Making Deprescribing Part of Routine Care

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Outline

• Current efforts to make deprescribing part of routine care
  – Develop, implement and publish evidence-based deprescribing guidelines to facilitate decision-making, interventions and monitoring for specific drug classes
  – Publish polypharmacy case reports to facilitate interprofessional management of polypharmacy
Deprescribing Guidelines for the Elderly Project
The Deprescribing Guidelines Project

External News

Ottawa Pharmacist Aims to Reduce Medications Amongst Older Adults using Deprescribing Guidelines

Ottawa, June 24, 2013 – The Ontario Ministry of Health and Long-Term Care recently funded Bruyère Research Institute scientist and Universities of Ottawa and Waterloo assistant professor, Barbara Farrell, PharmD, approximately $430,000 to study the development and implementation of deprescribing guidelines aimed to minimize medications that are causing side effects or are no longer needed.

“Reducing medication use can be a challenging process, but with the introduction of guidelines and attention to implementation, there will be better consistency in reducing the number of medications prescribed to older adults with the goal of improving quality-of-life,” says Dr. Farrell.
Project Overview

• Develop, implement and evaluate three evidence-based deprescribing guidelines to support interdisciplinary care teams in tapering or stopping medications in their elderly patients
Deprescribing Team

• Leads:
  • Dr. Barbara Farrell (Bruyère Continuing Care; Research Institute)
  • Dr. James Conklin (BRI; Concordia University)

• Co-Investigators:
  • Dr. Carlos Rojas-Fernandez (University of Waterloo)
  • Dr. Kevin Pottie (Bruyère Continuing Care; BRI)
  • Dr. Lalitha Raman-Wilms (University of Toronto)
  • Dr. Lisa McCarthy (University of Toronto)
  • Dr. Lise Bjerre (BRI)
Project Objectives

• Determine which consensus, development and implementation processes can be used to create and introduce deprescribing guidelines into primary and long-term care to influence their adoption and use

• Determine uptake and effect (e.g. on prescriber self-efficacy in deprescribing and on patient acceptance)
Overview

Deprescribing Guideline 1
Guideline Development Team
Team Meeting
Expert Review
Teleconference
Observations
Interviews

Site Implementation & Evaluation
3 x FHT
3 x LTC
Observations
Interviews
Chart Audit
Surveys

Deprescribing Guideline 2
Guideline Development Team
Team Meeting
Expert Review
Teleconference
Observations

Site Implementation & Evaluation
3 x FHT
3 x LTC
Observations
Interviews
Chart Audit
Surveys

Deprescribing Guideline 3
Guideline Development Team
Team Meeting
Expert Review
Teleconference
Observations
Interviews

Site Implementation & Evaluation
3 x FHT
3 x LTC
Observations
Interviews
Chart Audit
Surveys

Investigator Team
Team Meeting
(Discuss priorities for guidelines and implementation strategies)

Observations
Narrative reports

Delphi survey to select choices

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Guideline Development

• Systematic, evidence-based approach (AGREE II)
• Involving experts in geriatric medicine, geriatric pharmacotherapy and guideline development
• Systematic review of the literature to identify existing evidence for continuing and discontinuing use of specific medications
• GRADE analysis to assess quality of evidence found
• Clinical recommendations for tapering and monitoring
Guideline Implementation

• Introduce to sites and clinicians
• Provide tools (e.g. algorithm, patient information pamphlet)
• Sites to determine implementation approaches (tailored to needs of site)
Evaluation

• Developmental evaluation
  – Supports development of innovations (guidelines) and adoption (adaptation) in emergent and dynamic health environments
  – Patterns of change emerge from rapid, real time interactions generating learning, evolution and development
Form the team and develop approaches and materials

Identify priorities (Delphi)

Guideline Development Team (x3)

Develop Guideline (x3)

Implement Guideline (x3) in 3 FHTs and 3 LTC Homes

Observations
Narrative Reports

Interviews
Meeting Minutes
Emails

Observations
Interviews

Observations
Interviews

Surveys
Chart Audits
Interviews
Guideline Development

Develop the first guideline, and implement the guideline into three FHT and three LTC sites.

Evaluate the process used to develop and implement the first guideline.

The evaluation team presents findings. The guideline team revises its processes.

Develop the second guideline, and implement the guideline into three FHT and three LTC sites.

Evaluate the process used to develop and implement the second guideline.

And so on, through three iterations.
DE and the Deprescribing Project

• Collect data from players in development and implementation processes
• Use data to draft lessons learned, successes and challenges, on the processes of deprescribing guideline development and implementation
• Create a feedback loop that allows the team to revise our development and implementation processes to increase use and uptake at each iteration
Expected Results

• Develop three feasible and effective deprescribing guidelines
• Create adaptable implementation process for use with many drugs in several contexts
• Generate outcomes evaluation approach to determine clinical and economic impacts
Project Status
Project Status

• PPI Deprescribing Guideline undergoing clinical review
• Association review and potential endorsement to come
• Site recruitment to be complete end of May with implementation due to start early June
• Developmental evaluation underway to feed lessons learned from first guideline development into subsequent guideline development
• Self-efficacy survey to start shortly
• Second guideline team starting work
• Delphi consensus paper ready for submission
# PPI Deprescribing Guideline Outline

<table>
<thead>
<tr>
<th>Common questions</th>
<th>How this guideline addresses the question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why should I consider stopping a PPI?</td>
<td>Review of prevalence (including overuse), costs, harms</td>
</tr>
<tr>
<td>Will it hurt my patient to stop a PPI?</td>
<td>Systematic review of lower dose, intermittent, on-demand and deprescribing trials, including relevant patient outcomes</td>
</tr>
<tr>
<td>When should I stop a PPI? When should I not stop a PPI?</td>
<td>Exclusion criteria; systematic review; comparison to current guidelines for duration</td>
</tr>
<tr>
<td>How do I safely and effectively stop a PPI?</td>
<td>Clinical considerations (based on systematic review and other literature review)</td>
</tr>
<tr>
<td>What should I monitor as the PPI is stopped?</td>
<td>Clinical considerations (based on systematic review and other literature review)</td>
</tr>
</tbody>
</table>
Polypharmacy Case Reports
Overview

- Funding: Bruyere Academic Medical Organization $20,000
- Supported 4 pharmacy Waterloo co-op students
- Established relevant learning objectives (considering geriatric care and interprofessional competencies)
- Sought appropriate patient cases and obtained consent
- Worked with editors and interprofessional education experts to develop consistent format, including case discussion instructions
- 8 cases plus 2 commentaries over 18 months

• Reducing fall risk while managing hypotension, pain and poor sleep in an 83 year old woman. Canadian Family Physician 2013;59:1300-1305.


• Turning over the rocks - the role of anticholinergics and benzodiazepines in cognitive decline and falls. Canadian Family Physician 2014;60:345-350.
• Reducing polypharmacy in the elderly: Cases to help you rock the boat. Canadian Pharmacists Journal 2013;146(5):243-244.
• Managing chronic disease in the frail elderly - more than just adhering to clinical guidelines. Canadian Pharmacists Journal 2014 147(2):89-96.
• Managing polypharmacy in a 77-year-old woman with multiple prescribers. CMAJ 2013;185:1240-1245.
• Revisiting ongoing medication use in a frail 93 year old experiencing possible adverse effects. CMAJ 2013;186:445-449.
For discussion

• For deprescribing guidelines, ideas for knowledge mobilization efforts would be helpful
• Consider both practice and education
• Need for international coordination of polypharmacy management and deprescribing initiative efforts? How could we facilitate this?
Questions?
Acknowledgement

Ontario Pharmacy Research Collaboration: Multi-institutional and multidisciplinary research program examining quality, outcomes and value of medication management services that pharmacists and other health care professionals provide.

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The views expressed in this presentation are those of the presenter and do not necessarily reflect those of the funders.
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