


Balanced Wellbeing LLC
 Improving Residential Life & Facility Compliance
 Psychiatric & Psychological Care

Psychotropic Stewardship: Stay compliant with the regulations

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 Medical Director, CEO
 Balanced Wellbeing LLC

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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

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Disclosures



- Paid Speaker of
 - Acadia – Nuplazid (Pimavensarin)
 - Avanir – Nuedexta (Dextromethorphan/Quinidine) (in the past)
 - Teva – Austedo (Deutetrabazine)
 - Neurorine – Ingrezza (Valbenazine)
 - Genesight pharmacogenomic (in the past)

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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

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Quiz

What is the current state average of antipsychotic meds?

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

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Quiz

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

- A) 32%
- B) 21%
- C) 15%
- D) 12%
- E) 9%

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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

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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

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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

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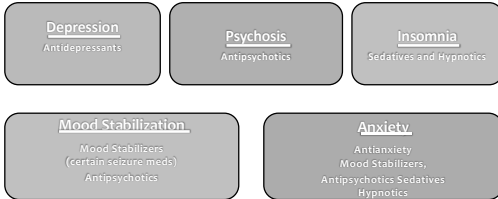
Regulation on accurate psych dx

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

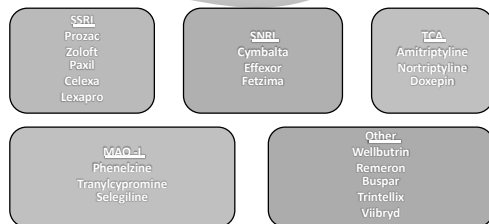
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Treatments



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Antidepressant Medicines



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Antipsychotic Medications

Typical <ul style="list-style-type: none">• Haldol• Perphenazine• Thorazine• Mellaril• Stelazine• Fluphenazine• Chlorpromazine	Atypical <ul style="list-style-type: none">• Clozaril• Zyprexa• Risperdal• Seroquel• Abilify• Geodon• Saphris (Secuado)	<ul style="list-style-type: none">• Latuda• Vraylar• Nuplazid
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Other Medications

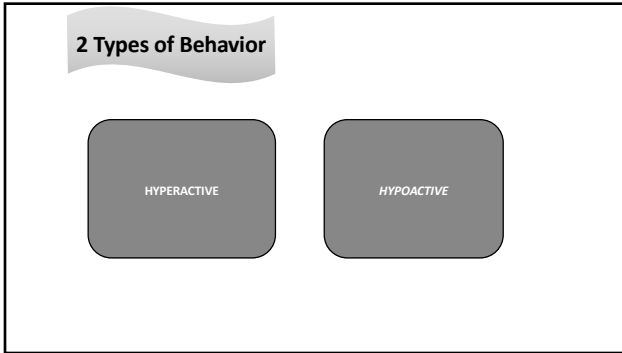
Mood Stabilizers <ul style="list-style-type: none">• Depakote• Tegretol• Trileptal• Lamictal• Lithium	Benzodiazepines <ul style="list-style-type: none">• Ativan• Xanax• Klonopin• Valium• Librium	Other <ul style="list-style-type: none">• Buspar• Nuedexta• Stimulants	Hypnotics <ul style="list-style-type: none">• Ambien• Restoril• Lunesta• Belsomra• Melatonin
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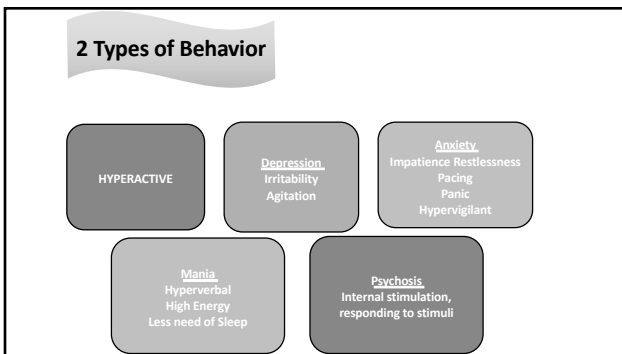
Common Behaviors/Symptoms

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

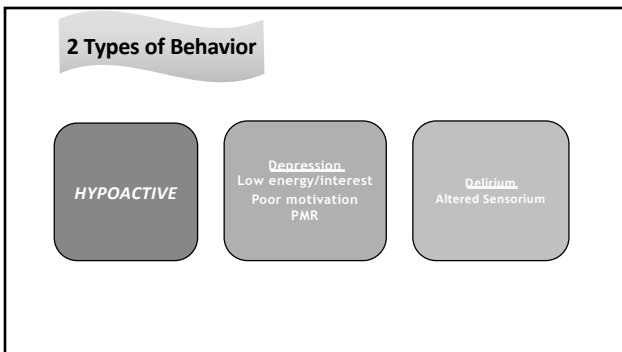
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Common Forms of Treatments

Treat <ul style="list-style-type: none">Underlying medical condition	Remove <ul style="list-style-type: none">Contributing medicines	Remove <ul style="list-style-type: none">Triggers (sensory, pain, constipation, hunger, hydration)
Use <ul style="list-style-type: none">Distraction, redirection	Use <ul style="list-style-type: none">Psychotherapy	Use <ul style="list-style-type: none">Psychiatric medication

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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?

- Give medicine in food
- Give medicine in gel form
- Give medicine in a long-acting injection
- Give medicine in nasal forms
- Any of the above depending on patient preference or give no medicine if patient still refuses

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Regulations: AIMS

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

- Find out if patient has hyperkinetic or hypokinetic movement
- Monitor
- Start Cogentin
- Start Austedo
- Start Ingrezza

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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

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Psychotropic Meeting Regulations

Monthly Meetings with:

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



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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

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Psychotherapy regulations

Psychotherapy can be ordered on Dementia patient ...

- a) True
- b) False

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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

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Early Interventions: Telepsychiatry

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



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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

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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

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Layers of Service

- Layer 1 - Psychiatric Screening (PDPM)
- Layer 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

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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 presc (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.

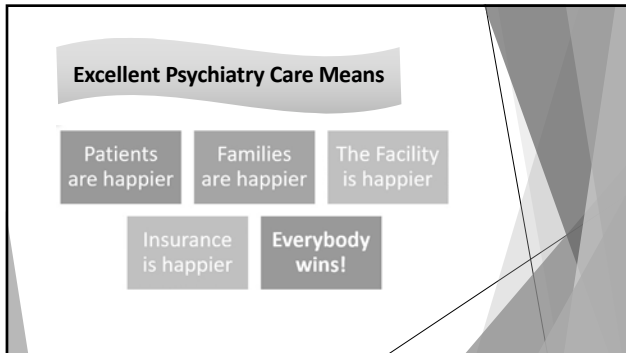
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Regulation on Non-pharmacological Approach

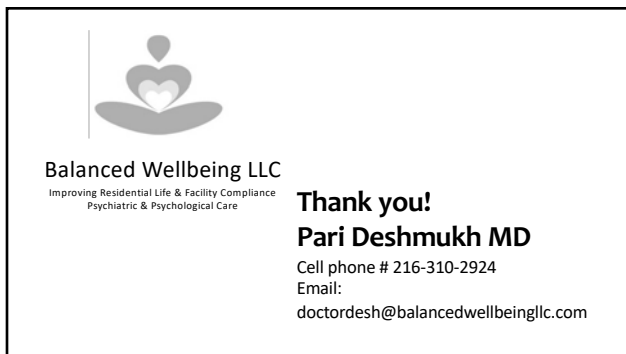
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Regulation on Continuity of Care

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