

MediTelecare Decreases Psychotropic Medication Use Across 50 Skilled Nursing Facilities Through Behavioral Telehealth


MediTelecare



Executive Summary

Virtual care has catapulted its way into our healthcare system over the last two years, and it's here to stay. Telehealth has proven to be a great equalizer, disrupting the existing paradigm barriers of geography, travel, weather conditions and other barriers to access that contribute to inefficiencies of care.

For the senior population, telehealth has largely been leveraged to provide safe, virtual care to meet the ever-increasing needs of the senior population, who have faced additional loneliness, depression and isolation during the COVID-19 pandemic.

The U.S. senior population is growing at a rapid rate and is expected to double over the next three decades from 48 million to 88 million. This significant increase demands scalable, more accessible healthcare solutions designed to provide more effective care for an aging and mobile population.

A specific form of care is needed for our nation's senior community — behavioral telehealth. Many Long-Term Care (LTC) facilities struggle with underlying mental health conditions, and contend with severe behavioral and psychological symptoms of dementia (BPSD) and physical aggression in their residents. As a result, psychotropic medications are broadly prescribed to the senior population both by psychiatrists and general practitioners. The overuse of psychotropic drugs in skilled nursing facilities is associated with greater medical risks for elderly resident-patients including increased mortality, injury, and serious cerebrovascular events.

In this case study, we learn how MediTelecare™, the nation's largest provider of telehealth-behavioral care to the long-term care market (skilled and assisted living centers), significantly reduced overall rates of inappropriate and unnecessary psychotropic medication use across 50 skilled nursing facilities nationwide.



Background

From a population of over 4,500 skilled nursing facility resident-patients in over 50 facilities, facility staff referred approximately 1,350 residents to MediTelecare™ for behavioral telehealth services. This group of subjects was referred to as the MediTelecare™ Cohort, where they, alongside their skilled facility, were looking to significantly reduce overall rates of avoidable psychotropic medication use.

Inappropriate medication use in older adults can potentially increase the risk for falls, adverse drug events (ADE's), and lead to other negative outcomes in elderly resident-patients such as increased hospitalizations.¹

Falls by older adults cost the US healthcare system approximately \$50 billion annually.² The average cost of a single hospitalization for fall-related injuries is reported at approximately \$30,000.³ Reducing psychotropic medications that heighten fall risk, such as antipsychotics and benzodiaze-

ines, can significantly help to reduce these costs and prevent other serious ADEs, thereby reducing unnecessary healthcare costs and improving quality of care for the elderly population.

Furthermore, the COVID-19 Pandemic presented many additional hurdles to effective mental health treatment in skilled nursing facilities. Resident-patients suffered increased illness, isolation from family and social interactions, anxiety, and depression – increasing need for treatment. Facilities restricted visitors, and even clinicians – making it harder to provide traditional in-person treatment. These factors created the perfect environment for telehealth behavioral care to shine, providing quality service in a highly accessible manner.

¹ "American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults." *Journal of the American Geriatrics Society*, vol. 67, no. 4, 2019, pp. 674–694., doi:10.1111/jgs.15767.

² Florence, Curtis S., et al. "Medical Costs of Fatal and Nonfatal Falls in Older Adults." *Journal of the American Geriatrics Society*, vol. 66, no. 4, 2018, pp. 693–698., doi:10.1111/jgs.15304.

³ Burns ER, Stevens JA, Lee R. The direct costs of fatal and non-fatal falls among older adults—United States. *J Safety Res.* 2016;58:99–103.





Challenge & Solution

According to the American Psychiatric Association Practice Guideline on the Use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia, **antipsychotics should only be utilized in resident-patients with symptoms that are severe, dangerous, and/or cause significant distress to the resident-patient and when all other non-pharmacologic options have been exhausted.**⁴

Additionally, **anti-anxiety medications** such as benzodiazepines (i.e. Lorazepam, Alprazolam and Clonazepam) and **hypnotic medications** or “sleeping pills” (i.e. Zolpidem) can increase the risk for falls with injury, cognitive impairment, delirium and drug dependence in elderly resident-patients. These medications can also negatively interact with other medications such as pain medications, putting resident-patients at increased risk for serious ADE’s such as respiratory depression, coma, and even death. MediTelecare’s™ approach to resident-patients is to carefully discontinue these medications and to transition to safer, more appropriate treatments.

Psychotropic medications are psychoactive drugs affecting the mind, emotions, and behavior. Medi-

Telecare™ clinicians using telehealth technology and standards of care can develop non-pharmacologic treatment regimens that allow resident-patients to discontinue unnecessary medications and reduce psychiatric polypharmacy.

Resident-patients were treated regularly on at least a 90 to 180-day protocol of telehealth sessions with an interdisciplinary team of psychologists and medical providers such as psychiatrists and nurse practitioners, who administer thorough psychological and cognitive evaluations.

MediTelecare’s™ interdisciplinary team was able to:

- Discontinue certain high-risk medications such as **antipsychotics** and **hypnotics**
- Successfully transition resident-patients to less dangerous, more appropriate medications, such as antidepressants
- Transition to non-pharmacologic options such as “talk therapy” to safely and effectively manage behavioral health conditions

By using the MediTelecare™ standard operating protocols and a proprietary drug formulary overseen by a clinical pharmacist, MediTelecare™ clinicians reduced inappropriate psychotropic

⁴ Verduin, Marcia L. “The American Psychiatric Association Practice Guideline on the Use of Antipsychotics to Treat Agitation or Psychosis in Patients With Dementia.” *Journal of Psychiatric Practice*, vol. 23, no. 2, 2017, pp. 160-161., doi:10.1097/prs.0000000000000212

Results

The Cohort's results show the true value of behavioral telehealth care and the greater access it provides to behavioral health specialists, who use evidence-based treatment protocols and proprietary drug formulary. The numbers indicate that a collaborative interdisciplinary team-based approach to telehealth, exclusively, can achieve positive outcomes among a complex vulnerable resident-patient population residing in skilled centers:

- Facilities in the MediTelecare™ Cohort averaged 7.21% antipsychotic use, just half of the 2019 National Average of 14.3%, by using MediTelecare™ telehealth services.
 - In two states, cohort facilities' rates dropped more than 70% below state averages.
 - In a subgroup of over 300 resident-patients within the overall MediTelecare™ Cohort, antipsychotic use among long-

stay resident-patients was even more pronounced, ranging from 32% to 64% reductions from the state average

- MediTelecare clinicians reduced the overall use of anti-anxiety and hypnotic medications by approximately 15% in the MediTelecare™ Cohort. Within a sub-group of over 500 resident-patients, reductions ranged from 35% to 65%.
- Across the entire MediTelecare™ Cohort, telehealth clinicians were able to reduce overall psychotropic medication use in those resident-patients receiving 3 or more psychotropic drugs by approximately 17%.

State vs. MediTelecare Averages

