

## RESEARCH BRIEFING

# “Patient-centered interdisciplinary deprescribing of Inappropriate Medications in Home Health”

### HIGHLIGHTS

- ▶ Ninety-eight percent of older adults in home health care (HHC) take at least one medication that contributes to or worsens geriatric syndromes; and 41 percent of all medications taken by HHC patients are medications that contribute to or worsen geriatric syndrome
- ▶ HHC has unique resources to facilitate deprescribing, including regular home medication review, continuous symptoms monitoring, patient/caregiver education, and communication with prescribers and other providers
- ▶ Deprescribing during the transition from hospital to home requires continuous medication education, review and assessment of medication use, patient-centered deprescribing considerations, and effective communication and collaboration among the primary care physician, HHC nurse, and pharmacist

### OVERVIEW OF RESEARCH

Hyperpolypharmacy, defined as taking nine or more medications concurrently, is present in over 70 percent of older adults receiving home health care (HHC) and may be addressed by deprescribing unnecessary medications. In 2021, the research team embarked on this study to design a deprescribing intervention in HHC. They recruited 44 stakeholders from 15 U.S. states, including HHC recipients and different members of the care team. Individual qualitative interviews were conducted to elicit stakeholder perspectives on tasks necessary to deprescribe for HHC patients to support a qualitative content analysis on the data which aided development of concept statements. Then, they conducted concept mapping wherein stakeholders sorted and rated statements regarding ‘importance’ and ‘feasibility’. Findings from both were used to develop a HHC-based deprescribing intervention (“HomeMed”). Finally, a second qualitative interview was conducted to refine the details of HomeMed.

### RESULTS

Four essential components were identified for HomeMed: a) continuous and effective medication education for patients; b) patient-centered deprescribing considerations; c) review and assessment of medication use; and d) timely and efficient communication among members of the

care team. Among these tasks, developing patient-centered deprescribing considerations was considered the most important and feasible. Based on these essential components and routine care processes in HHC, HomeMed includes 8 sequential steps:

1) review home medications (performed by HHC nurse); 2) obtain the best possible history of medical conditions and medication use, adherence, and preference (HHC nurse); 3) generate deprescribing assessment (pharmacist); 4) communicate deprescribing recommendations with primary care providers (pharmacist); 5) communicate deprescribing recommendations with the patient (primary care provider); 6) implement deprescribing (primary care

provider with support from HHC nurse); 7) provide medication education and medication tools such as a medication organizer (HHC nurse); and 8) monitor safety and symptoms (HHC nurse).

### **▲ IMPACT FOR HOME HEALTH CARE**

Deprescribing during the hospital-to-home transition requires continuous medication education, review and assessment of medication use, patient-centered deprescribing considerations, and effective communication and collaboration among the PCP, HHC nurse, and pharmacist. The research and resulting intervention have numerous policy implications. Policy recommendations include: 1) reimbursement for HHC nurses to allow for follow-up visits on medication use; (2) coverage for HHC agencies to seek support in pharmacy review; and (3) support HHC agencies ability to obtain access to the patient's other care providers' electronic health records to ensure accurate information exchange and effective communication, as well as collaboration with providers.

### **ADDITIONAL DEPRESCRIBING RECOMMENDATIONS**

- ▶ Review PRN medications and herbal supplements
- ▶ Consider social determinants of health
- ▶ Collect data on patient perspectives on function, goals of care, preference, and experience with medication use
- ▶ Implement a specific template for medication review and related problems
- ▶ Provide patient education and advocacy
- ▶ Advocate for nurses to participate in discussions about medication and for continuing education for nurses on pharmacology

### **POLICY RECOMMENDATIONS**

- ▶ Reimbursement for HHC nurses to allow for follow-up visits on medication use
- ▶ Coverage for HHC agencies to seek support in pharmacy review
- ▶ Support HHC agencies ability to obtain access to the patient's other care providers' electronic health records to ensure accurate information exchange and effective communication, as well as collaboration with providers

## WHERE TO READ MORE

Wang J, Shen JY, Yu F, et al. How to Deprescribe Potentially Inappropriate Medications During the Hospital-to-Home Transition: Stakeholder Perspectives on Essential Tasks. *Clinical Therapeutics*. August 26, 2023. doi.org/10.1016/j.clinthera.2023.07.023

## ABOUT THE GRANT

The Research Institute's Home Care Research grant is the only grant dedicated solely to the betterment and understanding of care in the home. With more than a decade of sponsoring and providing integral education and research on the value of home health care to the U.S. health care system, the Institute, through the grant process, seeks to bring home health care research to the forefront and sow the seeds for critical research in the field that will help inform better care for patients now and for the future.

## ABOUT THE INSTITUTE

The Research Institute for Home Care is a 501(c)(3) non-profit, national consortium of home care providers and organizations foundation focused on improving access to and delivery care in the home. The Institute invests in research and education about home care and its ability to deliver quality, cost-effective, patient-centered care across the care continuum. The Institute is committed to conducting and sponsoring research and initiatives that demonstrate and enhance the value proposition that home care has to offer patients and the entire U.S. health care system.

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