Balanced Wellbeing LLC

Improving Residential Life & Facility Compliance
Psychiatric & Psychological Care

Psychotropic Stewardship: Stay compliant with the regulations

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Dr. Pari Deshmukh, “Dr. Desh”

- Case Western Reserve University graduate (Chief Resident)
- Triple Board-Certified Integrative Psychiatrist
- Psychotherapist
- Distinguished Fellow of APA and Fellow of ASAM
- 12 years of daily post acute experience
- Leading the team of 130+ providers
- Servicing 200+ SNF, 200+ALFs, 30+GH
- Designed the program

Disclosures

Paid Speaker of

- Acadia – Nuplazid (Pimavensarin)
- Avanir – Nuedexta (Dextromethorphan/Quinidine) (in the past)
- Teva – Austedo (Deutetrabanazine)
- Neurorine – Ingrezaa (Valbenazine)
- Genesight pharmacogenomic (in the past)

Learning Objectives

- Know psychotropic medication regulations
- Discuss the details of common psychiatric medications
- Learn the commonly used and underutilized effective psychiatric medications
- Familiarize self with common clinical scenarios and treatment options
- Implement evidenced and experienced based psychiatric medicinal approaches to meet compliance and treat patients effectively

Quiz

What is the current state average of antipsychotic meds?

A) 14 %
B) 12.2 %
C) 10.4%
D) 8.9%
E) 6.5%

Quiz

What is the current state average of antianxiety, sedative, hypnotics meds?

A) 32%

B) 21%

C) 15%

D) 12%

E) 9%

Psychotropic Regulations

- Proper Indication
- Proper dosage and treatment
- Medication consent
- Document: Rationale, Impact of medications, Side Rationale
- Document monthly
- Behavioral monitoring
- Avoid starting unnecessary medications (Hospital, PCP, Nurse, Patient, Family, Psych provider)
- Psychotropic reductions

Psychotropic Reductions

- Prescribe according to severity
- Treat underlying medical issues
- Utilize psychotherapy services
- Put an end date on orders
- Select more effective medicines and doses
- Prefer non-psychotropic medicines
- Proactive and appropriate GDRs (including Dementia meds)
- Access to brand medicines
- Experience based clinical protocols

Regulation on accurate psych dx

A 82 yr. old Male is having difficulty adjusting to being in a place away from his home. He is not eating and sleeping well. He has low energy, motivation, and has lost interest in pleasurable activities. He is moving slower than usual. What do you think she has?

A. Depression
B. Anxiety
C. Bipolar Disorder
D. Schizophrenia

Regulation on accurate psych dx

74 yr. old Female with recent diagnosis of UTI. Patient is confused has altered sensorium. Her days and nights are mixed up. Patient Hallucinates at times and feels like there are people coming to her room who do not exist. Patient is getting combative and agitated at random times. What is her condition?

A. Dementia
B. Delirium
C. Pseudobulbar affect
D. Sundowning

Treatments

Depression
Antidepressants

Psychosis
Antipsychotics

Insomnia
Sedatives and Hypnotics

Mood Stabilization
Mood Stabilizers
(certain seizure meds)
Antipsychotics

Anxiety
Antianxiety
Mood Stabilizers,
Antipsychotics Sedatives
Hypnotics

Antidepressant Medicines

SSRI
Prozac
Zoloft
Paxil
Celexa
Lexapro

SNRI
Cymbalta
Effexor
Fetzima

TCA
Amitriptyline
Nortriptyline
Doxepin

MAO -I
Phenelzine
Tranylcypromine
Selegiline

Other
Wellbutrin
Remeron
Buspar
Trintellix
Viibryd

Antipsychotic Medications

Typical

- Haldol
- Perphenazine
- Thorazine
- Mellaril
- Stelazine
- Fluphenazine
- Chlorpromazine

Atypical

- Clozaril
- Zyprexa
- Risperdal
- Seroquel
- Abilify
- Geodon
- Saphris (Secuado)
- Latuda
- Vraylar
- Nuplazid

Other Medications

Mood Stabilizers

- Depakote
- Tegretol
- Trileptal
- Lamictal
- Lithium

Benzodiazepines

- Ativan
- Xanax
- Klonopin
- Valium
- Librium

Other

- Buspar
- Nuedexta
- Stimulants

Hypnotics

- Ambien
- Restoril
- Lunesta
- Belsomra
- Melatonin

Common Behaviors/Symptoms

- Irritability
- Agitation
- Aggression
- Combativeness
- Low motivation
- Withdrawn
- Insomnia
- Restlessness

2 Types of Behavior

HYPERACTIVE

HYPOACTIVE

2 Types of Behavior

HYPERACTIVE

Depression
Irritability
Agitation

Anxiety
Impatience Restlessness
Pacing
Panic
Hypervigilant

Mania
Hyperverbal
High Energy
Less need of Sleep

Psychosis
Internal stimulation, responding to stimuli

2 Types of Behavior

HYPOACTIVE

Depression
Low energy/interest
Poor motivation
PMR

Delirium
Altered Sensorium

Common Forms of Treatments

Treat
- Underlying medical condition

Remove
- Contributing medicines

Remove
- Triggers (sensory, pain, constipation, hunger, hydration)

Use
- Distraction, redirection

Use
- Psychotherapy

Use
- Psychiatric medication

Regulation on Medication Intakes

An 87 yr. old female, who thinks people are poisoning her, is refusing all medicines. As a result, patient is getting more agitated and restless. What can be done?

a) Give medicine in food

b) Give medicine in gel form

c) Give medicine in a long- acting injection

d) Give medicine in nasal forms

e) Any of the above depending on patient preference or give no medicine if patient still refuses

Regulations: AIMS

An 82 yr. old female, who was exposed to antipsychotic medicine, now has movements. AIMS score is high. What to do?

a) Find out if patient has hyperkinetic or hypokinetic movement

b) Monitor

c) Start Cogentin

d) Start Austedo

e) Start Ingrezza

Regulation: Chemical Restraints

A 62 yr. old male, with history of depression. Patient is sexually inappropriate with staff. Makes sexual comments to CAN's and nurses, tries to touch them. What to do?

a) Monitor, no intervention needed
b) Behavioral Redirection
c) Start anti – impulsivity medicine
d) Start Estrogen
e) B, C and D

Psychotropic Meeting Regulations

Monthly Meetings with:

- Psychiatrist/PMHNP
- DON
- Unit Managers
- Social Services
- Pharmacist
- Administrator
- Medical Team Members

Substance abuse regulations

A 66-year-old female, with history of alcoholism. Patient is craving for alcohol. Tries to go outside the facility to a nearby gas station to get alcohol. Couple of times, patient tried to drink hand sanitizer. Patient was educated multiple times, but she does not listen. What to do?

a) No Intervention needed as patient was adequately educated.

b) Send patient to 12 step meeting

c) Give 30 days notice to patients as it is not safe to return drunk

d) Start Naltrexone

e) Baker Act

Psychotherapy regulations

Psychotherapy can be ordered on Dementia patient …

a) True
b) False

Regulation on Telehealth

A 57 yr. old male, with history of suicide attempt and depression, is expressing wishes of ending life with a plan of using gun. Psych provider is not available to visit to facility. In this condition, it is allowed to Baker Act patient using a video call interview?

a) True

b) False

Early Interventions: Telepsychiatry

- Emergency Assessment
- Add/Remove 1:1 sitter
- Medication Adjustments
- Virtual Presence
- COVID Lockdowns
- Smart Phone is good enough

Baker Act Regulations

A 68 yr. old female, with history of psychiatric hospitalization for depression. She has such a severe depression that she cannot do her ADLs. What to do?

a) Baker Act
b) No intervention needed
c) Initiate 1:1 sitter
d) Initiate treatment for depression and provide more assistance
e) Start q30min checks

Baker Act Regulations

A 68 yr. old male, with extreme combativeness. Patient is not redirectable. No insight. You Baker Acted patient. Patient was calm in psychiatric triage. The rescinded the Baker Act and they are sending patient back without intervention.
What to do?

a) Accept patient back and initiate the psychiatric treatment
b) Refuse to accept patient stating that patient is not safe to return to the facility
c) Accept patient but re-Baker Act the patient and send to another psych hospital
d) Find specialized psychiatric nursing home placement for the patient

Layers of Service

Layer 1 – Psychiatric Screening (PDPM)

Leyer 2 – Psychiatric Medication Management (FQIP)

Layer 3 – Psychological Evaluation and Psychotherapy/Talk/ Therapy/Counseling

Layer 4 – Follow Ups, Psychometric Scales, Patient Education

Layer 5 – Continuity of Care at Home Program

Layer 6 – Telepsych Follow Up for Med Adjustments and Refills

Research Studies

The summary of statistical significance is as follows:

Directly related to Psychiatric care	Statistical significance for Mean of Facility Adj %	
		National Average
Physical restraints (L)		ns
Antipsychotic meds (s)		ns
Antipsychotic meds (L)		***↓
Antianxiety/hypnotic prev (L)		Ns
Antianxiety/hypnotic % (L)		*↓
Behavioural Sx affect others		***↓
Depress Sx (L)		***↓

ns: Non significant; SA: Vs Mean of State Avg %; NA: Vs Mean of National Avg %; *P<0.05; ***P<0.001.

Regulation on Non-pharmacological Approach

Regulation on Continuity of Care

Excellent Psychiatry Care Means

Patients are happier

Families are happier

The Facility is happier

Insurance is happier

Everybody wins!

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Thank you!

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