

Psychotropic Medication Review Interdisciplinary Team (IDT) Meeting FAQ

What is an interdisciplinary approach to care?

An interdisciplinary approach is a process of care that incorporates the knowledge of multiple healthcare disciplines. In older adults, interdisciplinary care has demonstrated favorable outcomes in areas such as health related restrictions in daily activities, rate of depression, falls, prevalence of delirium, medication adherence, and use of acute care services. The American Geriatrics Society supports the use of interdisciplinary care to meet the complex needs of older adults.¹

What is the purpose of reviewing psychotropic medications?

Types of psychotropic medications include antipsychotics, antianxiety, antidepressants, sedative hypnotics, and mood stabilizers. Psychotropic medications have been widely prescribed in older adults for the treatment of behavioral and psychological symptoms of dementia (BPSD), despite limited efficacy data to support their use and the risk of serious adverse effects.² In particular, antipsychotics carry a black boxed warning advising against their use for BPSD due to an increased risk of death. Other serious adverse effects associated with psychotropic medications include extrapyramidal symptoms, somnolence, and abnormal gait (falls).

What is the purpose of a Psychotropic Medication Review IDT meeting?

The purpose of an IDT meeting to review psychotropic medications is to foster resident specific discussions around prescribing to ensure that these medications are being appropriately used, especially in older adults for the treatment of BPSD. Components for identifying appropriate use of medications include indication, dosing, duration, monitoring, and the absence of harmful effects. Through discussions, the IDT may identify potentially inappropriate use and recommend a gradual dose reduction or discontinuation of a medication.

Who should be involved in the interdisciplinary team?

It is important to include multiple healthcare disciplines in the interdisciplinary team. Suggested facility staff include a provider (physician, advanced care practitioner, psychiatrist, etc.), a pharmacist, nursing staff (unit manager, RN, LPN, CNA), social work, activities coordinator, and administrative staff (DON, ADON, etc.).

What takes place during a Psychotropic Medication Review IDT meeting?

The IDT members will gather to review selected residents with an active order for a psychotropic medication. Prior to the meeting, IDT members should receive a list of residents to be reviewed and each resident's comprehensive medication list. For discussion at the meeting, it is suggested that a nursing supervisor present chart information pertaining to psychotropic medication use such as psychiatry notes, behavior monitoring documentation, medication administration records, care plans, non-pharmacologic interventions, etc. All IDT participants are encouraged to present any additional information related to resident care. Meeting discussions and recommendations should be documented. If a provider with prescribing authority is not in attendance to order a change in

treatment/care, a written recommendation may be drafted by the pharmacist for the provider to address.

How often should a Psychotropic Medication Review IDT meeting take place?

It is recommended that a meeting be scheduled on at least a monthly basis. From our experiences, an average of 5 residents can be reviewed in a 1-hour timeframe. Factors that may influence the preferred frequency or length of the meeting include facility size, rate of psychotropic use, staff availability, etc.

How would implementing a Psychotropic Medication Review IDT meeting benefit my facility?

An IDT meeting to review psychotropic medications aids in a facility's effort to reduce inappropriate use in older adults, as well as improve compliance with regulatory requirements. Since 2012 CMS has promoted the reduction of antipsychotic use in nursing facilities through the National Partnership to Improve Dementia Care. The Partnership also encourages facilities to enhance the use of non-pharmacologic interventions and person-centered practices. CMS tracks antipsychotic, antianxiety, and sedative hypnotic use and reports these rates through the Five-Star Quality Rating System. Currently, the antipsychotic use rate is applied to the quality measure calculation. An IDT meeting that assists in reducing the antipsychotic use rate has the potential to positively influence a facility's star rating. Additionally, CMS regulations require facilities to ensure appropriate prescribing of all psychotropic medications through documenting indications for use, attempting gradual dose reductions (unless clinically contraindicated), and abiding by guidelines limiting PRN use. IDT meetings provide an opportunity to discuss and resolve potential noncompliance with regulatory requirements.

References:

1. Geriatrics Interdisciplinary Advisory Group. Interdisciplinary care for older adults with complex needs: American Geriatrics Society position statement. *J Am Geriatr Soc.* 2006;54(5):849-852. doi:10.1111/j.1532-5415.2006.00707.x
2. Sink KM, Holden KF, Yaffe K. Pharmacological treatment of neuropsychiatric symptoms of dementia: a review of the evidence. *JAMA.* 2005;293(5):596-608. doi:10.1001/jama.293.5.596