Facilitator's Guide

Session: Medication Management and Geriatric Primary Care

Aim: The overall goals of this session are:

A. For Internal Medicine Residents to develop skills necessary to rigorously examine patient medication lists for inappropriate medications and de-prescribe as necessary and

B. To apply evidence based practice to a variety of common ambulatory conditions in older adults.

Learning Objectives:

1. Utilize the geriatric review of systems in a health maintenance examination.
2. Appraise evidence for primary prevention in older adults in a variety of conditions and apply this to learners' own practice.
3. Analyze a patient's medication list and based on patient health factors, identify appropriate and inappropriate medications.
4. Implement strategies to reduce inappropriate medications used by older adults on learners' patient panel.

Facilitator Preparation Prior to Session:

In preparing for this session, facilitators should review the below agenda to decide which components they would like to include. The three major portions include primary care literature review, geriatric ROS and medication management. This session is intended to utilize inter professional learning teams. Consider incorporating primary care clinicians, pharmacists, pharmacy residents and pharmacy students to the session.

For the primary care literature review portion:

The facilitator should divide residents into 5 groups, ideally with representation from each training level. Each group will be assigned one of the following primary care topics; cancer screening, diabetes care, HTN, HLD, and ASA use for primary prevention.

Send residents a copy of the reference list for the topics, ideally one week prior to the session for them to review. Tell them they will have time for small group discussions and then should be prepared to discuss themes from their discussion in a large group.

If desired, copies of important tables or figures from the topic references can be brought to the session to be given to residents during discussion.

For the geriatric ROS portion:

No specific preparation needed from residents. Facilitator should have a list of the topics included in the geriatric ROS available if they need it.

For the medication management portion:

Ask that residents bring in medication lists from their primary care panel for discussion during the session. They can be asked to select any patient over the age of 65 or patients with a particular condition if you desire (ex. Insomnia, depression, Afib, etc).

You can choose to have a formal didactic in medication management, guided either by the facilitator or another participant. Alternatively, discussion can focus on patient specific lists brought in by residents.

Resident Preparation Prior to Session:

Each resident will be assigned to a group prior to the session and each group will be assigned to one of the following primary care topics; cancer screening, diabetes care, HTN, HLD, and ASA use for primary prevention.

All residents will be provided with the references below for their topic and will be asked to review them prior to the session. PGY 2 and PGY 3 residents will be asked to be prepared to talk through the articles with the PGY 1 residents within small groups and then teach the major points of the articles to the larger group of residents.

PGY 1 residents were asked to identify 1-2 patients on their longitudinal outpatient panel who are on multiple medications, with a focus on insomnia, mental health and chronic pain.

Session Agenda:

8:00 Pre-Test

Attached with facilitator's guide are the pre and post test questions utilized in this session and a validated geriatrics attitude scale (Reuban et al).

8:15 Evidence Review

The facilitator should start the session by breaking the larger group into the small assigned groups by primary care topic. Ask residents to discuss the literature results and the evidence they gathered for their assigned primary care topic. Each small group then teaches the remainder of the group what their evidence review revealed in a large group discussion.

9:15 Break

9:30 Geriatric ROS Discussion

Small and large group discussion regarding the topics of the geriatric review of systems. In this part of the session, residents first break into small groups and create a comprehensive list of the elements included in the geriatric ROS. Then as a large group, the facilitator guides the group through the comprehensive list and provides opportunity for discussion.

10:00 Medication Management

Formal didactic regarding medication management and medication de-escalation strategies.

11:00 Break

11:10 Panel Management/Deprescribing

Resident break into assigned groups will break up and review the medication lists brought by the PGY1 residents. Small group discussions regarding inappropriate medications. In this part of the session, participation from pharmacy is especially helpful, as they can rotate through the groups and help guide residents through inappropriate medications.

11:50 Post Session Evaluation

Attached are a commitment to change document and a confidence scale for knowledge and skills. These were administered in addition to the post test and attitudes scale (same as those administered prior to the session).

Session Tips:

Evidence Review:

See bottom of document for condition specific references, given to residents prior to session.

Break residents into groups by the assigned topics. Allow for 20 minutes of small group discussion and remind residents that they will be asked to lead the discussion about evidence within their topic in the large group discussion. It may be helpful to ask groups to select a group leader for this task.

After the 20 minutes of small group discussion, allow each group 5-7 minutes to describe the evidence they discussed in small groups. Help guide this discussion and provide useful anecdotes if needed.

Geriatric ROS:

Ask residents to enter back into their small groups and create a list of the topics included in a geriatric ROS.

After 5-10 minutes, lead a large group discussion. Use a whiteboard or chalkboard to scribe topics and ask residents to list the topics their group discussed.

The following is a comprehensive list of topics included in the geriatric ROS to use as a reference.

Cognition

Mobility

- Falls
- Assist Device Use

Function

- IADLs
- ADLs

Affective Symptoms

- Depression
- Anxiety
- Hallucinations

Nutrition

- Access to food
- Weight Gain/Loss

Urinary Symptoms

- Incontinence
- Urgency, Hesitancy, Incomplete emptying

Constipation

Sensory Impairments

- Vision
- Hearing

Oropharyngeal Symptoms

- Dysphagia
- Odynophagia
- Need for dentures

Sleep

Orthostatic Symptoms

Psychosocial

- Social Support
- Elder Abuse/Neglect

Medication Management Didactic:

To be developed or given by an expert in medication management. If facilitator will be developing the session, some helpful resources to include for residents include:

JAMA Internal Medicine: Less is More

Scott IA, Hilmer SN, Martin JH et al. Reducing Inappropriate Polypharmacy: The Role of Deprescribing. JAMA Intern Med. 2015;175(5):827-834

STOPP/START Criteria

BEERs criteria

Choosing Wisely

http://improvepolypharmacy.yale.edu

deprescribing.org

Panel Management/Deprescribing

Have residents break up into small groups. In groups, discuss medication lists provided by PGY1 residents with particular attention to inappropriate medications. Have residents discuss how they might approach deprescribing in their patients.

General References:

Boyd C et al. Clinical Practice Guidelines and Quality of Care for Older Patients with Multiple Comorbid Diseases. JAMA 2005: 294 (6): 716-724

Care of Aging Patient Series in JAMA (2012-2016)

Tung E, Chen CYY, Takahasi Y. Common Curbsides and Conondrums in Geriatric Medicine. Mayo Clin Proc June 2013; 88 (6): 630-635

American Geriatrics Society 2015 Beers Criteria Update Expert Panel. American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. JAGS 2015; 63 (11): 2227-2246b

Steinman MA, Beizer JL, DuBeau CE, et al. How to use the American Geriatrics Society 2015 Beers Criteria- a guide for patients, clinicians, health systems, and payors. JAGS 2015; 63(12)

O'Mahony D, O'Sullivan D, Byrne S, et al. STOPP/START criteria for potentially inappropriate prescribing in older people: version 2. Age and Ageing 2015; 44 (2): 213-218

Condition Specific References:

Cancer Screening:

Ko CW, Sonnenberg A. Comparing Risks and Benefits of Colorectal Cancer Screening in Elderly Patients. Gastroenterology 2005; 129: 1163-1170

Day LW, Walter LC, Velayos F. Colorectal Cancer Screening and Surveillance in the Elderly Patient. Am J Gastroenerol 2011; 106: 1197-1206

Walter LC, Schonberg MA. Screening Mammography in Older Women, A Review. JAMA 2014; 311 (13): 1336-1347

Elit L. Role of Cervical Cancer Screening and older women. Maturitas 2014; 79: 413-420

Hypertension:

Beenetos A, Rossignol P, Cherubino A, et al. Polypharmacy in the aging patient. Management of Hypertension in Octogenarians. JAMA 2015: 314 (2); 170-180

James PA, Oparil S, Carter B. 2014 Evidence-Based Guidelines for the Management of High Blood Pressure. Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). JAMA 2014; 311: 507-520

Wright JT, Williamson JD, Whelton PK et al. A Randomized Trial of Intensive versus Standard Blood-Pressure Control. N Engl J Med 2015; 373 (22): 2103-2116

Williamson JD, Supiano MA, Applegate WB. Intensive vs Standard Blood Pressure Control and Cardiovascular Disease Outcomes in Adults Aged > 75 Years: A Randomized Clinical Trial. JAMA 2016; 315 (24): 2673-2682

Hyperlipidemia:

Strandberg TE, Kolehmainen L, Vuorio A. Evaluation and Treatment of Older Patients with Hypercholesterolemia, A Clinical Review. JAMA 2014; 312 (11): 1136-1144

Shepherd J, Blauw GJ, Murphy MB et al. Pravastatin in Elderly Individuals at risk of Vascular Disease (PROSPER); A Randomized Control Trial. Lancet. 2002; 360 (9346): 1623-1630

Stone NJ, Robinson J, Lichtensein AH, et al. 2013 ACC/AHA Gudeline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association task force on practice guidelines. J Am Coll Cardiol 2014; 65 (25 Pt B): 2889-2934

ACC/AHA CV Risk Calculator:
http://my.americanheart.org/professional/StatementGuidlines/PreventionGuidelines/Prevention-Guidelines_UCM_457698_SubHomePage.jsp

ASA Use for Primary Prevention:

Guiguis-Blake JM, Evans CV, Senger CA. Aspirin for the Primary Prevention of Cardiovascular Events: A Systematic Evidence Review for the US Preventive Services Task Force. Ann Intern Med 2016; 164 (12): 805-813

Whitlock EP, Burda BU, Williams SB. Bleeding Risks with Aspirin Use for Primary Prevention in Adults: A Systematic Review for the US Preventive Services Task Force. Ann Intern Med 2016; 164 (12): 826-835

Sarbacker GB, Lusk KA, Fieller LA, Van Liew JR. Aspirin Use for the Primary Prevention of Cardiovascular Disease in the Elderly. Consult Pharm 2016; 31 (1): 24-32

DM:

Lipska KJ. Kurmholz H, Soones T. Polypharmacy in the aging patient. A review of glycemic control in older adults with type 2 diabetes. JAMA 2016; 315 (10): 1034-1045

Bordier L, Buysschaert M, Bauduceau, B et al. Predicting Factors of Hypoglycemia in Eldery Type 2 Diabetic Patients: contributions of the GERODIAB Study. Diabetes and Metabolism 2015; 41 (4); 301-303

American Diabetes Association. Standards of Medical Care in Diabetes – 2016. Diabetes Care; 39 (1): S1-S112

American Geriatrics Society Expert Panel on the Care of Older Adults with Diabetes Mellitus. Guidelines abstracted from the American Geriatrics Society guidelines for improving the care of older adults with diabetes mellitus: 2013 update. JAGS 2013: 61: 2020-2026

Optional Additional Reading:

Terret C, Castel-Kramer E, Albrand G, Droz J. Effects of comorbidity on screening and early diagnosis of cancer in elderly people. Lancet Oncol 2009; 10: 80-87

Miller KL, Baraldi CA. Geriatric Gynecology: promoting health and avoiding harm. American Journal of Obstetrics and Gynecology 2012; 355-367

Day LW, Velayos F. Colorectal Cancer Screening and Surveillance in the Elderly: Updates and Controversies. Gut and Liver 2015; 9 (2): 143-151