
Opportunities to Decrease Low-Value Prescribing

Translating Research into Practical Clinical Solutions

Thomas R. Radomski, MD, MS

Assistant Professor of Medicine and Clinical & Translational Science

Division of General Internal Medicine

Center for Pharmaceutical Policy and Prescribing (CP3)

University of Pittsburgh School of Medicine

 @TomRadomskiMD



Evaluating Opportunities to Decrease Low-Value Prescribing

OBJECTIVES



Describe why low-value prescribing is a serious health problem



Review patients' and caregivers' perspectives on low-value prescribing and barriers to deprescribing in clinical practice



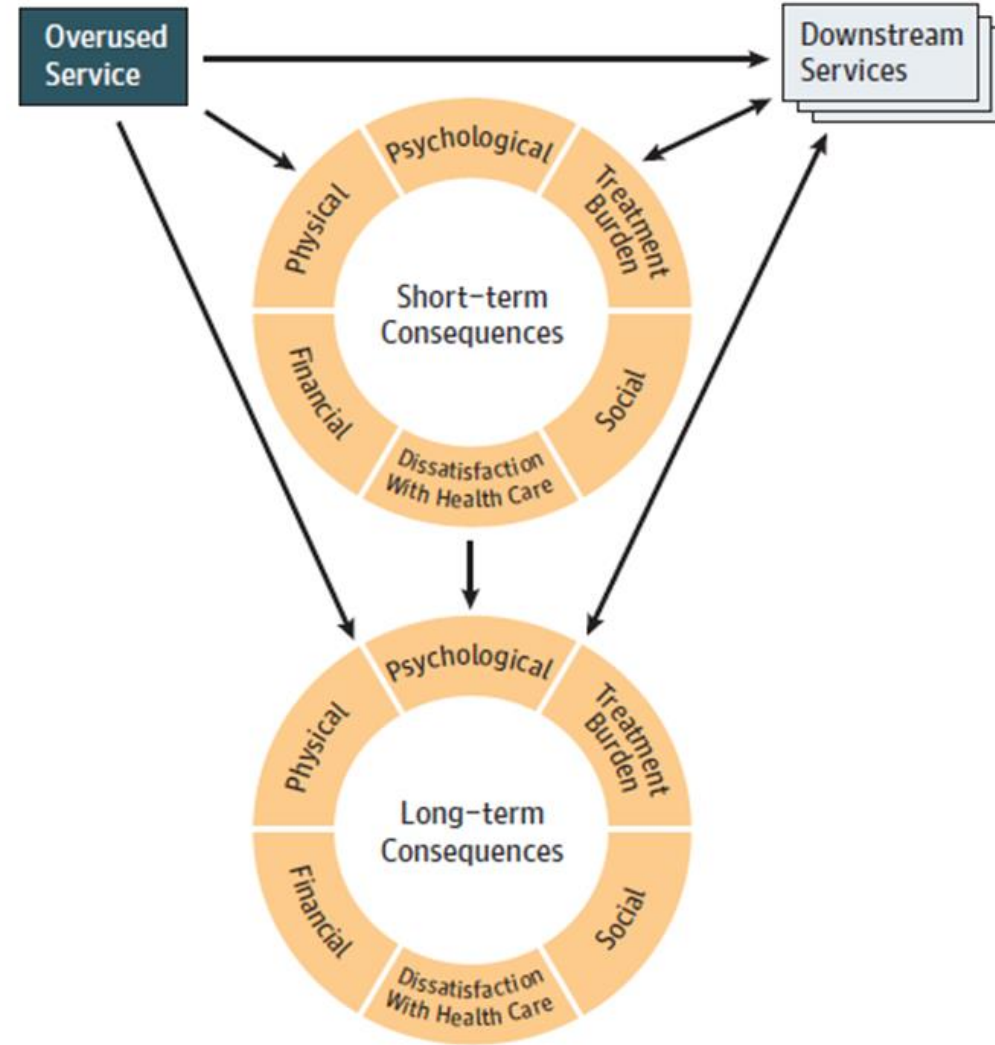
Introduce a practical, step-by-step approach to decrease low-value prescribing in your patients



Preview deprescribing resources to facilitate system-level change

What is low-value prescribing?

The potentially inappropriate or prolonged use of an unsafe, ineffective, or unnecessarily costly medication



Korenstein D, et al. JAMA IM 2017

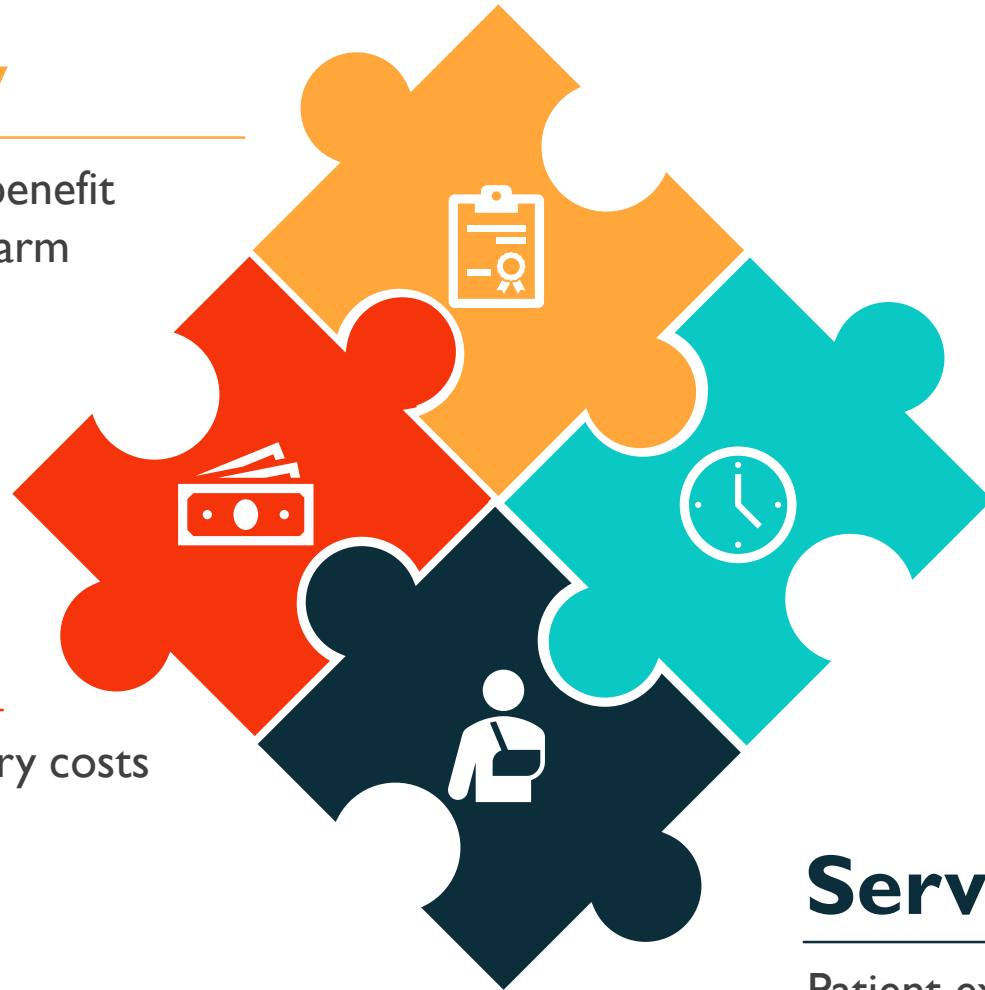


Quality

Likelihood of benefit
Potential for harm

Cost

Monetary and non-monetary costs
System and patient level



Appropriateness

Right patient, time, and context

Service

Patient experience
Preferences/Goals of care



Why is Low-Value Prescribing a Problem?

- **30 – 50%** of older adults have received a potentially inappropriate or low-value medication
- Over **40%** of adults aged ≥ 65 have been subject to polypharmacy
- Among Part D beneficiaries, **35%** have reported difficulty affording their medications



Low-Value Prescribing in the Veterans Health Administration

36%

N= 2.8 million



Patient, Caregiver & Clinician Perspectives on Low-Value Prescribing

- Objectives:
 - 1) To identify the most significant factors that impact the perceived value of a medication from the perspective of patients and caregivers
 - 2) To identify those factors that influence low-value prescribing and obtain clinicians' suggestions for acceptable intervention to decrease low-value prescribing as part of routine clinical practice
- 6 focus groups of patients aged ≥ 65 (or their respective caregivers) and who were prescribed ≥ 5 medications
- 16 semi-structured interviews of primary care providers who care for adults aged ≥ 65

Pickering AN, Radomski TR, JAGS 2020
Walter EL, Radomski TR, JAGS. 2021
Pickering AN, Radomski TR, BMC Geriatrics 2022

Patient, Caregiver & Clinician Perspectives on Low-Value Prescribing

- Patients are open to the deprescribing of those medications in which they do not perceive a benefit relative to its hassle or monetary cost
- Low-value prescribing is well-recognized by physicians
- Successful interventions to address low-value prescribing must consider physicians' perspectives and the patient, prescriber, and health system factors that sustain low-value prescribing as a default practice

What Physicians are Saying



“The outpatient environment is very busy and... there are so many things to talk about in an office visit that going through the medications and really trying to figure out if something is low value for the patient... that sometimes doesn't make it to my to-do list for that office visit.”

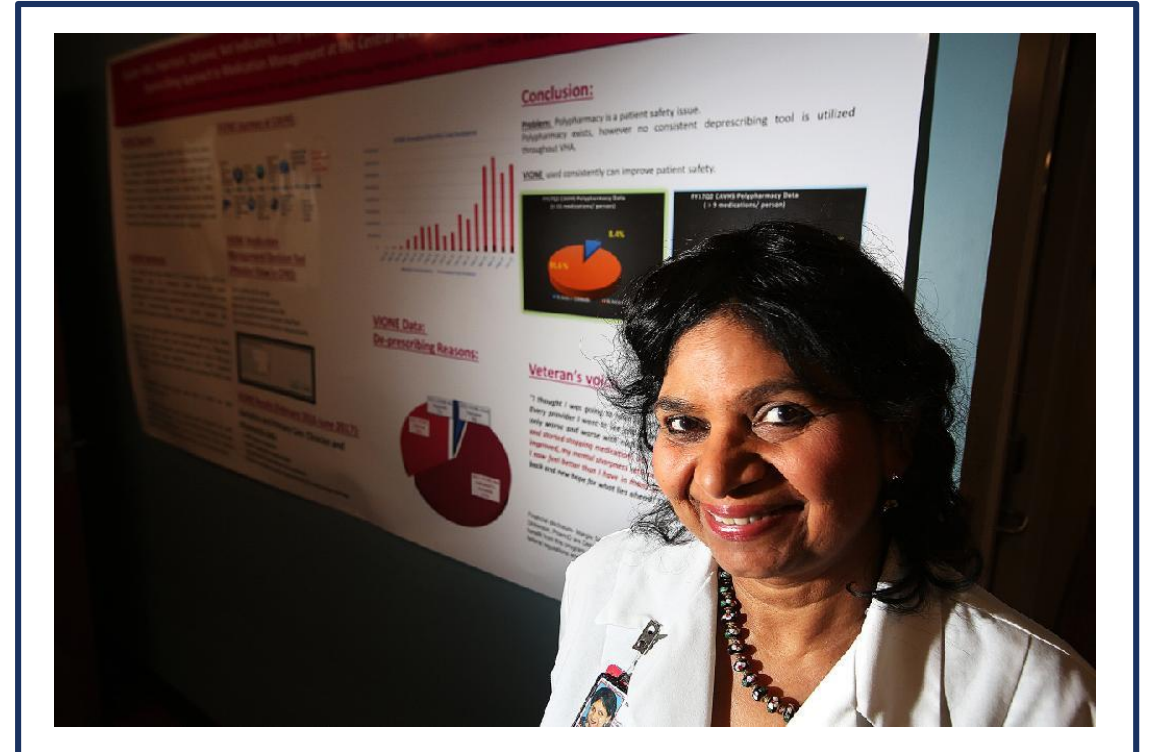
Experience better health with

VIONE

A Safe Medication Deprescribing Tool

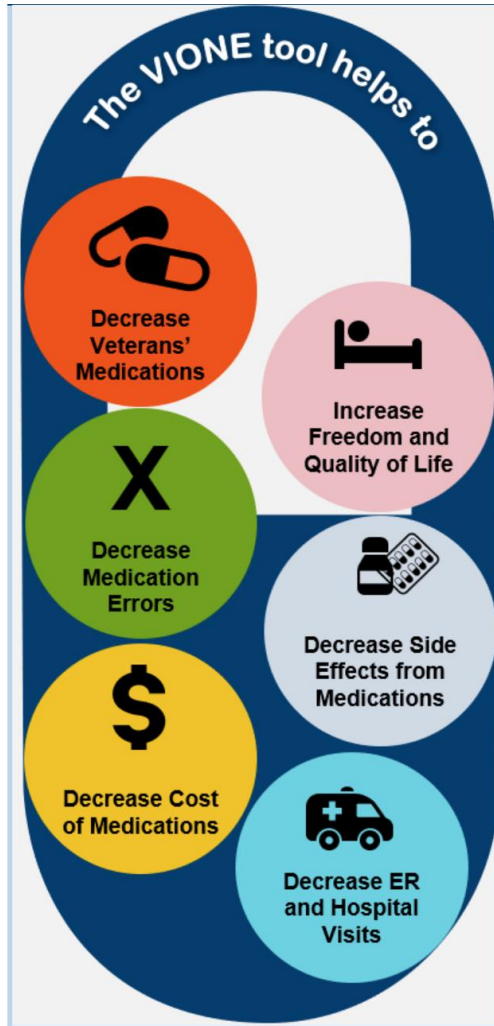
The VIONE Framework to Enhance Medication Value

Simple, user-friendly approach to reduce polypharmacy and improve medication safety and value



Dr. Saraswathy Battar
Michael E. DeBakey VAMC

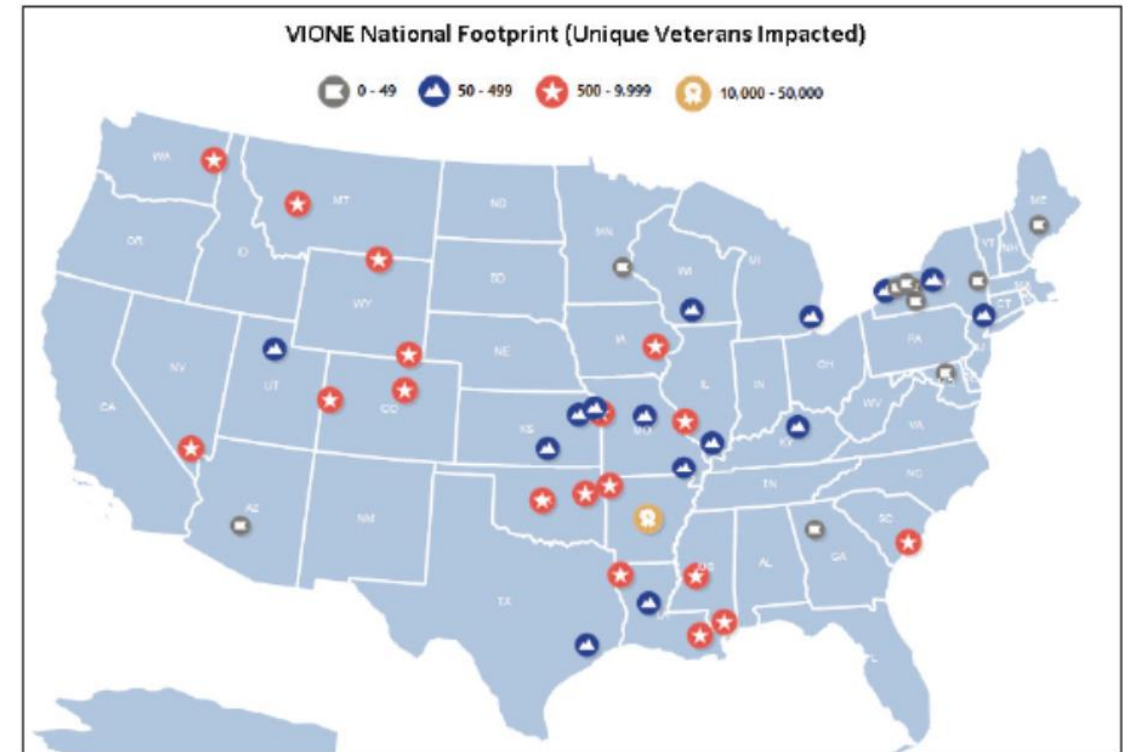
The VIONE Framework to Enhance Medication Value



- **V**ital - continue
- **I**mportant – continue/consolidate
- **O**ptional – weigh benefits vs risks
- **N**ot indicated/complete – stop/taper
- **E**very Rx has an indication - reassess

What are the Real-World Impacts?

- **77,000** Veterans
- **168,000** medications deprescribed
- **\$5.8 million** annual cost avoidance
- **2.15** medications deprescribed/patient



Let's Apply the VIONE Framework for Mrs.A

- Aspirin 81mg daily
 - Atorvastatin 20mg daily
 - Lisinopril 10mg daily
 - Metoprolol 25mg BID
 - Pantoprazole 40mg BID
 - Levothyroxine 25mcg daily
 - Docusate 100mg BID
 - Calcium/Vitamin D Supplement BID
- **PMH:**
 - hypertension
 - hyperlipidemia
 - sub-clinical hypothyroidism
 - acid reflux
 - **Vitals:** P 68, BP 109/72

The End Result

- ~~Aspirin 81mg daily~~
- **Atorvastatin 20mg daily**
- **Lisinopril 10mg daily**
- ~~Metoprolol 25mg BID~~
- **Pantoprazole 40mg BID Daily**
- ~~Levothyroxine 25mcg daily~~
- ~~Docusate 100mg BID~~
- **Calcium/Vitamin D Supplement BID Daily**
- **PMH:**
 - hypertension
 - hyperlipidemia
 - sub-clinical hypothyroidism
 - acid reflux
- **Vitals: P 68, BP 109/72**

Results of Applying the VIONE Framework

Total Medications

8 → 4

Total Pills

12 → 4

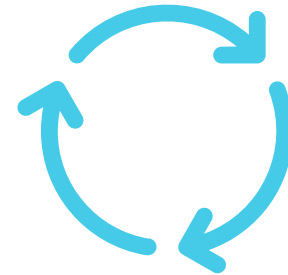
Dosing Times

3 → 1

What's Next In Low-Value Prescribing?



Validated measurement of
low-value prescribing



Implementation of
practical interventions

The Development of a Low-Value Prescribing Metric



Evaluating Opportunities to Decrease Low-Value Prescribing

Consolidates and prioritizes greater than 500 medication related recommendations

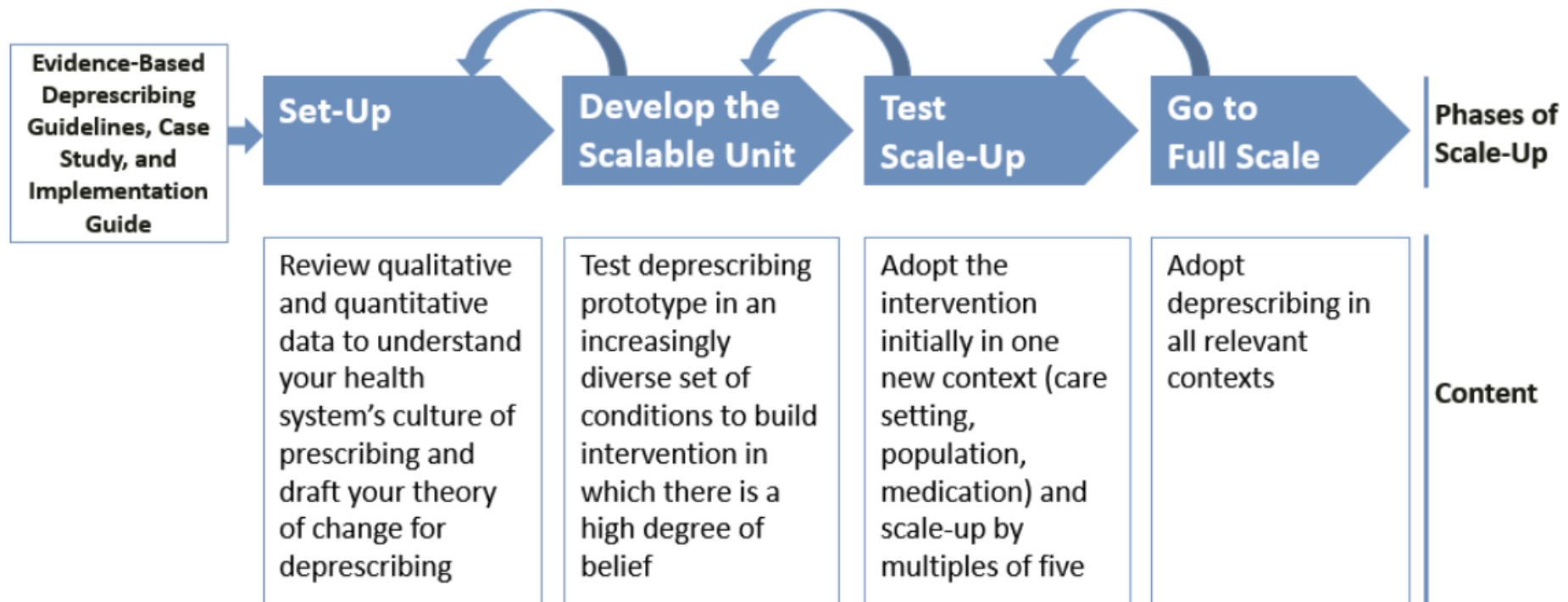
EVOLV-Rx reflects patients' and caregivers' views on medication value, their adverse effects, and burdensome or costly administration

Operationalized to be integrated with pre-existing health IT tools in use by all members of the healthcare team

Example Low-Value Prescribing Practices in EVOLV-Rx

Individual Low-Value Prescribing Practices	<u>Base (Sensitive) Criteria</u> Captures patients broadly subject to potential low-value prescribing	<u>Additional Specific Criteria</u> Patients flag for inclusion by satisfying any one of the following value-based criteria
Gabapentinoids for Non-Neuropathic Pain	Use without a diagnosis of postherpetic neuralgia or neuropathic pain (excluding patients with a history of epilepsy)	<ul style="list-style-type: none"> • Risk factors for fall or fracture • History of CKD and a daily dose >900 mg • Therapeutic duplication or concurrent use with an antidepressant or other high-risk psychoactive medication • Use of brand-name gabapentin or pregabalin
Proton pump inhibitors	Use for greater than 2 consecutive months	<ul style="list-style-type: none"> • No guideline concordant indication for prolonged use (e.g., erosive esophagitis, refractory GERD, etc.) • No concurrent use of chronic NSAIDs • Use of a brand-name proton pump inhibitor

A Roadmap To Adopt Deprescribing Research In Practice




Reducing Inappropriate Medication Use by Implementing Deprescribing Guidelines
Institute for Healthcare Improvement, 2018

- <https://deprescribing.org>
- Academic detailing
- Clinical algorithms
- Materials for patients

deprescribing.org

DEPRESCRIBING: REDUCING MEDICATIONS SAFELY TO MEET LIFE'S CHANGES


FOCUS ON PROTON PUMP INHIBITORS (PPIs)




As life changes, your medication needs may change as well. Medications that were once good for you, may not be the best choice for you now.

Deprescribing is a way for health care providers to help you safely cut back on medications.


WHAT ARE PROTON PUMP INHIBITORS?




- Drugs used to treat problems like heartburn or stomach ulcers
- Examples include:
 - Lansoprazole (Prevacid*)
 - Omeprazole (Losec*, Olex*)
 - Pantoprazole (Tecta*, Pantoloc*)
 - Rabeprazole (Pariet*)
 - Esomeprazole (Nexium*)
 - Dexlansoprazole (Dexilant*)




WHY CONSIDER REDUCING OR STOPPING A PPI?




- PPIs can cause nausea, headaches, diarrhea and increase risk for more serious health issues



- Many could take them for short periods but remain on them for years



- **40-65%** of hospitalized people taking PPIs have no documented reason for taking the drug



- For some people, the dose of PPI can be reduced, or the PPI can be stopped and taken only if symptoms return


HOW TO SAFELY REDUCE OR STOP A PPI

- Ask your health care provider to find out if deprescribing is for you; *some people need PPI's long-term*
- Tell your health care provider about the PPI deprescribing algorithm, available online: <http://deprescribing.org/resources/deprescribing-guidelines-algorithms/>
- Download the PPI patient information pamphlet, available online: <http://deprescribing.org/resources/deprescribing-information-pamphlets/>

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 This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License.
 Contact deprescribing@bruyere.org or visit deprescribing.org for more information.

Farrell B, Pottie K, Thompson W, Boghossian T, Pizzola L, Rashid FJ, et al. Deprescribing proton pump inhibitors. based clinical practice guideline. Can Fam Physician 2017;63:354-64 (Eng), e253-65 (Fr).

Ask questions, stay informed and be proactive.



SUMMARY

- Low-value prescribing is common, affecting up to 50% of older adults
- Patients are open to deprescribing that aligns with their values and preferences, but successful deprescribing is often limited by patient, prescriber and health systems factors
- VIONE is an easy-to-use framework to facilitate deprescribing
- Resources are available to automate and scale deprescribing in your practice

Thank you!

Feel free to reach out with questions:

radomskitr@upmc.edu

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 [@TomRadomskiMD](https://twitter.com/TomRadomskiMD)



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