Decreasing Hospital Readmissions Through Deprescribing

Friday, October 11, 2019

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Today's Speakers

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COMPLIANCE WITH THE 30-DAY ALL-CAUSE HOSPITAL READMISSION MEASURE

Decreasing hospital readmissions through Deprescribing

"Polypharmacy and potentially inappropriate medication use as the precipitating factor in readmissions to the hospital"

Reported clinical outcomes of deprescribing are:

Decrease:
- Drug-related problems
- Mortality
- Hospital readmissions
- Falls

Increase:
- Quality of Life
- Functional Status

Impact of Deprescribing Interventions in Older Hospitalized Patients on Prescribing and Clinical Outcomes: A Systematic Review of Randomized Trials
CMS MEASURE DEFINITION

The 30-day All-Cause Hospital Readmission measure is a risk-standardized readmission rate for beneficiaries age 65 or older who were hospitalized at a short-stay acute-care hospital and experienced an unplanned readmission for any cause to an acute care hospital within 30 days of discharge.

Challenges to deprescribing

- Guidelines are published to start medications
- New disease conditions require newer and more expensive options
- Pharmaceutical Industry does not fund deprescribing
- Prescribers are concerned with legal implications
- Specialists (psychiatry) are reimbursed per resident/regimen

Addressing polypharmacy

WHO: Prevalence of inappropriate meds 11.5%-62.5%

Polypharmacy is major problem in the elderly
- Greater risk of ADRs
- May lead to "prescribing cascades"
- Symptoms of polypharmacy confused with "aging"
- Tiredness, sleepiness, insomnia, constipation, diarrhea, confusion

Polypharmacy decreases quality of life and unnecessary expense

LONG TERM CARE CMS: "Unnecessary Medication"
Evidence-based algorithms for deprescribing

- Mostly countries with socialized medicine systems: Canada, UK, France
- Four Specific Drug classes:
  - Hypoglycemics, diabetes
  - Proton pump inhibitors,
  - Benzodiazepine receptor agonists, and
  - Antipsychotics
“Poison and medicine are often the same thing, given in different proportions”

-Alice Sebold
Thank you for joining us today!

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