

Consultant Pharmacist Practice



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Consultant Pharmacist Practice Goals of this lecture




- Introduction to consultant pharmacy practice history leading up to the present federal guidelines
- Review F-Tag 425 "Pharmaceutical Services and Procedures"
- Review F-Tag 428 "Medication Regimen Review" as it applies to the long-term care (LTC) facility
- Familiarize in detail F-Tag 325 "Unnecessary Medications"
- Review F-Tag 431 "Storage, Labeling, Controlled Medication"
- Summarize revised F-Tag 309 "Quality of Life" pertaining to pain management

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- Medicare and Medicaid programs Conditions of Participation (COP). Revision in 1974 require pharmacist review in SNF.
- HCFA developed standards for surveyors to assess Drug Regimen Review (DRR). Revision in 1987 require pharmacist review in ICF.
- OBRA 90 requirement of DUR, counseling, and maintaining proper records to Medicaid recipients.




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- Changes to Interpretive Guidelines 1999
 - Update to antipsychotic drugs “Unnecessary Drugs”
 - Addition of “Beers List”
 - Revision of “Medication Error” definition
 - Investigative protocols for unintended weight loss, dehydration, and pressure sores
 - Guidelines relating to medication administration at meal time




Beers List

- Medications deemed inappropriate for the elderly
- Incorporated into parts of the State Operations Manual (SOM)
- This list is not conclusive in its entirety and should not be consider absolutely contraindicated to use in the elderly
- Medications warrant evaluation of risks and benefits on an individual basis




Qualifications of a Consultant Pharmacist

- Geriatric Pharmacotherapy
 - Commission for Certification in Geriatric Pharmacy
- Individual State requirements
 - None in Iowa
- Knowledge of nursing home regulations
- Ability to develop a good working relationship with facility personnel
 - Physician, DON, Administrator, Dietitian, Physical Therapist, CNA, LPN




F-425: Pharmaceutical Services and Procedures

- Facility must;
 - Provide a routine and emergency medications to its residents
 - Provide pharmaceutical services or contract with a provider pharmacy
 - Employ or obtain services of a licensed pharmacist who provides consultation



F-425: Pharmaceutical Services and Procedures

- Consultant Pharmacist Responsibilities
 - Policy and procedures for the facility
 - Coordinating pharmaceutical services
 - Developing IV therapy procedures
 - Determining contents of medication emergency kits
 - Developing mechanisms of communication for issues related to pharmaceutical services
 - Assure medications are administered in a timely manner
 - Providing feedback about performance relating to medication administration and errors
 - Participating in interdisciplinary team to address medication-related needs or problems



F-428: Medication Regimen Review (MRR)

- MRR is defined as a through evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences associated with medication.
- The review includes preventing, identifying, reporting, and resolving medication-related problems, medication errors or other irregularities, and collaborating with other members of the interdisciplinary team.

F-428: Medication Regimen Review (MRR)

- Development of policy and procedures for the MRR
 - Performing interim reviews
 - Short stay residents
 - Residents who experience acute change in condition
 - Evaluate if changes in resident's condition is due to adverse medication events.

F-428: (MRR) "Geriatric Syndromes"

- Anorexia and/or unplanned weight loss, or weight gain
- Behavioral changes, unusual behavior patters (including increased distressed behavior)
- Bowel function changes including constipation, ileus, impaction
- Confusion, cognitive decline, worsening of dementia (including delirium) or recent onset
- Dehydration, fluid/electrolyte imbalance
- Depression, mood disturbance
- Dysphasia, swallowing difficulty
- Excessive sedation, insomnia, or sleep disturbance
- Falls, dizziness, or evidence of impaired coordination
- Gastrointestinal bleeding
- Headaches, muscle pain, generalized aching or pain
- Rash or pruritis
- Seizure activity
- Spontaneous or unexplained bleeding, bruising
- Unexplained decline in functional status (i.e. activities of daily living)
- Urinary retention or incontinence

F-428: (MRR) Medication-Related Problems

- Medication-related problems include the use of medications;
 - without an indication
 - prior to considering a safer alternative
 - that is not helping to attain intended goals due to timing of dose, dosing intervals, sufficiency of dose, techniques of administration
 - in an excessive dose or duration

F-428: (MRR)
Medication-Related Problems


- Medication-related problems include;
 - The presence of adverse consequences with current medication regimen
 - The use of medication with out adequate monitoring
 - Presence of medication errors or the risk of such errors
 - Presence of condition that might warrant initiation of medication therapy
 - A medication interaction associate with current medication regimen

F-428: Medication Regimen Review (MRR)

- Physician and/or Director of Nursing (DON) must act upon the MRR.
 - Physicians must provide basis for disagreeing with a recommendation from the MRR
 - The medical director is consulted if there is potential for harm to a resident for disagreeing with the pharmacist recommendation
 - Response to recommendations are not limited to specific time frames


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F-329: Unnecessary Drug

- Unnecessary drug is any drug when used:
 - Without adequate indications for its use, or
 - Without adequate monitoring, or
 - In excessive dose (including duplicate therapy), or
 - In excessive duration, or
 - In the presence of adverse consequences that indicate the dose should be reduced or discontinued, or
 - Any combination of the reasons above




F-329: Unnecessary Drug Indications

- Presence of a diagnosis may not be sufficient. Further evaluation for proper medication use may include:
 - Admission/readmission to facility,
 - Multiple prescribers,
 - New medications ordered,
 - Change in resident's condition




F-329: Unnecessary Drug Medication Monitoring

- Assessing vital signs
 - BP, pulse rate, temperature
- Monitoring tools
 - Diabetes- Blood glucose, A1c
 - Alzheimer's- Mini Mental Status Exam
 - Functional Decline- Resident Assessment Instrument (RAI)
 - Delirium- Confusion Assessment Method
 - Bipolar Disorder- Confusion Assessment Method (CAM)
 - Pain- pain scales
 - Depression- Geriatric Depression Scale
 - Abnormal Movement- Abnormal Involuntary Movement Scales (AIMS)




F-329: Unnecessary Drug Duplication of Therapy

- Medications with similar effects/properties is generally not indicated.
 - The use of two or more medication from the same class or,
 - Use of medication from different therapeutic categories
 - Most common classes of medications
 - APAP, laxatives, benzodiazepines, and medications with anticholinergic side effects. "Anticholinergic Medications" are listed in SOM.




F-329: Unnecessary Drug Excessive Dose and Duration

- Classes of medications include;
 - Antipsychotics, sedative/hypnotics, psychopharmacological medications
- Gradual Dose Reduction (GDR) or Tapering
 - Appropriate dose and duration for all medication if the resident's clinical condition has improved/stabilized.
 - Whether the underlying causes of the symptoms have resolved
 - Whether nonpharmacological interventions have been tried and were effective




F-329: Unnecessary Drug Gradual Dose Reduction

- Antipsychotics
 - GDR in two separate quarters in the first year, then once yearly unless clinically contraindicated
- Sedatives/Hypnotics
 - If use routinely (use 50% of the time), tapering should be performed quarterly unless clinically contraindicated
- Psychopharmacological Medications
 - GDR in two separate quarters in the first year, then once yearly unless clinically contraindicated




F-329: Unnecessary Drug Gradual Dose Reduction

- No GDR due to clinical contraindication
 - Symptoms returned or worsened after most recent GDR in the facility
 - Sedative/hypnotics have a one year time limit for clinical contraindication
 - Prescriber must document clinical rationale why and additional GDR would be likely to impair the resident's function, increase distressed behaviors, or cause psychiatric instability.




F431: Storage, Labeling, Controlled Medication

- Inspection of medication storage in medication cart and medication room
- Proper labeling of medication prepared by the facility staff including medication dosing packs and multi-dose products
- Handling discrepancies found with controlled medications




F-Tag 309: Quality of Care

- **Recognition and Management of Pain** - In order to help a resident attain or maintain his or her highest practicable level of well-being and to prevent or manage pain, the facility, to the extent possible:
 - Recognizes when the resident is experiencing pain and identifies circumstances when pain can be anticipated;
 - Evaluates the existing pain and the cause(s), and
 - Manages or prevents pain, consistent with the comprehensive assessment and plan of care, current clinical standards of practice, and the resident's goals and preferences.




Case Study WN 87 y/o male

<ul style="list-style-type: none"> ■ Dx: HTN, depression, COPD, TIA, Alzheimers ■ Allergies: Codeine ■ Labs: Met profile q6 months, TSH yearly ■ Medication order PRN <ul style="list-style-type: none"> ■ Tramadol 50 mg q6h prn ■ APAP 325 mg 2 prn ■ MOM 30 ml daily prn ■ Nitrostat 0.4 mg sl q 15 min 	<ul style="list-style-type: none"> ■ Medication orders <ul style="list-style-type: none"> ■ Lexapro 20 mg daily ■ ASA 325 mg daily ■ Levothyroxine 100 mcg daily ■ DiovanHCT160/25mg daily ■ Carvedilol 12.5 mg daily ■ Zocor 40 mg HS ■ Spironolactone 25 mg daily ■ Trazodone 200 mg HS ■ Seroquel 100 mg HS ■ Zolpidem 5 mg HS ■ Advair 500/50 BID ■ Combivent 2p QID ■ Fluticasone 50mg daily
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Sources

- McSpadden C. (2006). Changes in the State Operations Manual: Implication for Consultant Pharmacy Practice. *The Consultant Pharmacist*, 21(12), 948-961.
- Adams, S., Clark, T., Gardner, M., Henrietta, G., Lobsen, N., Pytlarz, A., Saxton, C. (2004). *Consultant Pharmacist Handbook, A Guide for Consulting to Nursing Facilities* (First Ed.). Miamisburg, OH: ASCP and Med-Pass.
- Pate, T., Carmack, J., Yale, S. (Revised December 2006). *The Consultant Pharmacist's Guide to Nursing Facility Regulations and the Survey Process*. Miamisburg, OH: Med-Pass.
- "Nursing Facility Survey and Regulations", Practice Resources. American Society of Consultant Pharmacists <<http://www.ascp.com/resources/nhsurvey/index.cfm>>.
- Commission for Certification in Geriatric Pharmacy, www.ccgp.org



Links to Supplemental Resources

- The following resources are available under Drake's e-reserves at <http://Drake.docutek.com>.
 - "Updating the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults"
 - "Potentially Harmful Drugs in the Elderly: Beers List and More"
- To locate the articles on e-reserves:
 - Search your class: **155**
 - The password is: **medication**



Links to Supplemental Resources

- Iowa State Operation Manual link:
http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_itcf.pdf
- It is important for the consultant pharmacist to understand all regulations and interpretive guidelines applied to these facilities, especially those that relate specifically to pharmacy. The major pharmacy-related F-Tags include:
 - **F-Tag 329:** Unnecessary Drugs 483.25(l) Pages 299-380
 - **F-Tag 332-333:** Medication Errors 483.25(m) Pages 381-391
 - **F-Tag 425:** Pharmacy Services 483.60 Pages 479-496
 - **F-Tag 428:** Medication Regimen Review 483.60 (c) Pages 497-513
 - **F-Tag 431:** Storage, Labeling, and Controlled Medications 483.60(b) Pages 514-523
 - **F-Tag 309:** Quality of Care 483.25 Pages 136 This is not yet updated. New pain management protocol will begin March 31st, 2009.

Questions?
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