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PRESENTERS

- **Dina Donohue Chase**, Chief Mission Officer, Aspire
- **Kristen Hudrick**, Vice President Program Services, Aspire

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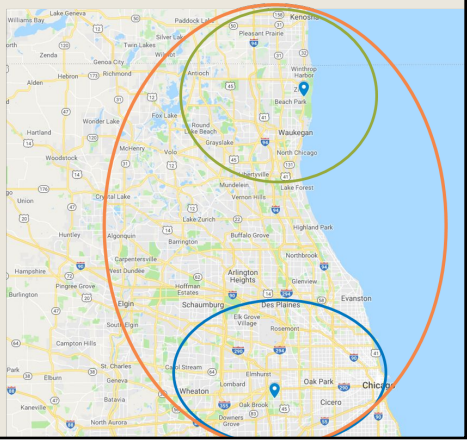
NorthPointe Resources (now Aspire)

- Community based organization serving Lake County Illinois – far northern suburbs of Chicago
- Support over 500 people annually
  - Intellectual/Developmental Disabilities (IDD)
  - Mental Illness
- Employment and Social Enterprises
  - Life Skills Education
  - Living
  - Behavioral Health



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OptimalRx Team

NorthPointe Resources / Aspire

- Dina Donohue-Chase
- Kristen Hudrick
- Donna Debenham

Pharmacy Alternative

- Nanette Wrobel

University of Illinois at Chicago

- Beth Marks
- Jasmina Sisirak

Funding Partner: Healthcare Foundation of Northern Lake County

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WHAT IS THE ISSUE?

Polypharmacy

Overprescribing

De-Prescribing

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The Era of the Prescription (Rx)

Polypharmacy = 5 or More Medications Each Day

Polypharmacy can be *helpful* or *harmful* to people.

Polypharmacy has reached *epidemic* proportions.

Polypharmacy ↑ of *300%* over the past two decades.

There is very little research related to people with IDD and data varies – with exposure to polypharmacy ranging anywhere between 11% - 60%. According to National Core Indicator data is that people living in group home settings tend to be prescribed more medications than those living in home settings (NCI Data).

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Medication Overload:

Red Flag for Potential Harm

- The hassle of "so many pills" to take and increased risk of medication errors
- Worries about side-effects and the harm related to medication
- Medication costs and waste
- Wondering whether a given medication is the "right" one for people you are supporting, or their "condition" and the cascading of medications
- The "sneaky feeling" that some of those medications don't seem to help much
- The hassle of coordinating a long medication list among multiple doctors

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Optimal Prescribing: What Can We Do?

Individuals, Supports, Coordinators, and Health Care Providers must ask:

- Is this medication still needed – *ASK* at every health care visit?
- Does benefit of this drug *outweigh risks* or harms that it might cause?
- Can we manage without this drug or can a lower dose work?

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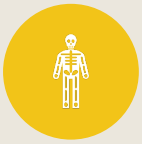
Which Medications are the Most Important to Consider When Deprescribing?



Balance and Falls, "Behaviors", Brain Function, and Cognition (e.g., psychotropics, anti-neuroleptics, meds for Alzheimer's and other dementias to manage difficult behaviors)

Over-the-Counter (OTC) non-steroidal anti-inflammatory drugs – NSAIDs for pain

MCC (e.g., medications that lower blood sugar – diabetes, proton-pump inhibitors - PPIs for heartburn)

Opioids and other pain medications

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Polypharmacy: A New Normal

Local Impact in NR CILAs	National Impact
10% of people in CILAs take 5-8 prescription medications/day	40% of older adults take 5+ prescription medications/day
83% take 8 drugs or more	20% take 10 drugs or more
50% are over the age of 50 with most having multiple chronic conditions (MCC)	85% of older adults have at least one chronic illness
61% are diagnosed with co-occurring mental illness or behavioral challenge and take psychotropic medications	20% of people age 55 years or older experience some type of mental health concern

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WHAT WE STARTED

OptimalRx

Deprescribing

Optimizing

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We started with the Belief of a "better shot"

People with IDD will have a "better shot" to live, work, learn, and play in their communities if they:

1) *only take medications that help rather than harm,*
2) *take the minimum amount of medication to optimize health and well-being,*

Polypharmacy is now *"conceptually perceived as 'a disease,' with potentially more serious complications than those of the diseases these different drugs have been prescribed…"*

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OptimalRx: Comprehensive Quality Improvement Clinical Services Project

Review	Implement	Document
Review medication with clinical services protocol - ARMOR as an interactive evidence-based practice tool (Assess, Review, Minimize, Optimize, Reassess)	*Consider* and implement alternatives to medication	*Document* results

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Getting Ready– Engaging for Change

Individual and Family Engagement	• OptimalRx Share Meeting
Physician, Team, and Individual Engagement	• Pledge • Staff Training • Individual Health Education and Advocacy Education

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ARMOR Process

ASSESS → REVIEW → MINIMIZE → OPTIMIZE → REASSESS

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How Does the Process of Deprescribing Work?

- Create an *up-to-date list* of all the drugs a person is currently taking.
- Review the *reason* each medication has been prescribed.
- Consider whether the medication is likely to be *risky or cause harm* to the person.
- Consider if any *safer alternatives* are available, for a given purpose.
- *Discontinue* or *reduce* dosages of medication when possible.
- Make a *plan* to follow-up on the deprescribing plan.

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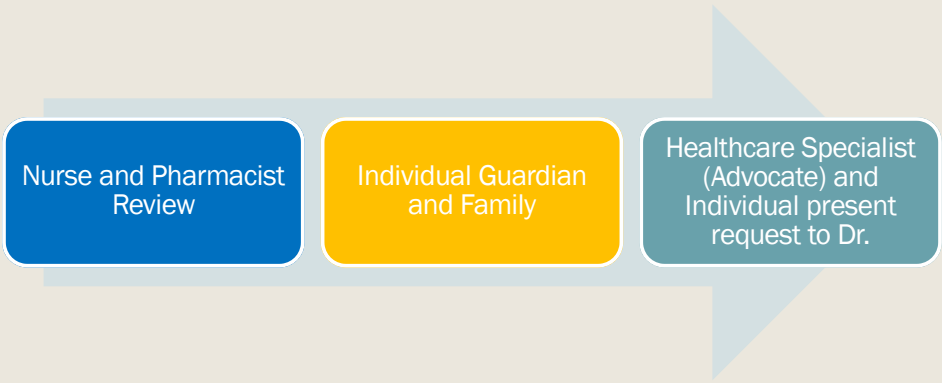
OptimalRx Protocol



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Meet “Joe”

- "Joe" is a 48 year-old man with a primary diagnosis of Mild Developmental Disability and Autism. Joe is also diagnosed with chronic constipation, hypercholesterolemia, GERD and anxiety.
- In April 2019 Joe was taking 7 medications every day and was prescribed 6 additional PRN's; a total of 13 medications.
- A review by pharmacist, RN, guardian and team was done in May 2019. By September 2019 Joe's medications reduced to 3 routine medications every day and 5 PRN's. After further review, Joe is now only taking 2 medications each day and has 5 PRN's.
- Joe was able to stop taking a cholesterol medication and a dietary supplement after labs and a review of his diet and exercise habits. Joe's guardian was very supportive of this project.

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Meet “Mary”

- "Mary" is a 37 year-old female diagnosed with Mild MR and Cerebral Palsy. Mary has multiple other diagnosis related to her primary disabilities including chronic constipation, GERD, Gastroparesis, Anasarca (general swelling) Chronic Lumbar Pain and Major Depression.
- Mary is legally competent to make her own decisions, but does rely on guidance from family and caregivers. Mary is a strong self-advocate and being as independent as possibly is very important to her.
- In February 2019, Mary took 15 different medications every day and had 9 other medications prescribed as PRN's; a total of 24 medications.
- In March 2019, the pharmacist and RN reviewed Mary's medications and made initial recommendations. Mary and her team reviewed these recommendations and made a few more. Mary went to her primary physician advocated for these changes.
- July 2019, Mary was taking 9 medications every day and 10 PRN's
- A follow up review in April 2020
- Mary shared that the review process has made her feel empowered and in more control of her health.

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RESULTS, SO FAR

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OptimalRx Outcomes

- **Medication Review – Initial Data**
  - *Clinical Reviews completed - 59 CILA residents*
  - *158 recommendations for reduction/removal of medications for the first 20 people reviewed*
    - 40 medications discontinued
    - 25 medications were decreased
    - 46 medications pending doctor review for approval/decline
- **Deeper Review in Process**

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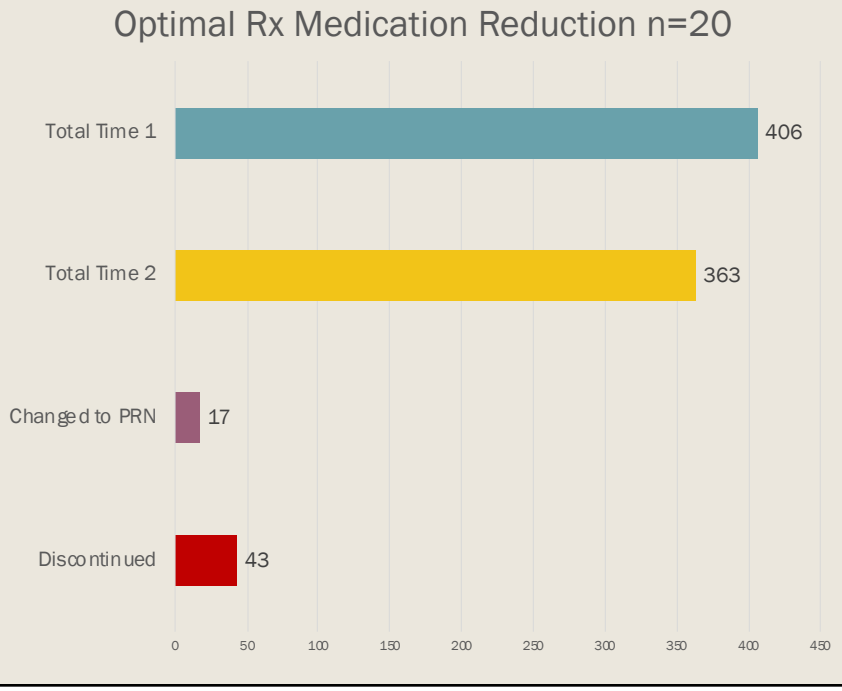
Our Results (10.6% reduction so far)



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Initial Stakeholder (staff) SWOT Analysis	**Strengths:** buy-in from staff, health care providers, and families
	Weaknesses: staff workload, resistance from families, lack of documentation processes, project scope
	Opportunities: promising results, support for complementary care
	Threats: perceived increased staff time, capacity for complementary care and lifestyle changes

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What Next for OptimalRx?

1. ***Continue*** OptimalRx Protocol for all NorthPointe CILA residents
2. ***Create*** sustainable and systemic infrastructure
3. ***Engage*** key stakeholders

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OptimalRx Next Steps (Internal Protocols)

- Continue OptimalRx protocol for remaining CILA residents.
- Review aggregate date for trends.
- Continue collaborative efforts with our pharmacy and each primary physician.
- Engage key OptimalRx leaders for monthly meetings to identify opportunities for improvement and resource gaps.
- Sign the Pledge for Optimal Prescribing
- Introduce Medication Overload: Optimal Prescribing When Less is More into new hire and annual training for all team members.
- Conduct medication review for each CILA resident at least two times per year (annual and six month), including consultation with the pharmacist and primary physician.
- Include the following two questions at each health care visit, 1) Can any medication be reduced or discontinued?"and 2) "What are the recommendations for lifestyle changes such as food options and choices, drinking more water, and moving more?"
- Increase advocacy and commitment to incorporate alternatives to medications, such as lifestyle changes and complementary care options.

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OptimalRx Next Steps

- Continue OptimalRx program for remaining CILA residents following the optimal prescribing protocols – across all Aspire residential settings. Document lessons learned and track data.
- Introduce Medication Overload: Optimal Prescribing When Less is More into new hire and annual training for all service personnel.
- Advance discussions with prescribing physicians on additional medication reductions and commitment to the optimal prescribing protocol
- Increase advocacy and commitment to incorporate alternatives to medications, such as lifestyle changes and complementary care options.
- Quantify cost reductions associated with deprescribing of medications, as prescription medications costs are the primary driver of total healthcare expenditures for people with IDD.
- Explore, in partnership with UIC and consultants, a next level protocol for the targeted reduction of high prescribing medications, e.g., associated with the treatment of constipation or GERD

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Questions ?

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