



**American
Medical
Directors
Association**

11000 Broken Land Parkway
Suite 400
Columbia, MD 21044-3532

(410) 740-9743

Washington DC
(301) 596-5774

Toll Free
(800) 876-AMDA

Fax
(410) 740-4572

www.amda.com
www.ltcmedicine.com

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Shaker Heights, OH

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Dear Medical Director,

Over the past few months, AMDA-Dedicated to Long Term Care Medicine has partnered with the Centers for Medicare & Medicaid Services (CMS), as well as several other organizations, in an effort to improve care provided to nursing home residents with dementia under a new, joint behavioral health initiative.

Dementia can significantly impair a resident's ability to effectively communicate his/her needs and concerns. Communication attempts may appear as behaviors that are disruptive or distressing. It is therefore essential to gain an understanding of what is driving these behaviors prior to initiating an intervention or treatment. Sometimes these behaviors may result from an undiagnosed medical condition, an adverse reaction to medication, unmet physical need, or mental illness.

In April 2011 the Department of Health and Human Services Office of Inspector General (OIG) released the report, *Medicare Atypical Antipsychotic Drug Claims for Elderly Nursing Home Residents* (<http://oig.hhs.gov/oei/reports/oei-07-08-00150.pdf>). The report found that in some circumstances antipsychotic medications are being prescribed in an attempt to manage the behaviors of patients with dementia and psychological symptoms, but who did not have an approved indication for their use. While off label prescribing in this context does not always constitute inappropriate prescribing, use of antipsychotic drugs do have significant health risks in this population. This report, and other recent reports, has led to heightened regulatory, legislative, and consumer awareness of the potential dangers these medications may cause for individuals with dementia. Such efforts also complement the recently released, "*Draft Framework for the National Plan to Address Alzheimer's Disease*" by the U.S. Department of Health and Human Services.

We are asking you, as the medical director of your facility, to join with AMDA and CMS, in the nationwide effort to reduce the unnecessary use of antipsychotic agents by refocusing the interdisciplinary team on a better understanding of the root cause of dementia related behaviors.

In this regard, we encourage you to share and discuss the following information with your facility.

Medical Director's Role as Clinical Leader in Dementia Care

The medical director leads the team that provides the clinical care to the residents in the facility. In that role, medical directors should help to implement policies and procedures that promote a process of person-centered care, learning "the story" behind each resident, evaluating the behavior changes and excluding potential medical causes of behavioral symptoms. If policies are already in place, the medical director should help to educate the team in existing policies and procedures and ensure that those policies have been implemented. Nursing home policies should direct the staff to identify resident-specific needs, optimize choices, and promote consistent assignment so that staff knows residents well enough to meet their specific care needs. Education should foster the staff's understanding of dementia-related behavior as a form of communication.

Policies should also promote staff's ability to identify relevant risks to any medication, provide parameters for monitoring medications, and institute a process for staff and prescriber reassessment of the resident's response to treatment over time. While there is an established, evidence-based role for antipsychotic medications in managing psychoses, such as schizophrenia and bipolar mania, we are concerned about potential unnecessary use of these medications in persons with behavioral and psychological symptoms related to dementia (BPSD). Medical directors are encouraged to educate facility staff, residents and families about appropriate use of antipsychotic medications, and to begin an ongoing dialogue and collaboration that focuses on non-pharmacologic interventions and person-centered dementia care for BPSD. Educational efforts should also address proper monitoring and the tapering of antipsychotic drugs when used.

As part of the facility's Quality Assessment and Assurance Committee, the medical director along with the administrator, consultant pharmacist and director of nursing should assist the facility with a review of the processes of care for those residents with BPSD on antipsychotic medications. Questions medical directors often ask during the review include the following:

- How many residents in the facility with BPSD receive antipsychotic medications and how is the use monitored?
- What is the process in the facility to initiate the use of these medications?
- What is the process for gradual dose reduction and discontinuation of these medications?
- How is the resident/family/or legal representative informed of the risks and benefits of the use of these medications? How are these discussions documented?

Use of An Interdisciplinary Team

One effective practice for monitoring the use of antipsychotic medications in a facility used by several of our AMDA members is to have the medical director work closely with an interdisciplinary team composed of nursing, social services, therapeutic recreation specialist and a pharmacist. This team meets regularly to review psychotropic drug use. Individual residents are discussed by the team during their quarterly assessments, or with initiation of psychotropic medications, or when there has been a change in the condition of a resident taking a psychotropic medication. During the meeting, the care plans and medical records are reviewed and resident's functional status, medications, presence of medication side effects and presence or absence of achieved goals for medication use are discussed. This practice emphasizes person-centered care. Recommendations from the interdisciplinary team are then made to or with the resident's attending physician. The team tracks the recommendations for acceptance by the primary care providers and effectiveness in the quality of care for the

resident. This information is further reviewed by the facility Quality Assessment and Assurance Committee for effectiveness in addressing the needs of the residents in the facility.

AMDA has developed comprehensive resources to assist medical directors with these issues. These include talking points, a medication management manual, clinical practice guidelines, a series of webinars, and a handbook for nursing home staff. A complete listing of AMDA resources is attached to this letter.

AMDA looks forward to working with you to improve long term care by standardizing our practices, educating the interdisciplinary care team, further developing strong relationships with residents and their advocates, and supporting caregivers in long term care. Increased prescriber training will help reduce unnecessary antipsychotic drug prescribing. AMDA looks forward to an ongoing collaboration with its medical directors.

Sincerely,



Matthew S. Wayne, MD,CMD
President AMDA

AMDA Resources

- In 2011, AMDA released a series of talking points entitled "Appropriate Prescribing of Antipsychotics" to help minimize the *potential for inappropriate prescribing of psychoactive medications* (http://www.amda.com/advocacy/AMDA_Antipsychotics_Tlkg_Pts.pdf).
- AMDA has several tools for clinical use in the nursing home including:
 - Clinical Practice Guidelines: To establish best practices for medical staff, AMDA has developed clinical practice guidelines on dementia, delirium, and acute problematic behavior for use as evidence-based tools to guide care.
 - <http://www.amda.com/tools/guidelines.cfm>
 - *Mental Health Documentation in the Nursing Home* and *Practical Psychiatry in the Long Term Care Home: A Handbook for Staff*, which is aimed at educating nursing and other staff.
 - <http://www.amda.com/tools/mentalhealth.cfm>
 - *Multidisciplinary Medication Management Manual*, provides practitioners in long term care with information and tools to help them improve patient care, enhance medication management, and reduce medication errors. This manual includes a chapter on appropriate prescribing of psychoactive agents in the long term care setting, which is designed to help guide physicians regarding such issues as the clinical and regulatory documentation necessary when residents are prescribed psychoactive medications.
 - <http://www.amda.com/resources/print.cfm#MED>

- AMDA has hosted a series of educational Webinars on the issue including:
 - *Medication Management: the Doc, F329, and the OIG*. The learning objectives for this webinar included: delineating medication management as it is regulated in nursing homes; discussing the May 2011 report by the OIG concerning psychotropic drug use in nursing homes; and discussing roles of the medical director and physicians practicing in long term care concerning optimizing medication management for nursing home resident.
 - <http://www.amda.com/cmedirect/webinars/web1106E.cfm>
 - AMDA's eUniversity is hosting a webinar on June 28th, titled *Medication Management: Antipsychotic Drug Use Reduction 2012*. To learn more and register, visit, <http://www.amda.com/cmedirect/webinars/web1206E.cfm>.
 - *Use of Psychoactive Medications with Special Emphasis on Antipsychotics in the Long-Term Care Setting*. The learning objectives for this webinar included: recognizing how to analyze and evaluate problematic behavior vs. behavioral symptoms related to dementia; discussing approaches to changing or removing triggers for problematic behavior with non-pharmacological approaches; and describing the appropriate use of psychoactive agents in the long-term care setting.
 - <http://www.prolibraries.com/amda/?select=session&sessionID=773>
 - *The True Meaning of Non-Pharmacologic Management of Behavioral Symptoms in Older Adults with Cognitive Impairment* emphasized the use of non-pharmacologic interventions as the first-line approach to managing disruptive and/or potentially dangerous behavioral symptoms in persons with dementia. The webinar provided a comprehensive, multi-disciplinary approach to these challenging clinical situations and also provided participants with knowledge enabling them to effectively design and implement non-pharmacologic interventions in their facilities.
 - http://amda.networkats.com/members_online/members/viewitem.asp?item=WEB1112E&catalog=SELF&pn=1&af=AMDA
- More resources on this topic are also located here: <http://www.amda.com/advocacy/brucbs.cfm>