Welcome to Telligen's High-Risk Medication ECHO® Series

We will get started momentarily.

- Using Chat, please enter your organization and state.
  1. Click on the Chat icon.
  2. Select who you want to send your message to (individual or everyone).
  3. Type and send your message.
- Please complete the poll.

Telligen QI Connect™
Partnering to improve health outcomes through relationships and data

Project ECHO®

High-Risk Medication ECHO® Series

Session V: Gradual Dose Reductions in High-Risk Medications

Wednesday, March 22, 2023

Facilitator: Carolyn Dutton, Senior Quality Improvement Facilitator

Guest Speaker: Dr. Leslie Eber

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Begin With the End in Mind

During the presentation, visualize and plan how you will use the information:

- What impactful actions can you take as a result of the information shared today?
- How are you able to increase collaboration within your network to ensure a true change in patient safety?
- Based on what you heard today, what activities do you currently have underway that can leverage immediate action over the next 30, 60 and 90 days?

Objectives

- Describe the value of Gradual Dose Reduction (GDR)
- Describe the advantage of collaborating across care coordination
- Identify process improvement strategies for GDRs

What is a GDR?

- Gradual Dose Reduction (GDR) is the stepwise tapering of a dose to determine if symptoms, conditions or risks can be managed by a lower dose or if the dose or medication can be discontinued.

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

Why is GDR important?

- GDR is especially important in vulnerable populations who are at risk for adverse side effects associated with high-risk medications
- High-risk medications include anticoagulants, opioids, psychotropics and diabetic medications
- Several types of drugs are associated with a significant risk for falls and adverse drug events(ADE's)

Did You Know?

Each year ADEs account for nearly:

- 700,000 emergency department visits
- 100,000 hospitalizations

Medication Errors and Adverse Drug Events | PSNet (ahrq.gov) 2019

Drug-related falls in older patients: implicated drugs, consequences, and possible prevention strategies - PMC (nih.gov)
https://www.cdc.gov/medicationsafety/adult_adversedrugevents.html

Today's Speaker(s)

Leslie Beth Eber, MD, CMD

University of Vermont College of Medicine

Rocky Mountain Senior Care

Gradual Dose Reductions:

How to Reduce the Barriers and Make an Impact

Leslie Eber, MD, CMD

March 22, 2023

- Polypharmacy
- ADEs (Adverse Drug Events)
- Quality of life
- Regulations

Why is it so Hard?

- **Why change things when everything is "Fine"?**
  - Upsetting the apple cart
  - The family doesn't want to do a GDR
- Why take a risk of making things worse?
- What do we do first?

Where do we Begin?

Pro tips for psych pharm meeting success

1. Buy in: An interdisciplinary team at the table (invite everyone, make it a standard for this meeting)
2. A clear mission: What would be best for the resident
   - Explain why GDRs benefit the person
3. Review all the medications for each resident
4. Prep before the meeting
5. Less is more, any medication that is not clearly useful, eliminate
6. Use a tool

Priorities and Low-Hanging Fruit

- Medications that are not useful: multivitamins, cranberry pills, as needed (PRN) medications that are not being used
- Medications that can be harmful:
  - Antipsychotic medications
  - High anticholinergic load medications
  - PRN medications that are not needed
  - Pain medications: Assessing usefulness, dependence, and creating a clear plan with built in support for the resident

Gradual Dose Reduction: Process Tips

- Start slow: “Slow is forward”
- Let the team and family know!
  - Educate the family/staff on what to expect
- The post dose reduction check in
- Record your efforts

Questions to Ask?

1. Why was this medication started?
   - Is this part of a medication cascade (the medication was started to address the side effect of another medication?)
2. Who started it and when?
   - Was this medication started in the hospital for sleep/agitation?
3. Is the medication helpful?
4. Are they using/taking the medication?
5. Are there side effects?

Resident Name: _____ DOB: _____ PASRR level II diagnoses:_____

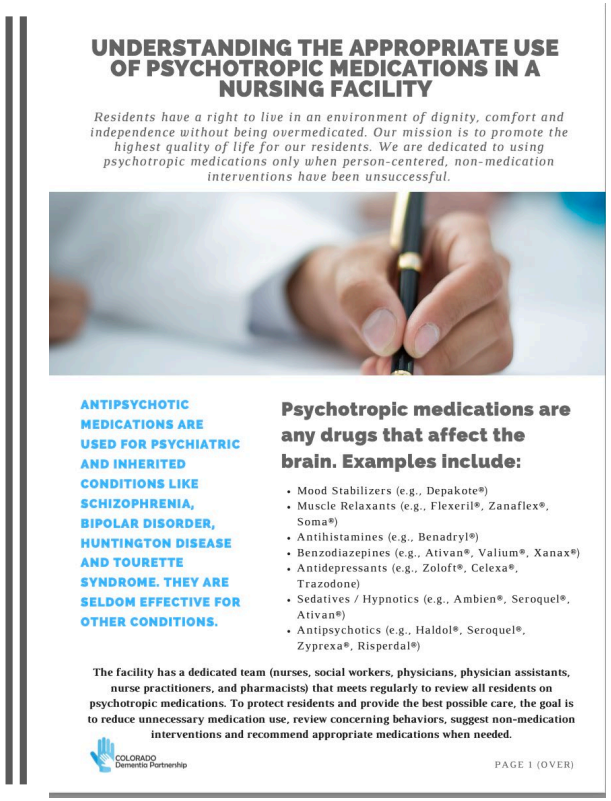
ProviderName/Phone:_____ Review Date: _____

PsychPharmTracking Tool

Complete for each Medication in Review

Name of Medication	Dose/Route	Corresponding Diagnosis	Date of Last GDR	PRN Yes / No	Recommendations

Colorado Dementia Partnership 04/2019



UNDERSTANDING THE APPROPRIATE USE OF PSYCHOTROPIC MEDICATIONS IN A NURSING FACILITY

Residents have a right to live in an environment of dignity, comfort and independence without being overmedicated. Our mission is to promote the highest quality of life for our residents. We are dedicated to using psychotropic medications only when person-centered, non-medication interventions have been unsuccessful.

ANTIPSYCHOTIC MEDICATIONS ARE USED FOR PSYCHIATRIC AND INHERITED CONDITIONS LIKE SCHIZOPHRENIA, BIPOLAR DISORDER, HUNTINGTON DISEASE AND TOURETTE SYNDROME. THEY ARE SELDOM EFFECTIVE FOR OTHER CONDITIONS.

Psychotropic medications are any drugs that affect the brain. Examples include:

- Mood Stabilizers (e.g., Depakote®)
- Muscle Relaxants (e.g., Flexeril®, Zanaflex®, Soma®)
- Antihistamines (e.g., Benadryl®)
- Benzodiazepines (e.g., Ativan®, Valium®, Xanax®)
- Antidepressants (e.g., Zoloft®, Celexa®, Trazodone)
- Sedatives / Hypnotics (e.g., Ambien®, Seroquel®, Ativan®)
- Antipsychotics (e.g., Haldol®, Seroquel®, Zyprexa®, Risperdal®)

The facility has a dedicated team (nurses, social workers, physicians, physician assistants, nurse practitioners, and pharmacists) that meets regularly to review all residents on psychotropic medications. To protect residents and provide the best possible care, the goal is to reduce unnecessary medication use, review concerning behaviors, suggest non-medication interventions and recommend appropriate medications when needed.

COLORADO Dementia Partnership

PAGE 1 (OVER)

Anticholinergic Pocket Reference Card

Because so many drugs have an[illegible]holinergic pr[illegible]s—and many of these are contained in over-the-counter products—an[illegible]holinergics are used by many older adults, including about 1/3 of people with demen[illegible].[1,2] The elderly are more sensi[illegible]e to s[illegible]holinergic adverse e[illegible]cts, and people with demen[illegible] have a high risk of adverse cogni[illegible]e and psychiatric e[illegible]cts from these drugs.[3,4] Adverse e[illegible]s [illegible]buted to an [illegible]holinergics include seda[illegible]n, confusion, delirium, cons[illegible]a, urinary reti[illegible]n, dry mouth, dry eyes, blurred vision, photophobia, tachycardia, decreased swe[illegible], increased body temperature, falls, and others.[5] Some evidence suggests that an[illegible]holinergics contribute to behavioral disturbances and psychosis in demen[illegible].[1] The purpose of this reference card is to help clinicians reduce s[illegible]holinergic use by vulnerable elders, especially those with cogn[illegible]e impairment. Tapering may be necessary to prevent withdrawal symptoms when discon[illegible]uing potent an[illegible]holinergics that have been used chronically.[2]

The following lists medica[illegible]ns with known s[illegible]holinergic e[illegible]cts by therapeu[illegible] use. The list is not all-inclusive, but includes many commonly used s[illegible]holinergics. Clinicians might want to especially consider the risk bene[illegible]balance of tricyclic an[illegible]depressants, immediate-release oxybutynin, GI an[illegible]spasmodics, and seda[illegible]g s[illegible]histamines, as these drugs are not recommended for vulnerable elders if alterna[illegible]e treatments are available.[7]

Antihistamines / Allergy / Cough & Cold Medicines

Azelastine nasal spray
Brompheniramine
Carbinoxamine
Chlorpheniramine
Clemastine
Cyproheptadine
Dexbrompheniramine
Dexchlorpheniramine
Diphenhydramine
Hydroxyzine
Mepyramine
Olopatadine nasal spray
Phenyltoloxamine
Promethazine
Triprolidine

Anxiety

Hydroxyzine

Bladder Antispasmodics

Darifenacin
Flavoxate
Oxybutynin
Solifenacin
Tolterodine
Trospium

Motion Sickness / Dizziness / Nausea

Dimenhydrinate
Meclizine
Prochlorperazine
Promethazine
Scopolamine
Trimethobenzamide

Movement Disorders

Benztropine
Procyclidine
Trihexyphenidyl

CONTINUED ON BACK

Resident Name: _____ DOB: _____ PASRR level II diagnoses:_____

ProviderName/Phone:_____ Review Date: _____

PsychPharmTracking Tool Instructions

Last PsychPharm review date: _____Recent/Previous BIMS score _____ Recent/Previous PHQ9 score _____

- PRN psychotropic medications have been limited to or are discontinued after 14 days.
- FDA warning indicates that antipsychotic medications *do not have an indication* for dementia, and if used, carry a Black Box warning for the increased risk of stroke and death. This must be documented.
- Black Box warning for benzodiazepine/opioid combination must be clearly justified and documented.
- Documentation for continuing medications must match the behavior tracking log.

Non-Pharmacological Intervention (must be attempted with documented ineffectiveness prior to initiating psychotropic medications)
Examples:

- massage, aromatherapy and reflexology
- physical exercise, music and dancing
- reminiscence, cognitive stimulation, arts and crafts
- entertainment and religious services
- meaningful work (helping staff with jobs), walks outside, gardening or table setting
- decrease stimulation in the environment-consider noise, light and activity
- consideration of need for room or staffing change

Discussion Review Questions:

- What behaviors are being treated with the medication(s)?
- Would these medications normally be expected to alleviate the identified behaviors?
- Is there consistent documentation that the behaviors stopped or improved significantly?
- Have physical causes of the behaviors been ruled out?
- What are the medication's side effects? Is the patient displaying any? If so, what has been done?
- What person-centered, nonpharmacological approaches have been tried and documented?

Colorado Dementia Partnership 04/2019

Tools can help with successful GDRs

Tools to Support

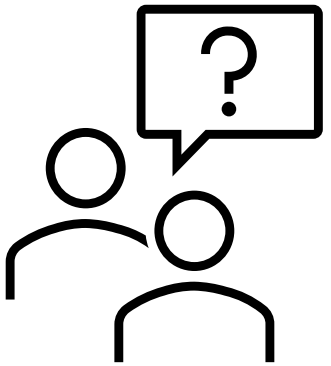
- Understanding the appropriate use of psychotropic medications in a nursing facility (Colorado Dementia Partnership)
- PsychPharm tracking tool and instructions (Colorado Dementia Partnership)
- Assessing Anticholinergic Burden (umaryland.edu)

Case Study: Alice

- Spry 90-year-old woman who has advanced dementia and walks independently with her walker throughout the memory care unit
- She does occasionally have aggressive behaviors towards another resident, Carolyn
- She often passes me in the morning and walks by me and says, “Nope”
- She is currently on Zyprexa 2.5mg QD, Eliquis, Miralax, Senna and PRN Dulcolax

What questions do you have about Alice?

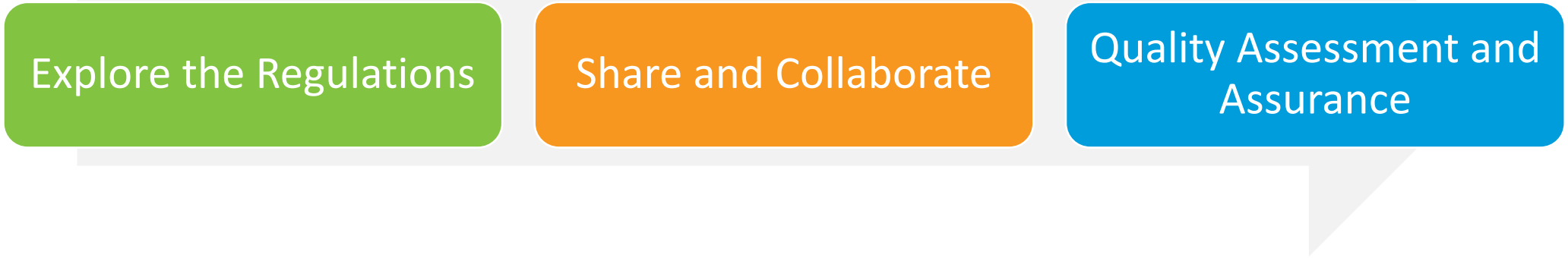
Questions about Alice



- How long has she been on Zyprexa?
- Has she ever had a GDR for her Zyprexa?
- Has she had any side effects from Zyprexa? (falls, diabetes mellitus, lethargy)
- Can she be redirected/non-pharmacological interventions?
- Has there been any safety issues or unprovoked aggression that puts her or others in harms way?
- What would you do next?

Next Steps – Lead into Action

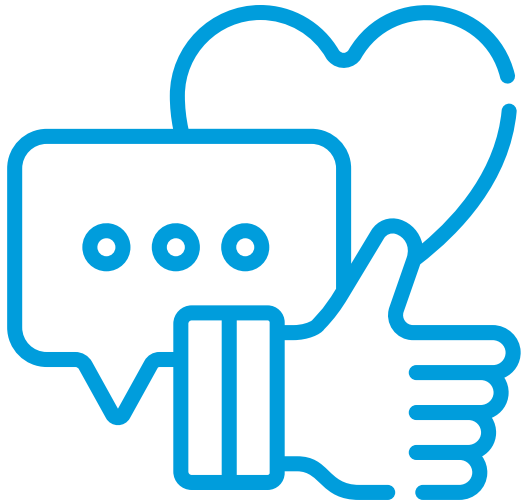
Quality Improvement Activities:



- ✓ Explore the regulations to be informed of the required elements and impact in LTC
- ✓ Share your vision to reduce unnecessary medication use
  - Nursing homes, medical directors, prescribing physicians, pharmacists, hospitalist/discharge planners
- ✓ Collaborate with external partners and invite others to the remaining ECHO® Series
- ✓ Bring your high-risk medication management program to Quality Assessment and Assurance (QAA) meetings

How to Begin a Quality Improvement Project - PMC (nih.gov)

How Did We Do? Let Us Know:



Please fill out the poll before logging off

Upcoming High-Risk Medication ECHO® Series Sessions

Join us on the following Wednesdays beginning at 7:30 a.m. MST/8:30 a.m. CST

ECHO® Session Dates and Topics:

- Session 6: 4/12/23 – Communication Across the Care Continuum
- Session 7: 4/26/23 – Communicating with Residents and Families

Register here: https://www.telligenqiconnect.com/calendar

https://telligen.zoom.us/meeting/register/tZUrd-ioqDojGdYAnCnlmO48fDbLWZyWHsMS

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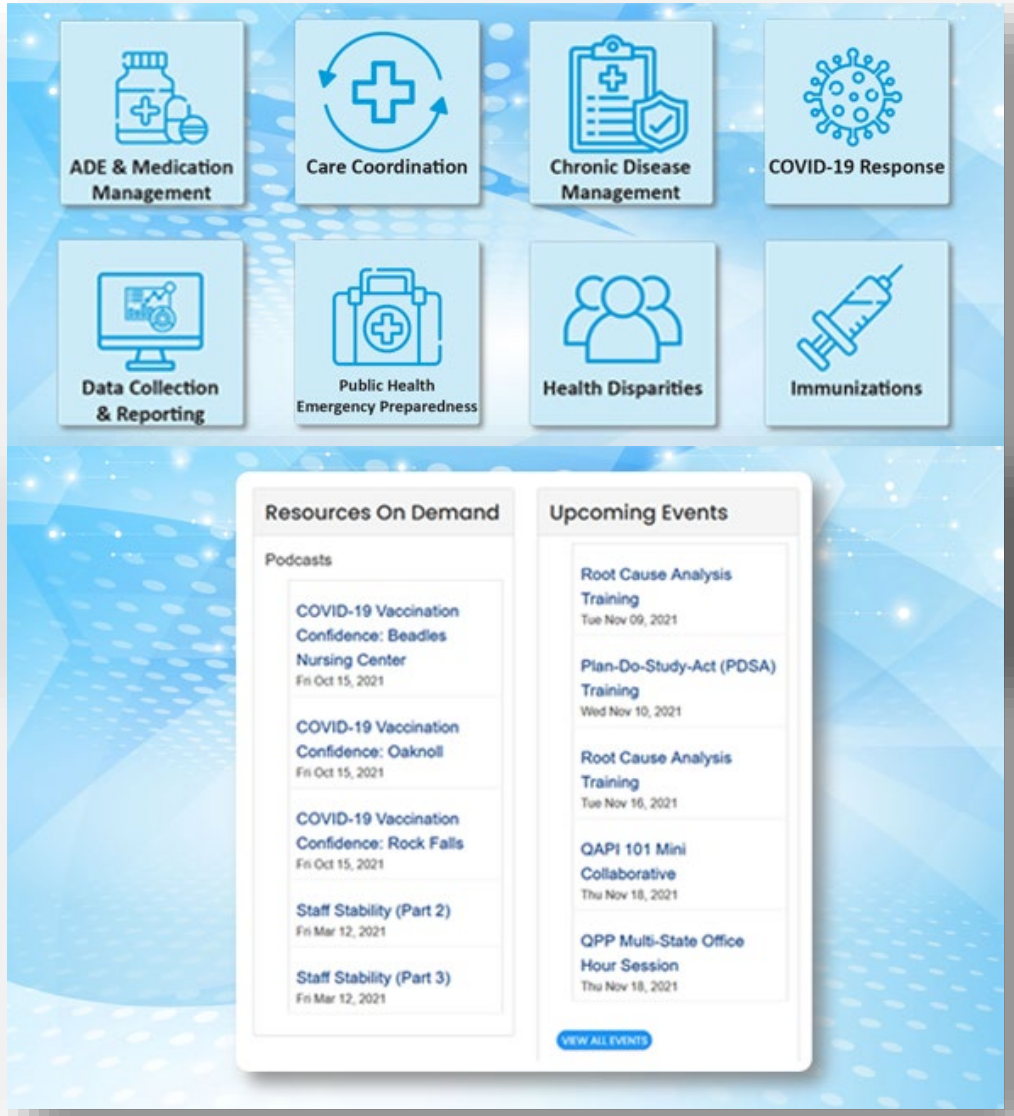

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The Telligen QI Connect™ Secure Portal provides users exclusive access to events, tools, resources and data reports to support your healthcare quality improvement work with Telligen.

The online network offers an opportunity to share and learn about innovative practices, all at no cost.

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