

Assessing Approaches and Barriers to Reduce Antipsychotic Drug Use in Florida Nursing Homes

BACKGROUND

Antipsychotic medications (APMs) have been federally regulated since 1987, yet research suggests they continue to be used inappropriately to alleviate behavioral symptoms associated with dementia. In 2012, the Centers of Medicare and Medicaid (CMS) launched a new national initiative, The National Partnership to Improve Dementia Care, to reduce APM in nursing homes (NHs) by 15% by promoting person-centered care and individualized care plans that reflect the interests and needs of each resident (Bonner, 2012). Previous Florida -based research details that pharmacotherapy is a leading mental health treatment within Florida NHs. Moreover, it is estimated that after 3 months of admission, 71-85% of NH residents received at least one psychoactive medication and 15-19% of residents received four or more psychoactive medications. Furthermore, approximately 25% were prescribed APM (Molinari et al., 2010, 2011), which have been linked to a variety of negative outcomes and now carry a 'black box' warning regarding use to address the behavior problems of those with dementia.

The Study

Participants were recruited from the 2013 Florida Joint Trainings sponsored by the Agency for Health Care Administration, the major regulatory body for Florida NHs, LeadingAge Florida, and the Florida Health Care Association. A 19-item survey consisting of both descriptive and open-ended qualitative questions was distributed to Florida Directors of Nursing, administrators, and other

professional staff. In addition to providing the size and types of services delivered in the NH, participants were asked two open-ended questions: 1) Are you currently doing anything different to reduce antipsychotic usage? and 2) What would be the best assistance you could receive to achieve this goal (i.e., reduce antipsychotic medication usage)?

The study reports the strategies that have been implemented, assesses which strategies are evidence-based, and makes recommendations to improve practices to reduce APM use in Florida NHs.

FINDINGS

A total of 276 surveys were collected at the Joint Trainings, a 34% response rate from the registered 805 conference attendees. LeadingAge Florida, the conference host reported 337 unique NHs were present at the 2013 Joint Trainings, accounting for approximately half of the 682 licensed NHs in Florida. Reported NH facility characteristics can be found in Table 1.

NHs reported the following changes in practice: increased review of APM; attempts to reduce the number of APMs and/ or dosage; and, increased use of nonpharmacological interventions. Participants reported needing more education about APM side effects, clinical support to track use, and financial resources to implement this initiative. Specifics on additional resources utilized are found in Table 2.

Table 1.
Florida Nursing Home Survey Facility Characteristics

Facility Characteristic	N	%
For-Profit Status	148	53.6
Part of a Chain	153	55.4
Percent Medicare		
0-10%	55	19.9
11-20%	95	34.4
21-40%	85	30.8
41% or higher	36	13
Percent of Residents with Cognitive Impairment		
0-25%	26	9.4
26-50%	71	25.7
51-75%	121	43.8
>76%	51	18.4
Beds specified for Dementia Care	92	33.3
Person-Centered Care	214	77.5
Consistent Staff Assignment	256	92.7

Notes: Due to missing data, *N* varies from 241 to 271 for facility characteristics. Missing data were reported as follows: for-profit status (*n*=16), chain membership (*n*=35), Medicare (*n*=5), cognitive impairment (*n*=7), beds specific for dementia care (*n*=8), person-centered care (*n*=8), and consistent staff assignment (*n*=9).

DISCUSSION

Consistent with federal and state initiatives, our results confirm that the majority of NHs are actively working to reduce unnecessary APMs.

Our findings indicate that NHs added pharmacists and mental health professionals and incorporated them to be part of an interdisciplinary team or as team consultants. Increased attention to the mental health needs of residents is an encouraging outcome of this initiative and one that will hopefully continue to bring attention to the untreated mental health needs of long-term care residents.

While dose reduction was reported as a strategy to reduce the risk of ATM, no evidence supports the idea that dose reduction alone reduces the risk of mortality for persons with dementia. Other pharmacological treatment (e.g., antidepressant

Table 2.
Resources Utilized to Reduce APM

Resource	N	%
Pharmacist		
Monitoring Psychoactive Meds	264	95.6
Staff Education	150	54.3
Routine Interaction with Family/Friends	49	17.7
Interdisciplinary Care Meetings	88	31.8
Data Analysis		
Quarterly quality measures for ATP use	215	77.9
Individual evaluation during MDS	190	68.8
Review		
Routine review of residents on ATP	240	77.5
Daily	13	4.7
Weekly	31	11.2
Monthly	163	59
Quarterly	32	11.5
Admission/Readmission to Hospital	180	65.2
Tools/Resources		
State NH association	77	27.9
Quality Improvement Organization	125	45.2
Florida Health Care Association (FHCA)	84	30.4
FACA or Leading Age	30	10.8
CMS	144	52.1
A private consultant	91	32.9

Notes: Due to missing data, *N* varies from 243 to 276. Missing data were reported for the following: Frequency of resident review on APM (*n*=33) and Florida Health Care Association (*n*=33).

medication) or a combination of pharmacological and nonpharmacological interventions may be most appropriate for reducing the behavioral symptomology associated with dementia (Cohen-Mansfield & Jensen, 2008; Volicer, Frijters, & Van der Steen, 2011).

Participants reported efforts to increase resident engagement in activities and nonpharmacological interventions. Although the literature on nonpharmacological interventions greatly varies in method and study design, there is a common theme that increased attention and stimulation, ideally tailored to the needs of a resident, can improve a resident's condition and quality of life.

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Without proper knowledge of methods to reduce ATM, staff may feel inadequately prepared to reach the national goal. Education alone, however, is insufficient. Comprehensive behavioral skills training presented within a systematic review of ATM and approaches to personalized care are required for meaningful, sustained improvements in care practices.

Respondents highlight an important tension within NH care; the challenges of improving care within current budgets. Limited reimbursement dictates resources and potentially inhibits NHs' ability to adapt new practices and to acquire staff with mental health expertise.

Our findings reinforce the realization that long-term reduction of ATM will be the product of a sustained multifaceted national system change. Certainly within the structure of long-term care, initiatives such as the National Partnership to Improve Dementia Care encourage nonpharmacological approaches to troubling behaviors of NH residents, but these approaches must be incorporated throughout our health care system to prevent the initiation and maintenance of inappropriate medication.

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