

4-29-24 Weekly Clinical Update

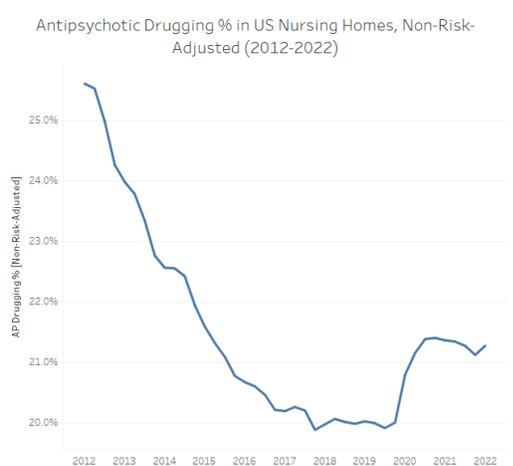
It's been awhile since we discussed the overuse of antipsychotic medications for treatment of dementia-related behaviors. That being said, CMS has not taken a break for the efforts to reduce off-label use of the drugs for dementia residents. An article in McKnights on April 26, 2024, described a project that CMS conducted from 2015 to 2018. The report was published in *JAMA Network Open* last week. The article described the study in which Medicare sent letters to 5055 primary care physician who were identified as "top prescribers" of the drug quetiapine, the most popular antipsychotic medication prescribed in the U.S. Of those letters, 2528 providers got a placebo letter & 2527 prescribers were randomized to receive three warning letters letting the practitioner that the prescribers prescribing was high and was under review by Medicare. "The team analyzed data from 84,881 patients in nursing homes and 261,288 patients living in the community who were all reached by doctors who received the letters. All of the patients used Medicare."

Results of the study revealed the intervention reduced quetiapine use among nursing home residents by 7% and community-dwelling patients by 15%. The conclusions documented that "low-cost letter interventions can safely reduce antipsychotic prescribing to patients with dementia". The most positive result of the study indicated, "People with dementia living in nursing homes and in the community were prescribed less and we did not detect negative health impacts for these groups," said Michelle Harnisch, research student at the London School of Economics and first author of the study."

Publication of the results of this study reveal that CMS has not stopped the CMS initiative to reduce the off-label use of antipsychotics.

That being said, CMS has stopped communication from the CMS Partnership to Improve Dementia Care. The State Partnerships are no longer receiving data. That doesn't mean CMS is no longer collecting the data. Provided by KFMC, Brenda Groves, an advocacy group, Long Term Care Community Coalition filed a Freedom of Information Act request for the data and they published the results (<https://nursinghome411.org/data/ap-drugs/>)

The data from the organization is demonstrated in the chart available on the website:



The chart certainly reveals a rise during and after the COVID pandemic, but that is over and yet the rates have not returned to pre-pandemic rates.

We are providing care, to the best of our ability, in a time with increased regulatory scrutiny with increasing Civil Money Penalties. It's a bit worrisome that "partnering" may not be the method CMS is working through to reduce these rates, but rather a more "regulatory compliance" method.

This website also has a tab called "Q3 2023". A spreadsheet will open and from there you can "Filter by State(s)". Opening that tab will open a spreadsheet with every CMS certified facility with rates. The facility's rate is highlighted if over acceptable percentages. Those highlighted percentages are alarming.

Every facility needs to systematically examine the "root cause" of this.