Integrating INTERACT into Interim Pharmacist Reviews

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Goals and Objectives

1. Understand how medications and medication reconciliation impacts hospital admission/re-admission and how they are managed within programs such as INTERACT.

2. Understand the current CMS regulations that reference the role of the consultant pharmacist in the admission process.

3. Develop and understand how the consultant pharmacist can be utilized to aid facilities in a comprehensive approach to hospitalization reduction within structured programs such as INTERACT.
INTERACT

INTERACT (INTERventions to Reduce Acute Care Transfers)
A quality improvement program that focuses on the management of acute changes in resident condition.
The goal is to improve care and reduce the frequency of potentially avoidable transfers to the acute hospital.
Recent CMS Guidance

In a CMS Guidance letter to surveyors November 12, 2012:

Medication Regimen Reviews for Stays under 30 days and/or Changes in Condition: The need for pharmacist medication regimen reviews when a resident experiences a change in condition and/or for residents admitted for less than 30 days.
Recent CMS Guidance

The current guidance at F425-Pharmacy Services provides examples of how the facility, in collaboration with the pharmacist and medical director, can establish procedures to address medication regimen reviews for residents whose anticipated stay is less than 30 days. According to the guidance, facility procedures are expected to address how and when the need for a consultation will be communicated, how the medication review will be handled if the pharmacist is off-site, how the results or report of the pharmacist’s findings will be communicated to the provider, the expectations for the provider’s response and follow up, and how and where this information will be documented.
INTERACT and CMS

Health care reforms laws and long standing regulations are beginning to cross over.

- this is positive in the sense that metrics are beginning to reflect care

- the difficulty is the integration and avoidance of duplicative services
INTERACT and CMS

Priorities shifting toward:

- Avoidance of hospitalization or re-hospitalization
- Medication Reconsiliation
- Patient education impacting above
Recent CMS Guidance

For many nursing homes, Interim or Admission reviews are a new process even though the regulation has been active since 2006.

The pharmacy or the consultant pharmacist may be responsible.
INTERACT and CMS

With dualing emphasis on hospitalizations, the emergence of online access to medical records and the importance of medication reconciliation during transitions of care, a structured and responsive Interim Review Process is critical and serves two masters.
Recent CMS Guidance

By integrating the Interim Review Process with the Consulting Pharmacist process, the documentation, the placement of documentation and the responsiveness of the system eliminate confusion and promote a cohesive system of management.
Important Criteria

Interim Review can identify medications that are a risk to the aged population.

By focusing on Home-Hospital-Nursing Admission transitions, med reconciliation can identify inappropriate or missing treatments.

The “Beer’s List” and STOPP Criteria have identified risky medications for older adults.
Important Criteria

The Beer’s List

STOOPP and START Criteria for medications
- identifies medications that reduce hospitalizations and that increase hospitalizations.
<table>
<thead>
<tr>
<th>STOPP Criteria PIMs</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proton pump inhibitors for uncomplicated peptic ulcer disease at full therapeutic dosage for &gt;8 wk</td>
<td>128</td>
</tr>
<tr>
<td>Aspirin with no history of coronary, cerebral, or peripheral vascular symptoms or occlusive arterial events</td>
<td>66</td>
</tr>
<tr>
<td>Benzodiazepines in patients who have had ≥1 fall in the past 3 mo</td>
<td>56</td>
</tr>
<tr>
<td>Duplicate drug class prescriptions</td>
<td>56</td>
</tr>
<tr>
<td>Long-term (&gt;1 mo), long-acting benzodiazepines or benzodiazepines with long-acting metabolites</td>
<td>48</td>
</tr>
<tr>
<td>Loop diuretic as first-line monotherapy for hypertension</td>
<td>24</td>
</tr>
<tr>
<td>Long-term use of nonsteroidal anti-inflammatory drugs (&gt;3 mo) for relief of mild joint pain in osteoarthritis</td>
<td>19</td>
</tr>
<tr>
<td>Long-term opiates in those with recurrent falls (≥1 fall in past 3 mo)</td>
<td>18</td>
</tr>
<tr>
<td>Neuroleptic drugs in those with recurrent falls (≥1 fall in past 3 mo)</td>
<td>16</td>
</tr>
<tr>
<td>Long-term opiates in those with recurrent falls (≥1 fall in past 3 mo)</td>
<td>14</td>
</tr>
</tbody>
</table>

Abbreviation: STOPP, Screening Tool of Older Persons’ potentially inappropriate Prescriptions.

*a*A total of 610 STOPP criteria PIMs were prescribed to the 600 patients studied.

*b*The number of PIM instances.
Table 3. Most Commonly Prescribed Potentially Inappropriate Medications (PIMs) as per Beers Criteria$^a$

<table>
<thead>
<tr>
<th>Beers Criteria PIMs</th>
<th>No.$^b$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short- to intermediate-acting benzodiazepines and tricyclic antidepressants (imipramine hydrochloride, doxepin hydrochloride, and amitriptyline hydrochloride) in patients with a history of syncope or falls</td>
<td>35</td>
</tr>
<tr>
<td>Long-term benzodiazepines or sympatholytics (methyldopa, reserpine, and guanethidine) in patients with depression</td>
<td>26</td>
</tr>
<tr>
<td>Long-acting benzodiazepines (chlordiazepoxide, chlordiazepoxide-amitriptyline, diazepam, quazepam, halazepam, and chlorazepate)</td>
<td>25</td>
</tr>
<tr>
<td>Doxazosin mesylate</td>
<td>24</td>
</tr>
<tr>
<td>Flurazepam hydrochloride</td>
<td>18</td>
</tr>
<tr>
<td>Prescription of amitriptyline, chlordiazepoxide-amitriptyline and perphenazine-amitriptyline</td>
<td>18</td>
</tr>
<tr>
<td>Short-acting benzodiazepines: doses greater than lorazepam, 3 mg; oxazepam, 60 mg; alprazolam, 2 mg; temazepam, 15 mg; triazolam 0.25mg</td>
<td>13</td>
</tr>
<tr>
<td>Prescription of calcium channel blockers, anticholinergics, tricyclic antidepressants (imipramine, doxepin, and amitriptyline) in patients with constipation</td>
<td>11</td>
</tr>
<tr>
<td>Prescription of aspirin, nonsteroidal anti-inflammatories, dipyridamole, clopidogrel or ticlopidine hydrochloride in patients with blood-clotting disorders or receiving anticoagulant therapy</td>
<td>10</td>
</tr>
<tr>
<td>Amiodarone</td>
<td>8</td>
</tr>
</tbody>
</table>

$^a$ A total of 235 Beers criteria PIMs were prescribed among the 600 patients studied.

$^b$ The number of PIM instances.
<table>
<thead>
<tr>
<th>Description</th>
<th>STOPP Criteria</th>
<th>Beers Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of ADEs of the 329 ADEs identified by expert consensus panel and simultaneously listed in PIM criteria</td>
<td>170&lt;sup&gt;b&lt;/sup&gt;</td>
<td>67</td>
</tr>
<tr>
<td>No. of consensus panel-identified ADEs deemed avoidable or potentially avoidable (n=235) and simultaneously identified by PIM criteria</td>
<td>159&lt;sup&gt;b&lt;/sup&gt;</td>
<td>67</td>
</tr>
<tr>
<td>No. of consensus panel-identified ADEs deemed causal or contributory to index hospital admission and simultaneously avoidable or potentially avoidable (n=151) identified by PIM criteria</td>
<td>94&lt;sup&gt;b&lt;/sup&gt;</td>
<td>34</td>
</tr>
</tbody>
</table>

Abbreviations: ADEs, adverse drug events; PIM, potentially inappropriate medicine; STOPP, Screening Tool of Older Persons’ potentially inappropriate Prescriptions.

<sup>a</sup>The expert panel identified 329 ADEs in 158 of the 600 patients (26.3%), independent of STOPP criteria and Beers criteria. Of the 329 ADEs, 235 were judged to be avoidable or potentially avoidable.

<sup>b</sup>Significant difference ($\chi^2$ test, $P< .001$).
<table>
<thead>
<tr>
<th>ADE</th>
<th>No. (%)</th>
<th>Attributed to STOPP Criteria PIMs</th>
<th>Attributed to Beers Criteria PIMs</th>
<th>ADEs Appearing Both in STOPP and Beers Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall(s) while receiving benzodiazepines</td>
<td>24 (15.9)</td>
<td>24 (100)</td>
<td>22 (91.7)</td>
<td>22 (91.7)</td>
</tr>
<tr>
<td>Symptomatic orthostasis while receiving antihypertensives</td>
<td>17 (11.3)</td>
<td>15 (88.2)</td>
<td>1 (5.9)</td>
<td>1 (5.9)</td>
</tr>
<tr>
<td>Falls while receiving opiates</td>
<td>10 (6.6)</td>
<td>10 (100)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hyponatremia while receiving diuretics</td>
<td>10 (6.6)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Constipation while receiving opiates</td>
<td>6 (4.0)</td>
<td>6 (100)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Falls while receiving sedative hypnotics</td>
<td>6 (4.0)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Acute kidney injury while receiving diuretics</td>
<td>6 (4.0)</td>
<td>3 (50)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Symptomatic orthostasis while receiving diuretics</td>
<td>5 (3.3)</td>
<td>5 (100)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Falls on neuroleptics</td>
<td>5 (3.3)</td>
<td>5 (100)</td>
<td>1 (20)</td>
<td>0</td>
</tr>
<tr>
<td>NSAID-related gastritis/peptic ulcer disease</td>
<td>4 (2.6)</td>
<td>3 (75)</td>
<td>1 (25)</td>
<td>1 (25)</td>
</tr>
<tr>
<td>Bradycardia while receiving β-blockers</td>
<td>4 (2.6)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Abbreviations: ADEs, adverse drug events; NSAID, nonsteroidal anti-inflammatory drug; PIMs, potentially inappropriate medicines; STOPP, Screening Tool of Older Persons’ potentially inappropriate Prescriptions.
Anti-Psychotic Initiative

By further integrating services into this process, the recent emphasis on anti-psychotic meds can also be addressed.

During the Interim review, the facility can be cued to address and or eliminate antipsychotic medications.
CMS Initiative

- Black boxed warning on the treatment of dementia patients with antipsychotics.
  - Mortality increase
- Two Quality Indicators are now measured
  - Short stay (20)
  - Chronic stay (30)
This initiative was created in response to a May 2011 report released from the Office of the Inspector General (OIG) entitled “Medicare Atypical Antipsychotic Drug Claims for Elderly Nursing Home Residents”

Data added to the nursing home compare Quality Indicators in July 2012

Not a part of the 5 star program yet.

Updates to F309 and F329 were released May 2013
Adequate Indications:

- Schizophrenia
- Schizo-affective disorder
- Schizophreniform disorder
- Delusional disorder
- Mood disorders (e.g. bipolar disorder, severe depression refractory to other therapies and/or with psychotic features)
- Psychosis in the absence of dementia
- Medical illnesses with psychotic symptoms (e.g., neoplastic disease or delirium) and/or treatment related psychosis or mania (e.g., high-dose steroids)
- Tourette’s Disorder
- Huntington disease
- Hiccups (not induced by other medications)
- Nausea and vomiting associated with cancer or chemotherapy
Inadequate Indications:

- Wandering
- poor self-care
- Restlessness
- impaired memory
- mild anxiety
- Insomnia
- inattention or indifference to surroundings
- sadness or crying alone that is not related to depression or other psychiatric disorders
- Fidgeting
- Nervousness
- uncooperativeness (e.g. refusal of or difficulty receiving care).
CMS Initiative

• Short stay: INITIATION of antipsychotic in a short stay resident.
  – National Average: 2.9%

• Goal is to identify individuals prescribed antipsychotics and determine if psychosis is present or if treating delerium.
CMS Initiative

• Chronic stay: PRESENCE of antipsychotic in a chronic stay resident.
  – National Average: 23.4%

• Goal is to identify individuals prescribed antipsychotics and determine if reductions and trials off can be attempted.

CMS GOAL OF 15% REDUCTION
Gradual Dose Reductions

• Within 2 weeks of admission
• 2 attempts in first year
  – Typically managed at 6 and 12 months
• Not limited to antipsychotics
  – Antidepressants, anxiolytics, hypnotics
  – Any medications
• Sets stage for measuring diagnosis and tracking metrics defining medication success/failure.
Anti-psychotics

- Anti-psychotic medications must be monitored to effect a dose reduction attempt every 6 months unless clinically contraindicated.

- A “Clinical Contraindication” is defined as two failed dose reductions in a 12 month period.
F309 and F329 Changes

• Guidance issued May 24th
• F309 includes very prescriptive language on dementia care, assessment and evaluation
• Family Involvement is stressed to determine baseline and to communicate therapy decision
  – Consent Forms +/-
F309 and F329

• New admission procedure
  – Within 14 days – psych eval and possible dose reduction
• PRN Antipsychotics cannot exceed 7 days – specific documentation required
• “Clearly and Specifically” document behaviors and monitoring
Anti-depressants

- Antidepressant medications are psychoactive and regulated to a dose reduction schedule.
- Again, best practice is to establish a flow record for all these psychotropic agents to document success and failure - so proper dose management can be attempted for residents achieving benefit.
Strategies

• Give medications time to be effective - results with psychoactive medication are not overnight - especially with anti-depressants

• Approach new problems with one drug at a time - changes should also occur one intervention at a time - so impact can be easily monitored.

• Behavior management meeting
Non - Pharmacologic Interventions

• Behavioral Interventions
  – one-on-one attention
  – reassurance and verbal efforts to calm
  – allow pacing if elopement not a risk
  – encourage pleasant experiences (ex. Recreation, pets, art, gardening, responsibilities)
Non - Pharmacologic Interventions

- Psychotherapy
- Bereavement Therapy
- Chaplain
- Family members
- Relaxation therapy
- Physical Therapy
Documentation

• Vital to ensuring medications are not contributing to adverse events
• Vital to determining benefits or lack of benefit of any psychoactive agent
• Vital to establishing clinical utility of medications - can confirm or deny appropriate management
Best Practices

• Examples of best practices

• Experiences from surveys

• Trends in survey
Review for Length of Stay or Symptoms and Conditions that May be Associated with Medications

The Resident has recently experienced, or currently has signs and symptoms of, one or more of the following conditions and a pharmacist Medication Regimen Review is requested. Please check all that apply.

☐ NEW ADMIT - resident is anticipated to stay less than 30 days
☐ WEIGHT CHANGES - Anorexia and/or unplanned weight loss, or weight gain
☐ FALLS - Falls, dizziness, or evidence of impaired coordination
☐ BEHAVIORAL CHANGE - Mental status changes (i.e. new or increased behaviors, worsening of dementia (including delirium)
☐ SLEEP - Sedation (excessive), insomnia, or sleep disturbance
☐ URINARY - Urinary retention or incontinence
☐ PAIN – uncontrolled or review of pain medications for conversion to/from frequent use to extended release

☐ Other

Please list medications below or provide copy of physician’s order sheet or medication administration record:
Questions

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