Virginia Long-Term Care Clinician Network Monthly Forum

June 21, 4:00-5:00 pm

Welcome!

Please mute your phone or computer for now.

We will have time for open chatting and hope to hear from each of you.

Feel free to keep your camera on, we are happy to see you!

Disclosures

Today's speakers and presenters have no relevant financial conflicts of interest.

*Funding Disclosure: This work is supported by the **Virginia Department of Health, Office of Epidemiology, Division of Healthcare-Associated Infections (HAI) and Antimicrobial Resistance (AR) Program** and the Centers for Disease Control and Prevention, Epidemiology and Laboratory Capacity (ELC) Program under federal award number NU50CK000555 and state subrecipient number VCULTC603-GY23 in the amount of $820,002. The content presented is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control, the Virginia Department of Health, or Virginia Commonwealth University.*

VDH VLIPP Projects

Virginia Long-Term Care Infrastructure Pilot Project (VLIPP) funding will be utilized in nursing homes and long-term care facilities to assist with the ongoing COVID-19 response and to bolster preparedness for emerging infections. The projects are based on identified needs that align with funding objectives

VLIPP Stakeholders:

- Carilion Clinic
- Eastern Virginia Medical School (EVMS)
- Health Quality Innovators (HQI)
- LeadingAge Virginia
- University of Virginia (UVA)
- Virginia Commonwealth University (VCU)
- Virginia Department of Social Services (VDSS)
- Virginia Health Care Association-Virginia Center for Assisted Living (VHCA-VCAL)

Introducing the Network to your Peers

About the Network: The Virginia Long-Term Care Clinician Network (LTC-CN) brings together medical directors and clinicians practicing in nursing homes, assisted living facilities, and other congregate care settings, such as Program of All-inclusive Care for the Elderly (PACE).

Member Benefits:

- Free peer network fostering open discussion and collaboration
- Monthly newsletter
- Monthly forum (third Wednesday of each month from 4:00-5:00 pm)
  Each registered Network member receives a unique Zoom link. Please do not forward your link as this may lead to problems joining the Forum. Instead, encourage your colleagues to register at ltccn.vcu.edu.

Where to find us?

SCAN ME

ltccn.vcu.edu

Who are we?

- Christian Bergman, MD - Principal Investigator
- Bert Waters, PhD - Project Director
- Laura Finch, MS, GNP, RN - Clinical Coordinator
- Kim Ivey, MS - Communications / Administration
- Jenni Mathews - Survey Data & Evaluations Specialist
- Kristin MacDonald, MS, RD - Newsletter & Content Editor

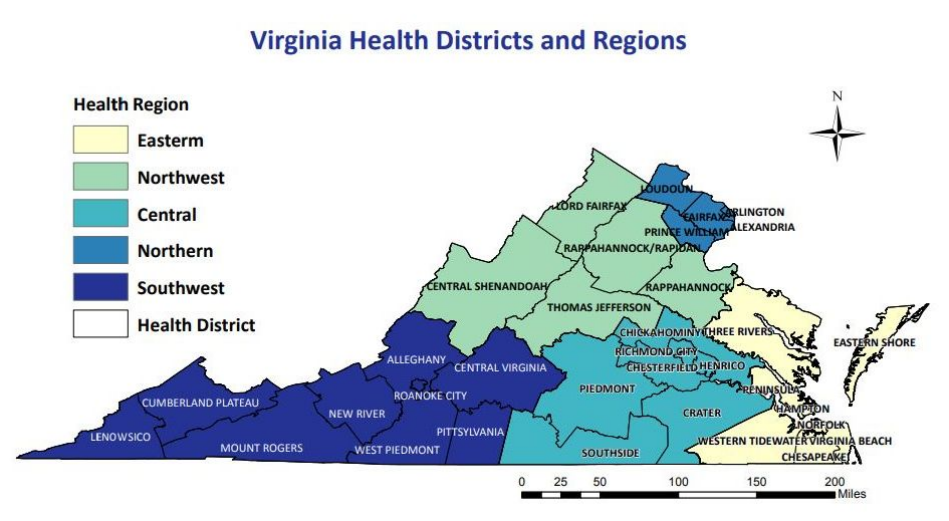
Who are you?

Please use the Chat box to share:

- **Name**
- **Role**
- **Location in Virginia (city or region)**

Steering Committee Structure

- 2 representatives (MD, NP/PA) from each of the Virginia Health Planning Regions
- Monthly meetings to provide guidance to project



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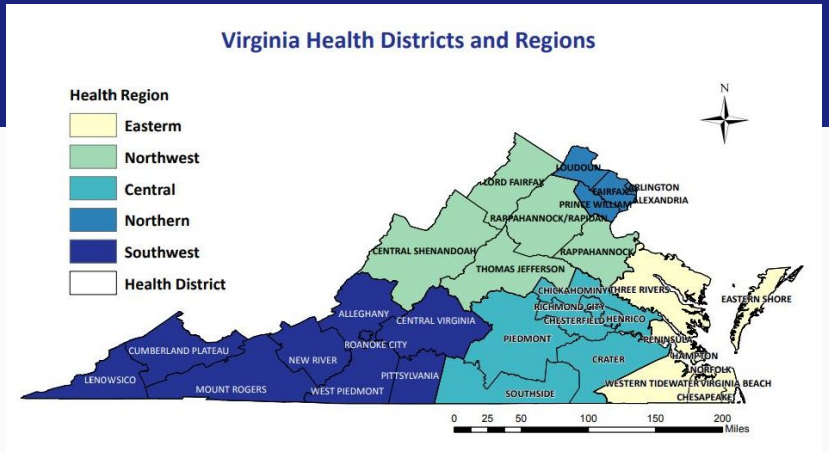
Steering Committee



Eastern Region: Rob Walters, MD & Mary Mallory, NP

Northwestern Region: Jonathan Winter, MD

Central Region: William Reed, MD & Tangela Crawley-Hardy, NP

Southwest Region: Katherine Coffey-Vega, MD & Jamie Smith, NP

Northern Region: Noelle Pierson, NP

Statewide: Shawlawn Freeman-Hicks, NP

Monthly Forum - Every 3rd Wednesday, 4-5 PM

A 60-minute Zoom session to connect with long-term care clinicians around the state. We will continue to integrate COVID-19 topics in our discussion, but will also expand the topics and encourage robust discussions around other areas of interest pertinent to long-term care such as:

- Infection Control Practices (enhanced barrier precautions, etc.)
- Clinical topics (falls, antipsychotic use, antibiotic stewardship, etc.)
- Vaccinations (influenza, pneumonia, COVID-19, shingles)
- State and Federal Legislative Updates
- Advance Care Planning and Capacity Determination
- QAPI and sample PIP charters

Monthly Forum Structure, 60 min

Introduction - 2 minutes

Updates - 6 minutes

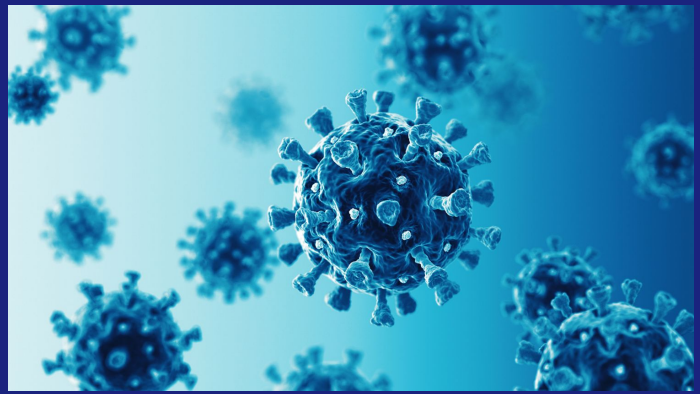
Featured Monthly Topic - 15-20 minutes

Open Discussion - 15-20 minutes

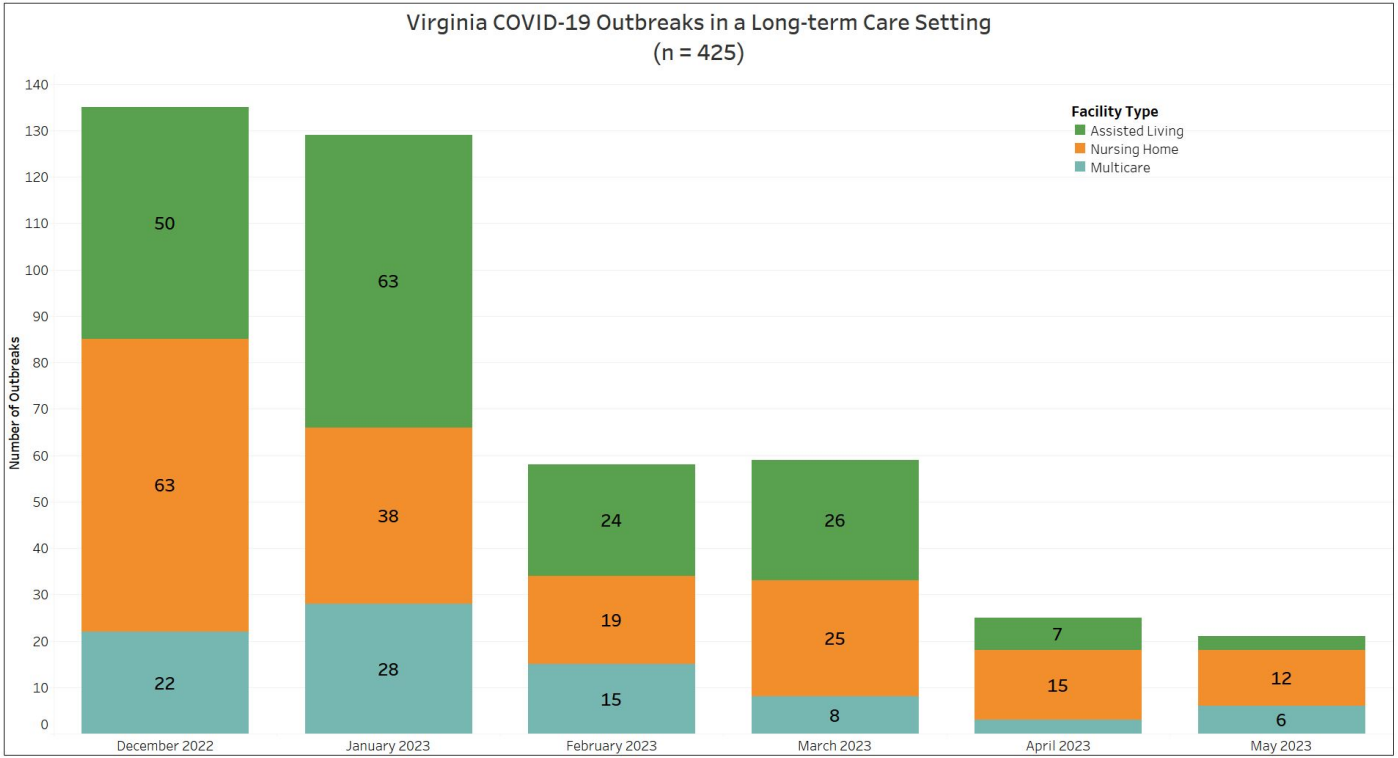
Feedback - 3 minutes

Updates

COVID-19:
Data, Treatment, Vaccines



Data from VDH



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Data from VDH

[Virginia Department of Health (VDH) COVID-19 Dashboards]

COVID-Like Illness (CLI)

The percentage of all emergency department (ED) and urgent care (UC) visits, that are for COVID-like symptoms, can signal how much COVID-19 there is in a community.

6.6 percent of ED/UC visits were CLI in the week ending 06/10/2023

10.8% points lower than the previous week ending 06/03/2023

COVID-19 Associated Hospitalizations

COVID-19-Associated Hospital Admissions

COVID-19 hospital admissions indicate the severity of disease in the community and the impact on the health care system.

72 new hospital admissions in the week ending 06/10/2023

40% points lower than the previous week ending 06/03/2023

4 week trend in Hospital Admissions

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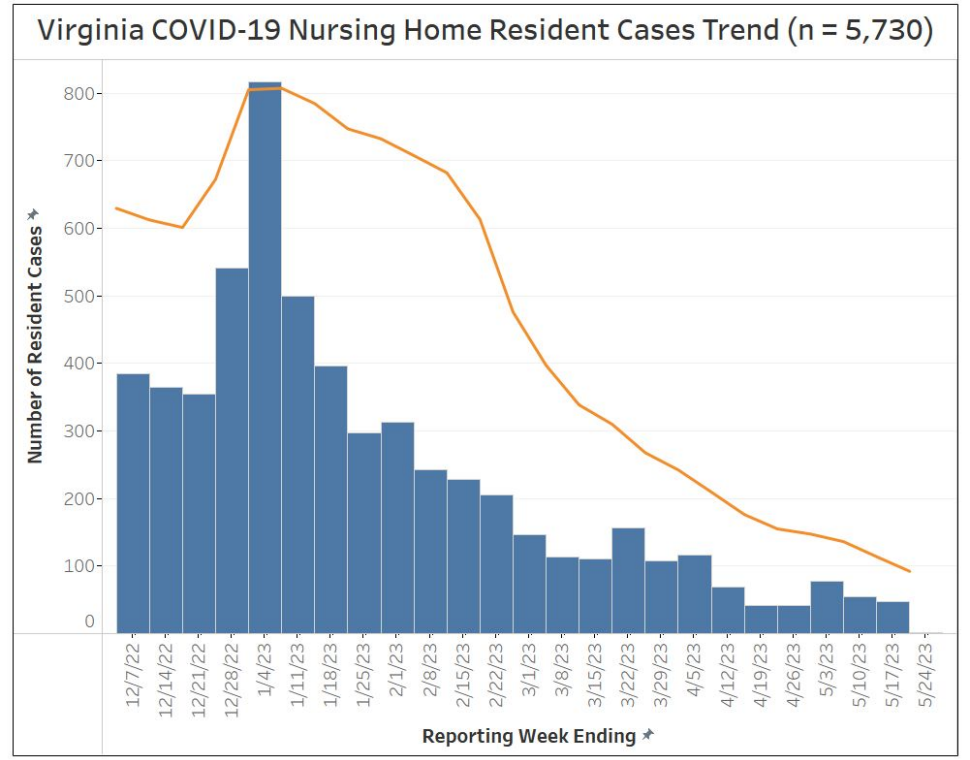
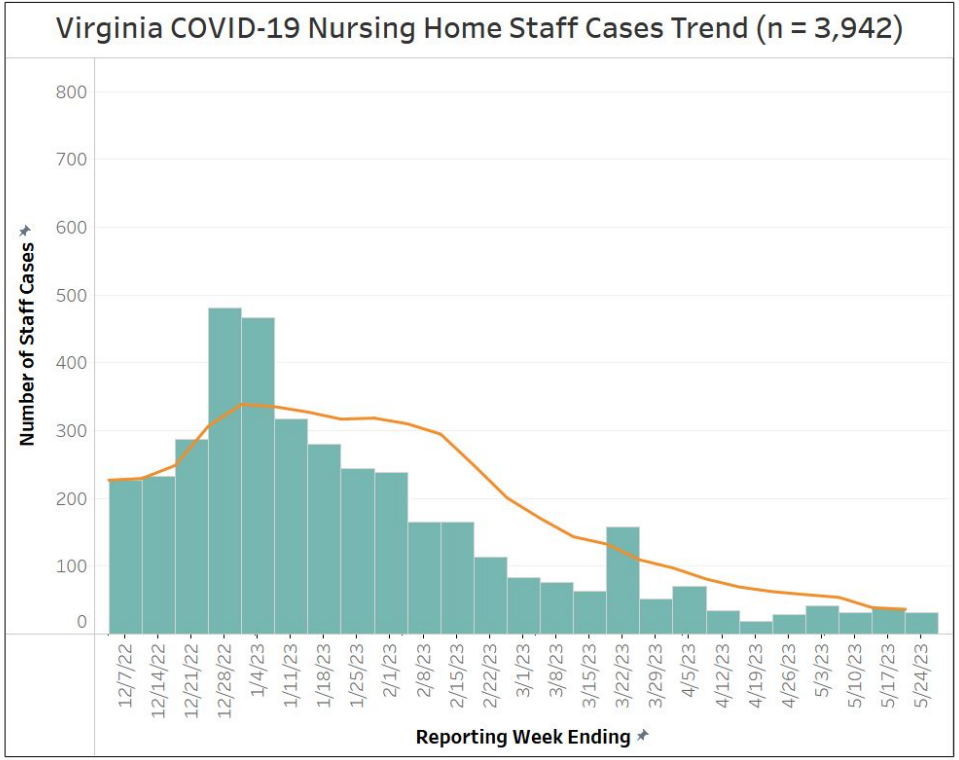
NHSN/CDC Resident COVID-19 Case Trends



***December 2022 - May 2023**

NHSN/CDC Staff COVID-19 Case Trends



***December 2022 - May 2023**

Read more COVID-19 updates in our latest edition of the LTC-CN newsletter!

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Vaccination Updates

FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) met on June 15, 2023, to discuss and make recommendations for SARS-CoV-2 strain(s) for updated COVID-19 vaccines for use in the United States beginning in the fall of 2023.

For the 2023-2024 formulation of the COVID-19 vaccines for use in the U.S. beginning in the fall of 2023, the committee unanimously voted that the vaccine composition be updated to a monovalent COVID-19 vaccine with an XBB-lineage of the Omicron variant. Following discussion of the evidence, the committee expressed a preference for XBB.1.5.

Influenza and COVID-19 vaccinations may be given at the same visit in separate arms or one inch apart on the same arm.

Featured Monthly Topic:

Deprescribing and Medication Management in Long-Term Care

Kristin Zimmerman, PharmD, BCGP, BCACP

Associate Professor, VCU School of Pharmacy

Deprescribing and Medication Management in Long-Term Care

Kristin Zimmerman, PharmD, BCGP, BCACP
Associate Professor, VCU School of Pharmacy

Polypharmacy & Potentially Problematic Prescribing

Is Happening in LTCF…

- Use of 5, 9 and 10 meds reported in up to 65-91% of LTCF residents
- Rates of ”potentially inappropriate medications” (PIMs) in LTCF: 16-54%

<u>High-Polypharmacy Classes in LTC</u>:
antidepressants, antihypertensives, pain meds, bowel meds, antithrombotics, cholesterol meds, antipsychotics, GERD meds

..And Impacts Our Outcomes

- Adverse drug events
- Geriatric syndromes
- Functional decline
- Behavioral changes
- Resources use
- Misaligned Care

Defining Deprescribing

Systematic process of identifying & discontinuing drugs [when]:

1. **<u>Existing or potential</u> harms outweigh <u>existing or potential</u> benefits**
2. Within the context of an individual patient's **care goals,** current level of **functioning, life expectancy, values, and preferences**

When to Consider Deprescribing

Medication risk

- **Medication(s) alone or together pose a direct threat**
  - Active or potential side effect, interaction
  - Nonadherence history

Complex patients

- **Complexity-related burden and outcome risk**
  - Multimorbidity
  - 8+ medications
  - Administration 12+ times/day
  - Multiple prescribers

Revised goals of care

- **Health trajectory & time to benefit mismatch**
  - Limited life expectancy
  - Oldest-old (80+)
  - Cognitive impairment
  - Frailty

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Fouts M, et al. Consult Pharm 1997;12:1103-11; Hajjar ER, et al. Am J Geriatr Pharmacother 2003;1:82.
Page, AT. Br J Clin Pharmacol (2016) 82 583–623, Lindsay, J. Support Care Cancer (2014) 22:1113–1119

Why Consider Deprescribing

High rate of **success and persistence**

Cost and burden benefits

Reduced **ADR risk**

Favorable outcomes (geriatric syndromes, placement, mortality)

Alignment with goals, health trajectory

NOT associated with worsening of conditions*

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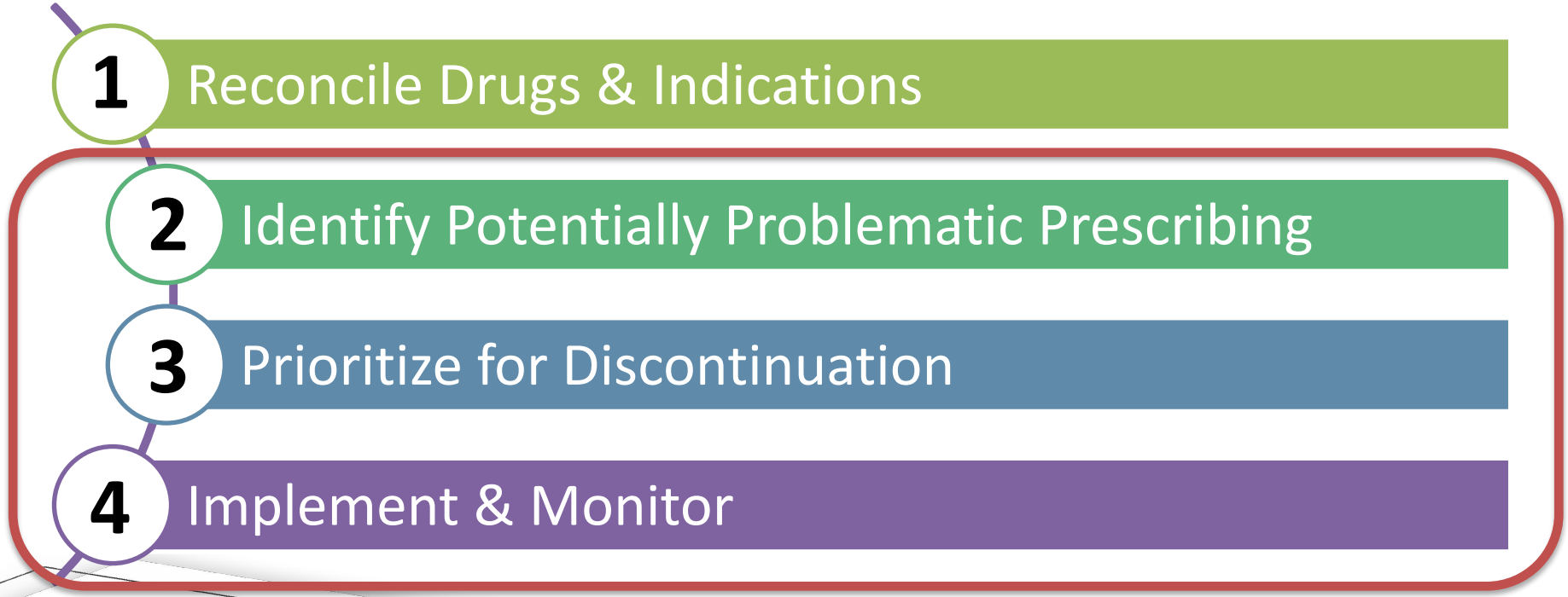
Deprescribing Process



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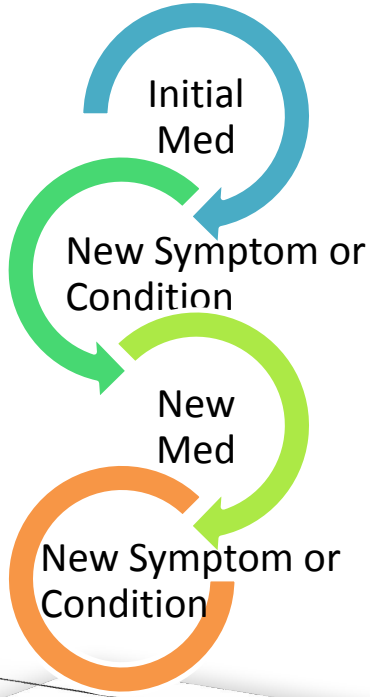
2. Identifying Problematic Prescribing

"Anything involving drug therapy that interferes with (or has the potential to interfere with) the desired outcome for a patient" -*Patricia Slattum*

Indicated	
Needed (duration)	DAPT, bisphosphonates, β-blockers post-ACS, antipsychotics, etc
Effective	
Duplicative	Multiple antihypertensives, antidiabetics, etc.
Side effect or "prescribing cascade"	
Drug-drug or drug-disease interaction	Diuretics + Incontinence, Anticholinergics + Dementia, etc.
Dosage/directions correct, practical	
Goal-aligned	Statins, antidiabetics, aspirin and limited life expectancy

Problematic Prescribing Cascades



Omeprazole	Amlodipine	Donepezil	Oxybutynin
↓	↓	↓	↓
Anemia	Edema	Incontinence	Delirium
↓	↓	↓	↓
Iron	Diuretic	Oxybutynin	Quetiapine
↓	↓	↓	↓
Constipation	Fall	Behavior Change	Cognitive Impairment

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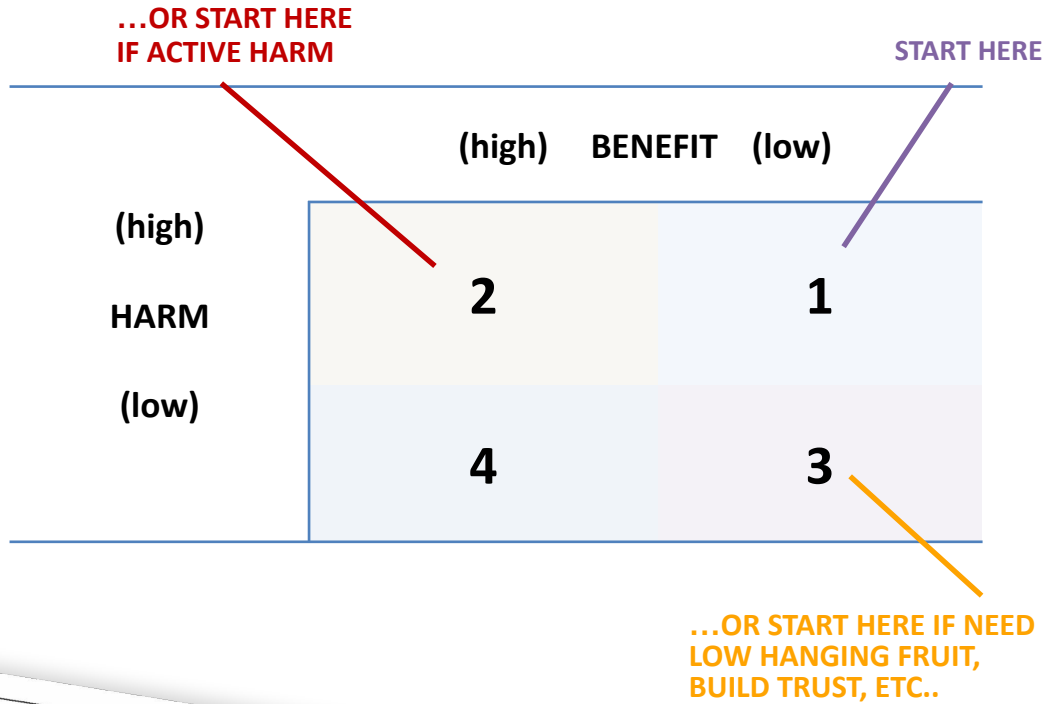
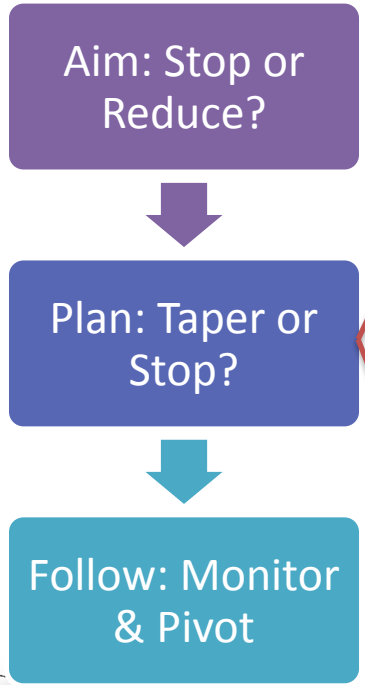
3. Prioritization Approach



4. **Implementation** & Monitoring



Consider a taper when…

Adaptation, Tolerance, Dependence Present

- DC without taper risks **rebound, withdrawal**
- Tapering allows for "reset" to drug decrease
- Monitor if taper needs to be slowed/ stopped
- Anti-HTN, SSRI, opioids, antidepressants, BZD, pioglitazone, etc..

Unsure of Med Effect

- Is the medication having a benefit we aren't initially seeing?
- Is the medication not having the side effect we thought it was?
- Cholinesterase inhibitors, antidepressants, etc.

When in doubt, taper! Speed of taper can vary. Generally, **25-50% every few days to weeks**.
Always reduce **dose before frequency**!

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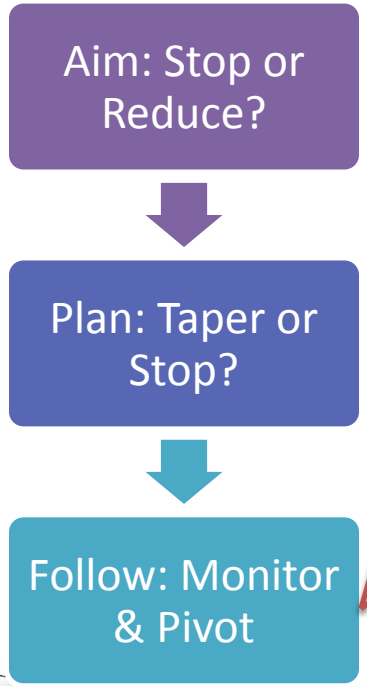
4. Implementation & **Monitoring**



Monitor for DC impact

- Side effect resolution
- Rebound/recurrence of initial symptoms
- New withdrawal symptoms
- Timeline may be protracted if adaptation, tolerance or dependence is present

Have contingency plan for when & how to:

- Use alternative or PRN medications
- Communicate with team
- Pause, restart, re-increase

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Deprescribing Resource

- Deprescribing Guidelines for the Elderly project & The Canadian Deprescribing Network (CaDeN)
  - Includes pharmacists, family medicine physicians, researchers, Cochrane Collaboration
  - **Guidelines, algorithms,** brochures
  - Webinars, decision aids, testimonials, sample patient letters
  - LTC-centered materials on shared-decision making including fillable medication record & experience form, targeting tips

Deprescribing.org

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It Takes a Team

Team members & roles

- Consultant pharmacist
- Specialist providers
- SNF provider

Communicate & document:

- Who is the decision maker
- Rationale to continue, stop, or change
- Stepwise plan for implementation, monitoring & contingency plan
- Responsible personnel

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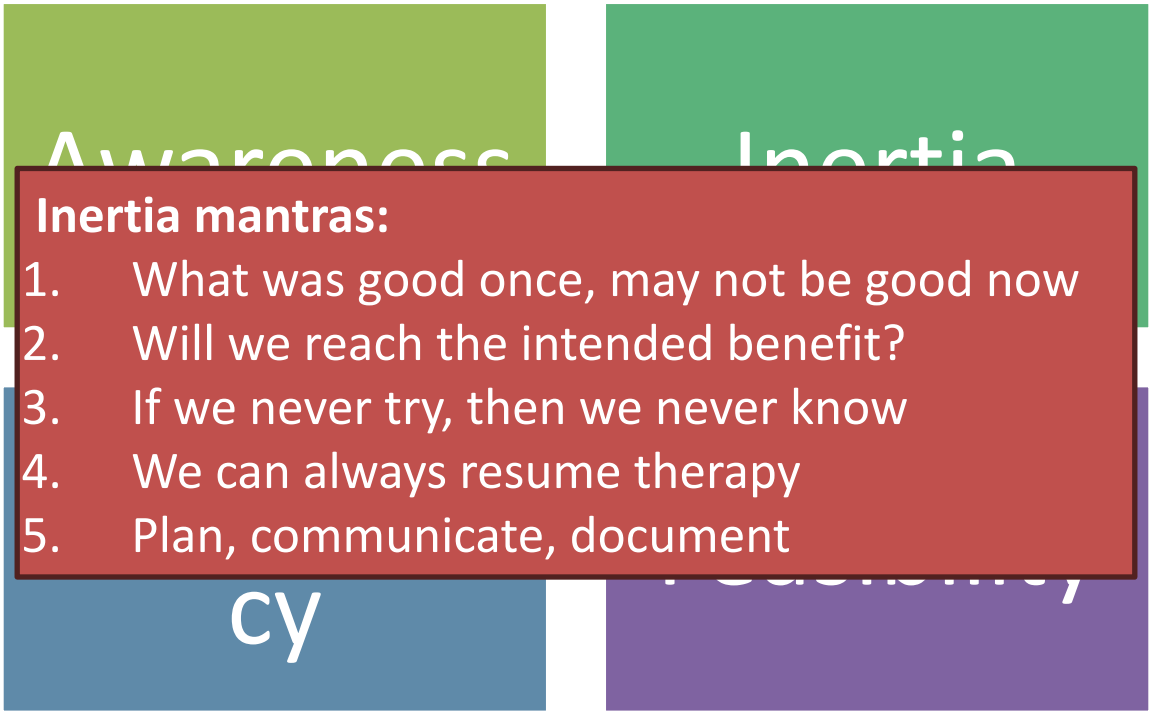
Addressing Barriers



Inertia mantras:

1. What was good once, may not be good now
2. Will we reach the intended benefit?
3. If we never try, then we never know
4. We can always resume therapy
5. Plan, communicate, document

CASE EXAMPLES & DISCUSSION

Use the chat box to reply to case prompts

Use the chat box to submit questions, muddy points, alternate perspectives related to the cases

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Identification & Prioritization: Case of JD

JD is an 82-year-old female re-admitted to SNF following extended hospitalization for heart failure. She has had a 7% weight loss over the past 6 months, reduced PO intake due to dysphagia. She is concerned about pill burden and swallowing meds.

What meds might be potentially inappropriate?

Which might you DC first?

Which might you taper?

PMH	Medications
HFrEF (EF 35%) HTN (102/62 HR 52)	Metoprolol SA 50mg daily Furosemide 40mg twice daily Lisinopril 20mg daily Amlodipine 10mg daily Spironolactone 25mg daily
CAD s/p CABG 2012 (ASCVD risk 22%, LDL 76)	ASA 81mg daily Clopidogrel 75mg daily Rosuvastatin 40mg daily Ezetimibe 10mg daily
GERD	Omeprazole 40mg twice daily Famotidine 20mg at bedtime
Osteoporosis (Dx 2018)	Alendronate 70mg once weekly Calcium 500mg daily Cholecalciferol 1000 units daily
Supplements	B12 1000mcg daily Mag Ox 400mg daily

Implementation & Monitoring: Case of JD

Alendronate	• No taper required, long half-life in bone • Monitor for improvement in dysphagia
Omeprazole, Famotidine	• Taper every week • Monitor dysphagia, reflux, Mg levels, etc. • Contingency: watchful waiting, TUMS, restart prior dose
Amlodipine	• Taper every few days to week • Monitor BP, improvement in edema • Contingency: restart prior dose if SBP >150 x 2 after 1 week

***NOT a comprehensive list for JD

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Identification & Prioritization: Case of RS

RS is an 81-year-old female resident with moderate-severe dementia with delusions that sometimes interfere with care, but symptoms have been stable the past few months. Family prioritizes medical intervention (full code, all measures).

What meds might be potentially inappropriate?

Which might you DC first?

Which might you taper?

PMH	Medications
Dementia (AD, MMSE 12; dependent for ADL)	Donepezil 10mg daily Memantine 10mg BID Quetiapine 25mg HS + 12.5mg PRN
Depression	Citalopram 20mg daily
Diabetes (A1C 7.2%)	Lantus 25 units daily Metformin 1000mg twice daily Atorvastatin 80mg daily ASA 81mg EC
HTN (124/86 [SBP 102-156] HR 56)	Amlodipine 10mg daily HCTZ 25mg daily Losartan 100mg daily Carvedilol 25mg twice daily Clonidine 1mg three times daily
Incontinence	Oxybutynin ER 10mg daily
Supplements	B12 1000mcg daily Cholecalciferol 1000units daily

Implementation & Monitoring: Case of RS

Oxybutynin	• No taper required, but recommended for monitoring • Monitor urinary symptoms, cognitive and behavioral symptoms
Quetiapine	• Taper 15-50% every 1-2 weeks • Monitor alertness, gait, behavioral changes
Memantine, Donepezil	• Taper not needed but recommended for monitoring • Monitor cognitive and behavioral symptoms, urinary symptoms, HR
Clonidine	• TAPER 25-50% every few days to week • Monitor BP, cognitive symptoms • Contingency: restart prior dose if SBP >150 x 2 after 1 week

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***NOT a comprehensive list for RS

Take Home Points

- Deprescribing should be a part of providing good, aligned, routine care
- Start small: single medication, patient category, scenario
- Remember the “inertia mantras”
- When in doubt, taper!
- Know when to hold, and when to fold

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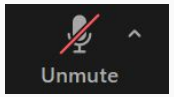
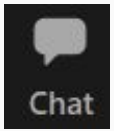
Open Forum Discussion

Open Forum Discussion

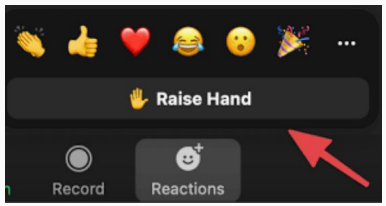
Turn on your video - we'd love to see you!



Unmute to contribute a question or comments



Use the **Chat box** to type in questions or comments



Or **Raise Your Hand** in Reactions, or in Partcipants or use Option+Y (mac) or Alt+Y (pc)

Open Forum Discussion

Waterfall Chat

Instructions: Type in your answer and wait for the countdown to push enter.

“Who follows up with monitoring of deprescribing in your setting?

How is that documented?"

5, 4, 3, 2, 1…enter in chat!

Thank you for joining the Network!

Next Newsletter - coming to you early July .

Next Monthly Forum - July 19th 4pm. Scroll down in the Zoom registration confirmation email you received for a calendar link you can use to update your calendar automatically with the Zoom link for future meetings.

On your way out of Zoom, kindly answer a 3-question feedback survey.

Stay in touch! Email questions and suggestions to ltccn@vcu.edu

Invite your colleagues! They can register at ltccn.vcu.edu