
	<p>A New Normal, An Interprofessional Collaborative Care Model to Addressing Polypharmacy Through Deprescribing</p>
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	<p>Genesis Rehab Services is the leading provider of physical therapy, occupational therapy, speech therapy, respiratory therapy and wellness services for the older adult population.</p> <p>As one of the largest and strongest rehab organizations in the country, Genesis Rehab partners with skilled nursing centers, continuing care facilities, hospitals, home health companies, adult day care programs and outpatient clinics to provide comprehensive therapy services.</p> <p><small>DISCLAIMER: The information in this presentation is for informational purposes only. It is not intended to be used as a substitute for professional advice. These materials have been prepared for informational and educational purposes only. They are not legal/financial advice or legal/financial opinions on any specific matter. Participants should not act, or fail to act, based upon information in this webinar without seeking professional counsel.</small></p>
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Objectives

- Recognize and understand the impact of deprescribing on meaningful outcomes
- Identify opportunities for an integrated model of care by improving collaboration of rehabilitation team members with interprofessional partners
- Increase awareness of rehabilitation evidence-based interventions to support deprescribing quality initiatives
- Identify strategies to implement deprescribing through case based examples

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What is Deprescribing?

- Stopping medications or reducing the dose or frequency of administration
- Proactive approach to optimizing medication use



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Why is optimizing deprescribing important?

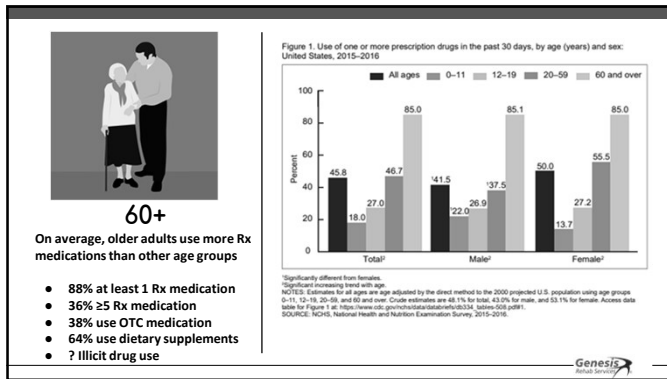
- Older adults (60+) may experience more adverse effects
- Adverse effects of some medications could contribute to:
 - Falls
 - Anxiety
 - Delirium
 - Reversible cognitive impairment
- Adverse Drug Reactions (ADRs) can lead to hospitalizations and /or functional decline.
- # of medications increases risk for adverse effects



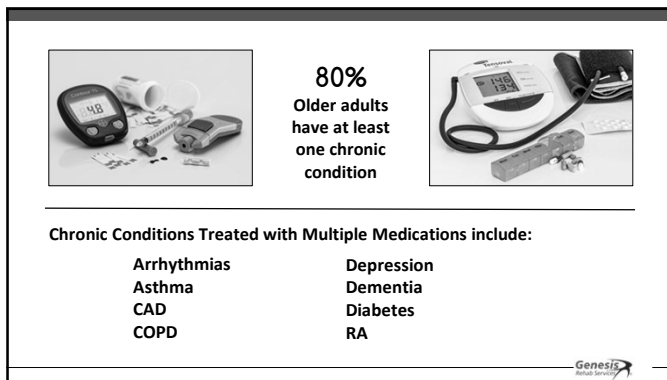
5x
Older adults who were Rx 10-14 medication classes were greater than 5x more likely to be hospitalized

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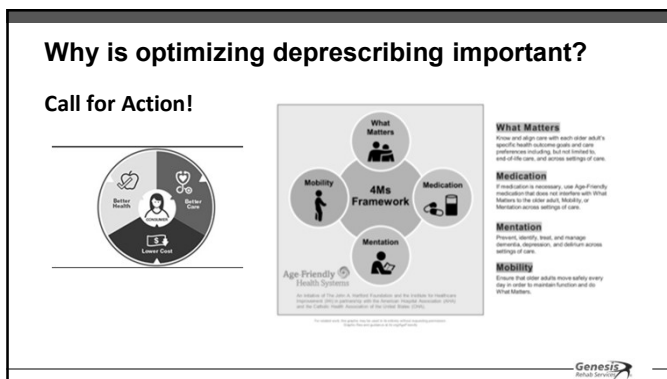
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An initiative of the ABIM Foundation

<https://www.choosingwisely.org/>

5 QUESTIONS to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure

- 1 Do I really need this test or procedure?
- 2 What are the risks and side effects?
- 3 Are there simpler, safer options?
- 4 What happens if I don't do anything?
- 5 How much does it cost, and will my insurance pay for it?

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Interprofessional Practice (IPC)

What does your IPC team look like?

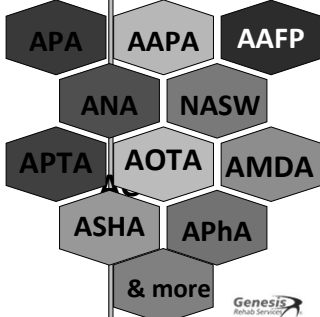
Take 16 seconds to write down everyone you feel is part of the team

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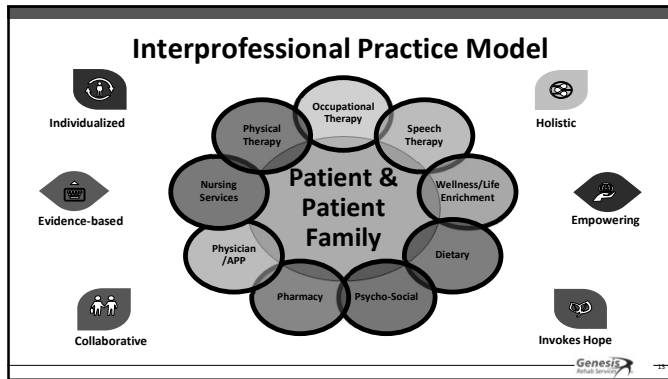
WHO is part of the team?

The patient is ALWAYS at the center.....

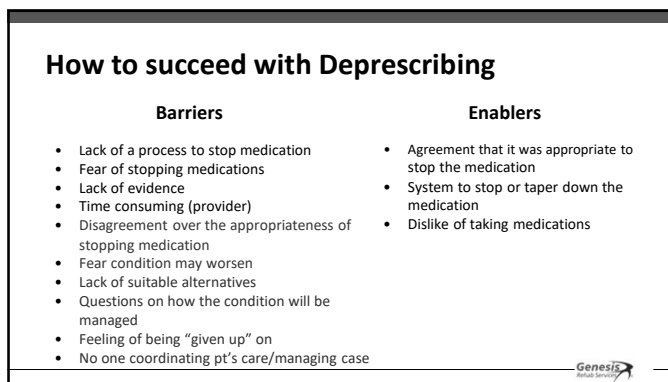


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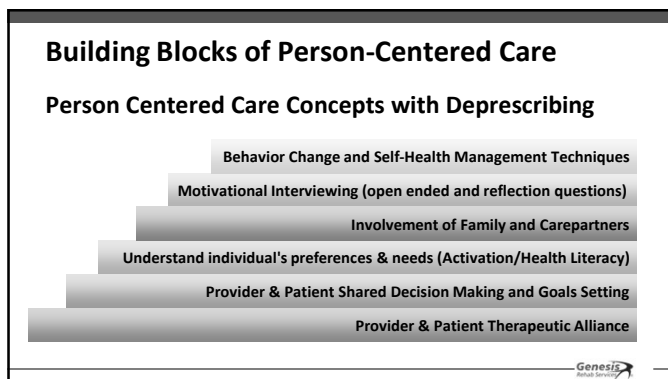
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How to start conversation.....

Introducing choice:

- "You are on a number of medications now. I would like to regularly review these to make sure each of them is still benefiting you, as well as **check for side effects.**"
- Medication side effects can add up. I'm worried that "x," "y," and "z" might all contribute to **memory challenges.**
- Several of your medications might be contributing to this growing issue you are having with **falls.** I would like to tell you about different options to reduce risks from these medications. We can contact you PCP together regarding reducing the dose or stopping one or more of these medications. What do you think?
- As we get older, medications that worked well may no longer have the same **benefit vs risks;** in particular, I'm thinking that "x" may no longer be needed.
- A "course" for this medication is usually eight weeks. Because you have been taking it for **longer than "x" weeks,** we can reduce the dose slowly and stop it.

Benefits and risks

- If we reduce the dose or stop your sleeping pill(s), there is a risk you might have difficulty sleeping for a few nights. We will need to focus on how you can get a good night's sleep without medication. On the plus side, if the sleeping pill is reduced or stopped, you may feel less tired in the morning and have **fewer falls.**

Exploring options and making decisions

- From your point of view, what **matters most to you?** How do you feel about these options? Is this something you would consider?



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Screening Tool: AGS Beers Criteria

- Includes list of certain "**potentially inappropriate medications**" for older adults based on the latest research
 - Treatments with risk that may outweigh their benefits
- Highlights the potential role for **nonpharmacologic approaches** to management of common conditions in older adults



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Screening Tool: STOPP-START tool

STOPP - Screening Tool of Older People's Prescription

START - Screening Tool to Alert to Right Treatment



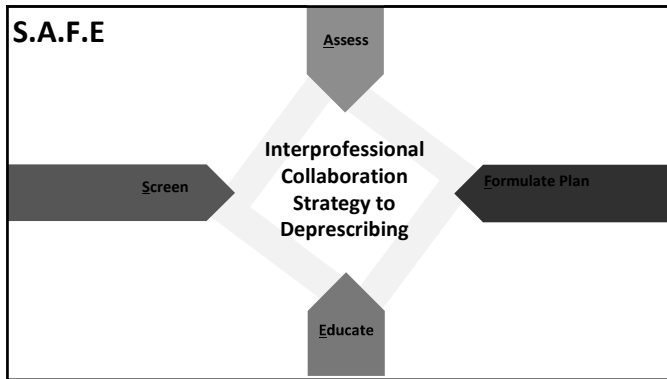
Medication to consider stopping in patients over 65 from the STOPP Tool

Medication to consider starting in patients over 65 from the START Tool

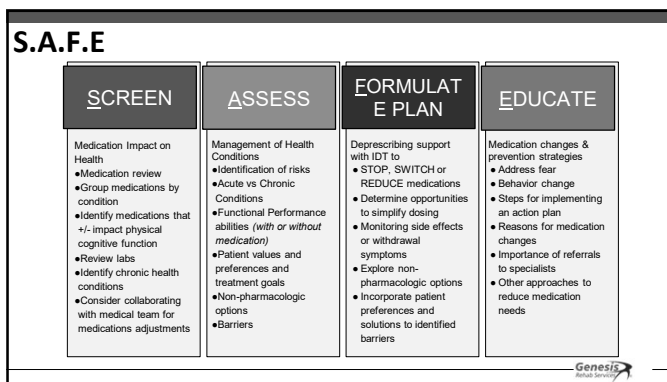
NICE Guidelines or other supporting/useful information



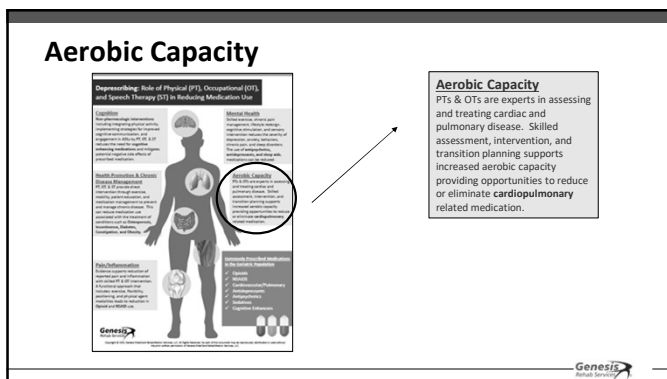
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Pain/Inflammation

Pain/Inflammation
Evidence supports reduction of reported pain and inflammation with skilled PT & OT intervention. A functional approach that includes: exercise, flexibility, positioning, and physical agent modalities leads to reduction in Opioid and NSAID use.

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Musculoskeletal Case Study: Pain/Inflammation

Mr. P
Dx: 82 yo male with OA B knees; DJD L-spine
PMX: HTN, COPD, HAS, pre-diabetes, Afib- s/p pacemaker, CVD, osteoporosis, Hx spinal comp fxs, OA B knees, PUD
Medications: Symbicort, Metoprolol, Furosemide, B complex, baby aspirin, Losartan, Rosuvastatin, ventolin; ibuprofen; oxycodone acetaminophen, Omeprazole
Supplements: Cannabis ointment
PLOF: Independent without limitations
CLOF: Lives alone in single family home

- ADLs - Independent
- IADLs - Independent except assist for medication management and finances
- Physical Function - inconsistent knee buckling with stairs, pain and edema B knees with transitional mobility/gait; back pain x 2 months

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S.A.F.E

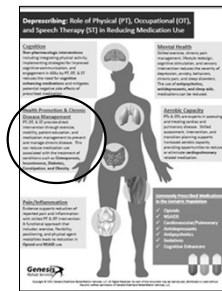
SCREEN	ASSESS	FORMULATE PLAN	EDUCATE
Medication Review • Oxycodone acetaminophen, ibuprofen Lab Review • Elevated ALTs Chronic health conditions • HTN, PUD, OA, Osteoporosis Collaborating with medical team • Cardiopulmonary precautions, withdrawal concerns	Risks • Elevated BP with NSAIDs; Abn. labs; Key Conditions • OA, Osteoporosis, Lumbar Fx, cardiac Functional Performance • Pain; Unsteady gait; SOB Pt value/preference/goal • Pain-free • Reduce use of AD Non-pharmacologic options • Exercise tolerance; AROM/RROM Barriers: Chronic Percocet use	Collaboration to: STOP: Oxycodone acetaminophen (taper off), ibuprofen Monitored • Withdrawal sx followed discontinuation of Percocet Non-pharmacologic tx • Diathermy; Dry Needling; Strengthening: Postural Correction Patient preferences and solutions for barriers	• Address fear related to pain • Behavior change: Physical Activity Exercise Plan • Reasons for medication changes • Possibly pain specialist for cortisone • Edema management without medications • Joint Protection • Back Safety • Edema management

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Health Promotion & Chronic Disease Management

Health Promotion & Chronic Disease Management

PT, OT, & ST provide direct intervention through exercise, mobility, patient education, and medication management to prevent and manage chronic disease. This can reduce medication use associated with the treatment of conditions such as Osteoporosis, Incontinence, Diabetes, Constipation, and Obesity.



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Case Study: Health Promotion - Continence

Mrs. L

Dx: 75 y/o Admitted to hospital due to increase in falls (related to trying to get to bathroom quickly and difficulty with clothing management)

PMHx: HTN, H/O mild Anxiety, chronic back pain, overactive bladder

Medications: Amlodipine, Xanax, prescription NSAIDs, ditropan

PLOF: Living at home alone

CLOF:

- Currently in SNF for rehabilitation requiring min A for safe ambulation and clothing/fastener management during toileting
- Incontinence episodes increased (up to 16x per day) which was impacting sleep, skin hygiene, increased anxiety with social interactions, fall risk (d/t urgency), and overall mental health

DC Plan: Transition to ALF




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S.A.F.E

SCREEN	ASSESS	FORMULATE PLAN	EDUCATE
Medication Review <ul style="list-style-type: none"> • Ditropan • Xanax Lab Review <ul style="list-style-type: none"> • Potassium 5.0 mmol/L • Creatinine: .77mg/dL Chronic health conditions <ul style="list-style-type: none"> • Pain • Anxiety Collaborating with medical team <ul style="list-style-type: none"> • Time frame of increased incontinence • Frequency of falls 	Risks <ul style="list-style-type: none"> • Continued falls • Social isolation /withdrawal/depression • Dehydration Key Conditions <ul style="list-style-type: none"> • Type of incontinence • Overactive bladder Functional Performance <ul style="list-style-type: none"> • Mod A-ADLs & Mobility Pt values/preference/goal <ul style="list-style-type: none"> • Return to previous lifestyle Non-pharmacologic options <ul style="list-style-type: none"> • Lifestyle: Diet • Barriers • Poor sleep patterns 	Collaboration to: <ul style="list-style-type: none"> • REDUCE • Ditropan, Xanax Simplify dosing regimen <ul style="list-style-type: none"> • BID vs TID Monitor <ul style="list-style-type: none"> • drowsiness/fall risk • increased urination Non-pharmacologic tx <ul style="list-style-type: none"> • Diet/lifestyle/environmental modification • Functional coordination • Exercise/pelvic floor strengthening • Balance training Patient preferences and solutions for barriers	<ul style="list-style-type: none"> • Bladder irritants • Maintaining hydration • Behavior change • Reasons for medication changes • Developing schedule involving around activities • Exercise program • Address fear/anxiety of accidents in social situations

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Mental Health



Mental Health

Skilled exercise, chronic pain management, lifestyle redesign, cognitive stimulation, and sensory intervention reduces the severity of depression, anxiety, behaviors, chronic pain, and sleep disorders. The use of **antipsychotics, antidepressants, and sleep aids**, medications can be reduced.


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Cognition

Cognition

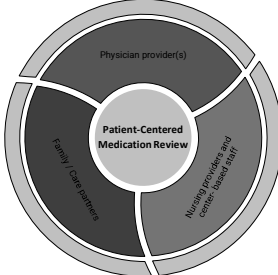
Non-pharmacologic interventions including integrating physical activity, implementing strategies for improved cognitive-communication, and engagement in ADLs by PT, OT, & ST reduces the need for **cognitive enhancing medications** and mitigates potential negative side effects of prescribed medication.



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Lessons Learned



BENEFITS

- Minimize/reduce potential adverse drug reactions
- Reduction in Falls
- Improved Cognition
- Non-adherence concerns are eliminated
- Improved compliance with other medications
- Reduced hospitalizations and mortality
- Improve Quality of Life and Patient Satisfaction
- Decrease healthcare costs

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