



Original Research

Improving antipsychotic prescribing practices in nursing facilities: The role of surveyor methods and surveying agencies in upholding the Nursing Home Reform Act

Benjamin Y. Urick, Pharm.D.^{a,*}, Brian P. Kaskie, Ph.D.^b,
Ryan M. Carnahan, Pharm.D., M.S.^b

^aCollege of Pharmacy, The University of Iowa, USA

^bCollege of Public Health, The University of Iowa, USA

Abstract

Background: Inappropriate prescribing of antipsychotics is a longstanding challenge to providing high quality care in nursing facilities. The 1987 Nursing Home Reform Act (NHRA) had an initial impact in reducing inappropriate prescribing, but rates returned to pre-NHRA levels. While the recent Partnership to Improve Dementia Care in Nursing Homes (Partnership) initiative has been successful in reducing the prescribing of antipsychotics in skilled nursing facilities/nursing facilities (NF), it is not known how this guidance initiative impacted prescribing practices and other care processes concerning NF residents with dementia.

Objectives: The objectives of this study were to explore surveyor observations of NF care practices subsequent to participation the Partnership guidance program and to use a social ecological framework to estimate how these observations were influenced by individual, organizational, and contextual factors.

Methods: A total of 320 NF surveyors responded to a 49-item questionnaire designed in collaboration with CMS officials and state surveying agency personnel, and distributed by state agency directors. Three outcome variables: measuring improvements in clinical care, deficiencies in clinical care, and falsification of records in response to the Partnership initiative, were created from survey responses. A four-level social ecological framework describing the NF surveyor's environment was used to identify potential influences on surveyors' care observations. Logistic regression was used to evaluate the relationship between environment and outcome variables.

Results: Surveyors observed both improvements in clinical care, including 80.6% reporting nursing facility providers responding to consultant pharmacists' recommendations, and deficits in clinical care in response to the Partnership initiative. Furthermore, 39.7% of surveyors observed a new, but false, diagnosis of psychosis (as defined by the surveyor). Surveyor characteristics and methods and surveying agency and culture were found to substantially impact the success of the Partnership initiative. The most distal level of the framework evaluated in this study, state contextual effects, was found not to impact care observations.

Conclusions: There is substantial variation in surveyor observations of changes to clinical care in response to the Partnership guidance initiative. Further investigation is needed into the type and severity of

* Corresponding author. College of Pharmacy, The University of Iowa, 115 S. Grand Ave. Iowa City, IA 52242, USA. Tel.: +1 319 383 8304; fax: +1 319 353 5646.

E-mail address: benjamin-urick@uiowa.edu (B.Y. Urick).

falsification of records observed by nursing facility surveyors. When constructing interventions to care for residents in NFs, policymakers must consider the environment in which surveyors operate.

© 2016 Elsevier Inc. All rights reserved.

Keywords: Antipsychotics; Nursing facilities; Dissemination; Guidance; Surveillance; Social ecological framework

Introduction

In 1986 the US Institute of Medicine brought attention to many shortcomings in providing care to skilled nursing facility/nursing facility (NF) residents across the US, and created the blueprint for what became the federal Nursing Home Reform Act (NHRA) of 1987.¹ The NHRA created a statutory framework intended to improve quality of care and quality of life for NF residents by requiring each facility to provide a physical environment, a staff culture, and care processes that contribute to the highest practicable level of medical and psychosocial well-being for each resident.² To reach this goal, the NHRA assigned the US Center for Medicare and Medicaid Services (CMS) responsibility for: (a) creating a minimum set of regulations concerning the condition of facilities, care processes, and resident outcomes, and (b) designing a surveillance system to assess regulatory compliance within each certified NF across the nation.^{3,4}

For the past 25 years, CMS has developed more than 200 regulations and has overseen a surveillance system in which state-contracted surveyors evaluate regulatory compliance by reviewing annual survey data submitted by each facility, and by completing on-site inspections that are unannounced or made in response to a complaint made by a resident, family member, ombudsperson, or another concerned individual. When a surveyor observes that a NF is not upholding a regulation, then his or her surveying team may issue a citation reflecting the scope and severity of non-compliance, the least severe of which suggests that NF residents experienced no immediate harm to a citation that indicates residents were experiencing harm or may be in immediate jeopardy.⁵

Initial implementation of the NHRA regulations was tied to a decade-long (1989–1998) reduction in inappropriate prescribing of antipsychotic medications as well as corresponding reductions in care complications and other harmful

outcomes. At that time, several researchers agreed the goal of the NHRA, relative to inappropriate prescribing, was being upheld by the regulatory framework and surveillance system.^{6–8} Yet, by 2000, these improvements had started to regress into a prolonged relapse. Briesacher et al⁶ reported that antipsychotic prescribing nearly doubled between 1998 and 2000, and in a more recent evaluation of data from 2009 to 2010, Briesacher, Tjia, Field, Peterson, and Gurwitz⁹ reported that the use of antipsychotics among NF residents had returned to levels observed prior to passage of the NHRA. This unexpected regression has been linked to pharmaceutical manufacturers' marketing of atypical antipsychotics to encourage prescribing of these newer drugs for off-label use among NF residents with dementia.¹⁰

In 2011, the US Department of Health and Human Services Office of Inspector General (OIG)¹¹ conducted a formal investigation that determined 14% of Medicare beneficiaries residing in NFs were prescribed atypical antipsychotics. Over 4/5 (83%) of these prescriptions were for off-label indications, and 88% were administered to residents with dementia despite their impact on increasing residents' morbidity. In a 2012 investigation, the OIG reported that 99% of all assessments and care plans related to the use of antipsychotic medications failed to meet one or more of the federal standards.⁴ Other researchers have estimated that approximately 22% of nursing facility residents receive an antipsychotic prescription, including atypical and older conventional antipsychotics.⁹ These researchers also observed a decrease in how well NFs upheld required minimum care standards pertaining to overdosing and other prescribing practices associated with serious threats of harm such as cerebrovascular events and hip fractures.^{6,12,13} The goal of this research was to evaluate public policy responses to the unwelcome revival of inappropriate antipsychotic prescribing practices within NFs across the United States.

Download English Version:

<https://daneshyari.com/en/article/2508266>

Download Persian Version:

<https://daneshyari.com/article/2508266>

[Daneshyari.com](https://daneshyari.com)