Interprofessional Collaborative Efforts to Deprescribing Medications in LTC

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Disclosures

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Objectives

1. Describe the 4Ms framework specifically related to “What matters” relating to medication burden and management

2. Identify at least 2 approaches to interprofessional deprescribing in LTC

3. Identify opportunities to improve communication and person-centered outcomes surrounding deprescribing

COVID-19 UPDATE: geographic differences

![COVID-19 Cases / 1000 K chart]

- Grand Forks
- Cook Cy

32 %
Framing the Issue and Opportunities

Too many medications per Nursing Home resident
Medication Use Among Older Adults

- Polypharmacy rising
- 4.2 billion prescriptions filled in the U.S. in 2018
- Patients discharged from hospital to SNF with average of 14 medications

PRESCRIPTION DRUG USE IN PAST 30 DAYS AMONG 65+ ADULTS: 2015-2016

- None
- 1 to 4
- 5+


Medication Use in LTC: Evidence to Date

- Increasing rates of medication use despite risk for medication adverse drug events and frailty
- High utilization of medications among dementia patients in the last 2 weeks of life

1 Sloane PD, Brandt NJ, Cherubini A et al. (2021) Medications in Post-Acute and Long-Term Care: Challenges and Controversies. JAMDA.
4Ms Framework of an Age-Friendly Health System

The 4Ms are a framework, not a program, to guide all care of older adults.
Address barriers
Patient–centered
Deprescription
Tools
Health Systems
approach and QI

Barriers to Deprescribing

• Patient / family fear or reluctance
• Primary care provider deferral to specialists
• Lack of knowledge about late life efficacy of medications
• Under use of non–pharmacological interventions
• Addiction and dependency
Deprescribing Process

- Comprehensive patient history
- Identify potentially inappropriate medications (e.g., Beers List)
- Determine whether medication can be discontinued or reduced
- Plan and initiate medication withdrawal
- Monitor, support, and document (e.g., Neuropsych Inventory Scale to monitor behavior changes)


DRUGS: Deprescribing Pneumonic

1) Discuss goals of care
2) Review medications
3) Use tools and frameworks
4) Geriatric medicine approach (functional)
5) Stop inappropriate medications

Rochon, PA et al. Polypharmacy, Inappropriate Prescribing, and Deprescribing in Older People: Through a Sex and Gender Lens. Lancet Healthy Longev. 2021 May; 2(5) e290-300. DOI: https://doi.org/10.1016/S2666-7568(21)00054-4
Implementing Medication Optimization Programs

**Determine**
Determine your champion(s) and team

**Identify**
Identify the medication classes or medications that you want to focus on
- e.g., High risk medications or your own data

**Employ**
Employ existing tools and investigate utility/workflow.
- e.g., EHR based tools and resources

Quality Improvement Programs

Academia, community, and government collaboration

Two demonstration projects from Maryland and Indiana
Maryland: Implementation Guide for Post-Acute and Long-Term Care

- Task force convened by the Peter Lamy Center on Drug Therapy and Aging at the University of Maryland School of Pharmacy with Assistance from the US Deprescribing Research Network

- To improve resident-centered health and well-being by:
  - Reducing use of unnecessary medications
  - Simplifying medication management
  - Reducing opportunities for transmission of COVID-19

Recommendations

- Discontinue vitamins, herbals

- Change meds from 2x/day to once-daily formulations
  - Metoprolol, metformin

- Consolidate bedtime meds with morning meds
  - Statins, urinary alpha-blockers

- Reduce unnecessary monitoring
  - Blood glucose

- Convert nebs to hand-held inhalers
Power of Partnerships

Funded by NIA R24 AG064025-1


Indiana: SMART campaign

Indiana State Department of Health pilot program

Safer Medication Regimens and Treatment

Goals
- Reduce number of medications / resident
- Reduce anti-psychotics, anxiolytics and hypnotics
- Reduce Rx costs

https://deprescribingresearch.org
For Patients

Safer Medication Regimens and Treatment

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SMART is also the acronym for QAPI improvement projects

SMART campaign

Coalition of academia, nursing homes, State DOH, & professional organizations

Physician → physician collaborations

Interprofessional teams

QI - based
Communication and Tools

Key issues in implementation - Interdisciplinary Team

- Burnout?
- Medical Director Involvement
- Workflow Leadership support
- Person Centered Care
- Set aside time for Communication
- Team Regular & Structured Meetings
Attention to potential harm and communication

Communication at all levels with re-evaluation

Residents, families

Providers, Care Partners, IDT teams

Medication Conversation Strategies to Deprescribing

- **Introduce deprescribing**
  - Frame deprescribing as positive, routine part of care
  - “Our bodies change over time. Certain medicines may cause new side effects”
  - “Reducing your medicines may help you feel better”

- **Link to current health problems**
  - “You’re having [symptom], which may be worsened by [medication]”

- **Establish partnership**
  - “Let’s work together on minimizing your medications”

*Credit: Dr. Ariel Green, Johns Hopkins University*
Medication Conversation Strategies to Deprescribing

- **Introduce prescribing cascades**
  - “If we stop this medicine, you may no longer need that medicine”

- **Emphasize that you will not withdraw appropriate care**
  - “I want to treat your symptoms but we need to do so without causing you other problems”

- **Reassure that you will monitor closely for symptom recurrence**
  - “We’ll reduce the medicine very slowly and will stay in close contact to watch for returning symptoms”

*Credit: Dr. Ariel Green, Johns Hopkins University*
Patient Story

72M evaluated by Geriatric team.
- Hospitalize 2 months ago with urinary tract infection and developed delirium
- Discharged to a skilled nursing facility (SNF) for rehab.
- Both adult children moved closer to support his own home living with his wife.

PMH: Chronic pain, hypertension, anxiety, depression, dyslipidemia

SH: Born in Vietnam; Lives with his wife in their own home. Son (pharmacist) and daughter (teacher). He fought in the Vietnam War and primarily speaks Vietnamese. Denies alcohol or illicit substance use. Smoked but quit 5 years ago.

Medication History

- **Medication taking behaviors**: did not take meds until son started setting up and family reminds. Still is missing doses but less often. Does NOT like to take meds.

- **Medication List**
  - Acetaminophen 500mg 1 tablet 
    three times daily for chronic pain
  - Gabapentin 300mg in the evening 
    for pain
  - Amlodipine 2.5mg 1 tablet daily for 
    blood pressure
  - Losartan 100mg daily for blood 
    pressure
  - Metoprolol succinate 100mg daily 
    for blood pressure
  - Atorvastatin 40mg 1 tablet daily for 
    cholesterol
  - Vascepa 1gm twice daily with 
    meals for cholesterol
  - Escitalopram 20mg daily for 
    depression/anxiety
  - Lorazepam 0.5mg at bedtime for 
    anxiety
  - Quetiapine 25mg in the morning 
    and 50mg at bedtime for irritability
  - Tamsulosin 0.4mg 1 capsule daily 
    for BPH
  - Centrum Silver tablets for health.
  - Previously on tramadol and oxycodone per son but recently discontinued
Audience Response Question

What medication would you recommend deprescribing?
A) Lorazepam
B) Amlodipine
C) Atorvastatin
D) Quetiapine

CHAT IN YOUR RATIONALE
Case Study 2

APEX Rehabilitation Center conducted a PDSA cycle for QAPI on resident safety.

Their Root Cause Analysis for unsafe medications in the facility revealed that 18.7% of their residents were prescribed anti-psychotics relative to the national average of 13%.

The QAPI team launched a PIP to deprescribe antipsychotics.

Safety PIP: reduce antipsychotic use among residents

What additional information is needed in the root cause analysis?
What do you propose as an intervention to reduce antipsychotic use?
Take Home Points

Deprescribing is a tool to optimizing medications

Interprofessional opportunities and teamwork is needed

Pharmacists are a critical part of this team and effective communication is essential.

For More Information, Check out the Dakota Geriatrics Website

- AHRQ ECHO National Nursing Home COVID-19 Action Network
  - Recordings and Materials
- Education
  - Online Curriculum
- Resources
  - For Public and Health Professionals
- Events
  - Webinars
  - Annual Conference
Medication Resources

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