



December 26, 2023

The Honorable Earl L. "Buddy" Carter
U.S. House of Representatives
Washington, DC 20515

Dear Representative Carter:

Thank you for your letter regarding antipsychotic medication usage in nursing home residents. We appreciate your support of the Centers for Medicare & Medicaid Services' (CMS) commitment to reducing the unnecessary use of antipsychotic drugs and holding nursing homes accountable for ensuring that residents are free from unnecessary medications. Over the last several years, CMS has implemented several strategies to reduce unnecessary antipsychotic use in long-term care facilities, and CMS continues to evaluate additional approaches.

CMS has two quality measures relating to antipsychotics that use self-reported Minimum Data Set (MDS) data to help safeguard against unnecessary antipsychotic use in nursing homes: *Percent of Short-Stay Residents Who Newly Received an Antipsychotic Medication* and *Percent of Long-Stay Residents Who Received an Antipsychotic Medication*. CMS publicly reports these quality measures on its Care Compare website and these measures are incorporated into the methodology for CMS's Five Star Rating System, which helps consumers, their families, and caregivers compare nursing homes more easily. While in some cases antipsychotic medications may be necessary, they carry serious potential side effects, even when prescribed for on-label use. These measures do not detail a single resident's experience, but rather, a summary of the outcomes experienced by all residents over one year. In general, lower rates of antipsychotic use are associated with better performance. These measures currently exclude antipsychotic medications prescribed to individuals diagnosed with schizophrenia, Tourette's Syndrome, and Huntington's Disease.

As noted in your letter, the Office of Inspector General (OIG) identified issues with the potential for inaccuracy of these measures based on the data submitted by facilities and recommended that CMS take actions to improve their accuracy.¹ CMS concurred with OIG's recommendations and agreed that additional data could be considered to more effectively monitor the use of antipsychotics in nursing homes. Based on these recommendations and ongoing measure maintenance, CMS is exploring the possibility of re-specifying the measures to include Medicare and/or Medicaid claims data, specifically drug claims to verify antipsychotic prescriptions, and inpatient and outpatient claims to verify diagnosis exclusions. CMS has committed to exploring additional steps to validate the information reported by facilities in the MDS assessments, as well as supplementing the data used to monitor the use of antipsychotic drugs in nursing homes.

¹ <https://oig.hhs.gov/oei/reports/OEI-07-19-00490.asp>

To help guide these measure re-specification efforts, CMS contractors convened a Technical Expert Panel (TEP) in February of this year. The TEP summary report can be found on the CMS website.² This work is ongoing. CMS will continue to monitor the antipsychotic quality measures, make any warranted changes to improve the health and safety of residents, and provide transparency to the public.

In your letter, you requested that CMS consider adding a supplementary measure to capture information regarding appropriate or inappropriate uses of antipsychotic medications. Along with our efforts to respecify the existing measures as noted above, CMS is also evaluating other data that CMS can publish to help stakeholders understand each nursing home's unique environment. One of the issues we are working through is that some providers believe they are prescribing antipsychotic medications appropriately, yet upon further investigation, we have found that they are not. For example, although a medication may be approved to treat certain symptoms or conditions, behavioral (i.e., nonpharmacological) interventions should be used or attempted because they are less dangerous to a resident's health and safety. In these instances, an antipsychotic medication would not be an appropriate treatment unless the nonpharmacological intervention was not successful in treating the resident. Unfortunately, we are identifying instances when a practitioner indicates the administration of an antipsychotic is appropriate in the minimum data set (MDS), yet gradual dose reductions and nonpharmacological interventions have not been attempted, when not clinically contraindicated, (per 42 CFR 483.45(e)(2)). This can result in the medication acting as a chemical restraint, putting the resident at risk for serious harm, including death.

Inappropriate use of antipsychotic medications also includes instances where an individual has been given a diagnosis of schizophrenia. Even though this is generally accepted as an appropriate clinical indication for an antipsychotic medication, upon further review, in many cases the diagnosis was determined to have been given without following the accepted professional standards. Furthermore, the OIG has identified similar concerns with unsupported diagnoses of schizophrenia.³ Earlier this year, CMS began conducting targeted, off-site audits to examine evidence for appropriately documenting, assessing, and coding a diagnosis of schizophrenia in the MDS (per CMS Memorandum QSO-23-05-NH).

We appreciate your support for state surveyors to help ensure compliance with the standards for prevention of unnecessary medications. CMS works in partnership with state survey agencies to oversee nursing homes' compliance with federal requirements, and this is determined through unannounced on-site surveys conducted at least annually, but no later than every 15 months. Antipsychotic medication use is reviewed on every standard survey as well as surveys conducted in response to complaints, as appropriate. The surveyor reviews the resident's medical record for documented clinical indication, which serves as an additional check to validate the accuracy and completeness of MDS responses.

² <https://mmshub.cms.gov/get-involved/technical-expert-panel/updates>

³ <https://oig.hhs.gov/oei/reports/OEI-07-20-00500.asp>

Through these efforts, CMS is working diligently to optimize the quality of care and quality of life for residents of America's nursing homes by taking actions to reduce unnecessary antipsychotic medication use. CMS will continue to look for opportunities to strengthen the validity and reliability of our quality measures and to ensure that nursing home residents are not receiving medications that do not have a clinical basis. CMS is also exploring other measures or data that can help inform the public of the quality of care a nursing home provides.

Thank you for your attention to this issue and your commitment to quality and safety in our nation's nursing homes. Should you or your staff have any questions regarding this matter, please contact the CMS Office of Legislation. I will also provide this response to the co-signers of your letter.

Sincerely,

A handwritten signature in blue ink, reading "Chiquita Brooks-LaSure". The signature is written in a cursive, flowing style.

Chiquita Brooks-LaSure