PHARMACY NEWSCAPSULE

DEPARTMENT OF HEALTH SERVICES / DIVISION OF QUALITY ASSURANCE

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APP For That!

TEAMS: As a surveyor you have this app on your phone. This app can be used for quick meetings with team members on survey and allow you to see a single computer screen if you have a need to see the team coordinator's information.

Another tip is to use the chat feature to send quick text messages to your team members.

Give it a try!

Nursing Home Federal Updates

by Doug Englebert, R.Ph.

On October 24th, 2022, new CMS guidance was issued, and survey processes were changed. The following are the highlights of those changes and the impact for nursing home surveyors.

Antipsychotic Use

CMS has specifically noted that they are aware of situations in which patients have been inaccurately diagnosed or coded with conditions for which antipsychotics are approved, such as schizophrenia, in order to exclude them from the long-stay antipsychotic quality measure. The guidance updates for antipsychotic use and prescribing have been extensive. The guide now specifies that requirements for psychotropic medication use now apply to anti-psychotics, anti-depressants, anti-anxiety, and hypnotic medications without exception.

Nursing Home Federal Updates cont.

The guidance also clarifies that any medication that affects brain activity is subject to these requirements if they appear to be given in place of another psychotropic medication: antihistamines, anti-cholinergic medications, or central nervous system agents. Some examples of medications that could be considered a psychotropic include:

- Diphenhydramine used as an antihistamine for allergies would be reviewed under unnecessary drugs under F757. However, if diphenhydramine is used for sleep as a hypnotic drug, then the provisions for psychotropic unnecessary drugs would apply. That would include the gradual dose reduction provisions.

- Valproic acid used for a seizure disorder would be reviewed under unnecessary drugs under F757. However, if valproic acid is used for mood or behaviors of dementia, then the provisions for psychotropic unnecessary drugs would apply. That would include the gradual dose reduction provisions.

- If Nuedexta is for dementia behaviors, then the provisions for psychotropic unnecessary drugs would apply. That would include the gradual dose reduction provisions.

The updated survey software will now flag all residents who are 65 and older with a new diagnosis of schizophrenia. These residents will be in the initial pool and surveyors will need to screen for medications prescribed for an inadequate indication. CMS has included a definition of schizophrenia which specifically states it must be diagnosed using evidence-based medicine, such as the DSM-V, by a qualified practitioner, and that it rarely occurs in patients under 12 or over 40. Surveyors will need to look at evidence that an assessment was done, and diagnosis made following standards of practice.

DMS-5 Criteria: Schizophrenia

Two (or more) of the following, each present for a significant portion of time during a one-month period (or less if successfully treated). At least one of these must be delusions, hallucinations, or disorganized speech:

- Delusions
- Hallucinations
- Disorganized speech (e.g., frequent derailment or incoherence)
- Grossly disorganized or catatonic behavior
- Negative symptoms (i.e., diminished emotional expression or avolition)

Continuous signs of the disturbance persist for at least six months. This six-month period must include at least one month of symptoms (or less if successfully treated) that meet the above criteria (i.e., active phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested only be negative symptoms or by two or more symptoms listed above present in an attenuated form.

For a significant portion of time since the onset of the disturbance, level of functioning in one or more major areas, such as work, interpersonal relations, or self-care is markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, there is a failure to achieve expected level of interpersonal, academic, or occupational functioning).

Schizoaffective disorder and depressive or bipolar disorder with psychotic features have been ruled out.

The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

If there is a history of autism spectrum disorder or a communication disorder of childhood onset, the additional diagnosis of schizophrenia is made only if prominent delusions or hallucinations, in addition to the other required symptoms of schizophrenia, are also present for at least one month (or less if successfully treated).

Another psychotropic guidance change is the gradual dose reduction (GDR) guidance removed the annual provision. However, the guidance indicates that GDRs should be attempted per standards of practice which may be more frequent. Standards of practice include the American Psychiatric Association Practice Guidelines on the use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia, 2016, Discontinuing Medications: A Novel Approach for Revising the Prescribing Stage of the Medication-Use Process (2008).

The final guidance for psychotropic changes asks surveyors to consider psychosocial impact on residents when citing unnecessary medications. For example, did side effects such as sedation, lethargy, agitation, mental status changes, or behavior changes:

- Affect a resident's abilities to perform activities of daily living or to interact with others,
- Cause the resident to withdraw or decline from usual social patterns,
- Show the resident has decreased engagement in activities,
- Cause diminished ability to think or concentrate.

Assisted Living Medication Storage

Recently the following medication storage questions have come up.

1) At a Community-Based Residential Facility (CBRF), must internal medications be physically separated in different drawers in the med cart from the external medications?
   Wis. Admin. Code § DHS 83.37(3)(f) Internal and external application. The CBRF shall physically separate medications for internal consumption from medications for external application.

   The rule does not say separate drawers or cabinets, so any physical separation will suffice.

2) Can a CBRF keep a med cart in the hall, and do they need a waiver to chain the cart to the wall?
   Wis. Admin. Code § DHS 83.37(3)(g) Controlled substances.
   The CBRF shall provide separately locked and securely fastened boxes or drawers or permanently fixed compartments within the locked medications area for storage of schedule II drugs subject to 21 USC 812 (c), and Wisconsin's uniform controlled substances act, ch. 961, Stats.

   Wis. Admin. Code § DHS 83.37(3)(c) Administered by facility.
   The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF.

   Per rule: All medications need to be locked when administered by facility staff. If the cart has schedule II drugs in it and stored in the hall, then the cabinet needs to have a separate lock and be permanently affixed. If a facility cannot affix the cart, then they would need to request a waiver/variance and provide alternative means to show the cart cannot easily be removed from the building. In some cases, the storage of a large cart may impact the physical environment including fire evacuation plans so facilities should keep that in mind when storing a medication cart.