Psychopharmacology Meeting for Long Term Care Communities

Purpose: The Psychopharmacology ("PsychPharm") Meeting is an opportunity for the Interdisciplinary Team (IDT) to review psychotropic medication usage in the nursing home to ensure that:

- Medications are being prescribed for appropriate indications.
- Dose reductions are attempted at the required interval, unless contraindicated.
- Documentation justifies the continued use of medication.
- Non-pharmacological, person-centered approaches to treat symptoms have been attempted, documented and care planned.

Regulatory Considerations

F Tag	Deficiency Description	Critical Element Pathway
F605	Right to be Free from Chemical Restraints	FORM CMS-20067 (2/2017): Behavioral and Emotional Status Critical Element Pathway
F741 F744	Treatment/Service for Dementia	Form CMS 20133 (5/2017): Dementia Care Critical Element Pathway
F757 F758	Free from Unnecessary Psychotropic Meds/PRN use	Form CMS 20082 (5/2017): Unnecessary Medications, Psychotropic Medications, and Medication Regimen Review Critical Element Pathway

PsychPharm meetings are most effective when held monthly. Federal regulations require that each resident be reviewed at least once per quarter. Diagnoses alone do not warrant the use of a psychotropic medication. A resident or resident's representative may request not to have medications reduced or discontinued, but this does not warrant medication continuation. A physician must document the clinical rationale why any attempted dose reduction would likely impair a resident's function or exacerbate an underlying medical or psychiatric disorder i.e.: schizophrenia, bipolar mania, depression with psychotic features. This does not include primary dementia. Use of two or more medications within a class of psychotropics should be strictly examined for necessity in *all* residents.

Medications to review:

Psychotropic drugs (any drug that affects brain activities associated with mental processes and behavior):

- antipsychotics, anti-depressants, anti-anxiety medications, hypnotics/sedatives
- other medications (opioids, mood stabilizers, benzodiazepines, muscle relaxants)

Gradual Dose Reduction (GDR):

- GDR is a stepwise tapering of a medication dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the existing dose/medication can be discontinued.
- Tapering should be considered when the resident's clinical condition has improved, stabilized, or the resident is suffering adverse effects of the medication(s).
- Unless clinically contraindicated in residents *without dementia (such as unstable schizophrenia)*, GDR must be attempted within the first year a resident is admitted, or after the drug is initiated, for each psychotropic medication. This must be done in two separate quarters during the first year with at least one month between attempts. After the first year, a GDR must be attempted annually.

- GDR "failures" must be clearly documented in the medical record and must meet CMS criteria for use of the medication (i.e.: wandering, screaming and exit-seeking are not appropriate, clinical rationale)."Failures" typically occur over weeks and months, not hours and days.
- A clinical contraindication for GDR can be made for dementia residents if they include **both** of the following:
    - Symptoms returned or worsened after most recent GDR attempt within the facility.
    - There is documentation to show that GDR negatively impacted the resident's function or subjectively increased *the resident's* distress.

The PsychPharm Meeting

A. Meeting Participants:

- Required: Medical Director, Pharmacist, Director of Nurses (DON), Social Service Director
- Best Practice: providers, nurse management, Nursing Home Administrator, other psychosocial personnel
- Choose a PsychPharm Champion who will attend each meeting and maintain the resident review list. The Champion is often a Social Worker or a Nurse.

B. Pre-Meeting Preparation:

- Create a list of residents to be reviewed at the meeting and distribute to the above persons.
- Contact all provider representatives for residents to be reviewed and request they attend the meeting.
- Gather, review and maintain follow up from previous meeting's recommendations.
- PsychPharm Champion ensures the following is available for all residents being reviewed at the meeting:
    - Behavior tracking
    - Risk / Benefit Statements
    - PsychPharm Tracking Tool
    - BIMS and PHQ9 -current and previous (or equivalent)
    - MARs
    - Resident Medical Record

C. During the Meeting:

- Complete the PsychPharm Tracking form for each resident.
- Discuss the behaviors and non-pharm interventions in detail.
- Review all documentation regarding the medications being reviewed.
- Review Consent forms and Risk/Benefit Statements
    - Refer to the State Operations Manual for guidance on CMS clinical rationale.
- Be prepared to answer the Discussion Review Questions on the PsychPharm Tracking Tool.

D. Following the meeting:

- The PsychPharm Champion follows through on every recommendation with any providers unable to be present, such that there is a "closed loop."
- If a provider declines the recommendation, she must provide documentation that can be entered as a risk/benefit statement.