

## Prescribing Patterns in Nursing Home Residents Living with Dementia by Specialty and Provider Type

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### Objective/Issue

Little is known about the contributions of different provider specialties in prescribing medications for nursing home residents living with dementia. In this study, we examine prescribing patterns for common psychiatric medications and for opioid and non-opioid analgesics in long-term nursing home residents with dementia by clinician specialty and provider type.

### Data/Setting

We analyzed Medicare data on the entire 2018 fee-for-service long-term nursing home population.

### Design/Methods

We conducted a retrospective descriptive analysis of nursing home residents aged 65 years and older who had at least one nursing home stay of greater than 100 days, at least one prescription in Medicare Part D during 2018, and a CMS ADRD diagnosis flag.

### Results/Findings

Clinicians in primary care provided over 70% of prescriptions across all psychiatric drug classes and over 80% of prescriptions for opioid and non-opioid medications. Providers with specialized training in geriatrics provided approximately 10% of prescriptions across all medication classes, while clinicians in behavioral health prescribed under 8% of psychiatric medications and under 1% of pain medication. Results by specialty and provider type illustrated that physicians across specialties were more involved with the prescribing of behavioral health medications compared to NPs and PAs, while NPs and PAs were more involved with the prescribing of pain medications than physicians.

### Conclusions/Discussion

Clinicians in primary care provided most of the psychiatric and pain medications for nursing home residents with dementia. The contributions of providers from geriatrics and behavioral health were limited. Many nursing home residents living with dementia received an antipsychotic, benzodiazepine, or an opioid, all of which are medications to be avoided in older adults with dementia. Given the limited specialized dementia training opportunities for primary care providers, continuing medical education should be offered and perhaps mandated in combination with clinical support mechanisms for providers.

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### **Key Words**

Nursing home residents, people living with dementia, primary care providers, specialty providers, psychiatric medications, opioid medications, psychiatric drugs, geriatrics

### **Full Report**

The full report is available at <https://healthworkforce.ucsf.edu/publication/prescribing-patterns-nursing-home-residents-living-dementia-specialty-and-provider-type>