

Description of Antipsychotic Medication Quality Measures on Nursing Home Compare

There are two new quality measures (QMs) related to antipsychotic medications that will be posted on the Nursing Home Compare (NHC) website beginning July 2012. The new measures include an incidence measure that assesses the percentage of short-stay residents that are given an antipsychotic medication after admission to the nursing home, and a prevalence measure that assesses the percentage of long-stay residents that are receiving an antipsychotic medication. The long-stay measure differs from the previous long-stay antipsychotic measure on the CASPER reports.¹

The specifications for the new measures can be found in the QM user's manual under downloads on the Nursing Home Quality Initiative webpage: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>. The NHC website includes the average value for each quality measure across the most recent three quarters of available data. The data are adjusted by the denominator for each quarter. Data are only posted on NHC if there are at least 30 long-stay residents and 20 short-stay residents included in the denominator for those measures, respectively. These measures will not initially be included in the Five-Star Quality Rating System.

The long-stay measure on NHC will be used to track the progress of the CMS National Partnership to Improve Dementia Care in Nursing Homes, and CMS will be using as a baseline the last three quarters of Calendar Year 2011. This corresponds to the data that will be posted on NHC starting in July 2012. The national average for the percentage of long-stay residents who received an antipsychotic during this time period was 23.9%.

A 15% reduction in that rate would mean a national prevalence of 20.3%. This does not mean that each facility across the country should have a prevalence of 20.3%, but that the national average should not be higher than that. The initial target for the national partnership was to ensure that we made rapid progress and put systems and infrastructure in place to continue to work toward lower antipsychotic medication use. It does not mean that we believe that a rate of 20.3% is acceptable. We will set 2013 goals with our partners toward the end of 2012.

Most importantly, each facility should be working with its pharmacy vendor and consultant pharmacist to use facility-level pharmacy data to identify residents on antipsychotic medications. Each resident should be examined by the interdisciplinary team, including the attending physician and pharmacist, to determine whether the dose of the medication could be gradually reduced or discontinued.

¹ The previous long-stay measure (sometimes referred to as the "surveyor QI") that is available in the CASPER reports also assesses the percentage of long-stay residents receiving an antipsychotic medication. It excludes from the denominator residents with Schizophrenia, Tourette's syndrome, Huntington's disease, Manic Depression (Bipolar disease), hallucinations, and delusions, while the new measure only excludes residents with Schizophrenia, Tourette's syndrome, and Huntington's disease. The CASPER report measure (as well as data provided by the QIOs or other organizations) may generate slightly different results than the new long-stay measure, based on different reference ranges, exclusions or methodologies. The CASPER report measure will continue to be available, in parallel with the NHC measures, until CMS can replace it with the new long-stay prevalence measure.