

Introduction

- Palliative care pharmacists are essential palliative care team members. In addition to contributing to the holistic care of the patient, they are uniquely focused on optimizing medication use. Deprescribing is often an important part of aligning medications with goals of care.
- Deprescribing is the process of withdrawal of an inappropriate medication, supervised by a health care professional with the goal of managing polypharmacy and improving outcomes.**²
- One study showed 78% of pharmacist-initiated deprescribing recommendations accepted by physicians. Most cited reasons include over-duration of treatment, unclear indication, and overdosage.³

Primary Outcome

- Quantify acceptance rates of PC pharmacists' recommendations

Secondary Outcome

- Evaluate deprescribing interventions including:
 - Common medication classes
 - Reasons for discontinuation
 - Patient/family understanding & acceptance

Methods

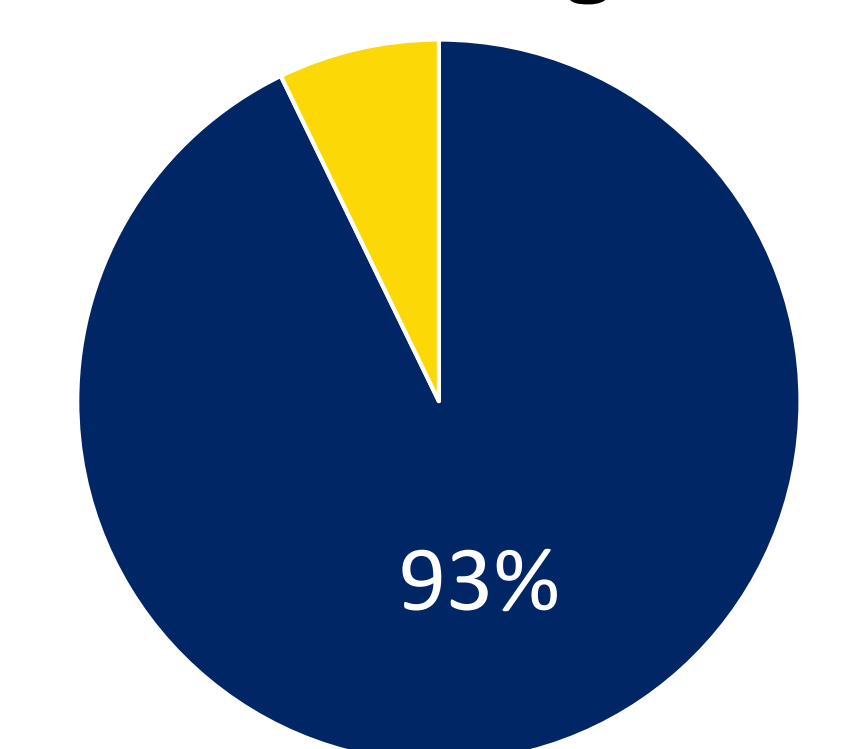
- Retrospective study approved by MHRI IRB and conducted February-May 2019 – May 1, 2019
- Patient Selection:** patients receiving PC pharmacist evaluation for deprescribing as part of a comprehensive PC consultation
- MedStar Hospital Sites:**
 - Medstar Union Memorial Hospital (MUMH)
 - Medstar Good Samaritan Hospital (MGSH)
 - Medstar Washington Hospital Center (MWHC)
- Data collection:** data elements related to deprescribing collected at point of care and entered into collaborative spreadsheet (Cerner powerform created for future data collection)

Results

Baseline Characteristic (n=49)	
Age - mean ± SD, yrs	76.2 ±12.6
Female, % (n)	67% (33)
Setting	
Inpatient, % (n)	92% (45)
Outpatient, % (n)	8% (4)
Disposition Location	
Hospice, % (n)	63% (31)
Non-hospice, % (n)	37% (18)
Site	
MUMH, % (n)	59% (29)
MGSH, % (n)	29% (14)
MWHC, % (n)	12% (6)

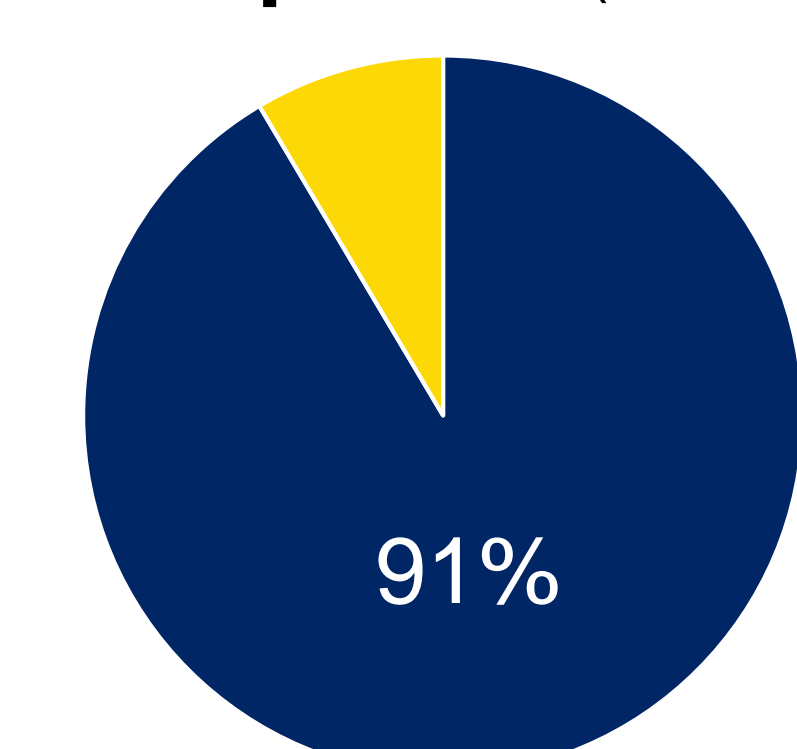
Outcomes	
Total # patients	49
Total # recommendations	210
Total recommendations based on type of indication (188 of 210):	
Primary Indication	43% (81)
Secondary Indication	30% (56)
Tertiary Indication	27% (51)
Total recommendations based on priority assessed by pharmacists (194 of 210):	
High Priority	37% (72)
Low Priority	63% (122)
Recommendations accepted by primary team	81% (171)

Clinician Perceived Patient/Caregiver Understanding (n=125)

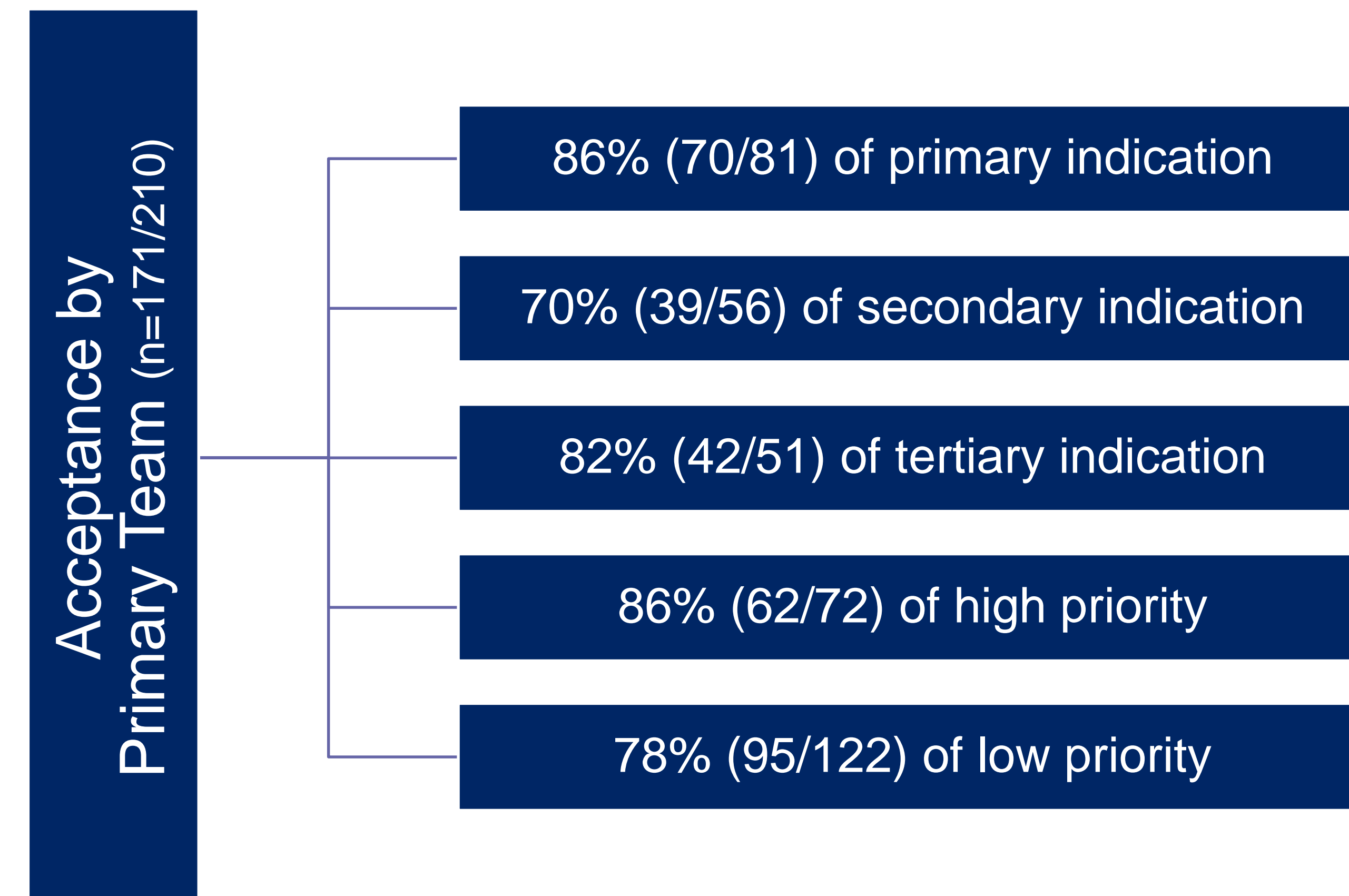


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Clinician Perceived Patient/Caregiver Acceptance (n=129)

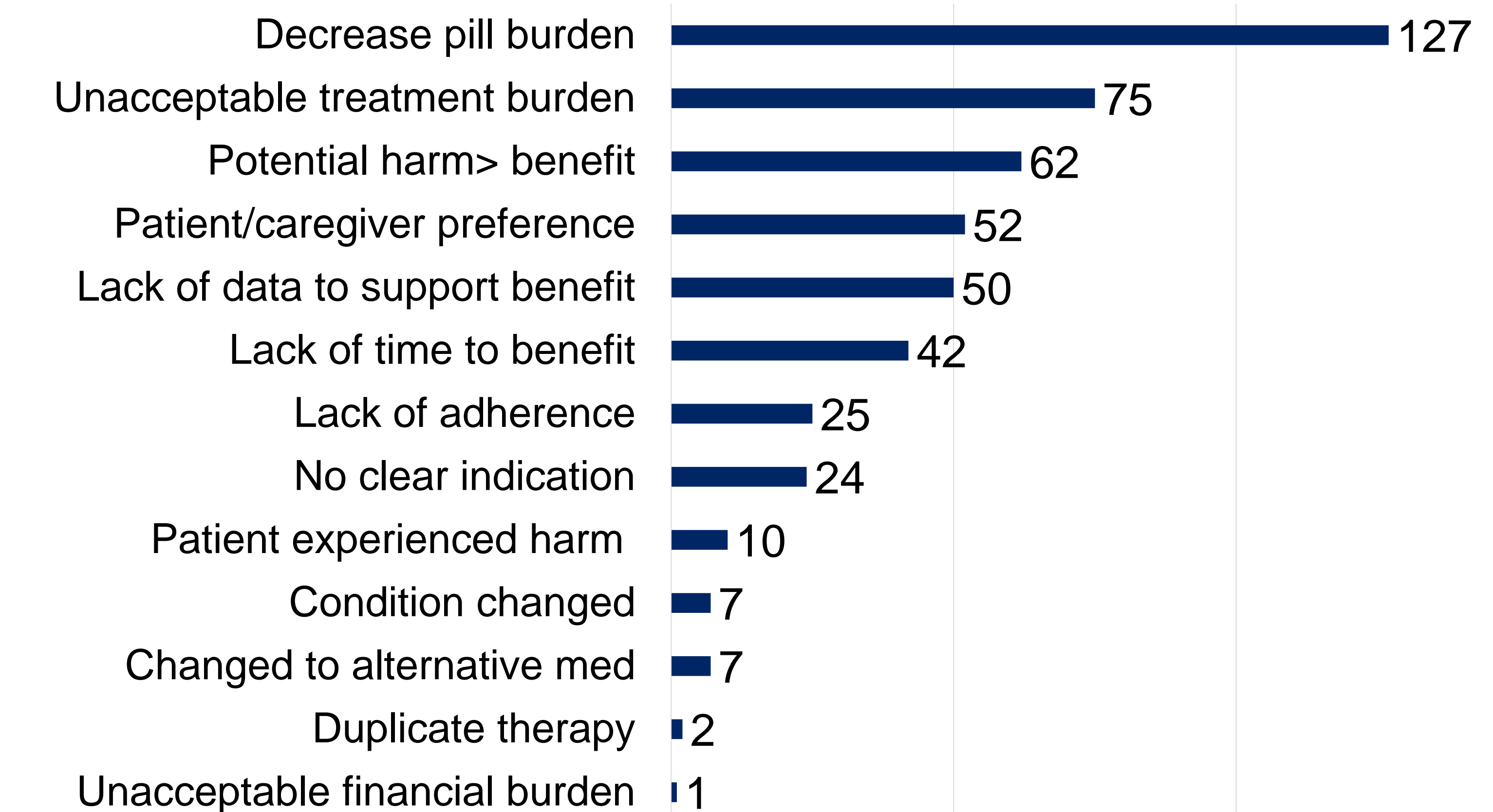


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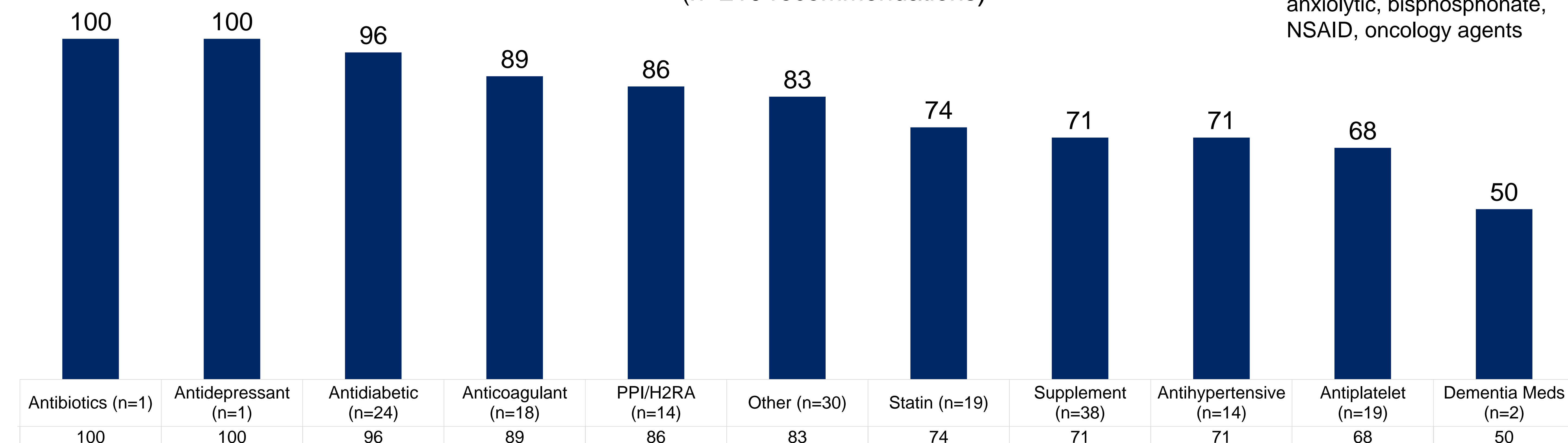
Reason for Discontinuation

(n=210 recommendations)



% Acceptance of Medication Classes*

(n=210 recommendations)



*Categories with 0 results were omitted: antipsychotic, anxiolytic, bisphosphonate, NSAID, oncology agents

Limitations

- Retrospective study, small sample size, did not reach target # of patients

Conclusion

- Given the high acceptance rate of deprescribing recommendations, PC Pharmacists can greatly impact patients with serious illness by routinely evaluating risks vs. benefits of medications to align with patient's goals.

References

- National Consensus Project for Quality Palliative Care. Clinical Practice Guidelines for Quality Palliative Care, 4th edition. Richmond, VA: National Coalition for Hospice and Palliative Care; 2018. <https://www.nationalcoalitionhpc.org/npcp>.
- Reeve E, Gnjidic D, Long J, Hilmer S. A systematic review of the emerging definition of 'deprescribing' with network analysis: implications for future research and clinical practice. Br J Clin Pharmacol. 2015 Dec; 80(6):1254-68.
- Cheong ST, Ng TM, Tan KT. Pharmacist-initiated deprescribing in hospitalised elderly: prevalence and acceptance by physicians. European Journal of Hospital Pharmacy. 2018 Mar 25(e1):e35-9.

Inclusion Criteria

- Age ≥ 18 years
- Received PC consult including PC pharmacist at selected Medstar sites

Exclusion Criteria

- Compassionate extubation
- Patients who left against medical advice