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Title

Applying QI-focused SPIDER approach to safer deprescribing for geriatric patients: Results of the Toronto feasibility study

Priority 1 (Research Category)

Geriatrics

Presenters

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Abstract

Context: More than 25% of Canadian seniors are prescribed 10+ different medications each year. There is a direct association between more medications and persistent high care needs/costs for seniors. Effective and appropriate deprescribing for seniors in primary care is needed. Objective: To present results of a feasibility study of the Structured Process Informed by Data, Evidence and Research (SPIDER) project aiming at improving safer deprescribing for complex older patients in community-based primary care. Study Design: Single-arm mixed methods study in Toronto, Ontario. Evaluation included participant interviews, focus groups, field notes and quantitative EMR data. Setting: Primary care practices affiliated with the University of Toronto Practice-Based Research Network (UTOPIAN). Population Studied: Patients aged 65+ years taking 10+ different medications. Intervention: 1) QI-focused Learning Collaboratives (LCs); 2) practice coaching; and 3) EMR data for audit & feedback. Outcome Measures: feasibility across eight dimensions: acceptability, demand, implementation, adaptation, integration, practicality, and efficacy. Results: Demand: 33 physicians and 24 allied health professionals from ten UTOPIAN practices and one community health centre participated in the Toronto LC. Implementation: the LC included a full day initial workshop, two short webinars, and a half-day summative congress over nine months. Practices had a monthly call with their QI coach and quarterly data reports. Adaptation, integration, practicality: teams developed various deprescribing tools and processes that were integratable to local context and existing practices. Acceptability: Teams perceived access to coaching as a valuable element of the approach. The initial review and validation of patients identified in the data reports were deemed time-consuming, particularly for under-resourced practices with a large cohort of target patient population. Access to pharmacist services and in-house QI and data support was considered two critical enablers to the sustainability of the approach. Efficacy: reductions in PIP prevalence and prevalence of patients with at least one PIP were 3.6% ($p=.4$) and 1.4% ($p=.5$), respectively. Conclusions: The SPIDER approach appears to be feasible. Access to coaching support and pharmacist services may enhance sustainability.