

Misdiagnosis Related to Antipsychotics



On June 29, 2022, [CMS released updated guidance](#) for nursing home surveyors as part of the Phase 2 and 3 Requirements of Participation. Surveyors will begin using this guidance to identify noncompliance on October 24, 2022.

Within the Phase 3 updates, CMS provided new guidance concerning **F758 – Unnecessary Psychotropic/PRN Use, including language about potential for misdiagnosis of residents taking antipsychotic medications.**

This guidance update arose after CMS identified trends of residents potentially misdiagnosed with a condition for which antipsychotics are an approved use, circumventing the long-stay antipsychotic quality measure.



What's Required

Antipsychotic medications should be used for a specific, diagnosed, and documented condition where the psychotropic medication is beneficial to the resident. Antipsychotic medications have the potential for serious side effects which can be especially dangerous for elderly residents. Using antipsychotic medications without warranted indication(s), or for limiting or controlling expressions of distress without first identifying the root cause, reduces the chance they will be effective and commonly causes complications such as falls, mental status changes, or negative psychosocial outcomes.

“Residents must not receive any medications which are not clinically indicated to treat a specific condition. The medical record must show documentation of the diagnosed condition for which a psychotropic medication is prescribed (§483.45(e)(1)).”

CMS has added new information within the Phase 3 Psychotropic Medication guidance for situations where practitioners have potentially misdiagnosed residents with a condition for which antipsychotics are an approved use (e.g., new diagnosis of schizophrenia), thereby excluding the resident from the long-stay antipsychotic quality measure.

For these situations, surveyors are instructed to determine if non-compliance exists for the facility by evaluating:

- If the facility completed an assessment which accurately reflects the resident’s status (§483.20(g); F641)
- If the practitioner’s diagnosing practices meet professional standards (483.21(b)(3)(i); F658)

If there are concerns related to inappropriate prescribing of psychotropic medications, referral by the facility and/or the survey team to State Medical Boards or Boards of Nursing may be required.



Steps to Facility Compliance

- Review current policies and procedures with relevant staff to ensure competency with Phase 3 regulatory updates.
- Review/update current risk assessment to align with any updates of policies and procedures related to F-758.
- Consider conducting ad hoc QAPI/QAAC meetings with required members to address any additional training needed to comply with F-758.
- Ensure the resident assessment accurately reflects the resident’s status and residents who are prescribed antipsychotic medications have an appropriate clinical indication. There should be a specific, diagnosed, and documented condition indicating the psychotropic medication is beneficial to the resident, demonstrated by monitoring and documentation of the resident’s response to the medication.
- Review and respond to pharmacist-identified irregularities in the Medication Regimen Review (MRR), including missing clinical indications for prescribed antipsychotics.



How PharMerica Can Help

PharMerica pharmacists can assist the nursing facility in responding to this updated guidance through the following actions:

- Review reports (generated in ViewMasteRx or from facility EMR) for newly prescribed antipsychotics and compliant documentation