Caring

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Shared decision making for step-down and stopping decisions

Michael R. Gionfriddo Pharm.D, Ph.D
Geisinger
Center for Pharmacy Innovation and Outcomes

Disclosures

- I have had travel and lodging paid for by PhRMA to speak on medication adherence
- I consult with Pfizer on Shared Decision Making in the areas of Rheumatoid Arthritis and Inflammatory Bowel Disease and have received compensation for this work as well as having travel and lodging paid for to attend meeting related to this work.
- I act as a co-investigator on a grant funded by AstraZeneca on improving prescribing of guideline recommended therapies post-acute coronary syndrome

Opening: Why are you here?

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Objectives

At the completion of the workshop the attendee will:

- Identify situations where step-down may be appropriate
- Describe barriers patients and clinicians face to step-down
- Demonstrate the use of tools to facilitate step-down conversations

What is Shared Decision Making?

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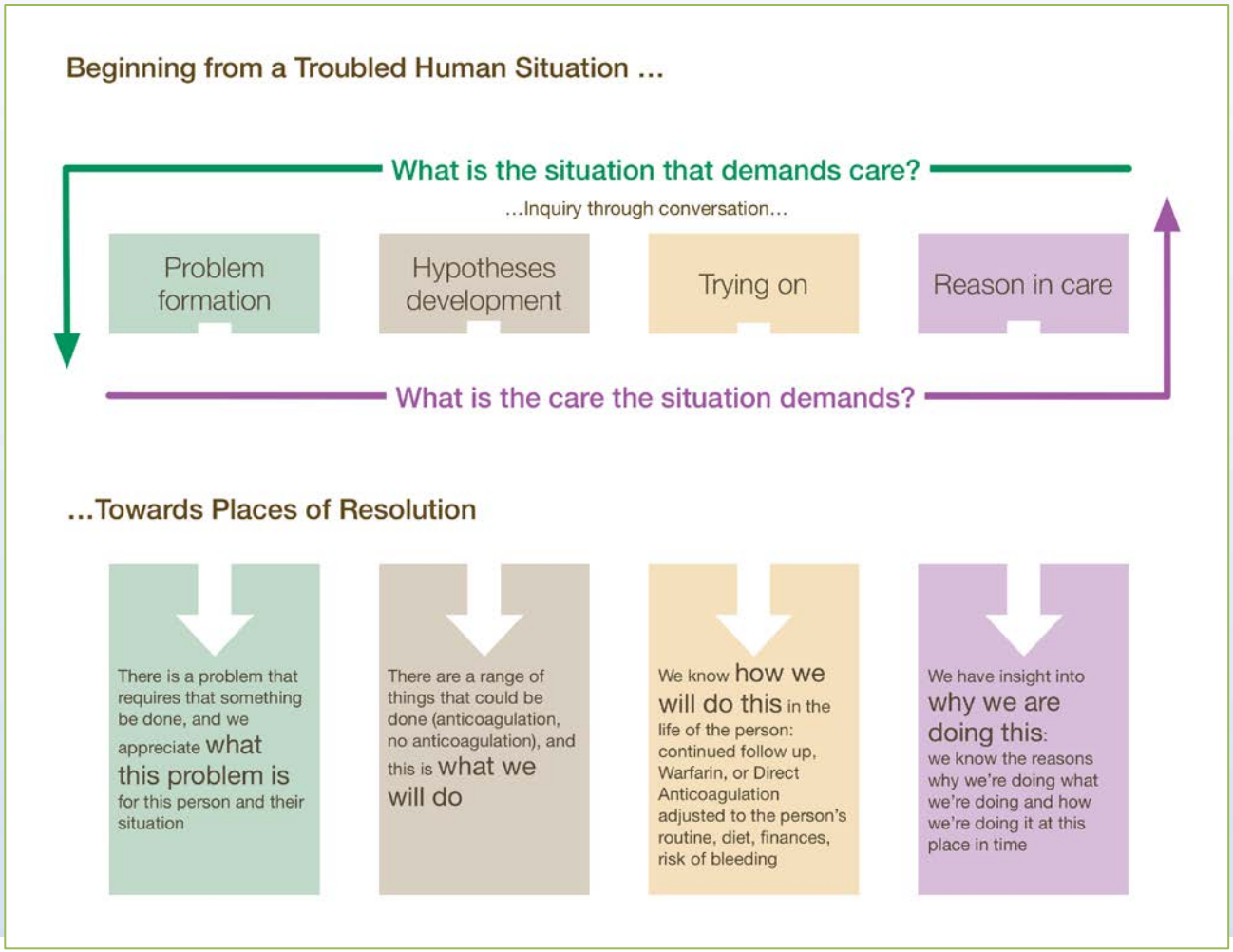
A process by which clinicians and patients think, talk, and feel through a troubling situation and come to a resolution about how to manage that situation in a way that considers the medical evidence in light of the patient's situation and values.

Uncertainty

- **Evidence**
- **Values**
- **Implementation**


Beginning from a Troubled Human Situation …
What is the situation that demands care?
…Inquiry through conversation…
Problem formation
Hypotheses development
Trying on
Reason in care
What is the care the situation demands?
…Towards Places of Resolution
There is a problem that requires that something be done, and we appreciate what this problem is for this person and their situation
There are a range of things that could be done (anticoagulation, no anticoagulation), and this is what we will do
We know how we will do this in the life of the person: continued follow up, Warfarin, or Direct Anticoagulation adjusted to the person's routine, diet, finances, risk of bleeding
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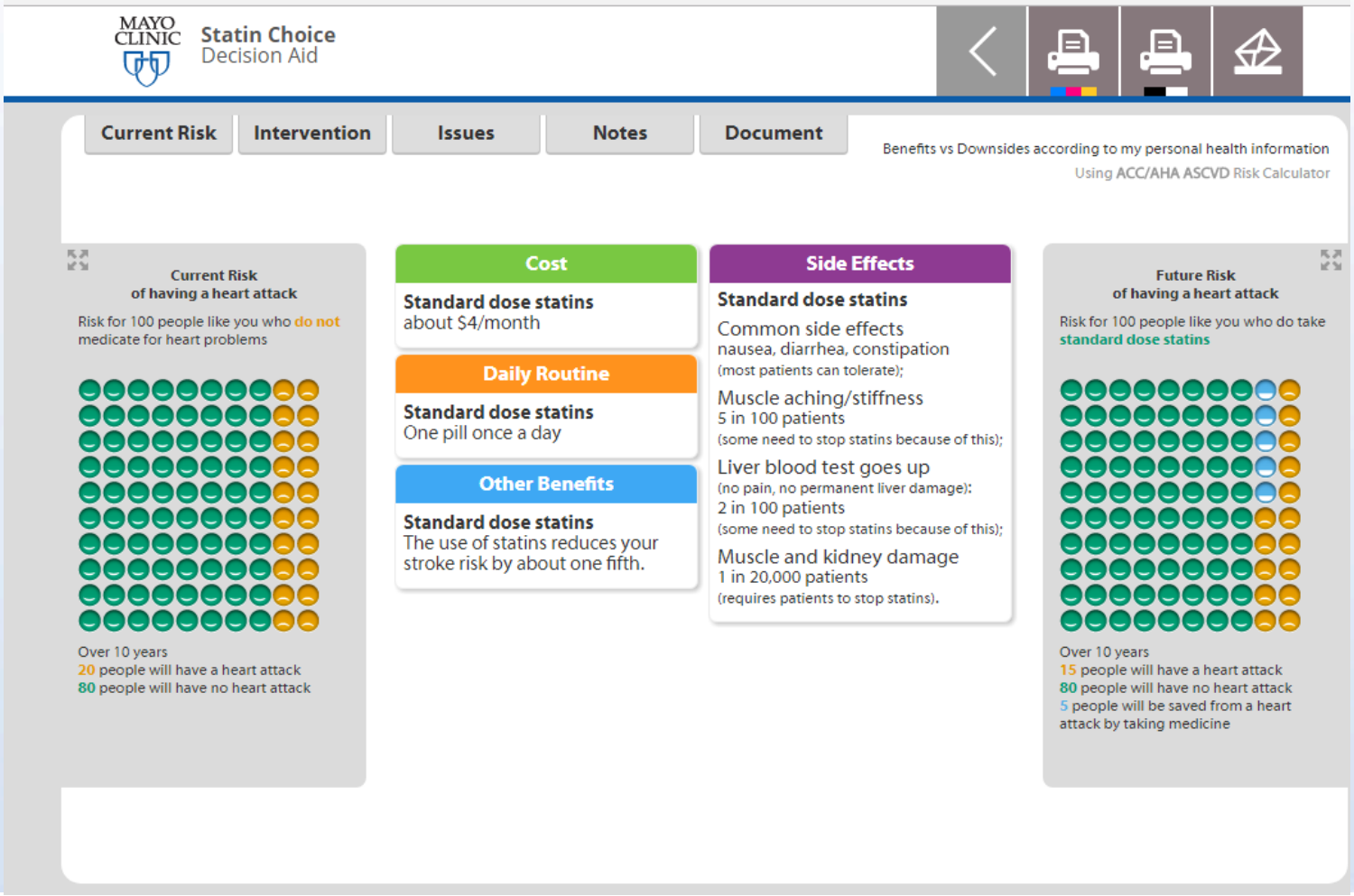
Case

You are an 80 year old individual who is seeing their primary care clinician for a routine visit. You heard from a neighbor at the retirement village that their clinician recently stopped their cholesterol medication. You ask your clinician if you could stop your cholesterol medication.

Statin Choice decision aid



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Step-down

- Step-down
- Stopping
- Reduction
- Discontinuation
- Withdrawal
- De-escalation

Why De-escalation?

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Why De-escalation?

- Inappropriate
- Non-adherence
- Change in benefit/risk ratio
  - Adverse effects
  - Age
  - Health Status
  - New evidence

Barriers to De-escalation?

Barriers to De-escalation?

- Clinician
- Patient
- System

Barriers to De-escalation?

- Clinician
  - Awareness
  - Inertia
  - Self-efficacy
  - Feasibility

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Anderson et al. BMJ Open 2014

Barriers to De-escalation?

- Patient
  - Fear
  - Appropriateness
  - Lack of clinician support
  - Peer or clinician pressure to remain on medication

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Reeve et al. Drugs and Aging 2013

Barriers to De-escalation?

- System
  - Incentives

Signals for De-prescribing?

Signals for De-prescribing

- Polypharmacy
- Non-adherence
- Multiple prescribers
- Complex or Frail patient
- High-risk drugs
- Suspected Prescribing Cascade
- Recent Hospitalization/Transitions of Care
- Life limiting diagnosis
- Palliative Care

Tools to facilitate de-escalation

- Lists
  - Beers
  - STOPP
  - IPET
  - Etc.
- Algorithms
  - Deprescribing.org
    - Proton Pump Inhibitors
    - Benzodiazepines
    - Anti-hyperglycemics
- Protocols
  - Scott et al.
  - Jansen et al.

The Deprescribing Protocol

1. Ascertain all drugs the patient is currently taking and the reasons for each one
2. Consider overall risk of drug-induced harm
3. Assess each drug for its eligibility to be discontinued
4. Prioritize drugs for discontinuation
5. Implement and monitor drug discontinuation regimen

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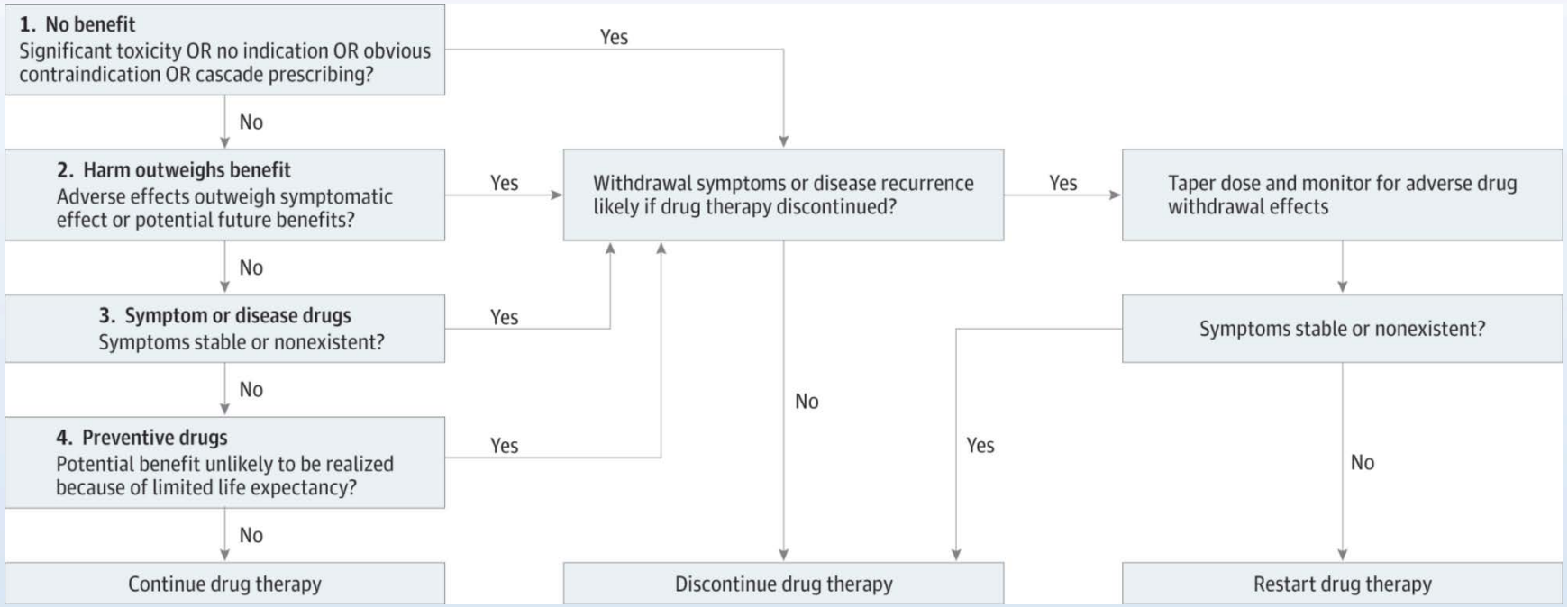
Scott et al. JAMA IM 2015



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Scott et al. JAMA IM 2015

- “Since you started this medicine, has it made such a difference to how you feel that you would prefer to stay on it?”
- “Are you still experiencing any troublesome symptoms? Do you feel the medicine is still required?”
- “Apart from side effects, are their any other concerns you have with your medicine?”
- Quantity vs. Quality of life

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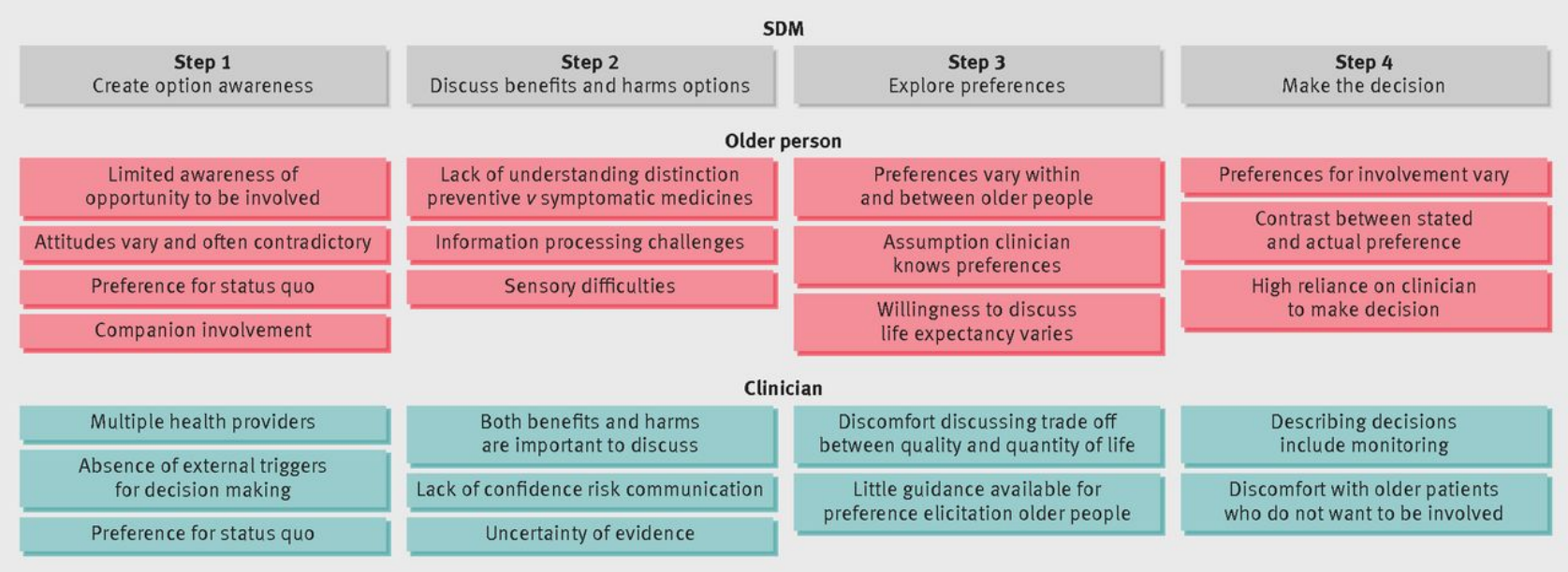
Scott et al. JAMA IM 2015

Deprescribing Process (SDM)



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Jansen et al. BMJ 2016

General tips

- Taper if necessary
- One at a time
- Support and communicate with the patient
  - Monitor for adverse effects or return of symptoms
- Consider less harmful alternatives
  - Behavioral therapies

Case

You are an 50 year old individual who recently moved and is seeing their primary care clinician for a new patient visit. During the visit, the clinician reviews your medication list and asks you about your medication for acid reflux.

SHOULD I KEEP TAKING MY ACID REFLUX MEDICATION?

A consult decision aid for you to discuss whether to continue your proton pump inhibitor (PPI)

1. Why am I being offered this choice?

YOU HAVE TAKEN A PPI FOR AT LEAST 4 WEEKS (to treat mild/moderate heartburn or acid reflux)	Acid reflux happens when acid from your stomach travels into your esophagus (a tube that connects the mouth to the stomach). The acid causes heartburn, pain in the throat or trouble swallowing. PPIs stop release of acid in the stomach.
YOU HAVE NO SYMPTOMS	PPIs resolve symptoms and heal about 60 to 80% of patients after 4 to 8 weeks. Some people may not need to keep taking PPIs long-term. Guidelines suggest using the lowest effective dose for the shortest duration.
YOU DO NOT HAVE A REASON TO STAY ON A PPI LONG-TERM	Certain people need PPIs long-term (for example, those taking regular NSAIDs*, those with a history of a stomach bleed, Barrett's esophagus or severe inflammation in their esophagus). It is not be suitable for these people to stop their PPI.

*NSAID = non-steroidal anti-inflammatory drugs (e.g. ibuprofen [Advil], naproxen [Aleve])

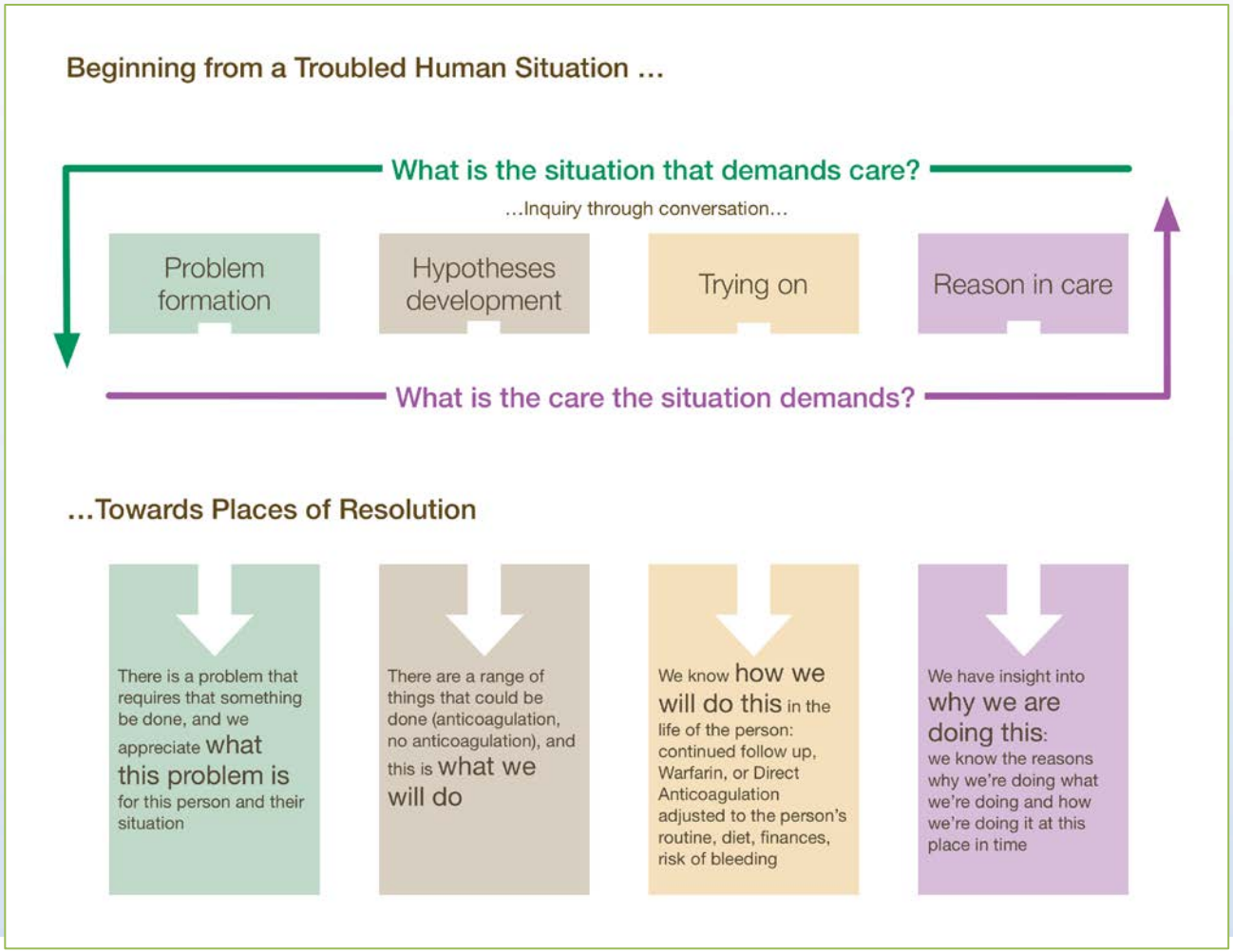
2. What are your options?

●●● **Continue taking your PPI as you are now**

↘ **Use a lower dose of PPI**

✋ **Stop and use PPI "on-demand"**(only when you have symptoms, for as long as it takes for symptoms to go away, then stop)

3. Rate the importance of benefits and harms of each option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Are these areas of your life a source of **satisfaction**, **burden**, or **both**?

	Satisfaction	Burden
My family and friends	☐	☐
My work	☐	☐
Free time, relaxation, fun	☐	☐
Faith or personal meaning	☐	☐
Where I live	☐	☐
Getting out and transportation	☐	☐
Being active	☐	☐
My rest and comfort	☐	☐
My emotional life	☐	☐
My senses and memory	☐	☐
Eating well	☐	☐

What are the things that your doctors or clinic have asked you to do to care for your health?

Do you feel that they are a **help**, a **burden**, or **both**?

	Help	Burden
example: come in for appointments	☐	☐
example: take aspirin	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

What's Best for Me and My Family?

Questions?

Michael R. Gionfriddo Pharm.D, Ph.D
Geisinger
Center for Pharmacy Innovation and Outcomes
Forty Fort, PA 18708
mgionfriddo@Geisinger.edu

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