Host:

Pharmacist-Led Telehealth Deprescribing for People with Dementia in Primary Care

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Disclosures

- Ariel Green has no relevant financial relationship with commercial interests and will not reference unlabeled/unapproved uses of drugs or products in this presentation.

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Objectives

- To understand the rationale and design of ALIGN: Aligning Medications with What Matters Most.
- To appreciate the successes and challenges encountered in implementing a telehealth deprescribing intervention for people living with dementia (PLWD) in primary care.
- To describe key learnings from the pilot and how these are informing plans for a larger embedded pragmatic clinical trial.

ALIGN study team

Washington
Montana
North Dakota
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South Dakota
Wisconsin
Michigan
New York
Massachusetts
Rhode Island
Connecticut
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Nevada
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Colorado
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New Jersey
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Maryland
California
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Missouri
West Virginia
Virginia
Kentucky
Washington, D.C.
North Carolina
Tennessee
Arizona
New Mexico
Oklahoma
Arkansas
South Carolina
Georgia
Alabama
Mississippi
Texas
Louisiana
Alaska
Hawaii
Florida

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0 100 200 300 mi
0 100 200 300 km

Study team

Johns Hopkins:

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- Cynthia Boyd, MD, MPH
- Qian-Li Xue, PhD
- Jennifer Wolff, PhD
- Marcela Blinka, PhD
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- Angela Comer, MPH
- America Elias, MSc
- Lindsay Nichols, MPH

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Background and rationale

- 31% of community-dwelling PLWD exposed to inappropriate polypharmacy
- Goals of care may shift as dementia progresses: Comfort >> life prolongation or maintenance of function
- Deprescribing strategies which **align with patient-care partner goals** are needed

Delgado J, et al. BMJ Open 2020;10:e029172.
Niznik JD, et al. J Am Geriatr Soc. 2022;1-5.

Previous deprescribing interventions in community-dwelling older adults

- Most effective:
  - Patient-centered and multidisciplinary
  - Often involve comprehensive medication review or direct-to-consumer educational materials
- Knowledge gaps remain:
  - Few addressed care partner decisional needs
  - Best approach to integrate into existing workflows

Bloomfield et al. J Gen Intern Med. 2020 Nov;35(11):3323-3332. Tannenbaum et al. *JAMA Intern Med.* 2014;174(6):890-898. Bayliss et al. *JAMA Intern Med.* 2022;182(5):534-542.

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Barriers to deprescribing in primary care

- Limited evidence on when and how to do it
- Coordination with other prescribers
- Difficult conversations
- Time pressure for primary care providers (PCPs)

Green, et al. J Am Board Fam Med 2019;32: 383–391

"Not only do I have to look at the evidence, but I also have to look at the whole patient…I can't just focus on the guidelines."

Pharmacists and PCPs working as interdisciplinary teams **can leverage time** more effectively and pharmacists can provide **individualized recommendations**

Green, et al. J Am Board Fam Med 2019;32: 383–391

Stakeholder engagement

Planning and design

- Qualitative research
- National survey
- Consultation with pharmacists, clinic medical directors

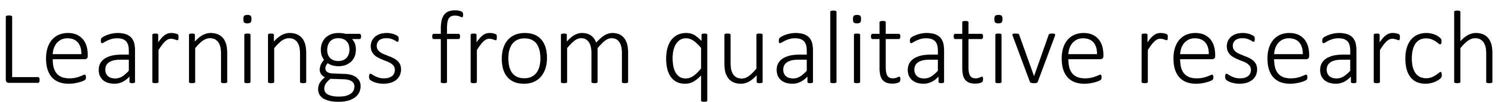
Implementation

- Informal feedback and pharmacist questionnaires
- Recordings of intervention visits

Preparation for full RCT

- Consultation with care partners, clinicians, pharmacists, health system leaders

Green, et al. J Gen Intern Med. 2020 Jan;35(1):237-246.2020 and Dec;35(12):3556-3563.



Frame deprescribing as positive step to preserve health:
"[The doctor] would say, 'At your age, you probably have lived a good, long life.' I didn't like that because I would like to preserve her forever." (Care partner)

Respect care partner's lived experience:
"I fought for the Ativan because… I know what we go through… I hear what they are saying but I will take that chance."
(Care partner)

Trust in pharmacists:
"We rely on [pharmacists]... We need their help sorting through it [or] giving us guidance on... the best plan to wean [a medication]." (Clinician)

Value of priming with educational materials:
"[The brochure] is a good conversation starter [for older adults who may be accustomed to a time when] you did not question the doctor." (Care partner)

Multicomponent intervention

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Pharmacist-led goals alignment

Patient-care partner education

Pharmacist-PCP communication

Optimizing prescribing

Brochure for patients and care partners

Our bodies change over time. Medicines that helped control symptoms and prevent disease at one stage in life may no longer be needed – or may even cause harm at a later stage in life.

Many people feel better when they take fewer medicines.

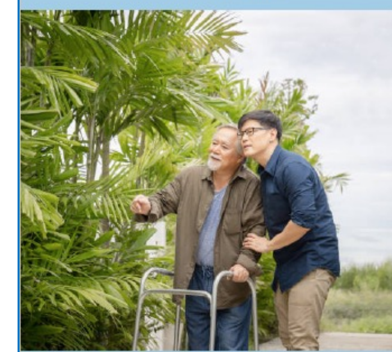
Write down any questions or concerns about your family member's medicines that you would like to discuss with the pharmacist below.

QUESTIONS FOR THE PHARMACIST:

ARE YOU HELPING A LOVED ONE MANAGE THEIR MEDICINES?

Have you ever wondered if there is a way to safely reduce the number of medicines they take?

ALIGN is a new program for family members and friends who care for someone who needs help managing their medicines.



Talking with a pharmacist who works closely with your family member's primary care doctor can help prevent over-medication and related problems.

Some medicines should not be stopped. Always talk to the pharmacist or doctor before stopping a medicine.

The pharmacist will address questions and concerns that you may have about your family member's medicines.

Domains addressed during telehealth visit

- Medication reconciliation
- Functional status
- Bothersome symptoms
- Possible adverse effects
- Health trajectory
- Short-term health care goals
- Comfort vs. prevention
- Perceptions of current medicines

Excerpt from pharmacist template

- What are your most important goals for [patient]'s health care for the next 6 months to a year?
- Some people say they want to do everything they can to prevent future illness, such as heart attacks and strokes, even if it means taking additional medicines or experiencing side effects. Others say they want to focus more on comfort than prevention of things that may happen down the road. In general, which would you say is more important for [patient] now?
- If we changed [patient]'s medicines, what do you wish we could help with?

2-arm randomized pilot feasibility study

497
Screened

69 Randomized*

428 Excluded:
174 Ineligible after screening
132 Declined
122 Could not be reached

* Intervention vs. delayed waitlist control

Intervention completion

34 Immediate intervention
17 KPCO
17 JHCP

→

27 Received intervention (80%)
7 Did not receive intervention

35 Delayed waitlist control
17 KPCO
18 JHCP

→

28 Received intervention (80%)
7 Did not receive intervention

Baseline characteristics of patients

Characteristic	Intervention (n=34)	Delayed control (n=35)
Age: mean (SD)	80.6 (7.0)	82.1 (8.7)
Female sex: n (%)	17 (50%)	16 (46%)
Race: n (%)		
White	14 (41%)	18 (51%)
Black	13 (38%)	14 (40%)
Other	4 (12%)	0 (0%)
Unknown/Not Reported	3 (9%)	3 (9%)
Hispanic ethnicity	5 (15%)	3 (9%)
Total # medications: mean (SD)	13.1 (4.6)	12.5 (5.5)

Feasibility and acceptability

Measure	N=55*
Pharmacist time per patient	
Indirect (chart review, documentation)	
≤20 min.	39 (71%)
>20 min.	16 (29%)
Direct (face-to-face)	
≤20 min.	4 (7%)
>20 min.	51 (93%)
Additional follow-up calls beyond required 2 visits	34 (62%)
PCP response to pharmacist on first outreach	45 (82%)
PCP acceptance of pharmacist recommendations	47 (85%)

[a] N = Intervention and delayed control

	Intervention (n=34)	Delayed control (n=35)
Any medication stopped	22 (81%)	14 (50%)
Any medication added	21 (78%)	12 (43%)
Total medication count		
Baseline	13.1 (4.6)	12.5 (5.5)
3-month	12.6 (4.4)	12.4 (5.4)
Change	-0.6 (3.4)	-0.2 (1.7)
Medication Regimen Complexity Index: mean (SD)		
Baseline	32.8 (17.5)	29.7 (15.8)
3-month	31.7 (22.5)	31.7 (20.7)
Change	-1.0 (12.4)	1.2 (12.9)

Categories of pharmacists' recommendations

Category	Example
Stop medication, decrease dose or frequency, 42%	"Discontinue mirtazapine given pt sleeping 18 or more hours/day."
Additional steps related to deprescribing, 19%	"Start checking daily BP this week to evaluate if metoprolol and hydralazine can be adjusted. If so, decrease hydralazine to BID."
Make regimen easier or safer, 17%	"Consider replacing losartan and sitagliptin with empagliflozin 25mg daily."
Start medication, increase dose or frequency, 12%	"Start alendronate 70mg weekly."

Percentages based on total number of recommendations made for all patients; categories with <10% are not shown.

How goals elicitation drove medication optimization

- **Patients and care partners prioritize reducing or eliminating symptoms:**
  - “If we could get her less tired then I think...she would feel better. She'd want to do more.”
  - “I'm hoping that the walking and the balance improves so she could be more independent and get around on her own.”

How goals elicitation drove medication optimization

- **Patients and care partners understand tradeoffs:**
  - "I want her to be comfortable, but I don't want her to have any more side effects."
  - "He stopped taking the oxycodone, which really helped...because he was much more cogent."
  - "You've got to take this to make you healthy...but if the side effects are killing me, whittle it back."

Patient/care partner feedback

"It's empowering to know that there are issues out there that can be discussed that you should discuss."

"It helped to identify issues we were having with certain medications, and it helped us to form short term goals."

"The brochure itself did not make me want to stop or change medication. [The] further conversations with the [pharmacist] were far more valuable."

"The pharmacist acted as an intermediary with the doctor...[Speaking] to the pharmacist...seemed to open the door to talk to the doctor about medications."

Pharmacist feedback

"Many of these patients are on so many medications and I don't know them...It has been taking me ~2-3 hours per patient...Phone call, chart review, follow-up phone call."

"Any adjustments have to be made in partnership with the specialist...Time-consuming in terms of coordinating that everyone is in agreement."

"I was pleased with how appreciative [the] care partners [were]. I think they appreciated having someone ask what's important to them and what their concerns are."

Implementation successes

- Pharmacist-led telehealth deprescribing was feasible and acceptable:
  - Successfully recruited diverse study population
  - Once enrolled, most completed the intervention
  - Feedback from care partners was largely positive
  - PCPs readily engaged and agreed with most recommendations

Implementation challenges

- Recruitment required significant time for staff
  - Many patients ineligible due to lack of care partner
  - Opt-outs: Importance of normalizing deprescribing
- Although designed to be pragmatic, intervention was complex for pharmacists
  - Visit length near pharmacists' typical allotted time
  - Multiple follow-up calls often required

Lessons learned

- **Eliciting care partner goals and priorities did not always lead to deprescribing**
    - Medications started or increased often included those that support function or alleviate symptoms
    - Deprescribing interventions for PLWD should be viewed as opportunity to optimize goal-concordant care

Lessons learned

- **19% of recommendations involved additional steps that needed to be completed before deprescribing**
  - Pharmacists often had additional interactions with dyads beyond the required 2 visits
  - Deprescribing interventions should develop workflows to accommodate complexity; outcome measurement should allow time for additional steps

Lessons learned

- **Deprescribing conversations are important**
  - Goals elicitation process uncovered needs and priorities: Although protocol encouraged pharmacists to develop up to 3 recommendations, they made an average of 5 per patient
  - PLWD and care partners have needs that may be difficult to address with low-touch interventions

Next steps

- Preparing for full-scale effectiveness trial of ALIGN (NIA Impact Collaboratory Demonstration Project)
- Refining pharmacist training materials and streamlining script for visit with greater focus on prioritizing symptoms and discussing tradeoffs
- Normalizing deprescribing: Mirroring approaches used by health systems to embed Annual Wellness Visits in routine care delivery

For discussion

- How can we assess whether medications are consistent with patient and care partner goals of care?
- How can we address challenging symptoms as part of a deprescribing intervention?

Questions?

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