



Psychotropic Stewardship Can be the Cure for Stepped Up Audits

"Whoever said ignorance is bliss clearly was not a nursing home provider," said T.J. Griffin, chief pharmacy officer at PharMerica, at the start of the latest Spoonful of Sugar podcast. He went on to talk about the Centers for Medicare & Medicaid Services' (CMS) plans to increase psychotropic drug oversight, including the use of targeted audits. While this stepped-up focus on the use of these drugs presents some challenges for providers, he noted, there are many resources, tools, and educational materials available to ease the burden and boost their successes.

Increased CMS Oversight

While CMS's focus on psychotropics isn't new, the agency is now targeting overcoding for schizophrenia, having expressed concerns about inaccurate coding or inadequate documentation related to this condition. Nursing homes targeted for an audit will receive a letter from CMS. They may be able to avoid the audit by self-disclosing errors and implementing plans of correction. However, Five-Star Quality Rating System ratings will be reduced for those nursing homes that are determined to have inaccurate coding or inadequate documentation for schizophrenia; and CMS has announced that it plans to post this information on its Care Compare website. Clearly, said Griffin, "This is news that our operators can't afford to ignore and should address with proper intervention and education."

The good news, Griffin suggested, "With proper intervention, education, knowledge, and an understanding of your residents, you can create an interdisciplinary approach to psychotropic use and get through this."

5 Keys to Quality Outcomes, Compliance

Griffin suggested 5 keys to getting and staying on top of this issue:

1. Understand why psychotropics were/are prescribed and what the goal of treatment is. "Psychotropics may be prescribed in the home or hospital environment, and we need to understand on admission what is going on with the patient," he said. This should include information about when the drug was prescribed and why, patient goals and preferences, and the impact of the medication, including side effects, adverse events, and comorbidities. "This can really help you get through the beginning of the process of understanding why the person is on psychotropics and strategizing dose reduction and other efforts," Griffin said.
2. Realize that regulations were constructed with outcomes in mind. "We encourage our partners to focus efforts on what outcomes they expect to achieve," said Griffin. There needs to be processes in place to track, document, monitor, and analyze outcomes.
3. Maintain a focus on wellbeing. "It is important to review operating practices that optimize patient wellbeing," said Griffin. From prescribing and dose reduction efforts to managing symptoms to documenting and monitoring every step along the way, there needs to be a process in place that has the patient's wishes and wellbeing at the center.
4. Ensure leadership buy-in and facility-wide engagement from the start. "This is key to any good psychotropic stewardship program. Leadership needs to make this a priority, and everyone needs to be prepared and understand their role," said Griffin.

5. Have a strong, person-centered psychotropic stewardship program. "Stewardship is really an umbrella term for a number of strategies to maximize medication management and outcomes." Psychotropic stewardship specifically is designed to promote judicious use of these medications, reduce inappropriate use, and provide the highest level of care for residents. Griffin noted, "It's about tapping into available resources and constructing facility-specific programs that define the responsibilities of leaders and staff."

For instance, pharmacists can be engaged ahead of behavior meetings to review select residents and medication records for lapses, gaps, or other issues that put residents and facilities at risk. These practitioners also can create psychotropic timeouts and participate in interdisciplinary team meetings to provide input on gradual dose reduction opportunities and other issues. Ultimately, Griffin said, "We want to create facility-specific models with the consultant pharmacist as one piece of the puzzle."

These steps give facilities an opportunity to view psychotropic stewardship from a new perspective, taking a fresh look at new admissions and ensuring that any psychotropic use is justified, dose reduction recommendations are made and addressed, use of PRN medication is limited, and staff is consistently educated on an ongoing basis. "All of this can go a long way toward creating an environment where psychotropic drugs are used appropriately, and they can help keep your facility in compliance with the regulations," Griffin concluded.

The Spoonful of Sugar podcast is an innovative partnership between PharMerica and McKnight's. In each program, co-hosts T. J. Griffin, Vice President of Long-Term Care Operations & Chief Pharmacy Officer at PharMerica, and John O'Conner, Vice President, Associate Publisher/Editorial Director of McKnight's, address the latest issues in long term care with leading experts and frontline providers, practitioners and others. Listen to this and all Spoonful of Sugar podcasts [here](#). And [join Illuminate](#) to get notice of new monthly episodes on emerging trends, issues and the future of the skilled nursing industry.

