



Where Solutions Create Value

scripts

1st Quarter 2016

LOOKING BACK TO 2015; LOOKING FORWARD TO 2016



As we reflect on the past year, we want to thank our customers for providing us with the opportunity to serve your residents and staff. We also want to express gratitude to our dedicated and compassionate co-workers who go above and beyond their job requirements. Most often we hear about those little 'extras' from our customers. From our staff helping with a Resident Christmas Party in Salt Lake City to Mike, our Consultant Pharmacist in Lakeland, providing classes to help struggling juveniles make better choices, most of us enjoy the residents we serve and have a passion for the job we do. It may be spending a few minutes talking with a resident, helping them maneuver through a doorway, bringing them blankets and other needed items, or simply a smile. The rewards of our jobs are tremendous!

We wish each of you a healthy and happy 2016!

**HAPPY
NEW YEAR**

Ask us about our initiatives to manage cost and reduce re-admissions, such as Med for Home.

THE NURSING HOME QUALITY RATING SYSTEM

Alan Obringer, R.Ph., CGP

What do movie reviews and nursing homes have in common? They both use a 5-star system to grade quality, but not every 5-star movie is a must-see and not every 1-star movie is a flop. The same can be said for nursing facilities, while achieving 5-star status should be celebrated and shouted loudly from the rooftops, not every 4-star or lower rated facility should be avoided. Here a quick update on how the rating system works including some new information, but remember, nothing can replace the great people working in the nursing home taking even greater care of our loved ones.

CMS created the Five-Star Quality Rating System to help consumers, their families, and caregivers compare nursing homes more easily and to help identify areas where you may want to ask questions. Each nursing home receives one Overall 5-star rating and a separate rating for each of the following three sources of information: Health Inspections, Staffing, Quality Measures (QMs).

The health inspection rating contains information from the last 3 years of onsite inspections, including both standard surveys and any complaint surveys. The most recent survey findings are weighted more than the prior two years. CMS uses more than 180,000 onsite reviews are used in the health inspection scoring nationally. The staffing rating has information about the number of hours of care provided on average to each resident each day by

nursing staff. This rating considers differences in the levels of residents' care need in each nursing home. For example, a nursing home with residents who had more severe needs would be expected to have more nursing staff than a nursing home where the resident needs were not as high. The quality measure rating has information on 11 different physical and clinical measures for nursing home residents. The rating now includes information about nursing homes' use of antipsychotic medications in both long-stay and short-stay residents. This information is collected by the nursing home for all residents. CMS estimates that more than 12 million assessments of the conditions of nursing home residents are used in the Five-Star rating system.

Even CMS is quick to point out that rating system can address all of the important consideration that go into a decision about which nursing home may be best for a particular person. Examples include the extent to which specialty care is provided (such as specialized rehabilitation or dementia care) or how easy it will be for family members to visit the nursing home resident. It is important to remember that every nursing home is filled with the most caring and most skilled people, from doctors to nurses to CNAs, who all have the same goal in mind and that is to take the best care possible of the loved ones in their facilities.

<https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/fsqrs.html>

SHORT-STAY ADMISSION / CHANGE OF CONDITION REVIEWS

Jason Sutton, D.Ph.

Avoidable medication-related events are an on-going concern in nursing homes, as they have a direct impact on re-hospitalization rates and overall patient care. A pharmacist review of medication regimens and assisting with transitions of care can help prevent medication related adverse events. CMS State Operations Manual F-428 requires that the pharmacist review each resident's medication regimen at least once every 30 days. However, the pharmacist may be required to conduct medication reviews more frequently if it is determined that the patient's condition or risk for adverse medication effects warrants an additional review. Current surveyor guidance under F-428 Medication Regimen Review has identified that medication regimen reviews may be necessary more frequently than every 30 days.

Facilities need to work with their consultant pharmacist to ensure they have systems in place to identify these residents and ensure they are being

monitored appropriately. Surveyors may consider issuing a deficiency under F-428 if these more frequent reviews are not requested when needed and performed appropriately. If a resident is at risk for a possible adverse medication event, such as a significant change of condition, i.e. weight loss, falls, etc...that could be related to medication therapy or the facility has a patient who is expected to stay less than 30 days, a short-stay/change of condition review should be requested by the facility.

Your consultant pharmacist can assist you with the appropriate Medication Regimen Review Request forms that are to be completed when requesting a change of condition or short stay review. The completed form can then be faxed to your consultant pharmacist or pharmacy. Additional information, such as recent labs, may be requested by the pharmacist to assist in a more thorough and complete review.

PHARMACY & THERAPEUTICS FOCUS

Antipsychotics & Prolactin Monitoring

Chelsea Gronau, PharmD Candidate 2016 & Kendra Strum, PharmD

Medications that block or increase the release of dopamine can result in elevated prolactin levels. While there are numerous classes of medications that affect the dopamine system, including SSRIs, metoclopramide, TCAs, and benzodiazepines; one of the most common causes of drug-induced hyperprolactinemia is from the use of antipsychotic medications. Prolactin is regulated primarily by the hypothalamus-pituitary axis and secreted solely by the pituitary gland. Under normal conditions, secretion of prolactin is predominantly under inhibitory control by dopamine. However, antipsychotics work by inhibiting dopamine (D₂) receptors, which decreases dopamine concentrations and can unintentionally elevate prolactin levels.

There are two different classes of antipsychotic agents: the older, first-generation 'typical' antipsychotics (such as haloperidol, loxapine, chlorpromazine, and fluphenazine), are high-affinity dopamine receptor antagonists. Clinical response to these agents is associated with 60% D₂-receptor blockade; but, 70% blockage is associated with hyperprolactinemia. Therefore, when these agents are being given at clinically effective doses, there is an increased risk of serum prolactin elevation. The newer class, second-generation 'atypical' antipsychotics (such as risperidone, paliperidone, quetiapine, olanzapine, ziprasidone, and aripiprazole), have a greater affinity for serotonin receptors than for dopamine receptors. As a whole, this class has a lower potential to cause hyperprolactinemia; however, there are a few exceptions. Risperidone has high binding affinity to both serotonin 2_A and D₂-receptors resulting in serum prolactin elevations that are similar to, or greater than those seen with the first-generation anti-psychotics. Paliperidone, which is an active metabolite of risperidone, is another atypical agent that is associated with an increased risk for prolactin elevation. Olanzapine has been shown to slightly increase prolactin levels; but, this elevation is transient and not as commonly seen as risperidone or paliperidone.

Elevated prolactin levels can lead to multiple complications. In pre-menopausal women, signs and symptoms associated with hyper-prolactinemia include: oligomenorrhea, increased body weight, hirsutism, acne, decreased libido, and infertility.

The degree of hypo-gonadism is generally proportionate to the degree of prolactin elevation. Additionally, the prolonged suppression of estrogen in pre-menopausal women leads to reduced bone mineral density, which significantly increases risk for developing osteoporosis. In men, signs and symptoms of hyper-prolactinemia include: decreased libido, decreased energy, impotence, infertility, gynecomastia, and rarely, galactorrhea. The risk of ischemic heart disease may also be increased with untreated hyper-prolactinemia.

When initiating antipsychotic therapy, the patient should have serum prolactin levels checked at baseline and after 12 weeks of therapy, and then periodically thereafter. It should be noted that prolactin is released in a pulsatile manner; therefore to confirm diagnosis of hyperprolactinemia, at least three repeated measures of elevated prolactin levels are recommended. If levels are elevated, a dose reduction or an alternative medication should be considered. If it is determined that the patient should continue receiving the offending agent, the levels should be routinely checked and assessed for risk versus benefit.

Weiner, Elaine, and Heidi J. Wehring. Schizophrenia. Pharmacotherapy Principles and Practice. By Deanna L. Kelly, Third ed. China: McGraw-Hill Companies, 2013. 655-74. Print.

EMPLOYEE SPOTLIGHT

Senior Care Pharmacy in Lakeland, Florida is happy to welcome Michael A. Samarkos PharmD, CPh to the team of consultant pharmacists. Michael has worked with Senior Care on and off for many years and has been recently added to the full-time staff. Michael has more than 20 years of experience in pharmacy, and his unique experiences in both the community and hospital setting will be an asset to Senior Care and our facilities. He is working daily to expand the role of pharmacists the Transitional Care setting.



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Locations

Lakeland, Florida

Tuscaloosa, Alabama

Joplin, Missouri

Topeka, Kansas

Dallas, Texas

Salt Lake City, Utah

Lodi, California

Services

Clinical Services

Medication Regimen Reviews
Clinical and Economic Impact Reports
Formulary and Medication Management Guidelines
Pharmacy and Therapeutics Committee
Participation in QA/QI and
Anti-Psychotic Reduction Meetings
Med Pass Observations and Education

Infusion Therapy

Portable, Disposable Elastomeric Infusion Pumps
Pharmacist Consultation
IV Education and Support

Medicare Part D

Experienced Insurance Specialists
Assistance in choosing best individual plan
Contracted with most plans
Medicare Part D Workshops

Meds for Home

Quarterly Business Review