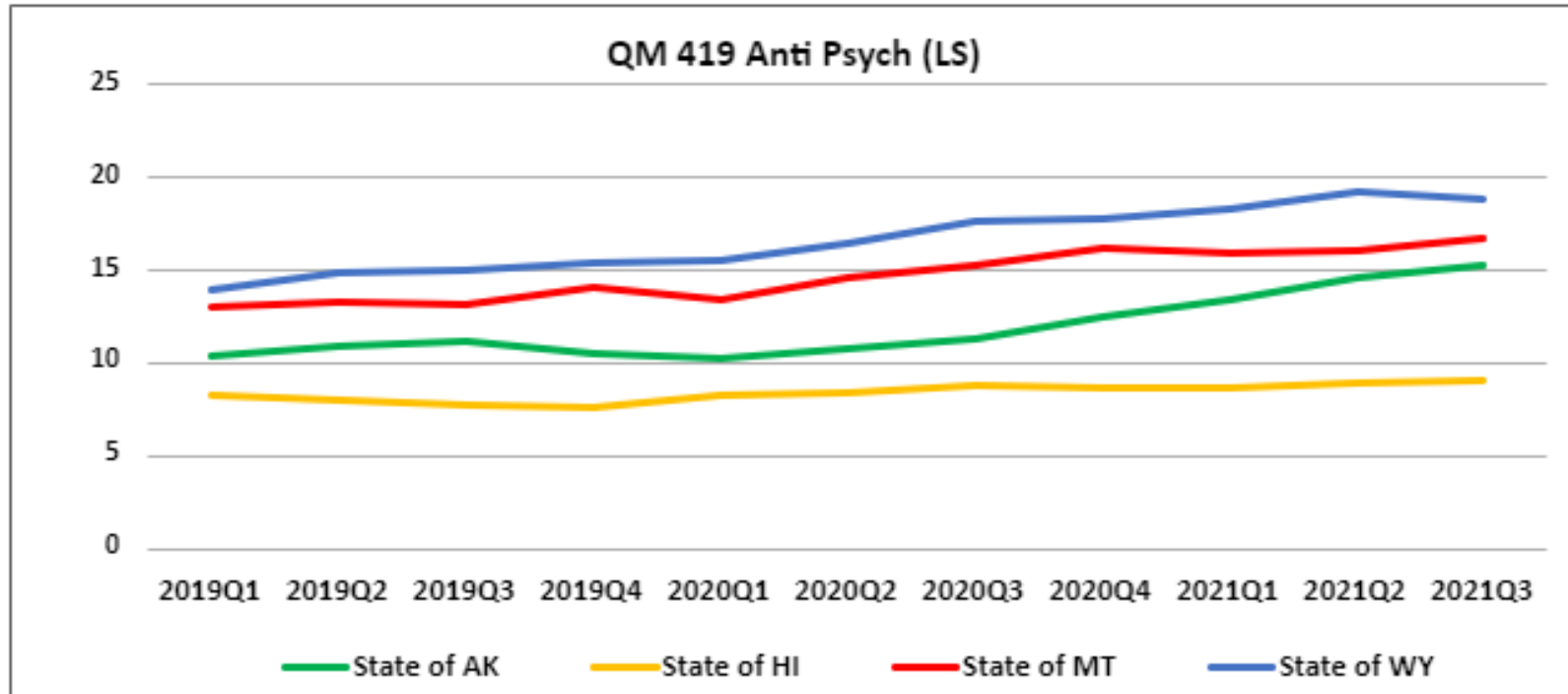
# Most Important Takeaways

- Individualized interventions (including direct care and activities)
- Person-centered or person-appropriate care
  - “Activities should be relevant to the specific needs, interests, culture, background, etc., of the individual for whom they are developed, and medical treatment should be tailored to an individual’s risk factors, current conditions, past history and details of any present symptoms.”

# Current Picture



# Current Picture





# Antipsychotic Medications

- Minimum Data Set (MDS)
  - Is your MDS working multiple positions?
  - Is coding accurate?
  - Impact
  - Opportunities
- Orders from outside vendors
  - Hospice

# Supporting the TEAM

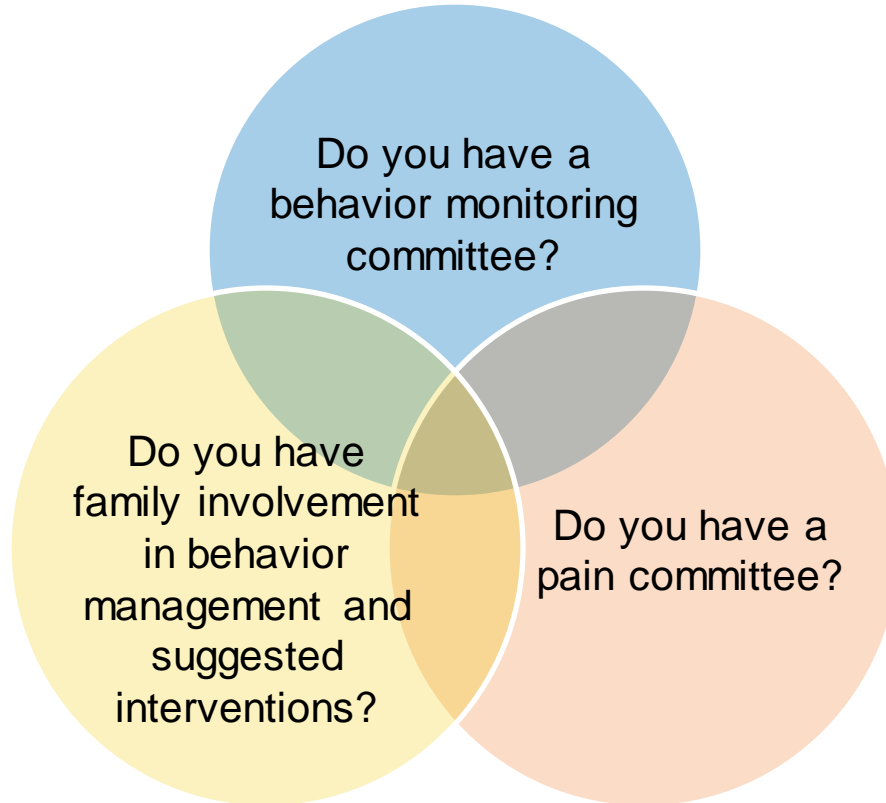


Have staff members and family been educated on behavior management and nonpharmacological interventions?



Do staff members have educational opportunities and resources for better understanding underlying conditions that may affect behavior?

# The Power of the TEAM



# Reflection

- The why
- Individualized care plan
- Nonpharmacological interventions
- Antipsychotic rates
- MDS highlights
- IDT



# Q&A

## Questions?

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# Resources

## **Quality Measure Tip Sheet**

<https://www.mpqhf.org/QIO/quality-improvement-tools-resources/nursing-home-quality-improvement-tools-resources/>


## **Antipsychotic use by State**

<https://www.cms.gov/files/document/antipsychotic-use-state-2020q3-2021q2-updated-01142022.xlsx>

## **F-Tag of the Week**

<https://cmscompliancegroup.com/2017/10/06/f758-unnecess-psychotropic-prn/>

# SAVE THE DATE



## Part 2: Tuesday, April 5

### Spotlight on **Wind River Rehabilitation & Wellness**

- Best practice sharing
- Review of the team approach