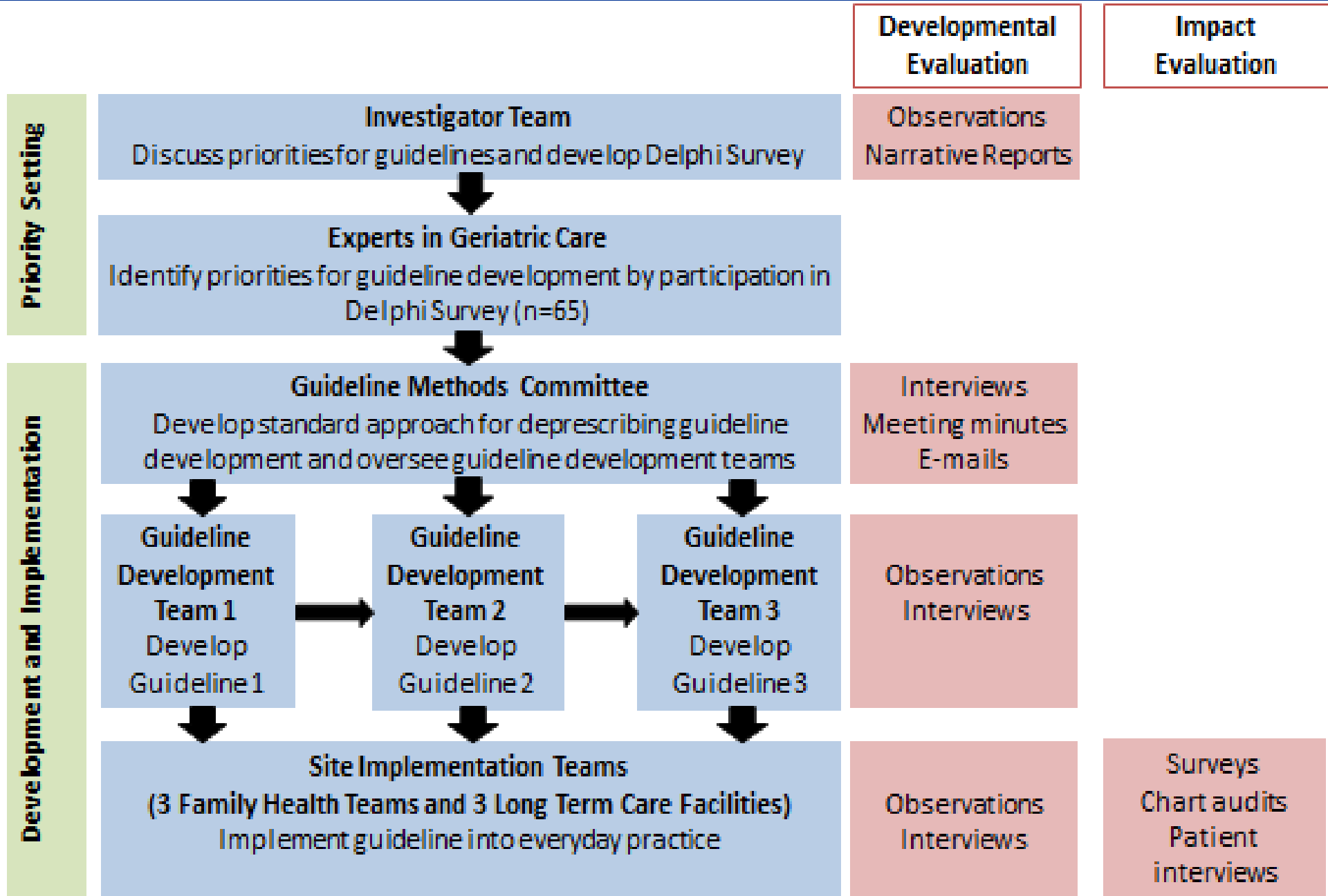# Deprescribing guideline implementation experiences

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#deRx2018

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Developing and implementing deprescribing guidelines for the elderly HRSF grant (2013-2016)

		Developmental Evaluation	Impact Evaluation

Priority Setting

Investigator Team
Discuss priorities for guidelines and develop Delphi Survey — Observations, Narrative Reports

Experts in Geriatric Care
Identify priorities for guideline development by participation in Delphi Survey (n=65)

Development and Implementation

Guideline Methods Committee
Develop standard approach for deprescribing guideline development and oversee guideline development teams — Interviews, Meeting minutes, E-mails

Guideline Development Team 1
Develop Guideline 1

Guideline Development Team 2
Develop Guideline 2

Guideline Development Team 3
Develop Guideline 3

— Observations, Interviews

Site Implementation Teams
(3 Family Health Teams and 3 Long Term Care Facilities)
Implement guideline into everyday practice — Observations, Interviews — Surveys, Chart audits, Patient interviews

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Findings

- There is an appetite for such guidelines; 14 priorities identified

- Deprescribing decision-support algorithms easily implemented into routine pharmacist-physician LTC medication reviews; appeared to increase self-efficacy for deprescribing and reduce target medication use

- In LTC, need better patient/family/staff buy-in (and communication)

- Implementation in Family Health Teams more challenging due to competing priorities, EMR limitations + lack of documented reason

PPI prescriptions over time

Selected outputs
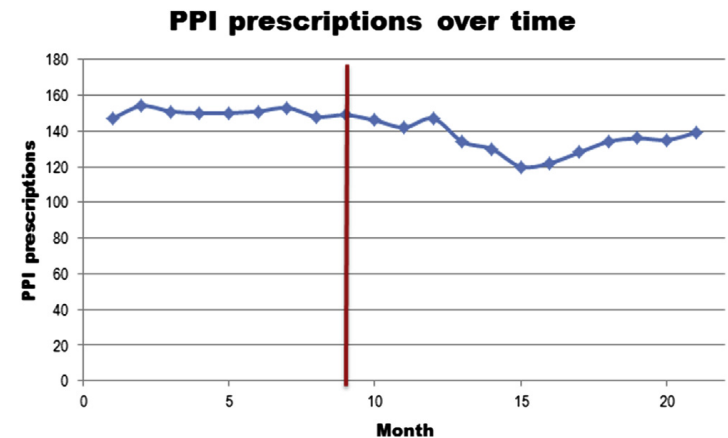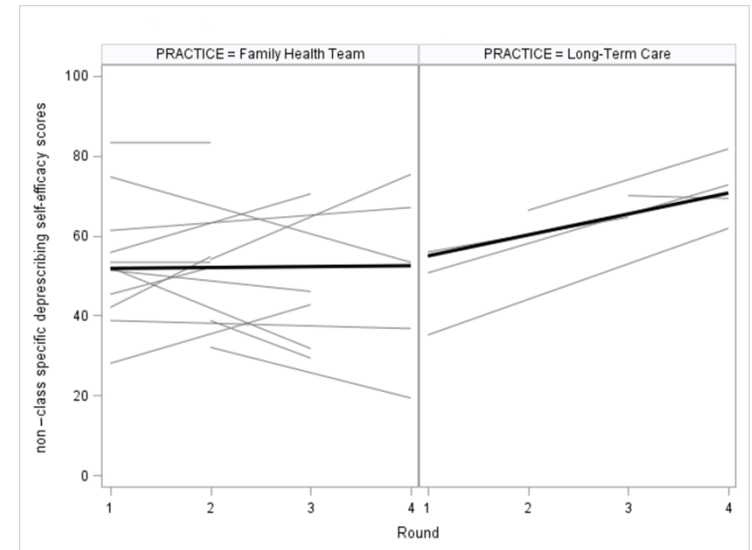
Catalyst grant (2016-2017)

- Objectives
  - Explore and build community pharmacists' capacity to integrate deprescribing into workflow
  - Quantify deprescribing opportunities, actions and outputs
  - Develop a viable pharmacy business model to integrate deprescribing into pharmacy practice
- Methods
  - Four community pharmacies + Advisory Group
  - Education and resources provided
  - Quantify opportunities for deprescribing, describe activities and processes associated with guideline use; including how long such activities take, and highlight enablers and barriers encountered
  - Use iterative observation periods (PDSA cycles) in each pharmacy and discussion of findings with the Advisory Group to hone workflow strategies over time, and to provide motivation and build capacity for scale up of the practice of deprescribing

Findings

- Deprescribing was feasible at all sites
  - All sites able to identify individual and common goals, and develop unique community pharmacy workflow models for deprescribing

- Deprescribing practices differed by site

- Each pharmacy developed resources and materials at their sites to integrate deprescribing

- 4 common deprescribing steps noted across sites
  - Capacity building activities
  - Preliminary interactions
  - Detailed interactions with the pharmacist
  - Follow-up and monitoring

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Findings

Facilitators

- Supportive staff and students that were motivated regarding deprescribing
- On-site educational initiatives
- Approaches to draw people into the pharmacy
- Employing a collaborative team approach (all staff trained)
- Enhancing patients' awareness and education regarding the risks and options to reassess
- The development of standard templates to reduce time spent on each Pharmaceutical Opinion
- Faxing algorithms along with PO

Challenges

- Competing workload and time
- Staff turnover and new staff training
- Communication delays and lack of response from prescribers
- Patients uncertain about change
- Patients receiving medications by delivery and/or using multiple pharmacies
- Duplication of documentation
- Inadequate compensation models for time required
- Workspace limitations

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Next

- Community engagement for deprescribing initiatives (DICE) – HSRF 2017-2020