

Case Study: ALIGN

Aligning Medications with What Matters Most

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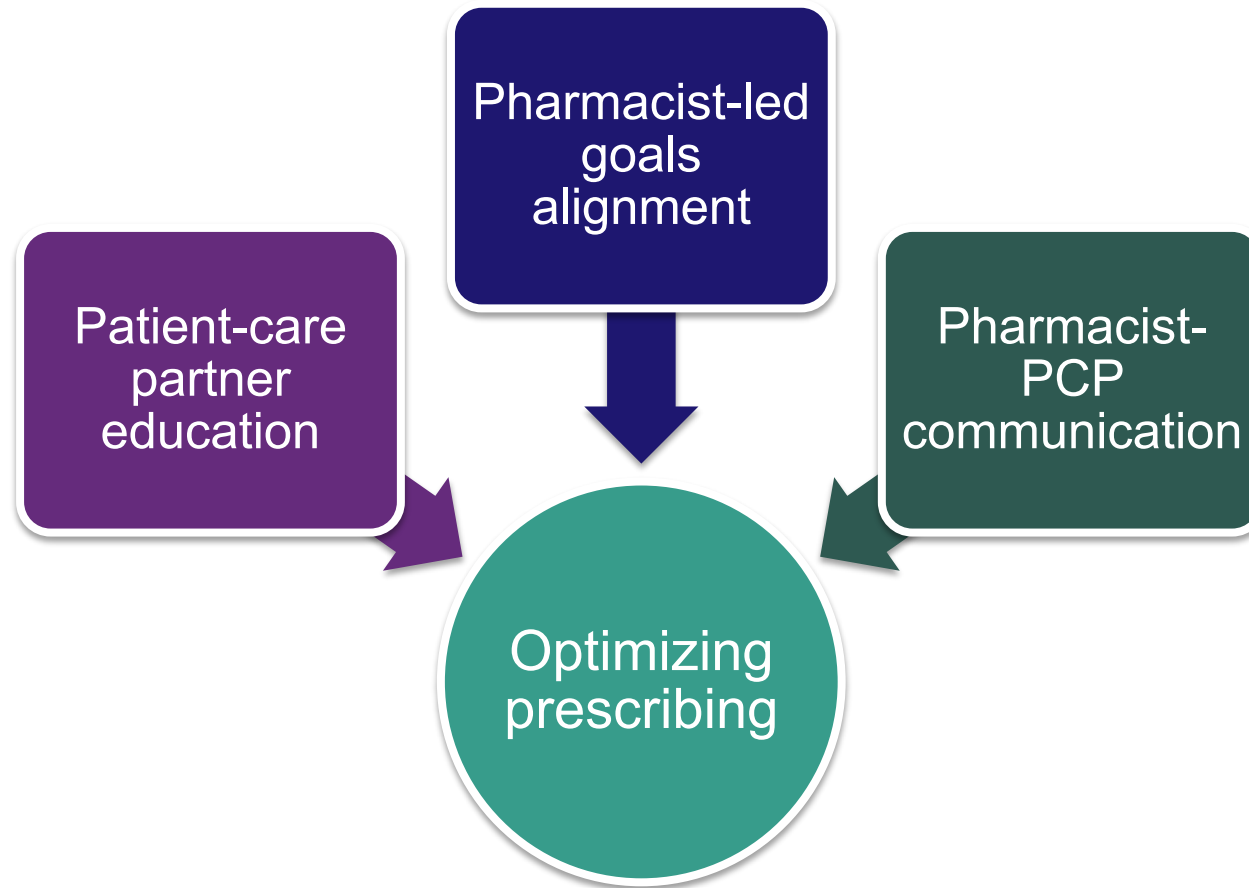
ALIGN objective

- To **refine and pilot** a workflow in which an embedded clinical pharmacist makes deprescribing recommendations to the primary care provider (PCP) to reduce medication regimen complexity for people living with dementia (PLWD) and their care partners

ALIGN aims

- 1) Assess the feasibility and acceptability of ALIGN in two different health care systems.
- 2) Determine the feasibility of the primary and secondary outcome measures for the subsequent ePCT:
 - Primary outcome: Medication Regimen Complexity Index (MRCI)
 - Secondary outcome: Family Caregiver Medication Administration Hassles Scale (FCMAHS)

ALIGN intervention



Methods of engaging stakeholders in ALIGN

Planning and design

- Qualitative research with PLWD, care partners, clinicians
- Consultation with health system leaders, pharmacists

Implementation

- Informal feedback and questionnaires completed by pharmacists
- Recordings of intervention visits

Preparation for full RCT

- Consultation with PLWD, care partners, clinicians, pharmacists, health system leaders

Laying the groundwork:

Lessons from qualitative research

- Observational study (N=93)
 - Primary care encounters of older adults with cognitive impairment in SAME Page trial
- In-depth individual interviews (N=49)
 - Older adults with cognitive impairment, caregivers and primary care clinicians (PCPs) in OPTIMIZE trial

Green, et al. J Gen Intern Med. 2020 Jan;35(1):237-246.2020 and Dec;35(12):3556-3563.

Laying the groundwork

Frame deprescribing as routine and positive

“[The doctor] would say, ‘At your age, you probably have lived a good, long life.’ I didn't like that because I would like to preserve her forever.” (Caregiver)

“These medications take years or decades to have an effect. And I think that we should focus on what can help you right now.” (Clinician)

Align deprescribing with goals

“What medications do they really need? ... It's not going to make things better.” (Caregiver)

“I fought for the Ativan because... I know what we go through... I hear what they are saying but I will take that chance.” (Caregiver)

Laying the groundwork

Engage entire health care team

“We rely on [clinical pharmacists]... We need their help sorting through it [or] giving us guidance on... the best plan to wean [a medication].” (Clinician)

Provide direct-to-patient educational materials and suggested language for clinicians

“[The brochure] is a good conversation starter [for older adults who may be accustomed to a time when] you did not question the doctor.”

(Caregiver)

“It’s not an easy conversation to say, ‘I think your life expectancy is about 3 years and this statin is not going to benefit you.’” (Clinician)

ALIGN brochure

Our bodies change over time. Medicines that helped control symptoms and prevent disease at one stage in life may no longer be needed - or may even cause harm at a later stage in life.



Many people feel better when they take fewer medicines.

Write down any questions or concerns about your family member's medicines that you would like to discuss with the pharmacist below.

QUESTIONS FOR THE PHARMACIST:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____



ARE YOU HELPING A LOVED ONE MANAGE THEIR MEDICINES?



Have you ever wondered if there is a way to safely reduce the number of medicines they take?

ALIGN is a new program for family members and friends who care for someone who needs help managing their medicines.



Talking with a pharmacist who works closely with your family member's primary care doctor can help prevent over-medication and related problems.



Some medicines should not be stopped. Always talk to the pharmacist or doctor before stopping a medicine.

The pharmacist will address questions and concerns that you may have about your family member's medicines.



Engagement during planning phase

- Medical director and Director of Ambulatory Pharmacy Services:
 - Identified existing staff that can deliver intervention as part of existing initiatives for high-risk Medicare beneficiaries
 - Minimized impact of research process on clinical operations

Engagement during planning phase

- Clinical pharmacists
 - Modified existing comprehensive medication management templates to add focus on goals of care and deprescribing
 - Edited language in templates to be more natural and concise
 - Developed Epic smartphrases and drop-down menus to make templates easy to use
 - Developed workflow for communication with PCPs
 - Served as champions within clinics

Excerpt from pharmacist template

- What are your most important goals for [patient]’s health care for the next 6 months to a year?
- Some people say they want to do everything they can to prevent future illness, such as heart attacks and strokes, even if it means taking additional medicines or experiencing side effects. Others say they want to focus more on comfort than prevention of things that may happen down the road. In general, which would you say is more important for [patient] now?
- If we changed [patient]’s medicines, what do you wish we could help with?

Pharmacist feedback during implementation

- “I have a routine...so [the script] will take some getting used to.”
- “Any adjustments have to be made in partnership with the specialist...Time-consuming in terms of coordinating that everyone is in agreement.”
- “Many of these patients are on so many medications and I don’t know them...It has been taking me ~2-3 hours per patient...Phone call, chart review, follow-up phone call and then follow-up materials sent to them.”
- “I was pleased with how appreciative [the] care partners [were]. I think they appreciated having someone ask what’s important to them and what their concerns are.”

Preparing for full RCT

- Creating advisory panels of care partners, clinicians, pharmacists, health system leaders to provide advice on:
 - Patient identification and recruitment
 - Language for goals elicitation
 - Core components of intervention for scaling
 - Relevance of patient and care partner-centered outcome measures



Conclusion

- Importance of understanding and aligning with real-world priorities
 - Patients and care partners: Understanding needs, tailoring language
 - Primary care clinicians: Embracing expertise of multidisciplinary team to relieve time pressures
 - Health system leaders: Aligning intervention with existing health system priorities and clinical workflows
 - Pharmacists: Building on existing workflows and templates, adapting to challenges encountered during implementation
- ALIGN is benefiting from strong partnerships and champions, identification of priorities and perspectives