



EDUCATIONAL RESOURCES

The Power of Deprescribing in the Aging Industry

How Deprescribing Will Future
Proof Your Senior Facing Business



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



Welcome

- So glad you are here.
- Let's do this workshop.

Health Care is Broken

- Over 275,000 die each year due to medication mismanagement(1).
- US taxpayers spend on average \$528 billion dollars on mismanaged medications or suboptimal drug therapies(1).
- Nearly 50% of older adults take one or more medications that are UNNECESSARY(2).



Case Presentation

- 80-year-old woman presents at home to caregiver with chronic constipation, increased confusion, worsened memory loss, irritability, no energy, and dry mouth.
- Patient's daughter describes her as being “a walking zombie” over the past few months.
- Patient has been living at home with her daughter after her husband has died last year.



Case Presentation

▪ Medications

- Quetiapine 100 mg QHS – 3 missed doses / month
- Aspirin 81 mg QD
- Donepezil 10 mg QD
- Mylaanta/Gaviscon 30ml (225/200/25mg) QD-BID
- Clonazepam 2 mg QHS – misses 2 doses per week
- Lisinopril 20 mg QHS – misses 3 doses / month
- Allegra 180mg QHS- 2 missed doses / month for seasonal allergies
- Gabapentin 100 mg – 1-2 QHS for pain (doesn't help her pain)
- Ondansetron 8 mg tablet – written TID prn NV, only takes QD
- Amlodipine 10 mg QD
- Keppra 500 mg – written 2 BID, but takes 1 BID
- Women's MVI – QD
- Tamsulosin 0.4 mg QD
- Lovastatin 20 mg QHS – 1 missed/ week
- Venlafaxine ER 37.5 – written but doesn't take
- Flonase 1 spray in each nostril daily
- Nitroglycerin Tablets
- Fish Oil – OTC

Case Presentation

▪ Medications (cont.)

- Vitamin D3
- Tylenol
- Vitamin C
- Dilaudid
- Montelukast
- Benadryl
- Tylenol PM
- Nasonex
- Hydrocortisone
- Vitamin E
- Aleve
- Xanax
- Levocetirizine
- Desipramine
- Mybertriq
- Duoneb
- Pantoprazole
- Oxybutynin
- Tropsium
- Glycopyrrolate

Case Reflection

- What are your initial impressions of this case scenario?
- How often have you seen examples like this in your setting?
- What is the first thing you would do to help this patient?

Overprescribing

- Overprescribing is defined as providing more drugs than are necessary or in dosages that are excessive for the desired therapeutic benefit for which they are prescribed.



The New York Times

Phony Diagnoses Hide High Rates of Drugging at Nursing Homes

At least 21 percent of nursing home residents are on antipsychotic drugs, a Times investigation found.



A Doubled Risk of Death

For decades, nursing homes have been using drugs to control dementia patients. For nearly as long, there have been [calls for reform](#).

In 1987, President Ronald Reagan [signed a law banning the use](#) of drugs that serve the interest of the nursing home or its staff, not the patient.

But the practice persisted. In the early 2000s, studies found that antipsychotic drugs like Seroquel, Zyprexa and Abilify made older people drowsy and more likely to fall. The drugs were also linked to



Overprescribing in Community Settings

- “We were seeing older people coming in with fall fractures, hip fractures, delirium, confusion,” Dr. McDonald says. “And a lot of it could be pretty easily traced back to medications or combinations of medications that they were taking.”
- Dr. Emily McDonald
- McGill University Health Center

Prescription overload is a serious and growing health issue for seniors

DENE MOORE

SPECIAL TO THE GLOBE AND MAIL

PUBLISHED JANUARY 11, 2022



Prescription overload is becoming a growing concern for those 65 and above.

**THE
GLOBE
AND
MAIL**

Barriers to Stop Overprescribing

Patient
Expectations

Clinical Inertia

Polypharmacy

Time, Money,
and Resources
for Providers

Direct to
Consumer
Marketing

Barriers to Stop Overprescribing

Medical Culture of Prescribing

Professional Etiquette

Malpractice

Multiple Chronic Illnesses

Fragmented Health System

The Future of Aging in America

- Make up only 14% of the population.
- Purchase 33% of Prescription Drugs in the USA.
- Expected to make up 25% of the population by 2040.
- Expected to comprise 50% of Prescription Drugs consumers by 2040.



Medicare isn't Affordable for Everyone

Medicare doesn't pay for Long Term Care

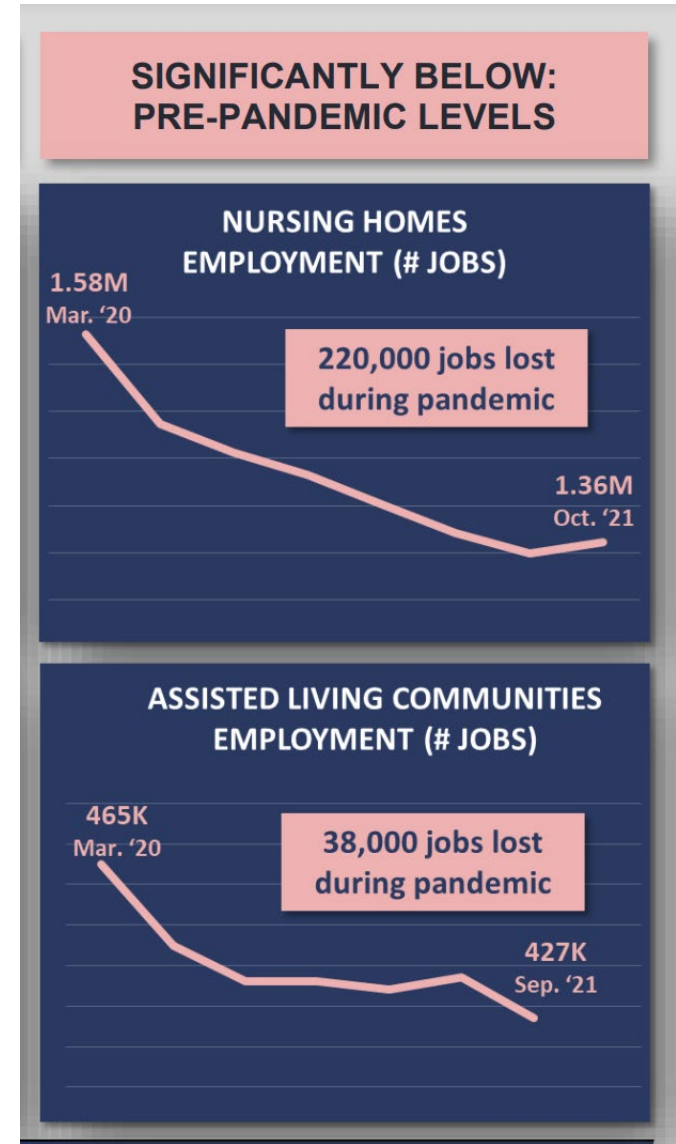
Have to spend down to Apply for Medicaid

50% of Medicare Patients have < \$26K in annual income

Dental, Hearing, and Vision are expensive Out of Pocket



Shortage of Senior Care Providers



Benefits of Deprescribing Advocate

- Help Seniors maintain independence at home.
- Improve patient quality of life.
- Sustainable impact.
- Potential revenue stream for your practice.
- Expand scope of your practice.



Shortage of Senior Care Providers

BLS Employment Data by Healthcare Sector (Mar. 2020 vs. Oct. 2021)

	Physicians' Offices	Outpatient Care	Home Health	Hospitals	Nursing Homes	Assisted Living*
Mar. 2020	2,699,000	998,000	1,543,000	5,236,000	1,582,000	465,000
Oct. 2021	2,721,000	1,013,000	1,524,000	5,150,000	1,361,000	427,000
Difference #	22K jobs gain	15K jobs gain	19K jobs lost	86K jobs lost	221K jobs lost	38K jobs lost
Difference %	0.8%	1.5%	-1.2%	-1.6%	-14.0%	-8.2%

Source: Bureau of Labor Statistics (BLS) March 2019 – October 2021

*Assisted Living BLS data through September 2020

What Our Seniors Look Like

Profile Highlights

- In 2019, the population age 65+ was 54.1 million—30 million women and 24.1 million men.

16% (2019)

21.6% (2040)

PEOPLE AGE 65+ REPRESENTED 16% OF THE POPULATION IN 2019. THAT IS EXPECTED TO BE 21.6% BY 2040.

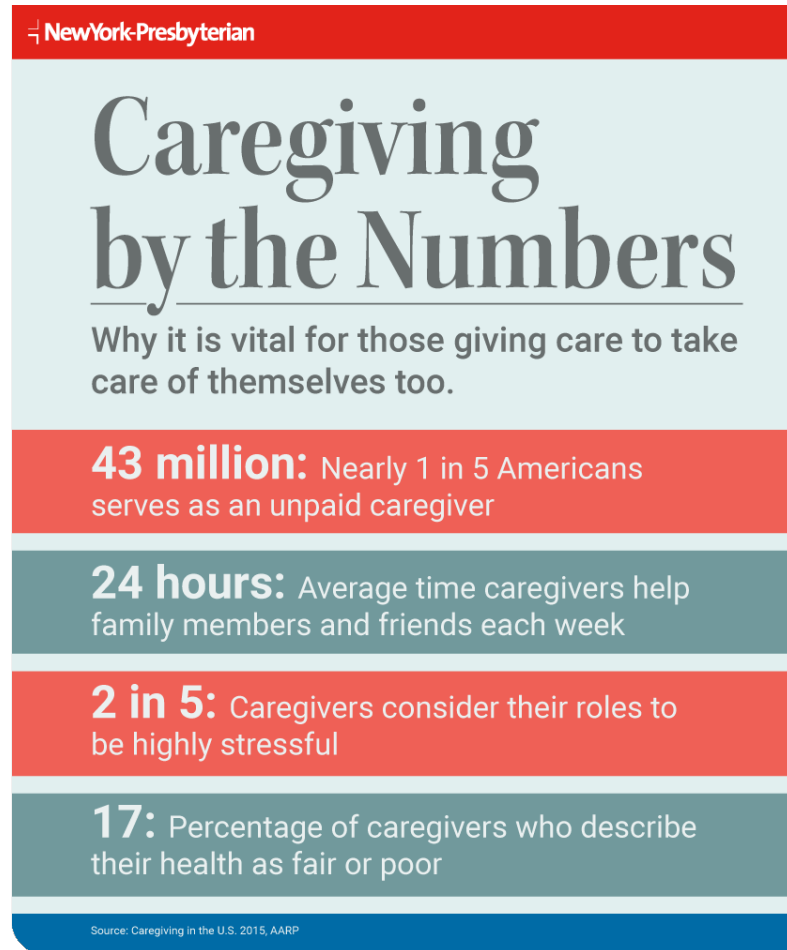
- In 2020, a larger percentage of older men (70%) than older women (48%) were married.
- Of older adults age 65+ living in the community, 61% lived with their spouse/partner in 2020. About 27% lived alone.



NEARLY 1 IN 4 OLDER ADULTS WERE MEMBERS OF RACIAL OR ETHNIC MINORITY POPULATIONS (2019)

Caregiver Burnout is Real

- Exhaustion
- Stress
- Anger
- Poor Quality of life



Overprescribing – A Public Health Crisis

- 750 Seniors are hospitalized every day for an adverse drug event.
- Estimated 150,000 preventable deaths over the next 10 years.
- Estimated ~5 million hospitalizations from overprescribing.
- Estimated \$60 billion in costs.



Why Health Care is Broken

- Highest cost of healthcare in the world.
- Health disparities.
- Access to health care is uneven.
- Fragmented.
- Capitalism instead of Value Based Care.
- Lack of emphasis on social determinants of health.



Why is this Happening?

- Not leveraging pharmacists.
- Lack of system.
- Patriarchal design.
- Overburdened providers.
- Lack of deprescribing.



What Have You Experienced from Our Health System ?

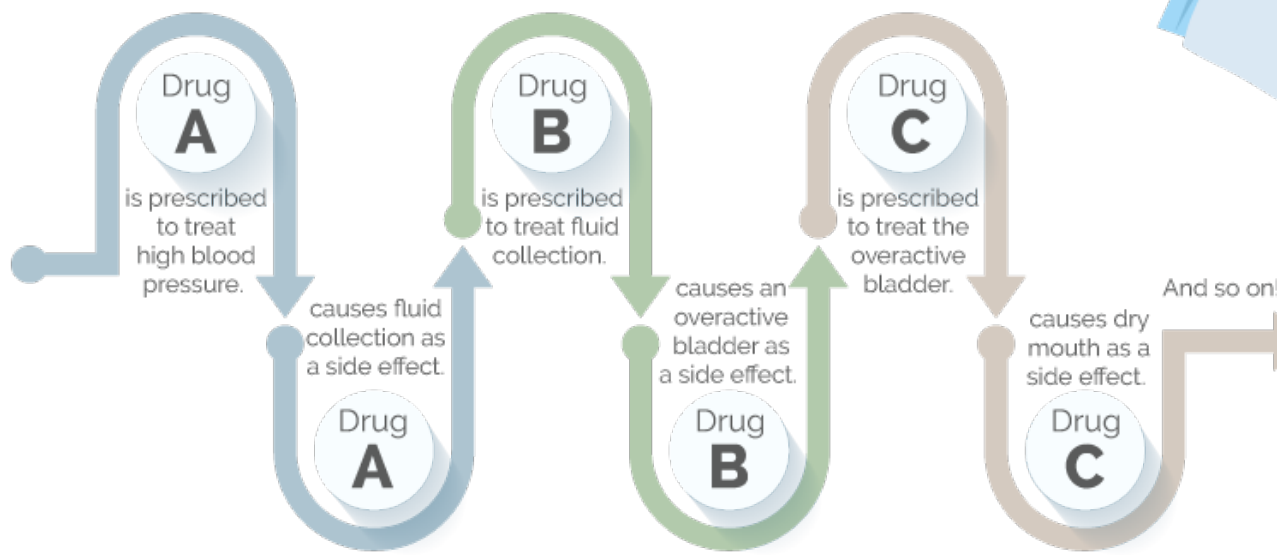
- Was it something regarding a patient?
- Was it family related?
- Was it personal?
- Was it medication related?

Reflect on a time when medications were an issue for your patients...



The Prescribing Cascade

WHAT IS A
**PRESCRIBING
CASCADE?**



Polypharmacy

- 5 or more medications
- Multiple providers
- Multiple pharmacies
- Multiple chronic health conditions



5 Steps to Individualize Deprescribing

(1) to identify potentially inappropriate medications

(2) to determine if the medication dosage can be reduced or the medication stopped

(3) to plan tapering

(4) to monitor (for discontinuation symptoms or the need to restart) and support the patient

(5) to document outcomes

What Can You Do About It?

- Ask what matters most to the patient?
- Have risk/benefit conversations.
- Start a conversation about safely stopping medications.
- Use shared-decision making.
- Be empathetic and direct about addressing any potential side effects.
- Educate, Empower, and Embolden.
- Pause and monitor approach.

Step	Consider	Resources
Identify potentially inappropriate medications	Continued necessity, benefit, contribution to or cause of an adverse reaction, future risk of adverse reaction, medication or food interactions, adherence, patient preference, goals of care, life expectancy	American Geriatrics Society Beers Criteria https://onlinelibrary.wiley.com/doi/full/10.1111/jgs.13702 Anticholinergic burden scales https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-015-0029-9 http://www.ephor.nl/media/1076/anticholinergic-drugs.pdf http://www.miltonkeynesccg.nhs.uk/resources/uploads/ACB_scale_-_legal_size.pdf http://www.acbcalc.com/Medstopper http://medstopper.com/ STOPP/START Criteria (screening tool of older persons' prescriptions) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4339726/
Determine if the dosage can be reduced or the medication stopped Plan tapering and withdrawal steps Monitor (for adverse withdrawal events and against criteria for restarting) and support patient	How to best engage the patient in a conversation about deprescribing, determine options, and provide monitoring and support	Adverse medication withdrawal events information https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/623931 Deprescribing guidelines and algorithms https://deprescribing.org/resources/deprescribing-guidelines-algorithms/ Deprescribing information pamphlets https://deprescribing.org/resources/deprescribing-information-pamphlets/ Prescribing information (product monographs with information on dosing in older patients, renal dysfunction, or dosing and monitoring for discontinuation symptoms) Shared decision-making steps for deprescribing https://link.springer.com/article/10.1007%2Fs11606-010-1629-x
Document outcomes	Documenting reasons for changes and positive and negative outcomes to facilitate future care and prescribing decision making	—

Barriers to Deprescribing

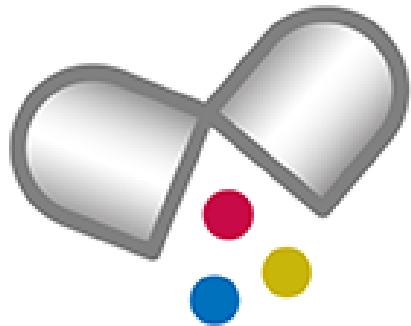
Patient Barriers to Deprescribing

- Fear that condition may worsen
- Lack of suitable alternative if needed
- How will the condition be managed
- Previous poor experience of medication stopped
- Caregivers do not agree
- Hoping for effectiveness or change in condition
- Feelings of being “given-up on”

McGrath K, Hajjar ER, Kumar C, Hwang C, Salzman B. Deprescribing: A simple method for reducing polypharmacy. The Journal of Family Practice. 2017;66(7):436-445.

U.S. Deprescribing Network

- Funded by National Institute on Aging.
- Disseminate and develop evidence for deprescribing in seniors.
- Research focused with resources for patients and providers.



US Deprescribing
Research Network

Deprescribing.org

- Bruyere Institute of Research
- Mobile Apps
- Evidenced-based deprescribing




deprescribing.org

Reducing medications safely
to meet life's changes

Moins de médicaments, sécuritairement –
pour mieux répondre aux défis de la vie

Choose Wisely Campaign



Choosing Wisely Australia
An initiative of NPS MedicineWise


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More is not always better when it comes to healthcare


A national conversation about reducing unnecessary tests, treatments and procedures



FOR
Health professionals >




FOR
Consumers and carers >



FOR
Health services >

Featured stories

18 Jan 2022
Using Choosing Wisely in ICU to reduce unnecessary testing



Choosing Wisely Australia
An initiative of NPS MedicineWise

3 May 2022 Virtual event

Featured resources

25 Aug 2021
Managing Pain and Opioid Medicines for Children and Young People

Leverage Your Pharmacist



Team-Based Deprescribing

- Pharmacists
- Nurses
- Caregiver Advocates
- Senior Care Providers
- Primary Care Providers
- Senior Living Communities



Benefits of Deprescribing Advocate

- Saving Lives
- Saving money
- Prevent unnecessary harm
- Advance your profession
- Ease burden on health system
- Improve patient satisfaction

Value-Based Health Care Benefits



NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Deprescribing Works...(duh)

THE OFFICIAL JOURNAL OF THE ROYAL PHARMACEUTICAL SOCIETY

the
PHARMACEUTICAL JOURNAL

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Deprescribing
28 June 2021



By **Julia Robinson**

Pharmacy-led interventions successful in deprescribing of high-risk medication, review suggests

Looking at 24 studies involving more than 4,000 adults, researchers found that all types of pharmacy-led interventions resulted in a greater discontinuation of medicines, compared with usual care.

ADVERTISEMENT

Deprescribing Works...(duh)

- Deprescribing as a Clinical Improvement Focus
 - Bronx, New York Study
 - Geriatric clinic
 - Long Term Care Facility



Deprescribing Can Grow Your Practice By...

Healthy Aging at Home

Grants

Strategic Partnerships

Deprescribing Service

Genetic Testing

Increasing Safety and Well-Being for Older Adults

Patient Case

- How could we have prevented our patient from the damage of overprescribing earlier in her care?



Takeaways

- Thoughts?
- Concerns?
- Questions?





Questions?



EDUCATIONAL RESOURCES

Thank you

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