



# Implement Prescription Checkups

## Issue Briefs

### Implement Prescription Checkups

Raise Awareness

Improve Information

Educate & Train

Reduce Industry Influence

## Key Takeaways

- Many barriers prevent clinicians from regularly reviewing medications with patients and deprescribing those that are no longer beneficial.
- Regular prescription checkups, during which clinicians and patients review all the medications the patient is taking and discuss deprescribing, would help eliminate the harm and burden of medication overload.
- Prescription checkups differ from other medication reviews because they are explicitly designed to reduce doses or eliminate harmful or unnecessary medications.
- Making prescription checkups a regular part of clinical practice will require the collaboration of key stakeholders, policy and payment changes, and additional research.

## Barriers to Talking about Medications

Most Americans see the use of multiple medications as a natural part of aging, and drugs can offer patients many benefits. But each additional drug a person takes increases the risk of suffering serious, sometimes even deadly, harm. Every day, 750 Americans age 65 and older are hospitalized due to a serious side effect associated with taking multiple medications. Despite the well-documented harms of medication overload, many barriers stand in the way of clinicians and patients regularly reviewing medications and discussing how to reduce or discontinue those that are harmful or no longer needed.

In many care settings, clinicians do not have time to engage in medication reviews and deprescribing discussions. Health care professionals are often overburdened and forced to prioritize their patients' most immediate medical problems, leaving reviews of complex medication regimens undone. Furthermore, providers may fear discussing deprescribing because they anticipate a negative reaction from the patient or the clinician who initially prescribed the medication. At the same time, patients or caregivers may feel uncomfortable asking questions about medications or do not know how to express their concerns.



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## The Threat of Medication Overload and Adverse Drug Events (ADEs)

**Medication overload** occurs when a person is taking multiple medications that may pose a greater chance of harm than benefit.

Harm from medication overload includes delirium, falls, strokes, and other events that can be life-threatening.



5 million older adults sought medical attention for ADEs in 2018



42% of older adults take 5 or more prescription medications



There was a 200% increase in polypharmacy over 20 years



280,000 hospitalizations in 2018 due to ADEs



\$62 billion in preventable hospitalizations over 10 years



150,000 premature deaths in next 10 years due to ADEs

## The Need for Prescription Checkups



To overcome obstacles to clinicians and patients reviewing medications and deprescribing as appropriate, prescription checkups should become part of regular clinical practice. Prescription checkups differ from existing medication reviews, such as Medication Therapy Management or Medication Reconciliation, because they are explicitly designed to relieve medication overload using a shared decision making process. Shared decision making requires a patient's life context, preferences, and goals to be understood by their clinician and be used to help guide care decisions to find the appropriate balance between benefits and harms of any treatment.

A prescription checkup has four main steps: 1) **inventory** of all the medications the patient is taking; 2) **inquiry** into

the patient's experience of their medications, preferences and life goals; 3) **intervention** resulting in a plan for discontinuing medications, lowering dosages, or continuing use, as appropriate; and 4) **follow up** to assess impact and make any necessary adjustments to the plan. Prescription checkups should be conducted by a trusted health professional, such as a primary care doctor, pharmacist, nurse practitioner, or physician assistant. Ideally, the provider conducting the prescription checkup is in communication with the patient's entire care team to ensure everyone is fully informed and has an opportunity to share information. Prescription checkups can be conducted over the course of more than one visit and sometimes over video or phone call.



The central goal of the medication review is to **reduce harm by stopping or lowering dosages** for any unnecessary or harmful medications and to produce an optimized patient medication list.

## Guiding Principles of Prescription Checkups

The following guiding principles provide a framework for conducting medication reviews that explicitly focus on eliminating medication overload. Regular prescription checkups that follow these guiding principles should be implemented across care settings. If clinicians are already conducting other medication reviews, they should incorporate the prescription checkup guiding principles into their reviews to ensure that any necessary deprescribing occurs.

- The central goal of the medication review is to reduce harm by stopping or lowering dosages for any unnecessary or harmful medications and to produce an optimized patient medication list.
- Medication decisions should be informed by the best available evidence and guided by the principles of shared decision making.
- Coordination and communication with the patient/caregivers and among the patient's care team are necessary for success. Patients/caregivers should fully understand the potential benefits and harms of each medication being taken. All treating clinicians need to be alerted when drugs are deprescribed or doses are lowered.
- Any patient should be able to request a prescription checkup. However, prescription checkups should be standard practice for those taking multiple medications (especially those age 65 and older or with multiple chronic conditions), or for those in situations where they are vulnerable (such as transitions between home, hospital, or long-term care facilities; death of a spouse; or diagnosis of a life-threatening illness).

## Take Action to Eliminate Medication Overload



Changes to clinician workflow, scheduling, training, and reimbursement will likely be required to secure the time and information needed to make prescription checkups part of regular clinical practice. Clinician and patient organizations invested in deprescribing, medication safety issues, or health issues affecting older patients, should help advocate for prescription checkups. They can help promote the practice among colleagues, at clinics, hospitals, long-term care facilities and other health institutions, and to regulators and payers. Gaining support for prescription checkups will also require more evidence of its effectiveness, impact, and feasibility. Launching pilot prescription checkup studies could help generate additional evidence

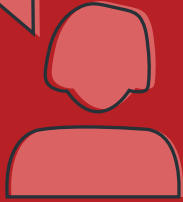
to support implementation. If prescription checkups do not become a part of regular clinical practice, medication overload and barriers to deprescribing will persist—leaving millions of older Americans at risk of serious harm.



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This issue brief is part of a project funded by the Gordon and Betty Moore Foundation and conducted by the Lown Institute. A report, *Medication Overload: America's Other Drug Problem*, quantifies the growing harm older Americans face from taking too many medications. The Lown Institute's subsequent publication, *National Action Plan for Eliminating Medication Overload*, provides detailed descriptions of our recommendations and citations for this issue brief.

“Can I stop just one of these medications?”



Meet Irene. She is 82 years old and lives in Miami. She is taking 12 medications to manage her chronic conditions, but is having trouble keeping track of her meds and is experiencing some side effects.

A **prescription checkup** is a medication review designed to facilitate deprescribing, using shared decision making.

“Yes! Let’s do a prescription checkup to make sure your meds work for you.”



Dr. Patel is Irene’s primary care physician. She is familiar with Irene’s medical history and has training in deprescribing medications.

### 1. Inventory



Dr. Patel makes a list of all of the medications Irene is taking, including prescriptions, over-the-counter medications, and supplements. Irene brings all of her pill bottles

to the visit, so Dr. Patel knows exactly what medications she is taking.

### 2. Inquiry



Dr. Patel and Irene have a conversation about Irene’s values and health goals. Then they discuss the benefits and harms of each medication in the context of these

goals. For example, Irene values playing with her grandchildren and taking walks, but the fatigue and lightheadedness from her blood pressure medication make these activities difficult.

### 3. Intervention



Irene and Dr. Patel create a plan to reduce Irene’s pill burden and side effects. Dr. Patel will discontinue one of her blood pressure medications, two supplements, and an insomnia medication that was previously prescribed in the hospital six months ago but never discontinued.

### 4. Follow up



Dr. Patel schedules a follow-up appointment to make any necessary adjustments to the medication regimen, and makes a plan to check in with Irene regularly to monitor any withdrawal symptoms. Dr. Patel calls Irene’s pharmacy and cardiologist and lets them know about the medication changes. She also gives Irene a copy of the medication plan.



Irene feels confident that she understands what medications she is taking, what they are for, and that the benefit of these medications outweigh the harms. Irene stops feeling lightheaded, has more energy, and is able to play with her grandchildren and take walks again.