the Remedi Pulse

HIGH COST DRUG STRATEGIES

Remedi SeniorCare EDUCATION Rx

A CLINICAL AND REGULATORY UPDATE FROM REMEDI SENIORCARE

APRIL 2016

# Survey Solutions

## with William Vaughan, BSN, RN VP of Education & Clinical Affairs

## How "Cheap" Drugs Can Get Expensive

When compared to other anticoagulants, the price of warfarin is a bargain. However, the degree to which a long-term care (LTC) facility safely and successfully manages residents on medications, such as warfarin, will ultimately determine the actual cost of the drug. Deficiencies related to medication management can, depending on their scope and severity, cost facilities thousands of dollars in civil monetary penalties. Here are several recent decisions by state survey agencies and CMS to fine nursing homes, due, at least in part, to problematic care in the area of medication management.

### FEBRUARY 2015: 197 BED NURSING FACILITY

THE ISSUES NOTED BY SURVEYORS:

- "Facility failed to demonstrate a process that monitored and addressed the potential for adverse consequences related to anticoagulant therapy."
- "Facility failed to ensure [that] 12 of 16 sampled residents were free of significant medication errors."

OUTCOME:

- Greater than 30 F tags, including F 329 (unnecessary drugs) and F 333 (significant medication errors), both at a severity level of immediate jeopardy.
- Systemic failures related to warfarin therapy figured prominently in these deficiencies, which contributed to the imposition of a civil monetary penalty in the amount of $1,225,900.

### FEBRUARY 2015: 120 BED NURSING FACILITY

THE ISSUES NOTED BY SURVEYORS:

- The facility failed to administer anticoagulants as ordered for 10 of 30 residents reviewed by the surveyors.
- In one case, the nursing staff failed to administer Xarelto for 26 days. This ongoing error was not detected, until the resident presented with symptoms

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*The degree to which a long-term care facility (LTC) safely and successfully manages residents on medications, such as warfarin, will ultimately determine the actual cost of the drug.*

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# CONTROLLING SPECIFIC MEDICATION COSTS - SOME PRACTICAL ADVICE

Prepared by Andrea Reed Pharm.D., Clinical Consultant Pharmacist and
Alan Fox R.Ph., CGP, Clinical Consultant Pharmacist

As the long-term care industry is challenged by decreasing reimbursement and changing payment models, medication cost containment continues to be an important aspect to manage. Below are specific strategies to assist in the reduction of pharmacy drug spend attributed to commonly prescribed medications.

## LIDOCAINE PATCHES

Lidocaine patches are commonly used post-op in a skilled setting - but are they really needed? Prior to initiation of therapy, a brief nursing assessment should include the following considerations:

- Does the patient have alternative medications for pain?
- Does the patient feel the patch is helping?
- Can we try a trial off of the patch?

Sometimes the response from the patient may be surprising, as many may explain that the patch is painful to remove and is cold when it is applied. These are viable reasons to attempt a trial off of the patch, prior to ordering from the pharmacy. In addition, consider re-assessing patch effectiveness for residents already taking other analgesic - they may be good candidates for a trial off the lidocaine patch.

## EXPENSIVE IV ANTIBIOTICS

Invanz, Cubicin, and Zyvox are all extremely expensive IV antibiotics. The acquisition cost can be hundreds of dollars per dose, not to mention the added expense of IV administration sets, flushes, and nursing administration time. Being familiar with the duration of therapy listed by the manufacturer for the drug can assist in possibly reducing the amount of time IV antibiotic therapy is needed. For example, a drug like Teflaro™ (ceftaroline), an expensive but useful antibiotic used for skin and skin structure infections (including MRSA), has a listed duration of therapy of 5-14 days:

- If the resident is a new admission, the first step is to determine exactly how many days of the total therapy were already received in the hospital and adjust the new orders appropriately. This will avoid an overly extended duration of therapy at the nursing facility.
- Good clinical judgment should be used to assess the wound for signs of healing. If significant improvement is seen and other signs, such as reduced fever and reduced WBC count exist, contact the prescriber to determine if the duration of therapy can be decreased.
- Changing from an IV to PO using some basic criteria can also be contemplated due to improved bioavailability of the oral products. See Remedi Monthly Resource March 2016 - Converting from IV to Oral Antibiotic Therapy.

Utilizing these methods can assist in containing expensive IV costs.

## INSULINS

As the number of diabetics in LTC approaches 25-34%, cost containment in this area also requires attention. One method to reduce insulin costs is to ensure that the amount of insulin ordered is not more than the amount being administered.

- Some forms of insulin are available in 3 mL vials and pens. Lantus (insulin glargine) pens and vials expire 28 days after opening. A 3 mL pen contains 300 units of insulin, and a 10 mL vial contains 1,000 units of insulin. If a resident is using 10 units of Lantus per day, he/she would only be using 280 units of insulin before the product expires. In many cases using the 10 mL vial would waste 780 units of insulin every 28 days. Understanding this and choosing to use 3 mL vials and pens, when appropriate, can significantly reduce costs and waste.
- Re-evaluate the continued need for any sliding scale insulin orders, especially if the resident is stable and insulin is infrequently used.

## PROTON PUMP INHIBITORS (PPIS)

PPIs, such as omeprazole, Nexium, and Protonix, are used with regular frequency in the hospital setting to reduce the risk of gastropathy in older, recumbent patients. However, once the patient is admitted to a LTC facility and is ambulatory, the PPI may no longer be necessary. Reviewing the hospital records for a GI diagnosis is necessary - and the lack of one can be an opportunity to discuss discontinuing it with the prescriber when verifying admission orders. The PPI class of medications is not an innocuous one. Recent studies have suggested:

- A significant risk of hypocalcemia leading to or exacerbating osteopenia/osteoporosis
- An increased risk of C.Diff
- An increased risk of pernicious anemia due to reduced vitamin B12 absorption
- An increased risk of Hospital Acquired Pneumonia (HAP)

Therefore, reducing utilization of PPIs reduces several clinical risks, as well as medication costs.

## ERYTHROCYTE STIMULATING AGENTS (ESAs)

ESAs, such as Epogen, Procrit, and Aranesp, are commonly used in patients with anemia caused by renal disease or cancer. Obtaining Hemoglobin and Hematocrit lab values from the hospital prior to admission is beneficial in cost reduction efforts. If a patient's Hemoglobin is approaching or is greater than 10.0 mg/dL, and the order has "hold" parameters, contacting the pharmacy to not send the medication until notified, will help significantly. Additionally, most third party insurance companies will require proof of these lab values to approve payment for the drug, and administering the medication without adequate lab studies may result in a rejected payment claim for a very expensive drug. Finally, if the patient is a dialysis patient, the dialysis providers will supply the ESA, and if parameters are not present, the prescriber should be called to obtain them.

In summary, utilizing some of these drug-specific cost saving initiatives, coupled with your pharmacy's therapeutic interchange program, can help to manage your pharmacy drug spend, while providing your patients with safe and effective alternatives.

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# Nurse of the Month

## SELAM MERTU, LPN
## Brookdale Westerville, Columbus, OH

**CONGRATULATIONS** to Selam Mertu, LPN, Brookdale Westerville, Columbus, OH for being chosen as the Remedi Nurse of the Month. Selam began her nursing career five years ago and has been employed at Brookdale Westerville for three years. She was nominated by James White, Health and Wellness Director. Per James, Selam has a high level of personal commitment and empathy. She has an innate ability to connect with the aged and the afflicted in such a way as to empower them with the feeling of connectedness, confidence, and caring, while at the same time remaining objective and not crossing any professional boundaries. Selam is able to reach our residents with a true caring heart and with a clear understanding of the science of nursing - together these two qualities aid in promoting positive outcomes. The residents and staff at our community are truly blessed to have a nurse like Selam, who can lend a friendly arm whenever needed along the way to help them achieve the highest quality of life possible.

The Remedi "Nurse of the Month" exemplifies excellence in nursing practice. Email your Nurse of the Month nomination(s) to Rebecca.Ogden@RemediRx.com. Nurses Rock!!

# Survey Solutions

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- of a DVT. Furthermore, the facility made no attempt to investigate and determine why this error occurred, until the surveyors intervened approximately 30 days after the DVT was diagnosed.

OUTCOME:

- A 53 page inspection report detailed the findings of the survey, including the citing of F 333 (significant medication errors) at a severity level of immediate jeopardy.
- The facility was fined a total of $524,909, and a denial of payment for new admissions was also imposed.

### AUGUST 2014: 180 BED NURSING FACILITY

THE ISSUES NOTED BY SURVEYORS:

- Elevated INR results were not promptly called to the prescriber, and the nursing staff continued to administer Coumadin to residents despite their INRs being significantly elevated.

OUTCOME:

- Cited for numerous deficiencies, including an immediate jeopardy citation at F 329 (unnecessary drugs).
- These and other medication-related system failures resulted in a fine of $449,248.

Extreme cases such as these have no doubt fueled the CMS memo last July on medication related adverse events in nursing homes (https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-47.pdf). It's also sobering that after years of acknowledging the risks associated with anticoagulants, especially warfarin, we still see such systemic failures of care. As these examples demonstrate, the resources needed to manage medications are as important as the price of the drug, when it comes to controlling overall cost and, more importantly, promoting safe outcomes.

*Note: Bill was a surveyor with the Maryland State Survey Agency from 1988 until 2001. He became Chief Nurse of the agency in 2001 and remained in that position until joining Remedi SeniorCare in 2013.*

# GOING GREEN

Change is underway! As an organization, Remedi SeniorCare is conscious of our impact on the environment. One way to "go green" is to reduce the amount of paper used. With that in mind, this *Pulse* will be the first issue provided to our customers in an electronic format only.

Remember, you can find the current and past issues of the *Pulse* on our website at www.RemediRx.com. Click on the News tab and the *Pulse* and other resources can be found there.

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