



FIRST, DO NO HARM

National Strategy to Improve Safe and Appropriate Medical Therapy for Older Men and Women across Canada

Canada



ACTION PLAN

March 2016



FIRST DO NOT HARM

Action Plan to Improve Safe and Appropriate Medical Therapy for Older Men and Women across Canada

Approximately 1-in-4 Canadians aged 65 and older currently consumes at least one medication deemed to be inappropriate for elderly patients. Such prescriptions are known to pose health risks for older adults, leading to unnecessary hospitalizations and undue cost to the individual and society. Older women consume more medication than men, are at higher risk of being inappropriately prescribed medications, and are at higher risk of adverse events.

In January 2015, an inaugural National Stakeholder's Council was convened to develop an action plan to reduce inappropriate prescribing to Canadians aged 65 years and older. This document summarizes the plan developed by members of the council, who are listed at the end of this document.

This action plan envisages two overarching goals:

Reduction of harm by curbing the prescription of inappropriate medications by 50% within 3 to 5 years

Promotion of health by ensuring access to safer pharmacological or non-pharmacological therapies

The plan contains 5 elements necessary to achieve and maintain the two overarching goals:

1. **Public awareness, engagement and action**
2. **Provider awareness, motivation and capacity**
3. **Policy change at the provincial and federal levels**
4. **Integration with electronic health information systems**
5. **Research capacity and impact**

Members of the inaugural council were invited to collaborate on subcommittees to strategize on best ways to operationalize these 5 elements. New advocates and partners were and continue to be recruited as additional collaborators. A core executive committee consisting of the team leads and co-leads meets quarterly to ensure ongoing commitment to implementation of the strategic plan. A timeline and evaluation framework are being put in place to monitor progress and address barriers. Stakeholders will reconvene annually until the two target goals are met. This work is funded by a Partnerships for Health System Improvement Grant from the Canadian Institutes of Health Research.

Cara Tannenbaum, MD, MSc
Chair, National Strategy on Increasing Safe and Appropriate Therapy for Older Men and Women across Canada

SUB-COMMITTEE 1: PUBLIC AWARENESS, ENGAGEMENT AND ACTION ON DEPRESCRIBING

LEAD: JOHANNA TRIMBLE, PATIENTS FOR PATIENT SAFETY CANADA

CO-LEAD: JANET CURRIE, HEALTH, JUSTICE AND SOCIAL SERVICES DELIVERY

Action Item	Goal	Components
1	Develop and disseminate a deprescribing toolkit for patients and the public	<ul style="list-style-type: none">• Compile resources for a toolkit on deprescribing for patients and the public• Identify seniors' organizations across Canada to act as information conduits in the dissemination of the toolkit• Disseminate the toolkit to patients and the public
2	Complete a survey of public awareness on deprescribing	<ul style="list-style-type: none">• Develop and implement a survey in targeted jurisdictions to assess the baseline knowledge and awareness of deprescribing among patients and the public
3	Implement and evaluate a public awareness campaign	<ul style="list-style-type: none">• Implement the public awareness campaign in targeted jurisdictions• Evaluate the public awareness campaign with post-campaign survey

SUB-COMMITTEE 2: HEALTH CARE PROVIDER AWARENESS, MOTIVATION AND CAPACITY TO DEPRESCRIBE

LEAD: BARBARA FARRELL, PHARMACIST AND NATIONAL LEAD ON THE DEVELOPMENT OF EVIDENCE-BASED DEPRESCRIBING ALGORITHMS

CO-LEAD: MARIE-THÉRÈSE LUSSIER, FAMILY DOCTOR AND RESEARCHER, QUEBEC PRIMARY CARE RESEARCH NETWORK

Action Item	Goal	Components
1	Enhance capacity for deprescribing among health care providers	<ul style="list-style-type: none"> • Solicit provincial healthcare professional organizations input on needs and best communication strategies related to deprescribing • Develop a toolkit for health care providers to support deprescribing • Disseminate the toolkit to health care providers across Canada
2	Raise deprescribing as a priority among health care providers	<ul style="list-style-type: none"> • Solicit professional journals' collaboration to help increase awareness around the issue of deprescribing • Use of CME/CE events and accredited activities to disseminate knowledge on the harms associated with inappropriate prescriptions and approaches to deprescribing
3	Invest in health professional education on deprescribing	<ul style="list-style-type: none"> • Promote curriculum reform in healthcare professional institutions for greater emphasis on prescribing appropriateness and deprescribing approaches • Promote deprescribing content among continued education providers

SUB-COMMITTEE 3: POLICY CHANGE AT PROVINCIAL AND FEDERAL LEVEL

LEAD: JAMES SILVIUS, ALBERTA HEALTH SERVICES

CO-LEAD: CARA TANNENBAUM, CHAIR - NATIONAL STRATEGY, INSTITUTE OF GENDER AND HEALTH, CIHR

Action Item	Goal	Components
1	Develop a national strategy involving a range of policy levers to support deprescribing	<ul style="list-style-type: none"> • Complete an environmental scan of policies in Canada that have promoted deprescribing and sought to enhance access to alternative therapies • Complete an international scan of policies that have promoted deprescribing and sought to enhance access to alternative therapies, and their consequences
2	Raise political awareness around drug safety and appropriateness of prescribing	<ul style="list-style-type: none"> • Identify political champions and support them with the evidence base needed for policy reform • Identify windows of opportunity for policy change on deprescribing

SUB-COMMITTEE 4: INTEGRATED DEPRESCRIBING STRATEGIES WITHIN ELECTRONIC HEALTH RECORD SYSTEMS

LEAD: ROBYN TAMBLYN, INSTITUTE OF HEALTH SERVICES AND POLICY RESEARCH, CIHR

CO-LEAD: STEVE MORGAN, UBC SCHOOL OF POPULATION AND PUBLIC HEALTH

Action Item	Goal	Components
1	Evaluate and scale up the integration of deprescribing support into existing electronic health record systems	<ul style="list-style-type: none">• Complete a Randomized Controlled Trial with the Canadian Primary Care Sentinel Surveillance Network: Assess effectiveness of EMR to assist decision-making for deprescribing• Upscale promising practices

SUB-COMMITTEE 5: RESEARCH CAPACITY AND IMPACT

LEAD: CARA TANNENBAUM, INSTITUTE OF GENDER AND HEALTH, CIHR

CO-LEAD: ROBYN TAMBLYN, INSTITUTE OF HEALTH SERVICES AND POLICY RESEARCH, CIHR

Action Item	Goals	Components
1	Raise deprescribing as a strategic research priority	<ul style="list-style-type: none">• Advocate for research on deprescribing across various research forums• Support CIHR strategic initiatives on deprescribing and overuse funding opportunities
2	Ensure a focus on sex, gender, age, and socio-demographic subgroups in future research programs	<ul style="list-style-type: none">• Development of CHIR Signature Initiatives in partnership with IGH and other resources as well

INAUGURAL NATIONAL STAKEHOLDERS

Organizations represented

Alberta Health

Bruyere Research Institute

Canada Research Chair in Primary Care Research

Canadian Agency for Drugs and Technology in Health

Canadian Centre on Substance Abuse

Canadian Foundation for Healthcare Improvement

Canadian Home Care Association

Canadian Institute for Health Information

Canadian Institutes for Health Research

Institute of Gender and Health

Institute of Health Services and Policy Research

Public Affairs and Communications

Drug Safety and Effectiveness Network

Canadian Medical Association

Canadian Nurses Association

Canadian Patient Safety Institute

Canadian Pharmacists Association

Canadian Patient Safety

Choosing Wisely Canada

Government of Canada

Institut national de santé publique du Québec

Institute for Safe Medication Practices

Michel Saucier Pharmacy Chair

Ontario government

Ontario Medical Association

Ontario Pharmacists Association

Ordre des pharmaciens du Québec

Ordre des psychologues du Québec

Patients for Patient Safety Canada

UBC School of Population and Public Health