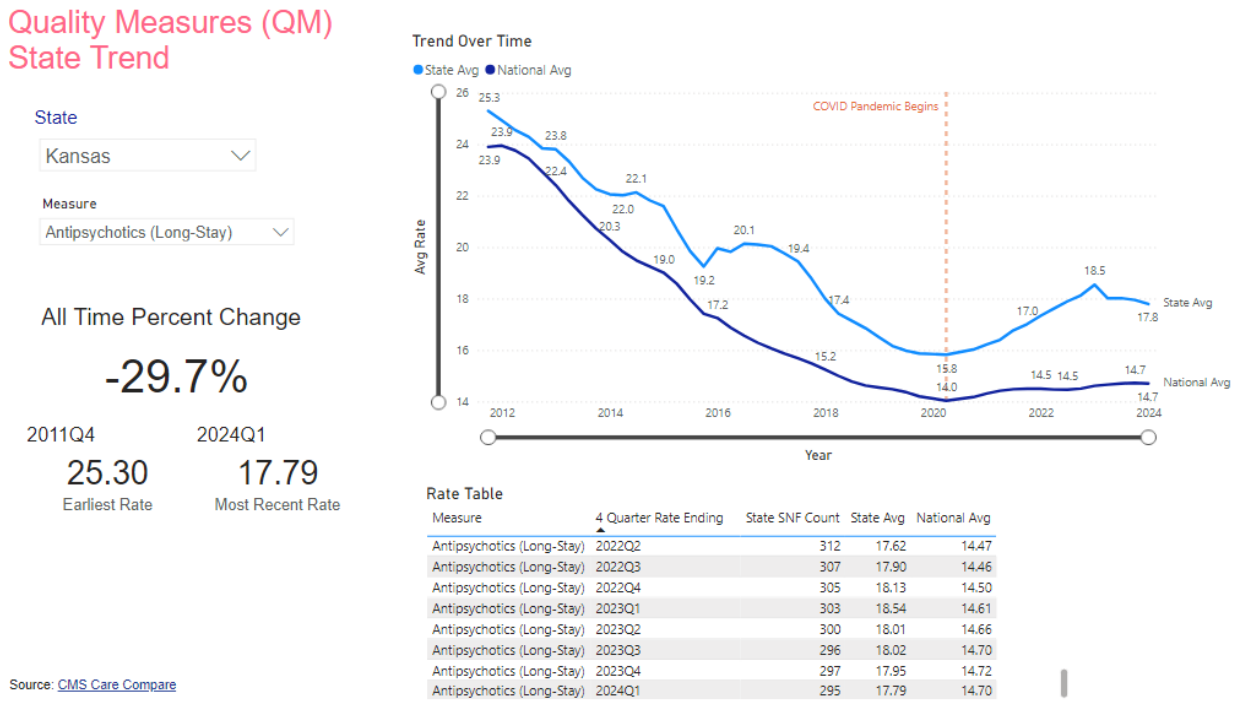
8-12-24 Weekly Clinical Update

Based on a new report available from AHCA, it's time to review the use of antipsychotics for long-stay residents in Kansas because Kansas facilities continue to be significantly over the national average. Below is information related to Kansas statistics. Let's start with the good news…from 4th quarter, 2011, since the CMS initiative was started, Kansas facilities have decreased the use of off-label diagnosis from 25.3% to 17.79% in the 1st quarter of 2024 for an all-time percent change of -29.7%. Congratulations! That being said, the national average is 14.7%, so there is work to do in Kansas. Especially look at the curve up from 2020 until the 1st quarter of 2023. Yes, some of that time counts for COVID but it's been over for awhile. And remember…the schizophrenia audits are still going on



Measure	4 Quarter Rate Ending	State SNF Count	State Avg	National Avg
Antipsychotics (Long-Stay)	2022Q2	312	17.62	14.47
Antipsychotics (Long-Stay)	2022Q3	307	17.90	14.46
Antipsychotics (Long-Stay)	2022Q4	305	18.13	14.50
Antipsychotics (Long-Stay)	2023Q1	303	18.54	14.61
Antipsychotics (Long-Stay)	2023Q2	300	18.01	14.66
Antipsychotics (Long-Stay)	2023Q3	296	18.02	14.70
Antipsychotics (Long-Stay)	2023Q4	297	17.95	14.72
Antipsychotics (Long-Stay)	2024Q1	295	17.79	14.70

In this chart you can see that Kansas most recently averaged 17.79% and the national average is 14.7% of residents with dementia are administered an antipsychotic medication.

With that being said, AHCA has provided some phenomenal resources for facilities to use to reduce those rates including:

- Antipsychotic Medication Management Toolkit (https://educate.ahcancal.org/products/antipsychotic-medication-management-toolkit#tab-product_tab_overview) which includes:
  - Toolkit
  - Antipsychotic Medication Management Fact Sheets
  - Case Study
- FAQ on CMS Schizophrenic Audits (These audits are ongoing by CMS) https://educate.ahcancal.org/files/948881
- Schizophrenic Check List (Schizophrenia Diagnosis Audit) https://educate.ahcancal.org/files/978998

All of these tools are exceptional! Why would you try to “reinvent” the wheel when you can use evidence-based best practice?