

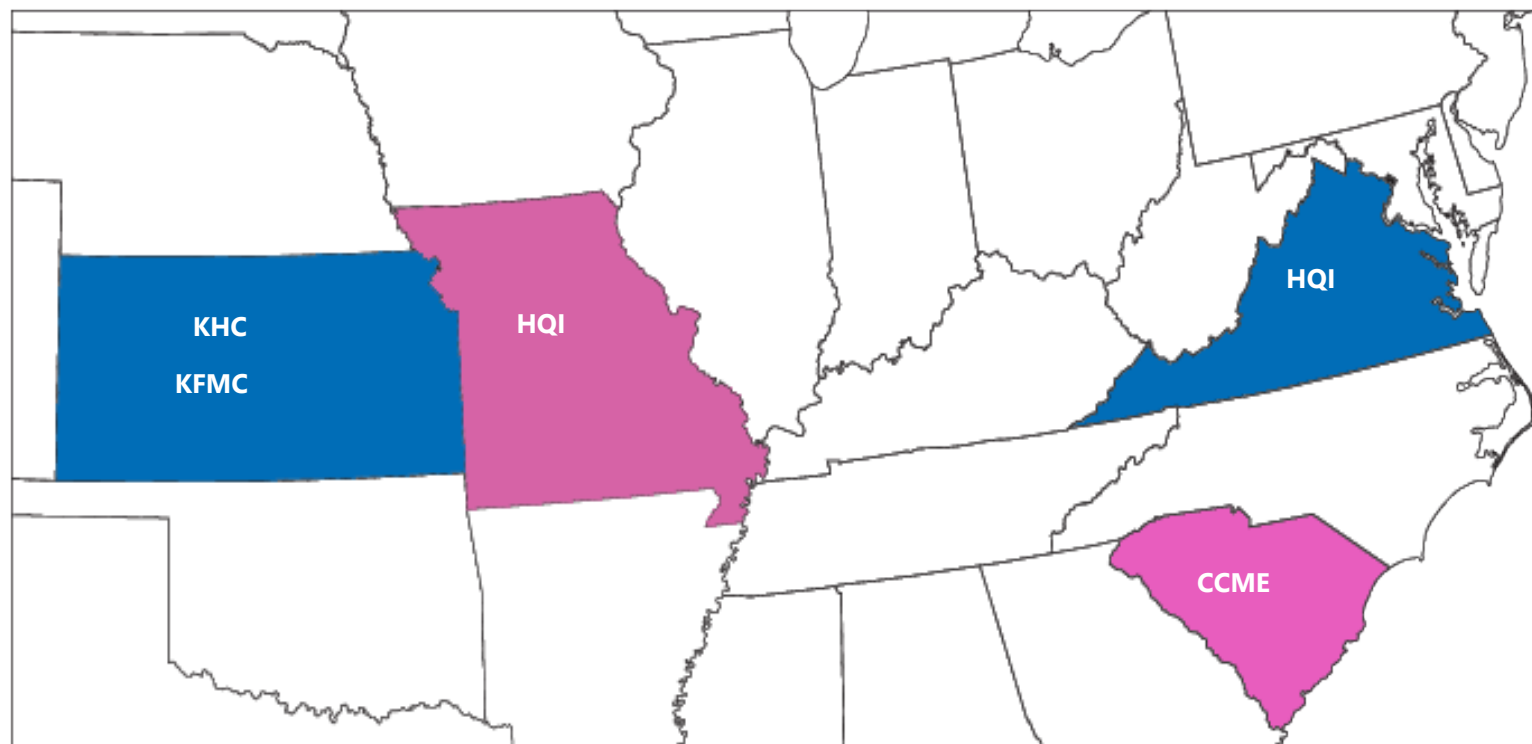


Health Quality Innovation Network

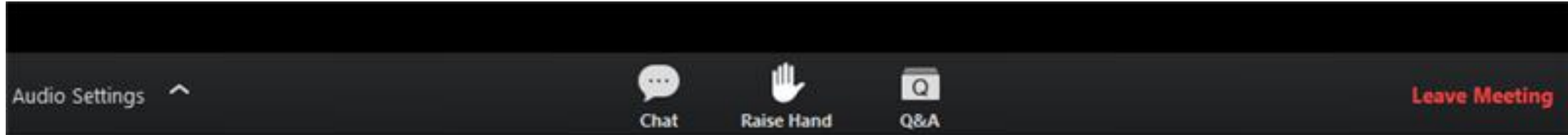
MedsMatter! Conversations Series

Fixing the Polypharmacy Problem

Health Quality Innovation Network



Logistics – Zoom Webinar



To ask a question, click on the **Chat** or **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources and Recording from today's session will be sent out in within 24 hours.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.



MedsMatter! Conversation Series: Fixing the Polypharmacy Problem

Kevin Wissman, PharmD, BCPS
University of Kansas School of Medicine –
Internal Medicine

Purpose and Learning Objectives

- Define the need for a deprescribing
- Review tactics for deprescribing
- Access web-based/mobile resources to use at the point-of-care for patient education



Polypharmacy definition

- A patient who is on 5 or more medications.¹
- more drugs being prescribed or taken than are clinically appropriate in the context of a patient's comorbidities²
- It is commonly reported that as the number of prescribed drugs increases, so do the chances of adverse drug events and likelihood of harm³



1. Masnoon, N., Shakib, S., Kalisch-Ellett, L. *et al.* What is polypharmacy? A systematic review of definitions. *BMC Geriatr* **17**, 230 (2017).
2. Zarowitz BJ, Stebelsky LA, Muma BK, Romain TM, Peterson EL. Reduction of high-risk Polypharmacy drug combinations in patients in a managed care setting. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*. 2005;25(11):1636–45.
3. Rambhade S, Chakarborty A, Shrivastava A, Patil UK, Rambhade A. A survey on Polypharmacy and use of inappropriate medications. *Toxicol Int*. 2012;19(1):68–73

Polypharmacy epidemiology

- The number of adults aged 65 years and older is estimated to nearly double from the year 2012 to the year 2050 ⁴
- Prescribing cascades frequently contain drugs that are defined as potentially inappropriate according to the Beers Criteria, one of the most commonly consulted sources for safe medication use for older adults. ⁵

4. Ortman JM, Velkoff VA, Hogan H. An aging nation: the older population in the united states. United States Consensus Bureau. May 2014; P25-1140.

5. American Geriatrics Society 2015 Beers Criteria Update Expert Panel. American Geriatrics Society 2015 updated Beers Criteria for potentially inappropriate medication use in older adults. J Am Geriatr Soc. 2015 Nov;63(11):2227-46.

Polypharmacy Stats

- Approximately 30% of adults in the US are prescribed 5 or more medications.⁶
- 13% of PCPs consult with a pharmacist prior to prescribing new medications.⁷
- Team based care with pharmacists can:
 - Increase patient satisfaction
 - Increase medication adherence/compliance
 - Prevent adverse events and drug-drug interactions
 - Decrease provider workload
 - Prevent provider burnout

6. McInnis T, et al., editors. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes. 2nd ed, Patient-Centered Primary Care Collaborative. PCPCC Medication Management Task Force collaborative document.

7. Preventing Medication Errors: A \$21 Billion Opportunity. Network for Excellence in Health Innovation, 2011.

http://www.nehi.net/bendthecurve/sup/documents/Medication_Errors_%20Brief.pdf. VIA www.gtmr.org

Medication Errors are Costly

- Prescription drug related morbidity and mortality from non-optimized medication therapy was **\$528.4 billion in 2016.**⁸ (\$495.3 billion - \$672.7 billion)

Hospitalizations	\$174 billion
Long-term care admissions	\$271.6 billion
Emergency Room	\$37.2 billion
Additional provider visits	\$37.8 billion
Additional prescriptions	\$7.8 billion

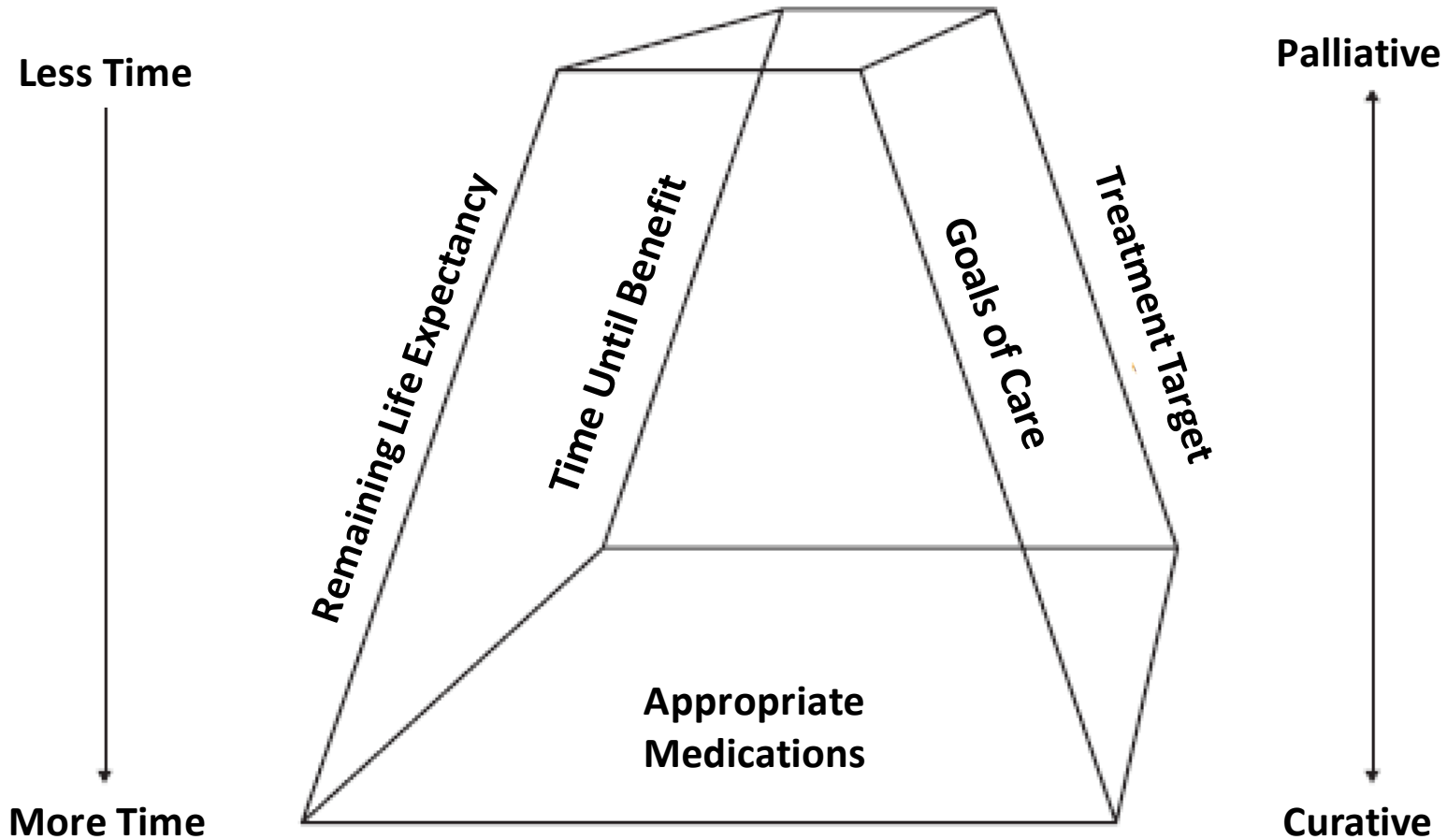
- “Nonoptimized medication therapy was also estimated to result in 275,689 deaths per year.”

Purpose and Learning Objectives

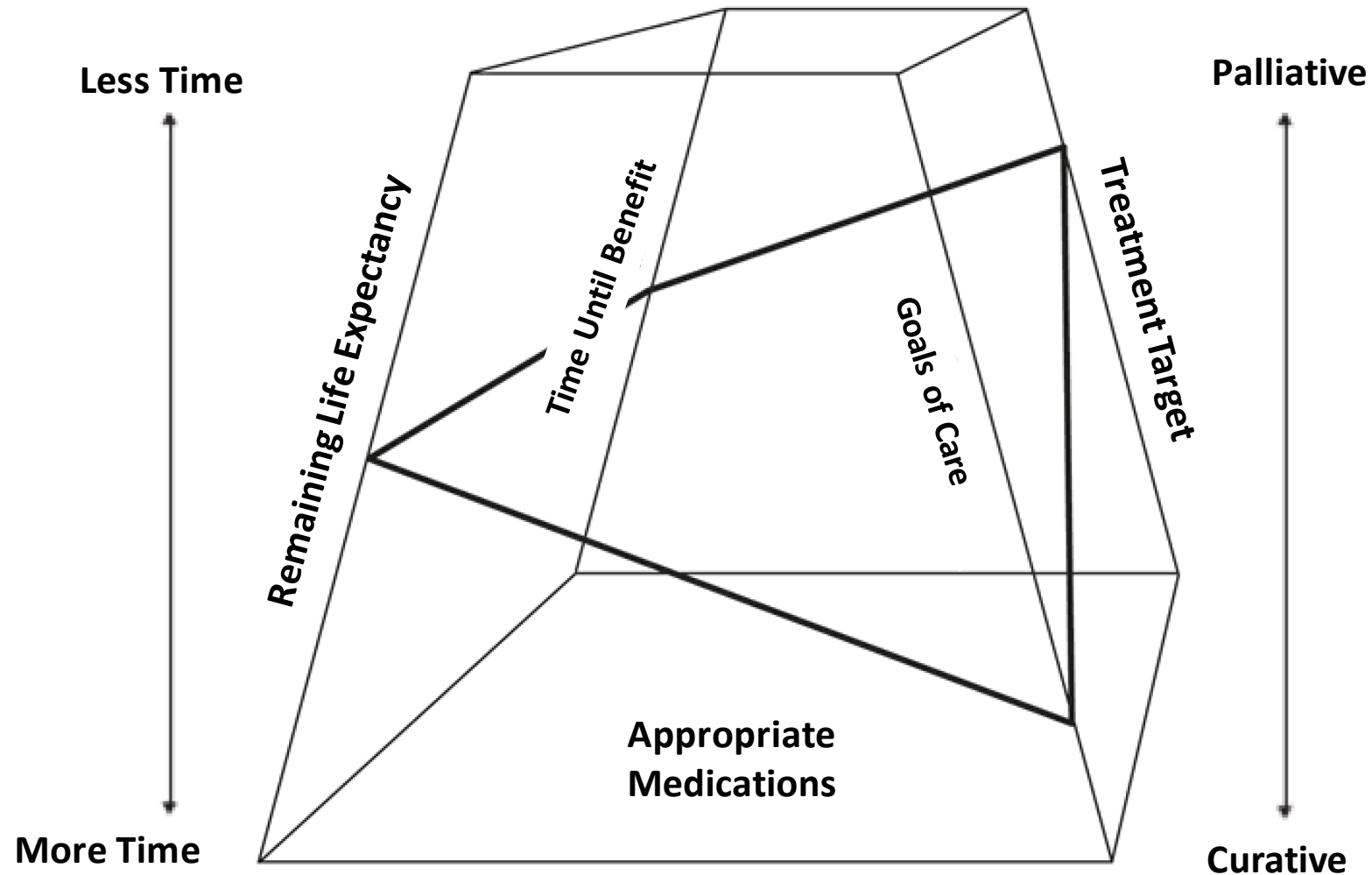
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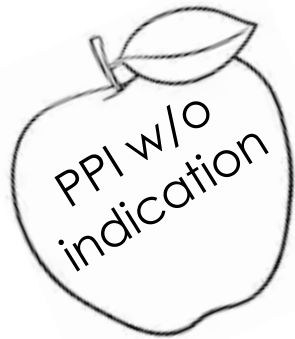
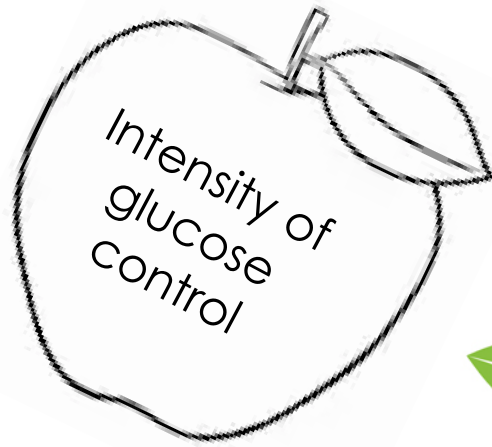


Assessing Deprescribing Eligible Medications



Assessing Deprescribing Eligible Medications





Beers Criteria
STOPP/START Criteria

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Deprescribing Clinical Tools



Tools at the Bedside

1. Deprescribing.org
2. STOPP/START criteria
3. [Med stopper.com](http://Medstopper.com)
4. Beers Criteria
5. The Revised Patients' Attitudes Towards Deprescribing (rPATD)

Deprescribing App

The Bruyère Deprescribing Guidelines Research Team has developed an app to grant easy, on-demand access to its deprescribing algorithms – complementary to the resources on this website.

[Download the app](#)



Resources for Patients and Health Care F

A variety of deprescribing resources are available, to help you learn more about deprescribing, whether it is the right choice for patients, when to have the conversation with health care providers, and how to reduce medication safely.

[Case Reports and Testimonials](#)[Deprescribing Guidelines and Algorithms](#)[Deprescribing Information Pamphlets](#)[Deprescribing Webinars](#)[Frequently Asked Questions](#)[Helpful Links](#)[PPI Deprescribing Patient Decision Aid](#)[Publications](#)[Deprescribing Guideline Symposium](#)[Resources](#)

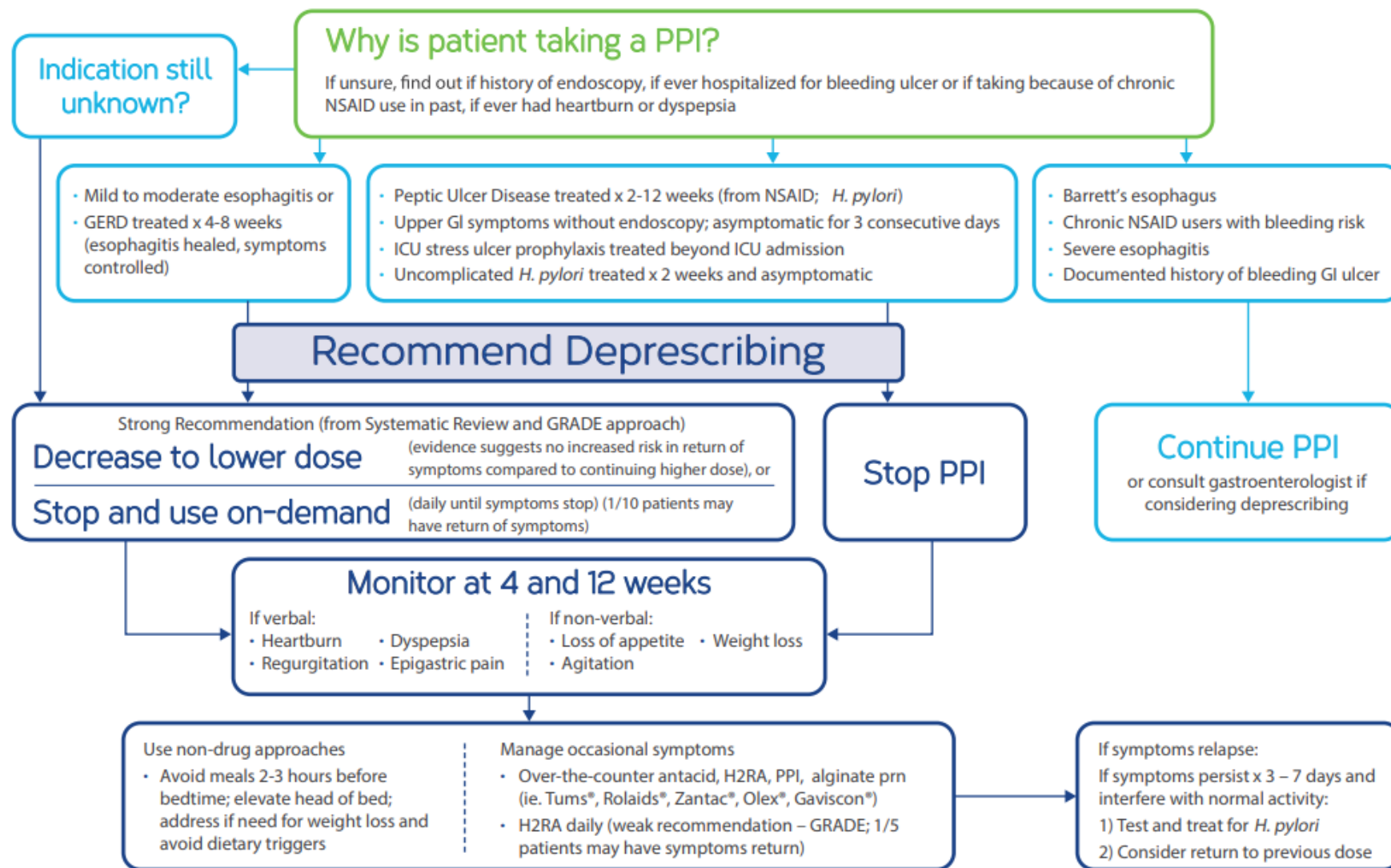
RESOURCES

Deprescribing Algorithms

Evidence-based deprescribing algorithms help clinicians decide when and how to reduce medications safely and how to monitor effect. Each algorithm provides a one-page summary of its related evidence-based deprescribing guideline published by, or in collaboration with the Bruyère Deprescribing Guideline Research Team.

[Learn more](#)

Deprescribing Information Pamphlets



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Farrell B, Pottie K, Thompson W, Boghossian T, Pizzola L, Rashid FJ, et al. Deprescribing proton pump inhibitors. Evidence-based clinical practice guideline. *Can Fam Physician* 2017;63:354-64 (Eng), e253-65 (Fr).



HQIN/KHC Blue Bag Program

(Data from 01/01/21 – 05/30/21)

Blue Bag Initiative / Chronic Care Mgmt Monthly Report

Pharmacy Name: **KU Internal Medicine - Wichita**



BBI DATA	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD
# of Blue bags given to participants	5	3	5	0	0	0	0	0	0	0	0	0	13
# of Participants screened / RX reviews completed	8	3	5	4	1	0	0	0	0	0	0	0	21
# of Participants screened with events identified	8	3	5	4	1	0	0	0	0	0	0	0	21
# of Potential adverse drug events identified	25	2	7	98	27	0	0	0	0	0	0	0	159
# of Expired/discontinued medications participants should not be taking	23	11	21	6	5	0	0	0	0	0	0	0	66
# of Narcotic prescriptions participants should not be taking	2	0	1	0	0	0	0	0	0	0	0	0	3
# of Participants who could state how and when they should take their medications	5	3	5	4	1	0	0	0	0	0	0	0	18

Blue Bag Initiative / Chronic Care Mgmt Monthly Report

Pharmacy Name: **KU Internal Medicine - Wichita**[illegible]

Resources

1. [Deprescribing.org](https://www.deprescribing.org)
2. STOPP/START criteria
3. [Med stopper.com](https://www.medstopper.com)
4. Beers Criteria
5. The Revised Patients' Attitudes Towards Deprescribing (rPATD)

References

1. Masnoon, N., Shakib, S., Kalisch-Ellett, L. *et al.* What is polypharmacy? A systematic review of definitions. *BMC Geriatr* 17, 230 (2017).
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8. Watanabe JH, McInnis T, Hirsch JD. Cost of Prescription Drug-Related Morbidity and Mortality. *Ann Pharmacotherapy*. 2018 Sep;52(9):829-837. Epub 2018 Mar 26. PMID: 29577766.

Polling Questions

#1

Would you be interested in another session on specifics about deprescribing?

- Yes
- No

#2

Do you plan to use the information covered today in your practice setting?

- Yes
- No
- Maybe
- Not Sure

Time for Q&A, Comments and Discussion



FOR MORE INFORMATION

Call 877.731.4746 or visit www.hqin.org

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