Designing for Improvement: Enabling Primary Care Teams to Improve Care for Elderly Patients Living with Polypharmacy

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Presenter Disclosure

• Presenter: Patricia O’Brien RN MScCH
• Relationships with financial sponsors:
  – Grants/Research Support:
    o Canadian Institutes of Health Research (CIHR)
  – Speakers Bureau/Honoraria: None
  – Consulting Fees: None
  – Patents: None
  – Other: Program Manager, Quality & Innovation/DFCM
Presenter Disclosure

- Presenter: Christina Southey MSc
- Relationships with financial sponsors:
  - Grants/Research Support:
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  - Speakers Bureau/Honoraria: None
  - Consulting Fees: None
  - Patents: None
  - Other: QI Coach, SPIDER
Disclosure of Financial Support

- This program has received financial support from CIHR in the form of Operating Grant
- This program has received in-kind/cash support from the following organizations

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<thead>
<tr>
<th>Organization</th>
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<td>North York General Hospital</td>
<td>Cash/In-kind</td>
<td>University of Toronto Practice Based Research Network (UTOPIAN)</td>
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<td>Dept. of Family Medicine, Dalhousie University</td>
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<td>Vice President Research Office, Dalhousie University</td>
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<td>Dept. of Community Health &amp; Epidemiology, Dalhousie University</td>
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<td>Undergraduate Medical Education, Faculty of Medicine, Dalhousie University</td>
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Learning Objectives

• Explore the integration of QI coaching, patient engagement, evidence-based tools, improvement methods, and team networking in the design of a research and quality improvement initiative

• Describe the design process for a large-scale national QI initiative focused on deprescribing for elderly patients

• Identify the learning collaborative elements designed for improvement success including access to a common QI pathway, evidence-based tools, patient-level data, and QI coaching
SPIDER Project Overview

Structured Process Informed by Data, Evidence & Research

A QI-research collaboration:
- Collaboration between Q&I Program and UTOPIAN-PBRN at DFCM, University of Toronto
- Focus on translating evidence into practice

Application, changes by practice teams, pragmatic rapid cycle tests
“putting evidence in practice”

Discovery, evidence from and for many practices, time and rigour for analysis
“generating practice-based evidence”

QI + Research → CHANGE
SPIDER Project Overview

- Objectives & Outcome Measures
  - To evaluate the impact of SPIDER on Quadruple Aim:

  - Better patient experience of care
  - **Primary:** ↓ # of PIPs
    - Better patient quality of life
  - Cost-effectiveness:
    - ✓ Overall system costs (ICES data)
    - ✓ Estimate costs of medications, program delivery & practice facilitation costs
  - Improved team experience with deprescription process

  *PIPs: Potentially inappropriate prescriptions*
# Designing for Improvement... *with good intent!*

## Key Elements of SPIDER Approach

<table>
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<tr>
<th>QI Learning Collaboratives</th>
<th>Principle Embodiment</th>
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<tbody>
<tr>
<td>- Involving interprofessional teams (physicians, nurses, pharmacists, admin)</td>
<td>o Patient-focused</td>
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<tr>
<td>- Engaging patient partners throughout the process</td>
<td>o Involvement of the team/community</td>
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<td>- ‘All teach, all learn’</td>
<td>o Learning together</td>
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**Support of Practice Coaches/Facilitators**

| - Adapt/guide QI approach for practices | o Continuous improvement |
| - Build capacity for using improvement tools | |
| - Address sustainability to ensure lasting positive change for practices and patients | |
| - Facilitate inter-team communication and sharing | |

**Provision of validated and comparable EMR data for feedback and measurement**

| - | o Use of data for decision making & learning |

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Just implement...  
Evidence into practice enabler  
Respect for team/patient context
Designing for improvement... *a tried & tested approach*

The Institute for Healthcare Improvement (IHI) Breakthrough Series Model

- A structure to enable inter-team networking, sharing, and QI knowledge and skill capacity building
- A process to facilitate learning between teams and from experts
Quality Improvement Coach

- QI Methodology Guidance & Capacity Building
  - System Diagnostic Tools
  - Patient Engagement
  - Measurement Interpretation & Display
  - Change Idea Generation
  - Testing Change
  - Sustainability/Spread Considerations
  - Sharing ideas from/with others
  - Amplifying your concerns/issues
Quality Improvement Methods

To improve safer prescribing for elderly patients 65+ yrs prescribed 10+ unique medications by MM-YYYY

What are we trying to accomplish?

Patient identification, engagement & deprescribing

What changes can we make that will result in improvement?

Reducing # of older patients prescribed 10+ unique medications who have a PIP*

Patient/family perception of experience and safety

How will we know that a change is an improvement?

Quarterly EMR data reports

Project Set-Up  Diagnostic  Change Idea Generation  PDSAs Testing & Implementation  Spread/ Sustainability
Quality Improvement Methods

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<tr>
<th>Deprescribing Algorithms</th>
<th>Patient Education Materials</th>
<th>Deprescribing Toolkits</th>
<th>Webinars</th>
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<tr>
<td>PPI</td>
<td>Patient resource for Use of PPI</td>
<td>Drowsy without feeling lows (deprescribing Benzo toolkit)</td>
<td>Deprescribing in Primary care (Choosing Wisely Canada)</td>
</tr>
<tr>
<td>Antipsychotics</td>
<td>Treating dementia with Antipsychotics</td>
<td>Bye Bye PPI (deprescribing PPI toolkit)</td>
<td>Shared decision making with pts (deprescribing.org)</td>
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<tr>
<td>Benzodiazepines</td>
<td>Sleeping pills in older adults</td>
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<td>Sulfonylurea</td>
<td>PPI patient decision aid</td>
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<td>Deprescribing information pamphlets</td>
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* At any point in the process, a clinician may decide if the prescription is still required and process stops for that patient
Designing for Improvement... *reflections*

- 1st feasibility site in national project
- Fair degree of capacity for QI work
- Varied teams and practices (solo practices, team-based, community health centres)
- The sustainability question - *'a pharmacist is key!'*
- Patient engagement is at the centre of this work
- Teams respectful & engaged
Designing for Improvement... *did we get it right?*

- A deprescribing project ought to result in fewer meds but is that the only mark of success?
- EMRs are a *helpful pain*!
- Challenges in engaging/supporting community colleagues
- Perhaps it is true that *all data is useless but some is helpful!*
- Did the work contribute to improved patient safety (awareness)?
- Is there a risk of optimizing one part of the system and risking all!
Thank you!