

Open the Door to Optimal Medication Use with 7 Steps

Polypharmacy causes complications for both residents and the people who care for them. It is associated with increased fall risks, cognitive decline, functional impairment, and other adverse events. And the more medications a resident takes, the more time nurses spend on med pass and symptom management – time that they would rather use for direct care and positive interactions.

Medication Optimization Is Coming: Get Ready

Medication optimization is a significant trend that is enabling facilities and centers across the country to reduce polypharmacy, keep residents safe, and increase staff satisfaction. In general, it involves looking at the value that medicines deliver, and making sure they are clinically and cost effective.

These steps can help you promote successful and sustaining medication optimization:

1. Make it an ongoing effort. “This needs to be part of regular care just like taking histories and vital signs. This cannot be temporary initiative,” said Arif Nazir, MD, CMD, chief medical officer, Primary Care at BrightSpring Health Services. “Everything should start and end with a review of medications. Every team member should be focused on this.”



2. Identify some key areas for focus. Some data analysis and information from your consultant pharmacist can help identify opportunities for change or improvement. Areas to examine include fall rates, ER visits, readmissions, weight loss, and behavioral issues. “Start with lower hanging fruits such as vitamins, PRNs and medications considered inappropriate for older adults,” said Rebecca Wingate, PharmD, director of clinical operations-North at PharMerica. Nazir added, “Everyone on the clinical team should know what medications patients are on and what the trends are, and they need to be focused on positive outcomes.”

3. Include ongoing staff education. When staff have the tools and resources they need to understand and manage polypharmacy, they can be more confident and effective in their efforts. It also promotes collaboration and teamwork. “All team members need to be on the same page and understand why medications are being used and what goals of drug therapy are,” said Nazir. When they just see patients taking more and more medications, it can make them question their benefit – and they just see that they are doing more work managing medications and adverse events.

Education should include information about the medications residents in the facility are taking, the importance of antibiotic and psychotropic stewardship, what issues to watch for, and what to do if they see a red flag. This education should be consistent so that everyone is working from the same playbook with consistent definitions, processes, and protocols.

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- 4. Prioritize nonpharmacologic interventions.** The nonpharmacologic aspect of care can and should be applied to many conditions, not just behavioral issues. “We should be looking at lifestyle modification and other non-drug interventions across the board. There is much we can do in this regard, and we need to make it a common part of practice,” Nazir said. For instance, before prescribing medication for heartburn, the team should be looking at things such as changing food choices, reducing or eliminating caffeine intake, losing weight, and smoking cessation.
- 5. Avoid the prescribing cascade.** Wingate noted that as people are living longer and have multiple comorbidities, they take more medications, and this creates a prescribing cascade – where new drugs are prescribed to manage side or adverse effects of other drugs. This is one reason regular reviews are so important. They can help identify root causes for signs and symptoms. If an issue, such as appetite loss or dizziness, is linked to a medication the person is already on, the prescriber and pharmacist can work together to find a safer alternative instead of just adding a new drug.
- 6. Promote prescriber-pharmacist relationships.** “They really have to be talking to each other on a regular basis. They need to have a process for communication changes, recommendations, suggestions, and other issues in real time. Have breakfast together, get to know each other,” suggested Nazir. Wingate added, “There are more opportunities, such as QAPI, for collaboration. It is important for everyone to approach medication optimization with an open mind and a willingness to address it as a team.”
- 7. Nurture patient/family trust.** “We have a ‘12-second problem’ in the culture of healthcare, where the prescriber generally interrupts the patient in the first 12 seconds of a conversation. This isn’t conducive to patient-centered care and trusting relationships,” said Nazir.

He further suggested, “We need to spend time with patients and families, as well as our fellow team members, and really listen to them. This will help us bridge gaps in communication and trust.” Wingate offered, “When we are discussing the care plan, we need more open-ended questions and opportunities to explore patients’ goals and preferences.”

Medication optimization isn’t just a popular trend. It is an essential undertaking that benefits residents by improving outcomes and quality of life, staff by freeing them to spend more quality time on resident care, and the system by saving on drug costs and avoiding hospitalizations. Using these steps will get your facility on track to ensuring that the right medications are always used appropriately and only when necessary.