The Power of Deprescribing in the Aging Industry

How Deprescribing Will Future Proof Your Senior Facing Business
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.
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
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

- Lack of Geriatric Specialists
- COVID
- Low Staffing
- Lack of Autonomy
- High Turnover
- Low Pay
- Poor Working Conditions

Significantly below: Pre-Pandemic Levels

Nursing Homes Employment (# Jobs)
- 220,000 jobs lost during pandemic
- 1.58M Mar. '20
- 1.36M Oct. '21

Assisted Living Communities Employment (# Jobs)
- 38,000 jobs lost during pandemic
- 465K Mar. '20
- 427K Sep. '21
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


<table>
<thead>
<tr>
<th></th>
<th>Physicians' Offices</th>
<th>Outpatient Care</th>
<th>Home Health</th>
<th>Hospitals</th>
<th>Nursing Homes</th>
<th>Assisted Living*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar. 2020</td>
<td>2,699,000</td>
<td>998,000</td>
<td>1,543,000</td>
<td>5,236,000</td>
<td>1,582,000</td>
<td>465,000</td>
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<tr>
<td>Oct. 2021</td>
<td>2,721,000</td>
<td>1,013,000</td>
<td>1,524,000</td>
<td>5,150,000</td>
<td>1,361,000</td>
<td>427,000</td>
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<tr>
<td>Difference</td>
<td>22K jobs gain</td>
<td>15K jobs gain</td>
<td>19K jobs lost</td>
<td>86K jobs lost</td>
<td>221K jobs lost</td>
<td>38K jobs lost</td>
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<tr>
<td>Difference %</td>
<td>0.8%</td>
<td>1.5%</td>
<td>-1.2%</td>
<td>-1.6%</td>
<td>-14.0%</td>
<td>-8.2%</td>
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</tbody>
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**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) PEOPLE AGE 65+ REPRESENTED 16% OF THE POPULATION IN 2019. THAT IS EXPECTED TO BE 21.6% BY 2040.

21.6% (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?

Drug A is prescribed to treat high blood pressure. Drug A causes fluid collection as a side effect. Drug B is prescribed to treat fluid collection. Drug B causes an overactive bladder as a side effect. Drug C is prescribed to treat the overactive bladder. Drug C causes dry mouth as a side effect. And so on.
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.
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”

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.
Deprescribing.org

- Bruyere Institute of Research
- Mobile Apps
- Evidenced-based deprescribing
Choose Wisely Campaign

More is not always better when it comes to healthcare
A national conversation about reducing unnecessary tests, treatments and procedures

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

Featured resources
26 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

**PATIENTS**
- Lower Costs & better outcomes

**PROVIDERS**
- Higher Patient Satisfaction Rates & Better Care Efficiencies

**PAYERS**
- Stronger Cost Controls & Reduced Risks

**SUPPLIERS**
- Alignment of Prices with Patient Outcomes

**SOCIETY**
- Reduced Healthcare Spending & Better Overall Health

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

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.
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?
Thank you
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