

# Can Value Champions Reduce Inappropriate Prescribing for People with Dementia?

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# Objective

- To train clinician champions across 2 large accountable care organizations to address over-prescribing of potentially inappropriate medications for people living with dementia
- To examine the impact of the embedded intervention on prescribing outcomes and health care utilization, and assess its appropriateness, feasibility, fidelity, penetration, and equity.

# Study design

- Pragmatic cluster randomized clinical trial
- 2 large accountable care organizations (ACO) across 14 states
- Primary Care Clinics randomized to intervention or control (matched pairs in each ACO based on number of patients with dementia in each clinic location)
- One clinician from each intervention clinic recruited by ACO leadership to participate.

# Participating ACOs (proposed n=30 sites from each)

- **U.S. Medical Management (now Harmony Cares)**
  - Limited to clinics with 3 or more clinicians
  - Leadership ruled out 6 clinics due to unstable clinician availability
  - n=22 sites randomized (11 primary care clinician champions)
- **Ochsner Health**
  - Hurricane September 2021 during clinician recruitment (2 clinics damaged, never re-opened)
  - COVID-19 hospitalization peak in Sept-Oct 2021
  - Proposed using clinical pharmacists as champions instead of clinicians
  - n=13 sites randomized (7 clinical pharmacist champions)

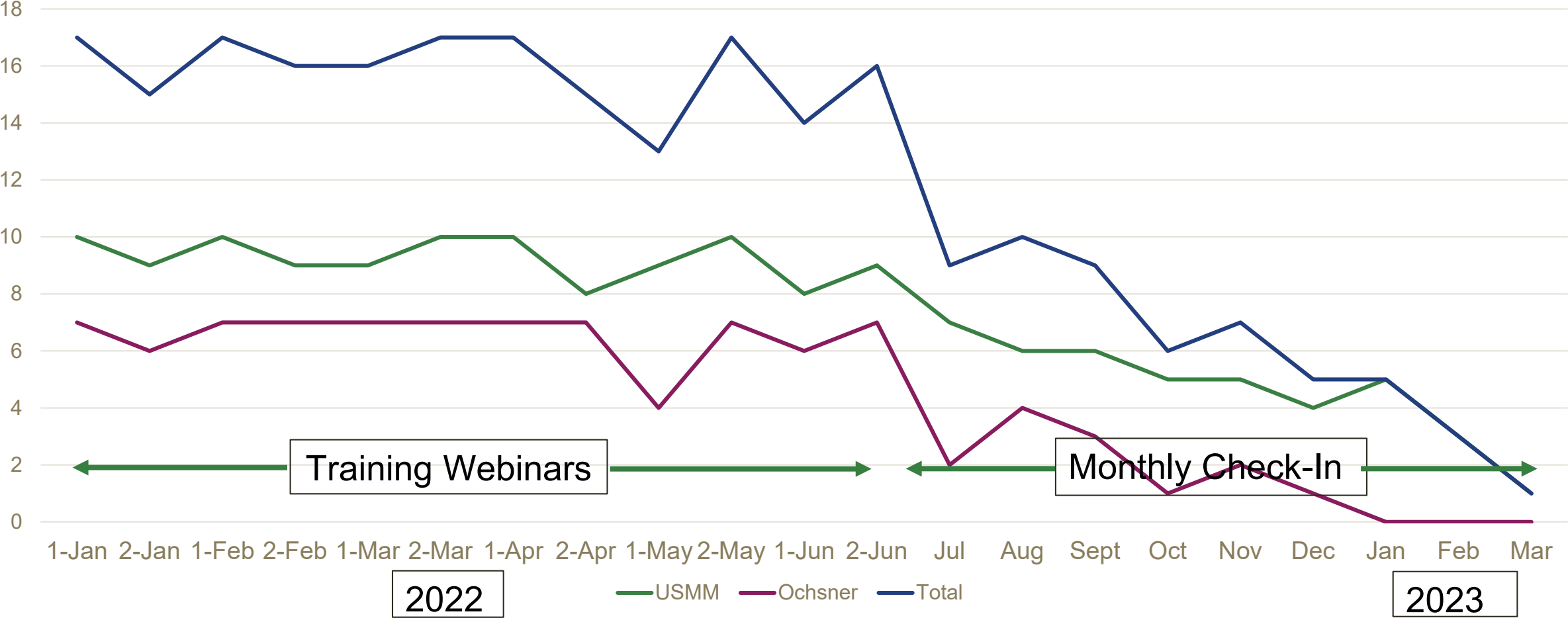
# Intervention

- January – June 2022: champions participated in training twice monthly webinars
- March 2022-March 2023: champions engage fellow clinicians and patients to decrease prescribing of potentially inappropriate medications for people living with dementia
  - anti-psychotics
  - benzodiazepines
  - hypoglycemics

# Outcomes

- Primary outcome: patient-level measure of exposure to one of the 3 classes of potentially inappropriate medications ascertained from Part D Medicare pharmacy claims data.
- Secondary outcomes include emergency department visits or a hospitalization for a fall, and 5 intermediate implementation outcomes: appropriateness, feasibility, fidelity, penetration, and equity.

# Outcomes: Clinician Champion Participation



# Barriers/challenges

- PCT question: should we depend on embedded delivery system employees for the intervention? (impact on PRECIS-2 criteria?)
  - Unclear if those selected by ACO leadership had intrinsic motivation to be a clinician champion.
  - ACO leadership assigned a champion as medical director for 2 control clinics after conclusion of training. (Leadership priorities super cede study priorities)
- PCT question: should we depend on current IT resources available to clinicians when delivering an intervention? (impact on PRECIS-2 criteria?)
  - Neither ACO was able to provide champions with useful prescribing data in a timely fashion. (One ACO did so 8-9 months after requested)



# Barriers/Challenges

- PCT Question: When does change in contextual factors exceed threshold for ‘pulling the plug’ on a study?
  - Change in study design to use clinical pharmacists in one ACO provides opportunity for unexpected comparison but may adversely impact primary objective of study.
- PCT question: are high “Flexibility” scores in PRECIS-2 criteria detrimental to intervention success?
  - We provided a range of ideas for HOW champions will engage with colleagues to influence prescribing, but champions had little time to act on them.

# Solutions/lessons learned

- Limit dependence on embedded health system employees with delivery of intervention.
- Devote resources to creating the necessary data tools and ‘dashboards’ not currently available in most health systems.
- Expect the unexpected and work with all stakeholders when study design needs to be changed, because it will.