

Age-Friendly Long-Term Services and Support ECHO

Medications & Polypharmacy

How do I QAPI that?

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Objectives

At the end of the session, attendants will be able to discuss

- Definition and Prevalence of Polypharmacy in PALTC
- Apply QAPI processes to deprescribing
- Further resources on deprescribing

Adverse Drug Reactions

5 or more medications: odds of an ADR related visit to an outpatient clinic or emergency department **88%** ↑

Each **additional** medication **7%** ↑ in the risk of a falls in LTC's
Between **10% and 25%** of those falls result in fractures and/or hospital admissions

Jokanovic, N., Tan, E., Dooley, M., Kirkpatrick, C., & Bell, J. (n.d.). Prevalence and factors associated with polypharmacy in long-term care facilities: A systematic review. Journal of the American Medical Directors Association., 16(6), 535.e1-535.e12.

Polypharmacy in PALTC: Where are we?

- > 5 Medication: up to 91 %
- > 9 Medications: up to 74%
- > 10 Medication : up to 65 %

Natali Jokanovic BPharm (Hons) [et al](#): Prevalence and Factors Associated With Polypharmacy in Long-Term Care Facilities: A Systematic Review, JAMDA 2015

America's other Drug Problem

Poll #1

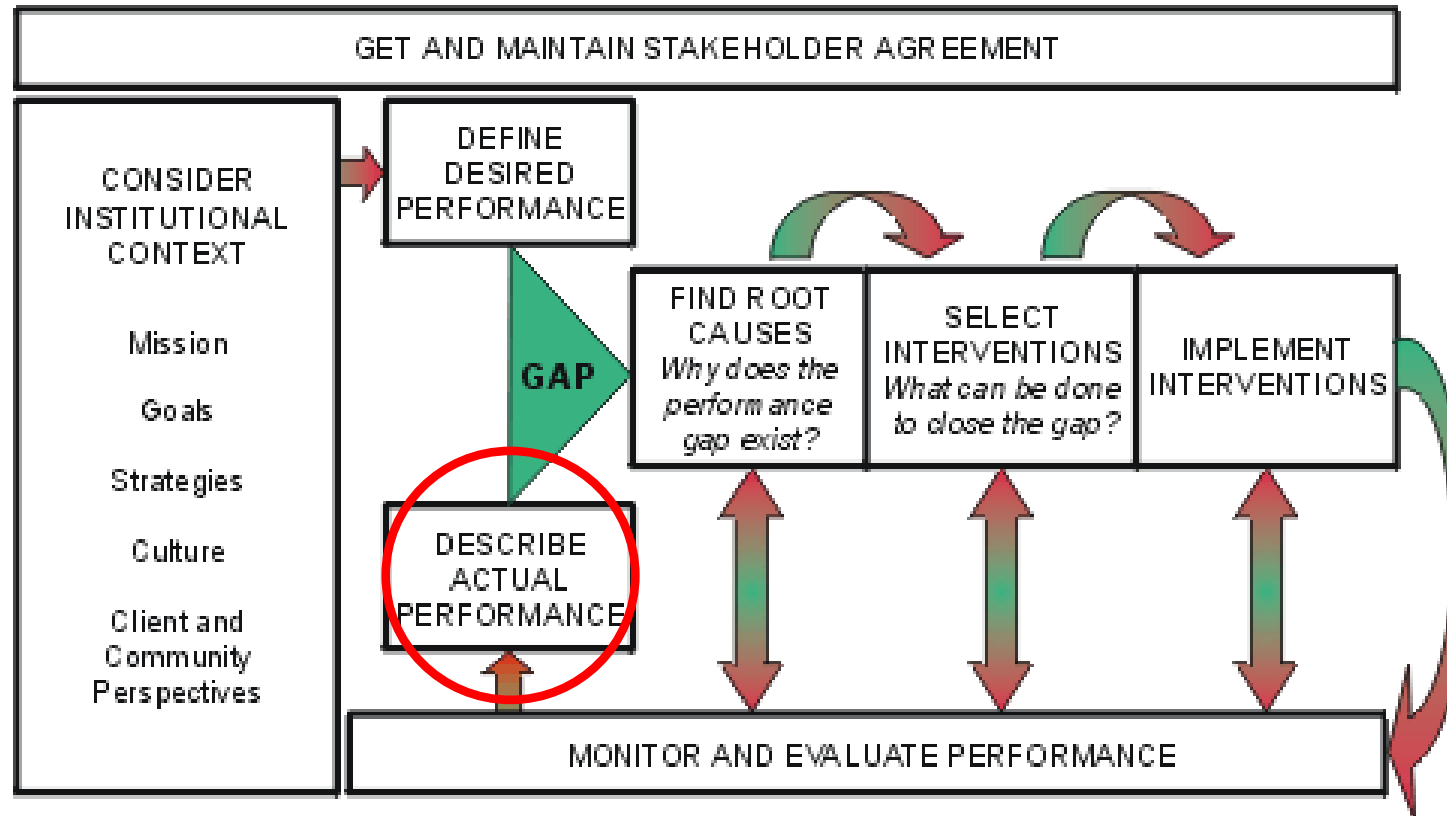
The average number of medications per patient in my facility/ies is:

Poll # 1

The average number of medications per patient in my facility/ies is

- <5
- 5-9
- 10 – 15
- >15
- I don't know

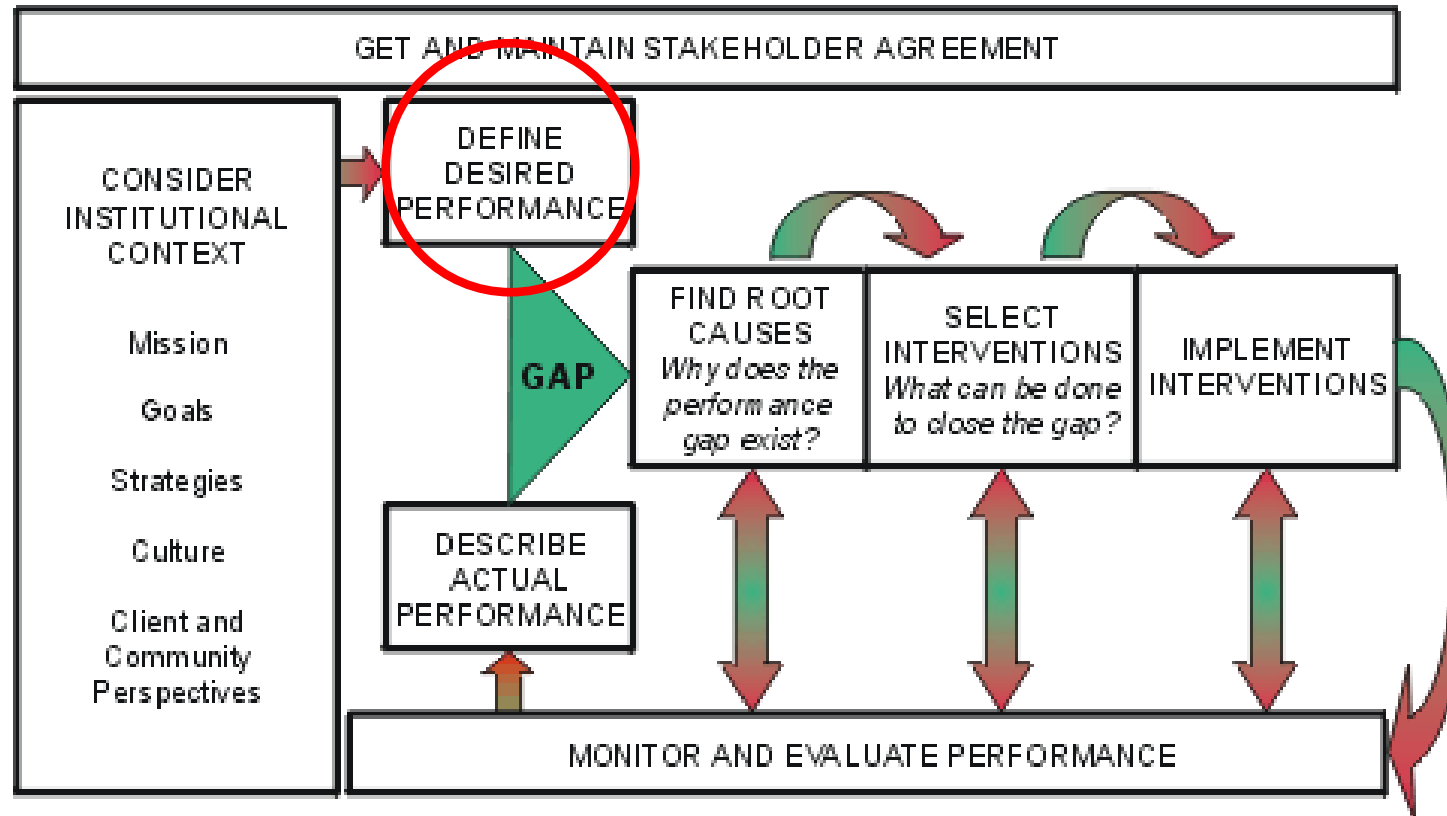
QAPI - Cycle



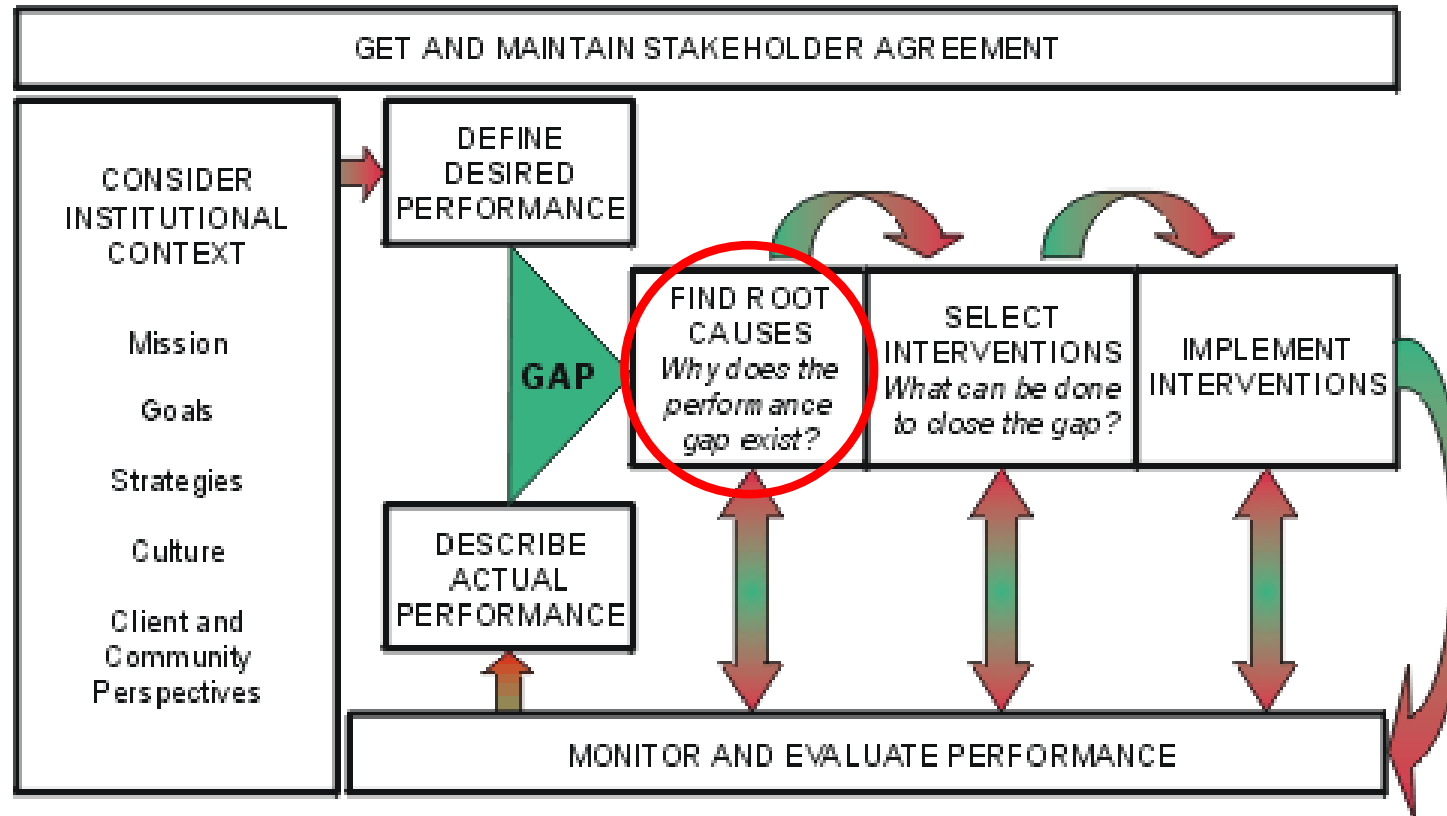
Actual Performance

% MRR Recs Responded to within 30 days Goal > 95%	% Residents taking 18 or more Meds Goal < 3%	% Residents with Diabetes on Insulin SS Goal < 10%	Average Routine Meds for Long Stay Goal <10	Average PRN Meds for Long Stay Goal <5
98%	2%	17%	12.1	4.35
69%	7%	31%	11.47	3.61
82%	11%	23%	12.73	6.03
97%	7%	24%	11.51	5.81
95%	7%	18%	13.14	6.26
100%	11%	38%	12.35	6.92
86%	4%	22%	11.75	5.32

QAPI- Cycle



QAPI



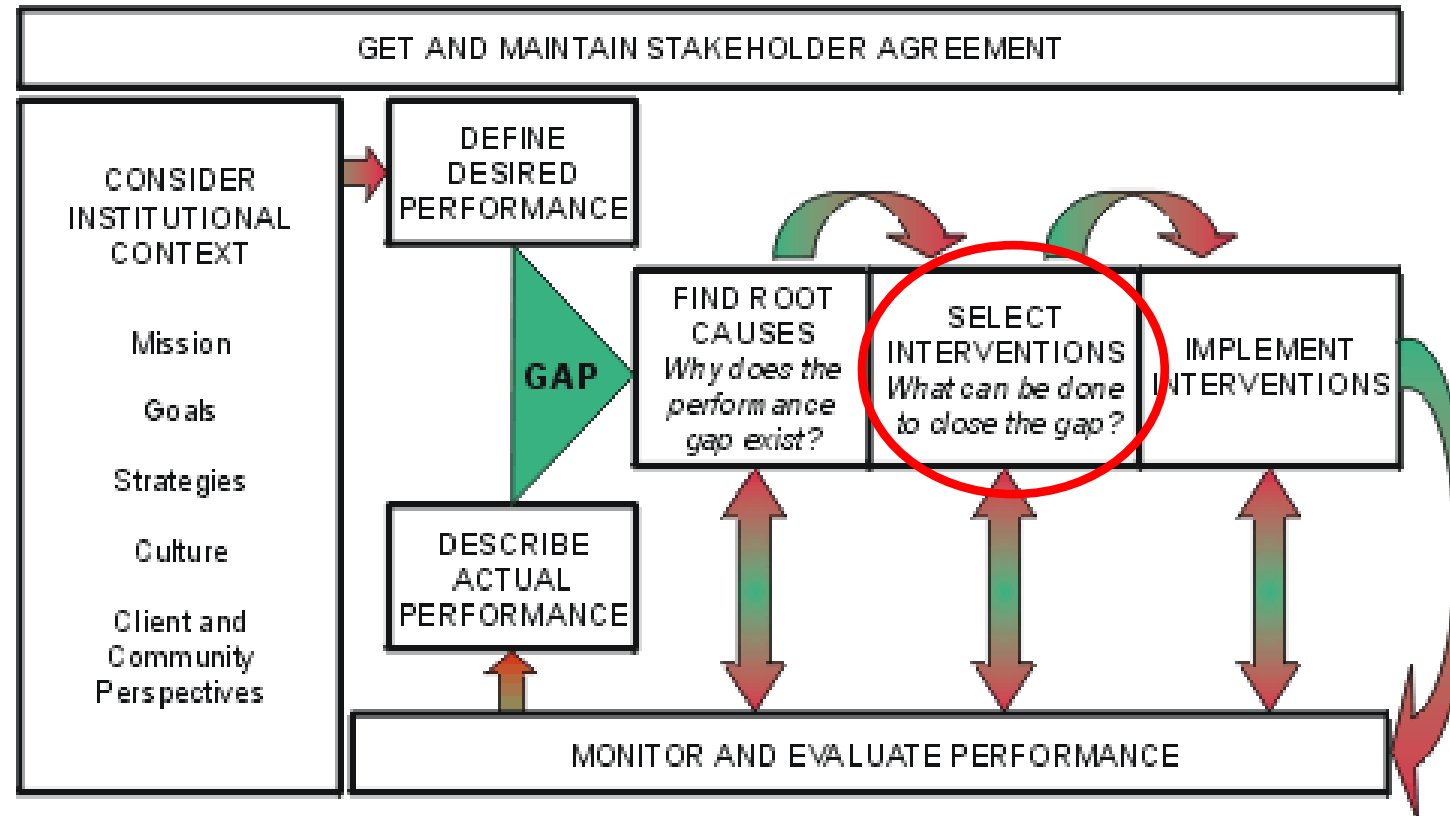
Example: The Prescribing Cascade

Figure 1b. The Prescribing Cascade – Loperamide



*Adapted from: Rochon PA, Gurwitz JH. Lancet 1995; 346: 32-36 and Rochon PA, Gurwitz JH. BMJ 1997; 315: 1096-9.
This figure defines the original Prescribing Cascade concept, and illustrates expanded Prescribing Cascade components.*

QAPI



What is “Deprescribing” ?

- Process of withdrawal/dose reduction of an inappropriate medication
- Supervised by a healthcare professional
- Goal of managing polypharmacy
- Improving outcomes

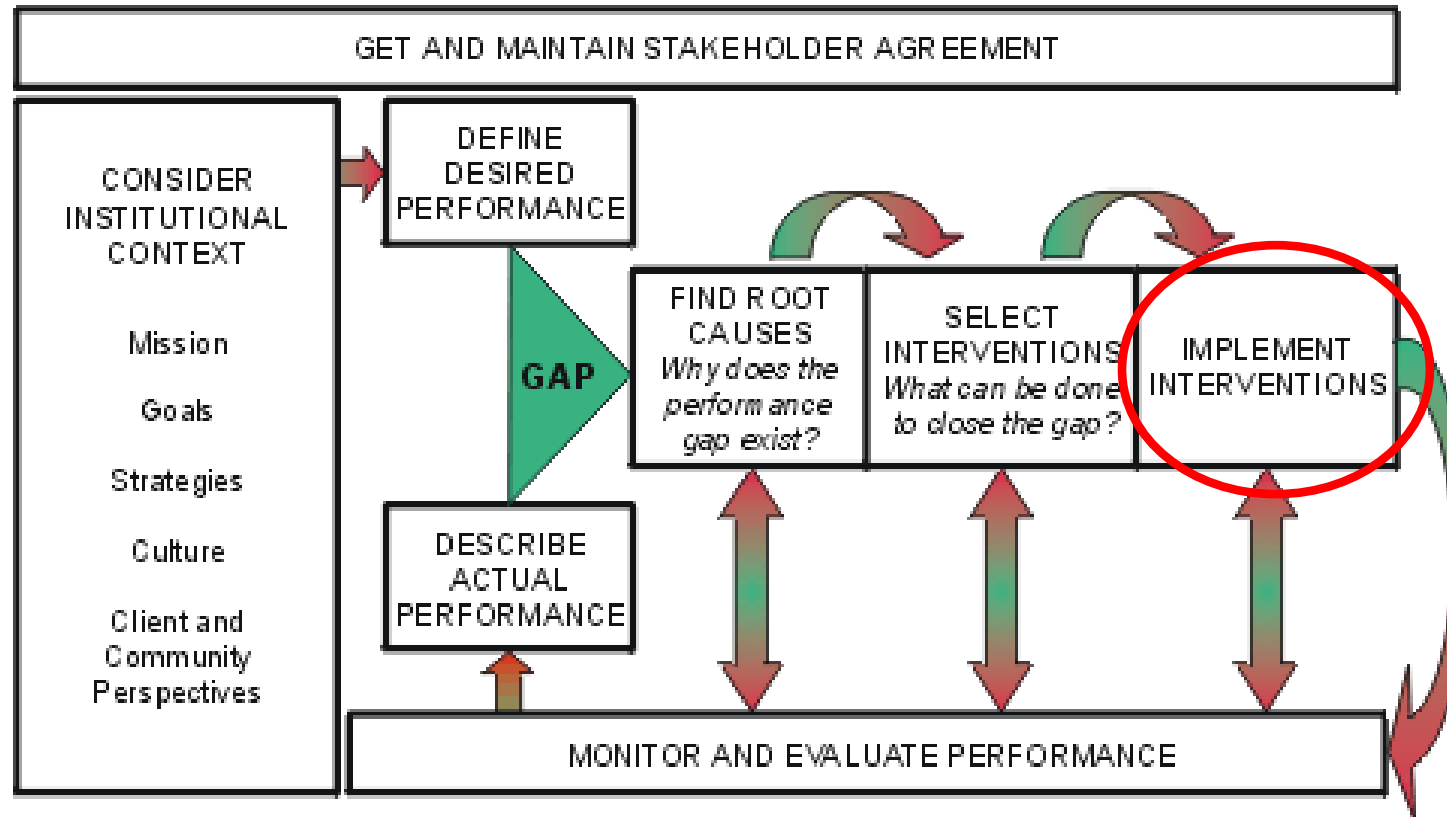
Medication Optimization

- Prescribe agents whose benefits > risks
- Deprescribe agents whose risks > benefits



Resource: Parag Goyal, MD MSc

QAPI



Pre-Determined Criteria Approach

- Step 1: Determine targeted medication(s)
- Step 2: Establish deprescribing-eligibility criteria and monitoring parameters
- Step 3: Implement and monitor

- Tools: Currently five deprescribing algorithms available at www.deprescribing.org
 - Proton pump inhibitors, antihyperglycemics, antipsychotics, benzodiazepines

Potential Deprescribing Team Members

- Medical Director
- Prescribers
- Nursing Leadership
- Front-line Nurses
- Consultant Pharmacists
- Informatics Staff
- Chief Quality Officer
- Patient Educators
- Social Worker
- Residents & Family Members

Poll #2

The top 3 medications I am most concerned about are:

**Don't Use Sliding Scale Insulin (SSI) for
Long-Term Diabetes Management for
Individuals Residing in the Nursing Home**

Experiences of a Medical Leader

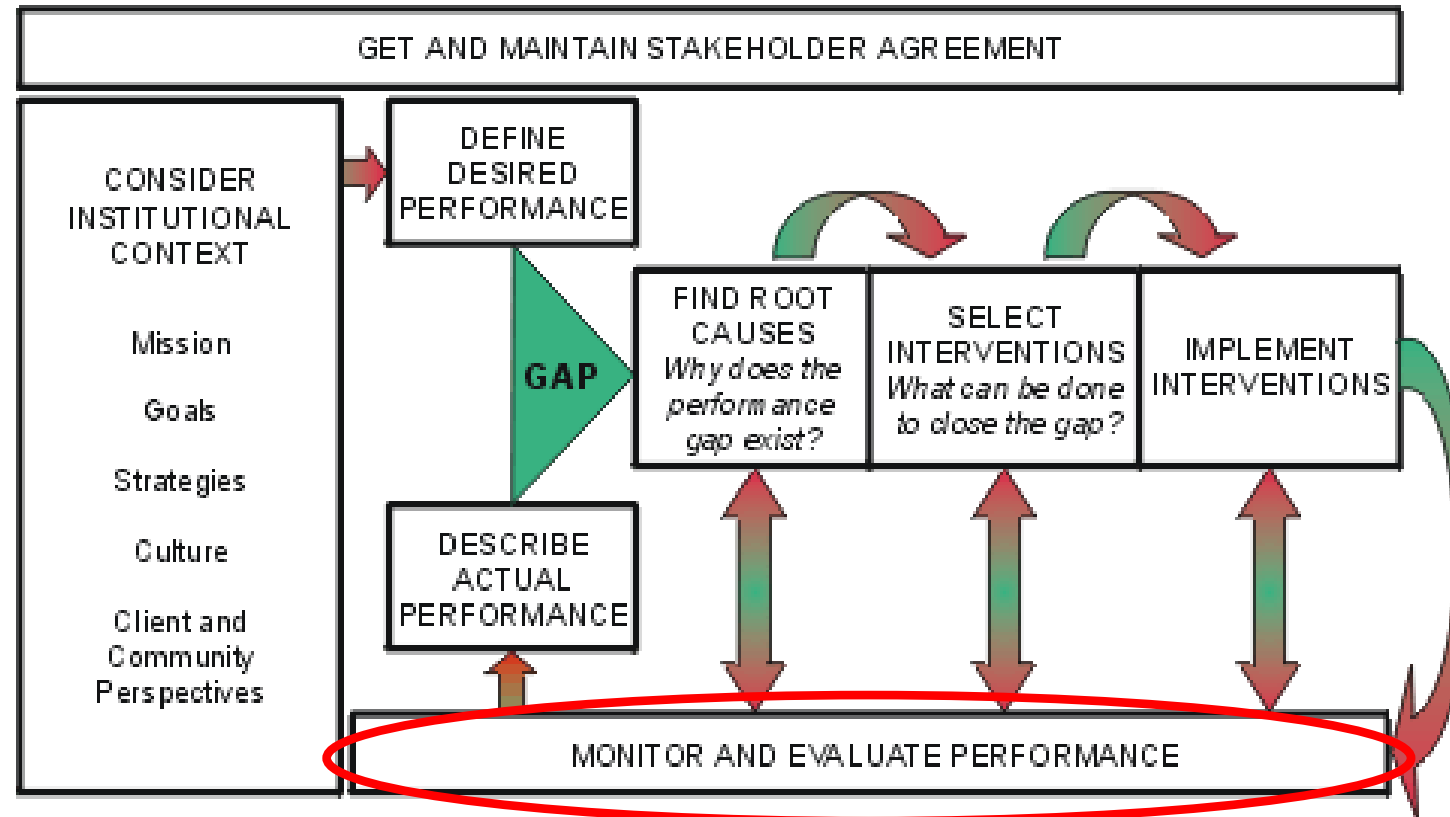
Clinical Initiative: Pursue
Safety Goals

Hypoglycemia is a safety
hazzard

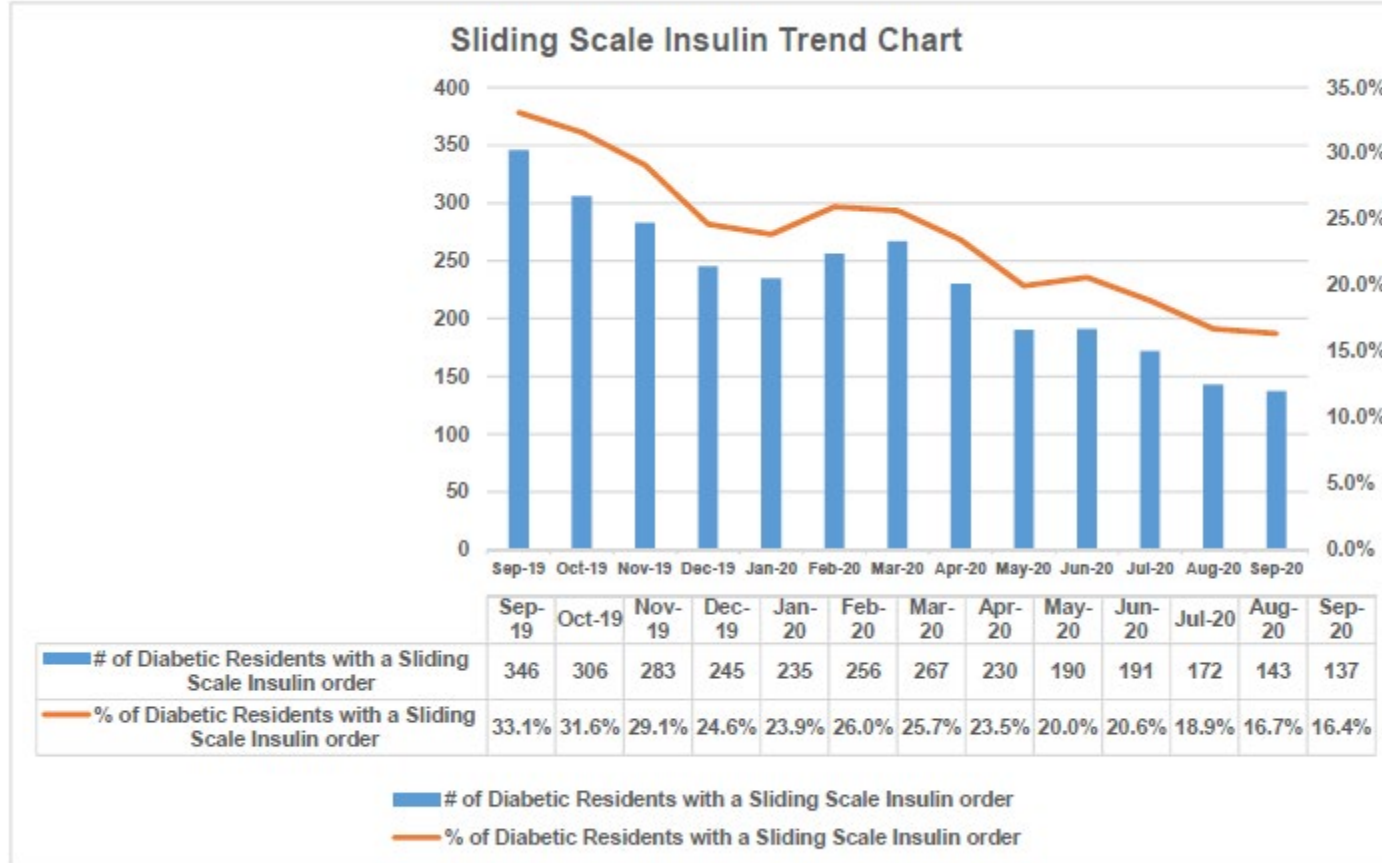
Interventions:

- Obtain Pharmacy Data on Insulin SS
- Formulate goal < 10% Ins SS
- Diabetes Education and Tools
- Incorporate into Medical Director Scorecard

QAPI



Dashboard Reports with Graphs



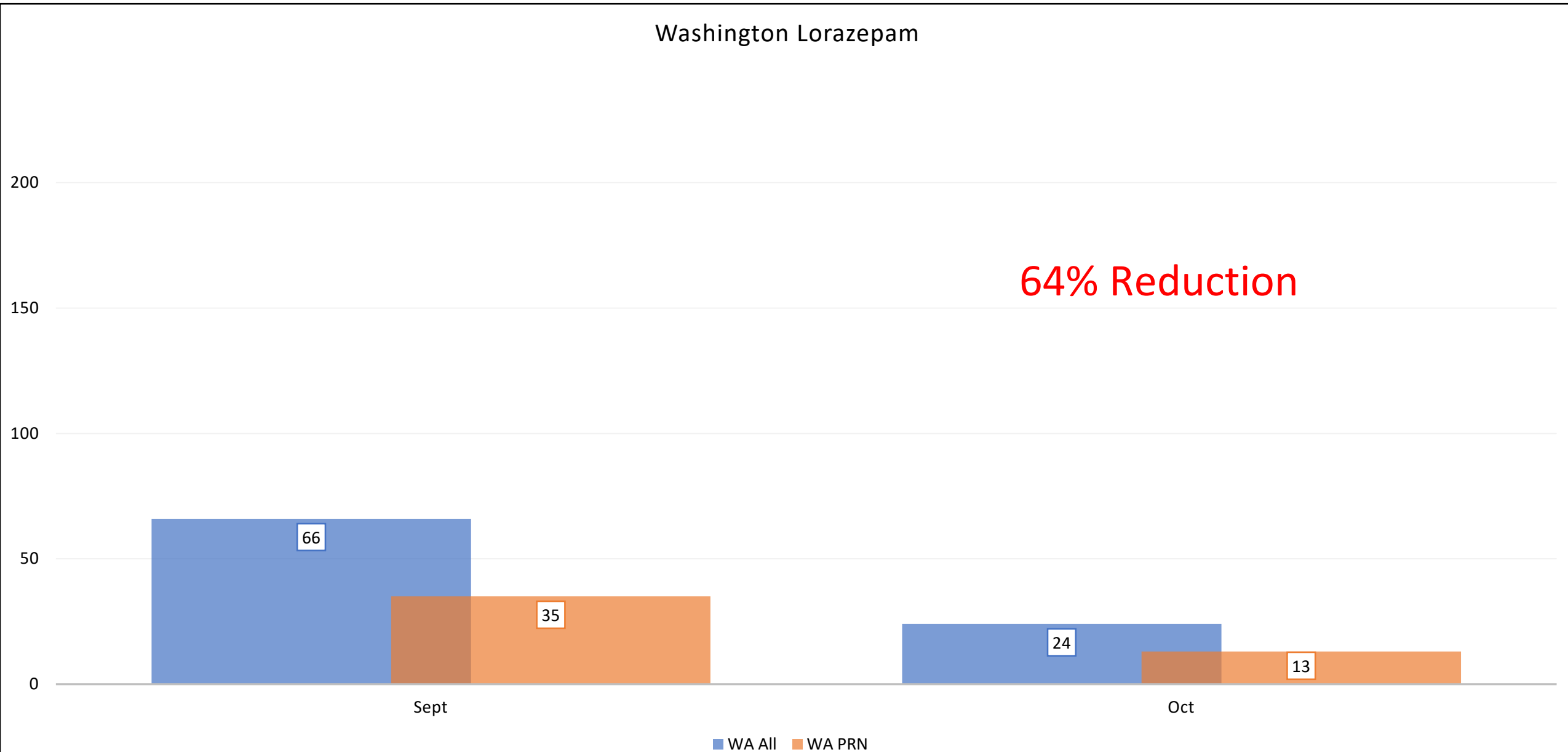
Houston – We still have a problem.

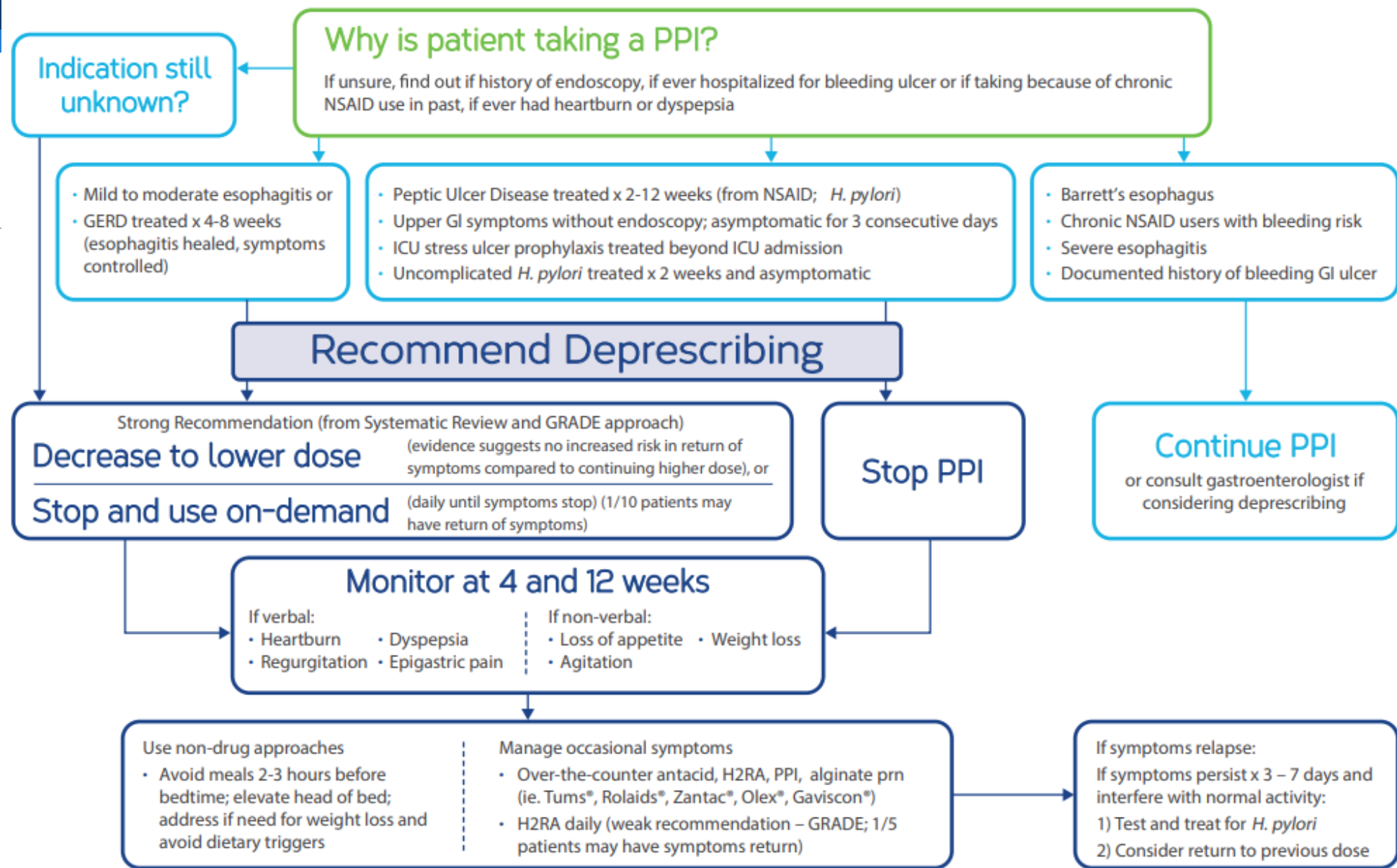
Patient Count by Item Name

Item Short Name

LORAZEPAM	490
BUSPIRONE HCL	225
HYDROXYZINE HCL	154
ALPRAZOLAM	109
CLONAZEPAM	91
DIAZEPAM	58
PROMETHAZINE HCL	53
HYDROXYZINE PAMOATE	45
ZOLPIDEM TARTRATE	45
TEMAZEPAM	30
LORAZEPAM INTENSOL	19
PHENOBARBITAL	13
BELSOMRA	12
CHLORDIAZEPOXIDE HCL	10
ESZOPICLONE	10
RAMELTEON	9
BUTALBITAL-ASPIRIN-CAFFE..	3
BUTALBITAL-ACETAMINOPH..	2
TRIAZOLAM	2
ALPRAZOLAM ER	1
ALPRAZOLAM ODT	1
DIASTAT ACUDIAL	1

Washington Lorazepam





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Farrell B, Pottie K, Thompson W, Boghossian T, Pizzola L, Rashid FJ, et al. Deprescribing proton pump inhibitors.



deprescribing.org

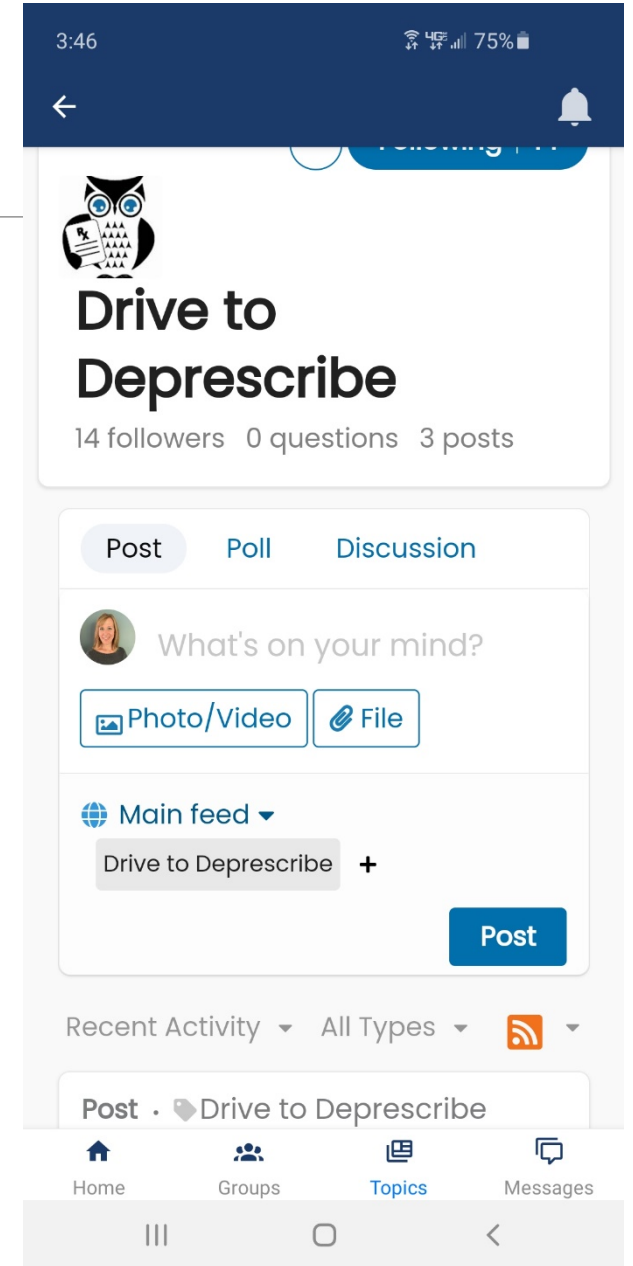
INSTITUT DE RECHERCHE

Bruyère



Access D2D

- Download the AMDA app, log on to AMDA Social, and click on the topic “Drive to Deprescribe” to participate in ongoing discussions with peers
- Access call recordings, slides and other resources at:
<https://paltc.org/drive2deprescribe>



Next D2D Webinar & Progress Check-In

- August 19th (4:30-5:15 PM EST) D2D Webinar
- September 18th (4:30-5:15 PM EST) D2D Check-In

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- Definition and Prevalence of Polypharmacy in PALTC
 - Apply QAPI process to deprescribing
 - Further resources

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