

An innovative partnership to address deprescribing in the older adults: a multi-stakeholder, cross system approach: A Team Alice study

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Background

- **Inappropriate polypharmacy** in older adults calls for urgent cross-system action to prevent avoidable harm.
- **Deprescribing (DeRx)** is an important approach to reduce risk but evidence for effective strategies to drive and sustain deprescribing is underdeveloped.
- **Stakeholder engagement** is recognized as an important approach in developing interventions in the real world but efforts at such engagement in deprescribing research have been limited to date.

Objective

To create a sustainable learning partnership with key stakeholders to support deprescribing for older adults across the healthcare system with:

- a strategic plan
- innovative, participatory research

Implementation

Setting: Western New York (WNY).

The Deprescribing Partnership of WNY: convened by an interdisciplinary research team – Team Alice*

Recruitment of community stakeholders across the health system:

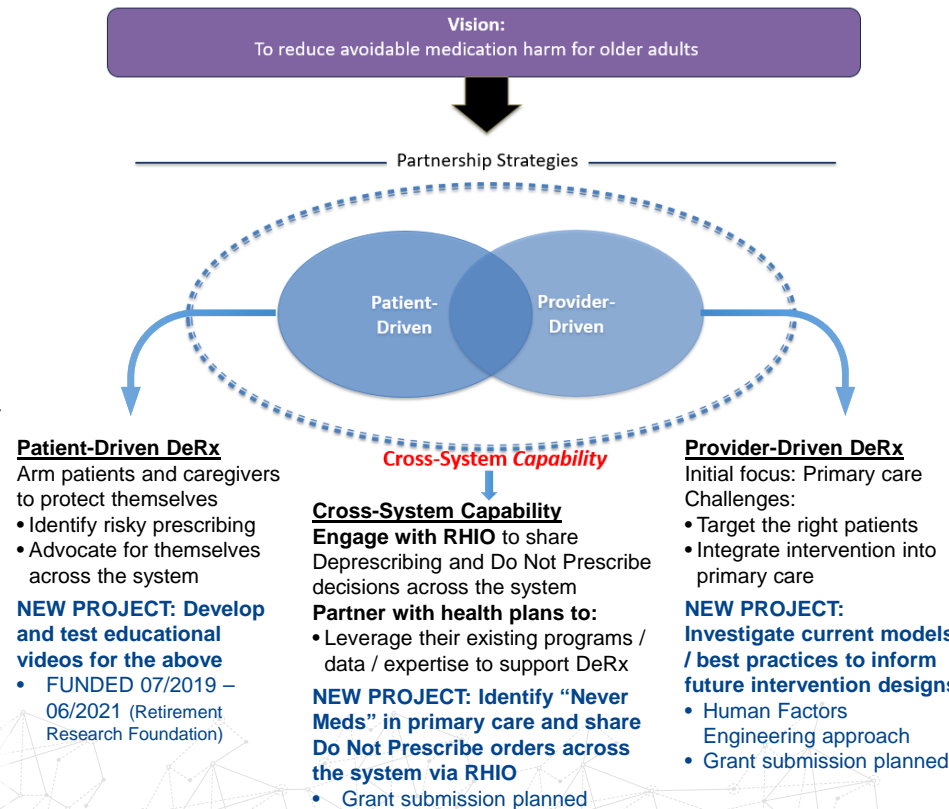
- Primary care providers
- Health plan representatives
- Pharmacists,
- Patient advocates
- Regional health information org. (RHIO)

The above were contacted by Team Alice via mail or email or word of mouth (n=250).

Partnership Meetings: 4 partnership meetings over 8 months, averaging 26 attendees each.

Preliminary Results	
OUTCOME MEASURES	OUTCOMES TO DATE
Partnership meetings	4 partnership meetings over 8 months; mean 26 attendees each
Development of a strategic plan	Systems theory approach to create a shared vision & strategic plan from the discussions. Validated by stakeholders at 4th meeting.
Development of stakeholder-identified research studies	Stakeholders participated in designing three research studies - one under each goal of the Strategic Plan

Deprescribing Partnership: Strategic Plan



Discussion

At the first 3 meetings, the partners identified **barriers, facilitators, and strategies** for deprescribing and postulated potential research ideas. A systems theory approach was used to create a shared vision and strategic plan. This was validated by stakeholders at the 4th meeting. The agreed-upon **Strategic Plan has three goals:**

- (1) **Patient-driven deprescribing** – engaging patients and caregivers to identify risks and advocate for themselves;
- (2) **Provider-driven deprescribing** – with an initial focus on primary care, future steps include engaging other providers across the system;
- (3) **Cross-system functionality** to electronically share deprescribing and Do Not Prescribe decisions across settings, to strengthen both (1) and (2).

New research projects were designed and initiated under each of these three goals. The strategic plan was developed independently, but it is consistent with a recent publication on a framework for deprescribing.¹

Conclusion

Next steps will engage stakeholders in designing and testing interventions using both quantitative and human factors analysis.

Reference

¹ Linsky A, Gellad WF, Linder JA, Friedberg MW. Advancing the Science of Deprescribing: A Novel Comprehensive Conceptual Framework. *J Am Geriatr Soc.* 2019;67(10):2018-202.

Team Alice: An interdisciplinary research team inspired by the story of Alice Brennan.

Alice's story:



Team Alice website:

