TAILORING MEDICINES: implementing a patient-centred, generalist approach in our prescribing practice

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GP and Professor of Primary Care

NIHR HTA 17/69/02

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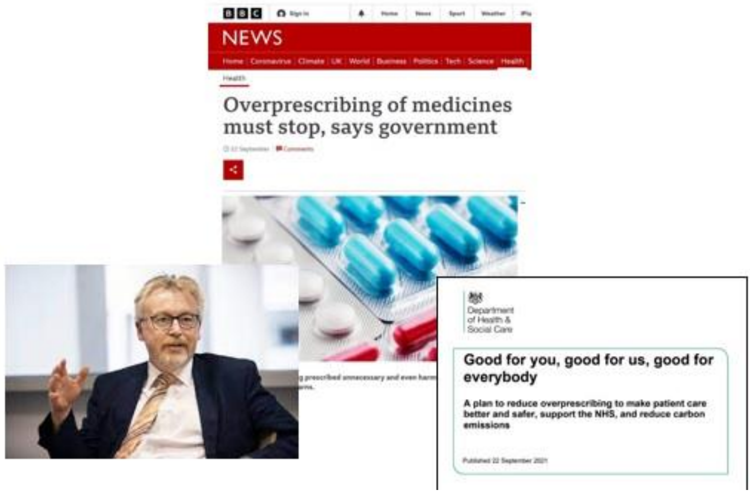
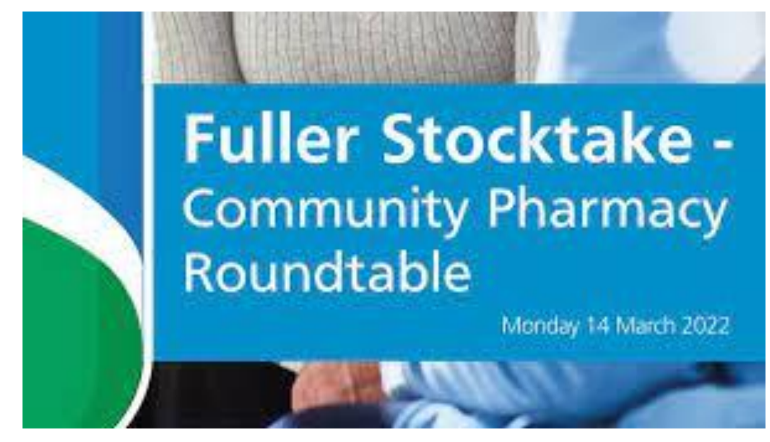
OVERWHELMED…

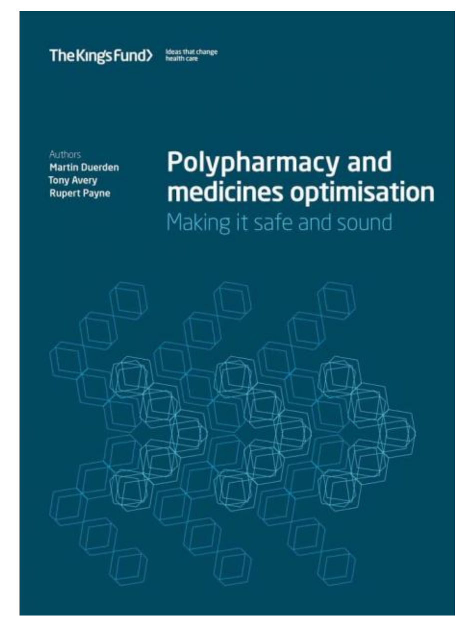
May et al BMJ 2009

MORE OF THE SAME WON'T DO



"culture shift"

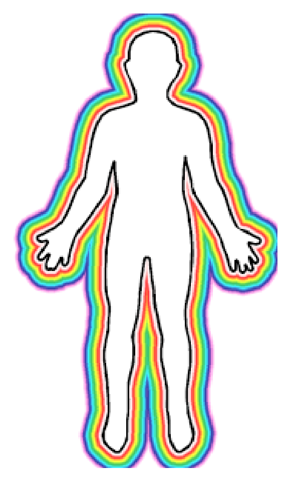




"compromise"

"conditions for change"

TAILORING USE OF MEDICINES IN PRIMARY CARE



ONE PERSON…

ONE TEAM…

ONE DAY…

DRAWING ON…

Journals Library

Health Technology Assessment
Volume 26 • Issue 32 • July 2022
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Deprescribing medicines in older people living with multimorbidity and polypharmacy: the TAILOR evidence synthesis

Joanne Reeve, Michelle Maden, Ruaraidh Hill, Amadea Turk, Kamal Mahtani, Geoff Wong, Dan Lasserson, Janet Krska, Dee Mangin, Richard Byng, Emma Wallace and Ed Ranson

TAILOR REPORT

Case study 1:
Vauxhall Primary Health Care, Liverpool

Vauxhall Primary Health Care (VPHC) is an urban practice in Liverpool with a list size of 6,000 patients and a team including GPs, practice nurses and a health care assistant.

A quality improvement project has been running here for three to four years since the practice obtained funding from neighbourhood cluster efficiency savings for 1.5 days/week of GP time to address the question:

"How can we improve the care of housebound patients with complex needs registered at VPHC?"

What do they do?
First of all the practice established a register identifying patients at need, targeting first those who were

"The consultation was an expert generalist needs assessment, based on the principle of a person-centred assessment of what was wrong and what intervention was needed. In practice, much of the decision making related to demedicalisation… reducing the burden of care."

What are the challenges?
With the next stages of this work being planned, the following challenges have been identified:
- Who are the next most important target groups? Care home residents? New patients with multimorbidity? Patients with acute complex needs?
- Limits to funding due to competing priorities.
- With limited time available, the team will need to be clear about how best to use community matrons and GPs, for example focusing GP effort on the less straightforward cases such as those

Key learning points
- Identify your key 'at-risk' group that is most likely to benefit.
- Bear in mind the importance of holistic care - **63% of patients were found to have needs not met by existing chronic disease management or medication review processes** and identifying these needs was difficult from routine collected data alone. Assessment by an experienced GP, with an 'off-protocol' patient-centered approach was found to be more useful.
- Make use of your community teams.
- Work through how much clinical time

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doi:10.1017/S1463423612000576

DEVELOPMENT

Generalist solutions to overprescribing: a joint challenge for clinical and academic primary care

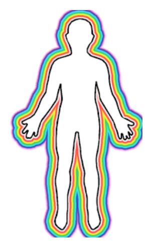
Joanne Reeve[1] and **Rebecca Bancroft**[2]

[1]NIHR Clinician Scientist in Primary Care, Department of Health Services Research, University of Liverpool, Liverpool, UK
[2]Consultant Geriatrician, Royal Liverpool and Broadgreen University Hospitals NHS Trust and Liverpool Community Health, Liverpool, UK

Polypharmacy is a phenomenon of modern health care that can offer benefits in terms of patient outcomes. Known risks associated with so-called inappropriate polypharmacy can be reduced through good medicine management and appropriate use of clinical

COMPLEX NEEDS PROJECT

LOCKDOWN QI PROJECT



ONE PERSON… why we need tailored prescribing

Age and Ageing 2013; **42:** 62–69
doi: 10.1093/ageing/afs100
Published electronically 21 August 2012

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Guidelines for people not for diseases: the challenges of applying UK clinical guidelines to people with multimorbidity

Lloyd D. Hughes[1], Marion E. T. McMurdo[2], Bruce Guthrie[3]

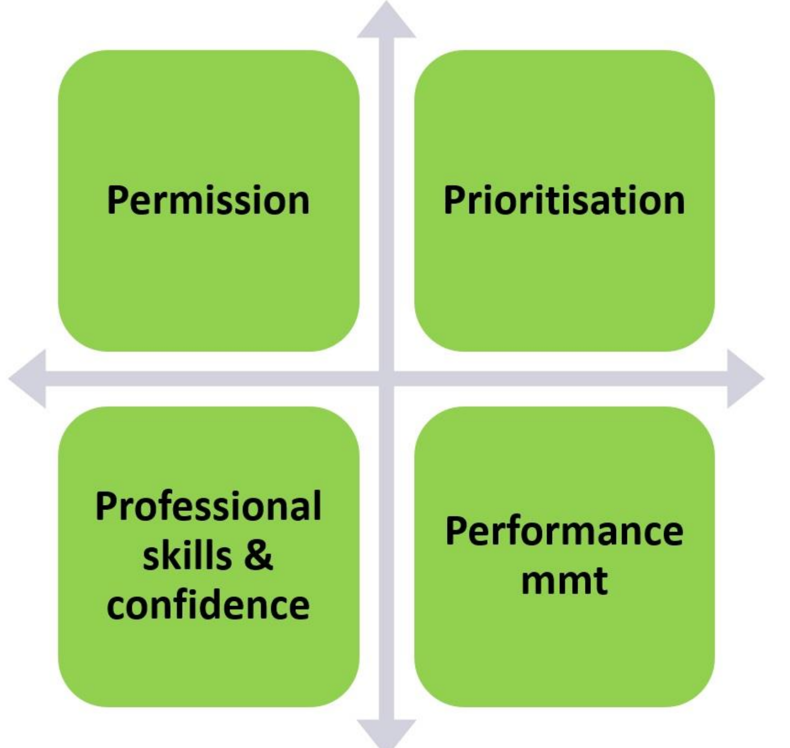
[1]Medical School, University of Dundee, MSO Level 10, Ninewells Hospital, Dundee, UK
[2]Department of Medicine, University of Dundee, Ninewells Hospital, Dundee DD1 9SY, UK

Mrs A

- Morbidities and risk factors (6)
- Minimal drug recommendations (11)
- Self-care recommendations(9)
- Follow up recommendations (10)

BARRIERS TO TAILORING PRESCRIBING FOR MRS A

Barriers to compromise (tailoring)



'Knowing' how to safely and effectively taper, withdraw or stop medicines that may be causing problems creates anxiety for patients and clinicians alike….

Challenges relate to the **TASKS** of tailored prescribing and the **SYSTEM SUPPORT** needed for these tasks

Reeve et al 2013, 2018

PERMISSION

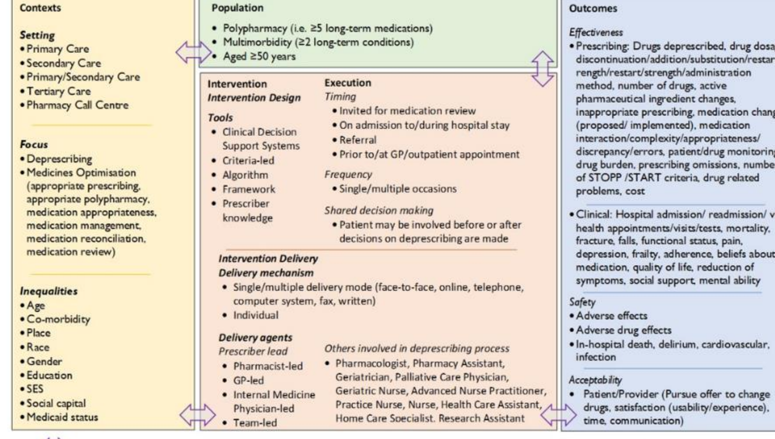
PRIORITISATION

PROFESSIONAL SKILLS & CONFIDENCE

PERFORMANCE MANAGEMENT

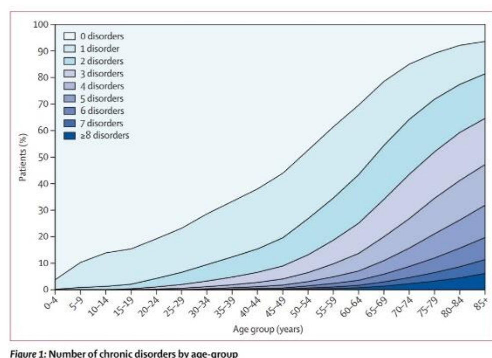
EVIDENCE BASED **PERMISSION** FOR TAILORING

- **Deprescribing is <u>acceptable, safe and potentially effective</u>…if we use a <u>structured</u> approach**
- **No evidence for one over another**
- **So we should <u>build it in to our conversations </u>with patients**
- **Uncertainty is inevitable so we also need to build in follow up and learning**

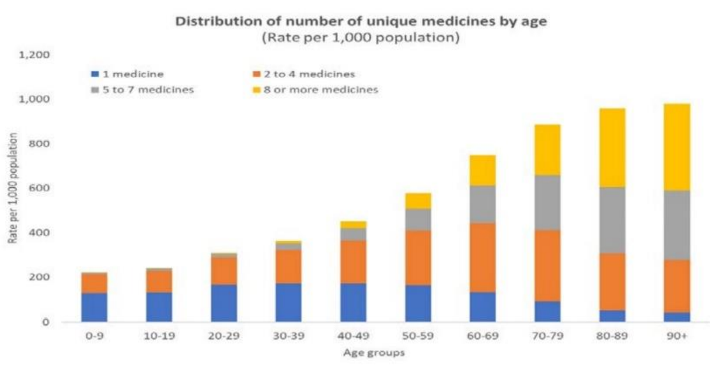


TAILOR: LOGIC MODEL OF A COMPLEX INTERVENTION

www.journalslibrary.nihr.ac.uk/hta/AAFO2475/



Barnett et al. Lancet 2012



Ridge 2021

PERMISSION

PRIORITISATION

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PERFORMANCE MANAGEMENT

ONE TEAM…

PRIORITISATION – example from a Lock Down Project

- TASK: address the 163 overdue PMR
- TEAM: One pharmacist, one GP
- QUESTION: how to prioritise these 163 patients, and allocate to professional group
- APPROACH: a QI project

Prioritisation needs better understanding of need

- Desk based review of prescribing practice – what we know, what we still need to know
- Filling the gaps: ringing the patient, sharing with the team
- Recognising our DATA isn't good enough to support TAILORED prescribing
- So generating a new way of working: **a generalist approach – a tailored problem list** and **list of gaps**
- **How does this map to work across the wider primary care team?**

	Problem	Onset Date
	Active Problems	
A	**Supportive care** *(Significant)* Severely frail, care home. DNACPR in place (see KM 28/2/2020) including ACP. Pall care support. Declining	14-Nov-2019
B	**Pain** *(Significant)* Arm pain. No treatable cause identified. Being managed with small doses oramoph. Pall care	30-Aug-2019
C	**Atrial fibrillation** *(Significant)* still on apixaban with ongoin discussions with family re pros and cons	31-Jul-2019
D	**Aortic stenosis** *(Significant)*	16-Jan-2017
E	**Senile macular degeneration** *(Significant)*	12-Aug-2016
F	**Heart failure** *(Significant)*	13-Jul-2009
	Significant Past Problems	
G	**Biliary colic**	01-Dec-2019

A	**Supportive care** *(Significant)* Frail elder, limited mobility - lives with relatives - informal carers. COPD -breathlessness and deconditioning	1
B	**Glaucoma** *(Significant)* Last ophthal review Nov 2019	0
C	**Knee osteoarthritis NOS** *(Significant)* Steroid injection dec 2019	1
D	**Chronic obstructive pulmonary disease** *(Significant)*	0
E	**[V]Pseudophakia** *(Significant)* Previous catarct surgery. Ongoing input from ophthalmology	2
G	**Prostatism** *(Significant)* long standing LUTS - under urology for long period. Not medically fit for TURP. Now discharged and managed with medication	1
H	**Asthma** *(Significant)* [Chronic obstructive pulmonary disease] replaced with	0
I	**[M]Oncocytoma** *(Significant)* slow growing renal tumour asymp. Undr annual se4rial scans for 2006 by urology - last review 2013. Not medically fit for surgical intervention. Stable so discharged but re-refer if new symptoms	0

The evidence supports our observations

How we generated the evidence: a brief intro to TAILOR

THE PROBLEM (Question we asked)

Systematic search of literature

SCOPING REVIEW

REALIST REVIEW

WHAT IT MEANS FOR PRACTICE

To describe:

SHOULD WE TAILOR PRESCRIBING; WHATS THE BEST WAY TO DO IT; HOW WILL WE KNOW WE'VE DONE IT WELL?

TAILOR realist review – the complexity of tailoring…

Difficulty accessing information and records

- Trust
- Symbolic value of medicines
- Patient-doctor relationship
- Belief in the necessity of medicines
- Fear of negative effects

Unclear guidelines

Experience

Skills

Confidence

Time/headspace

Professional hierarchies – confidence to question prescriptions made by others

Balancing benefits and harms

Fear of litigation

Medicines in the context of daily life

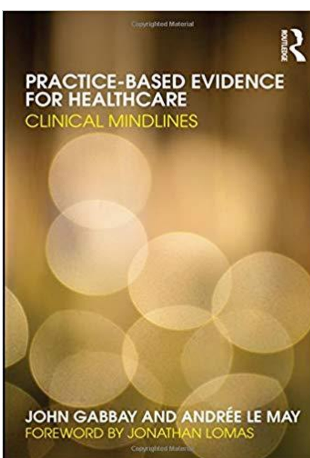
Engagement with the deprescribing process

Involvement of families/carers

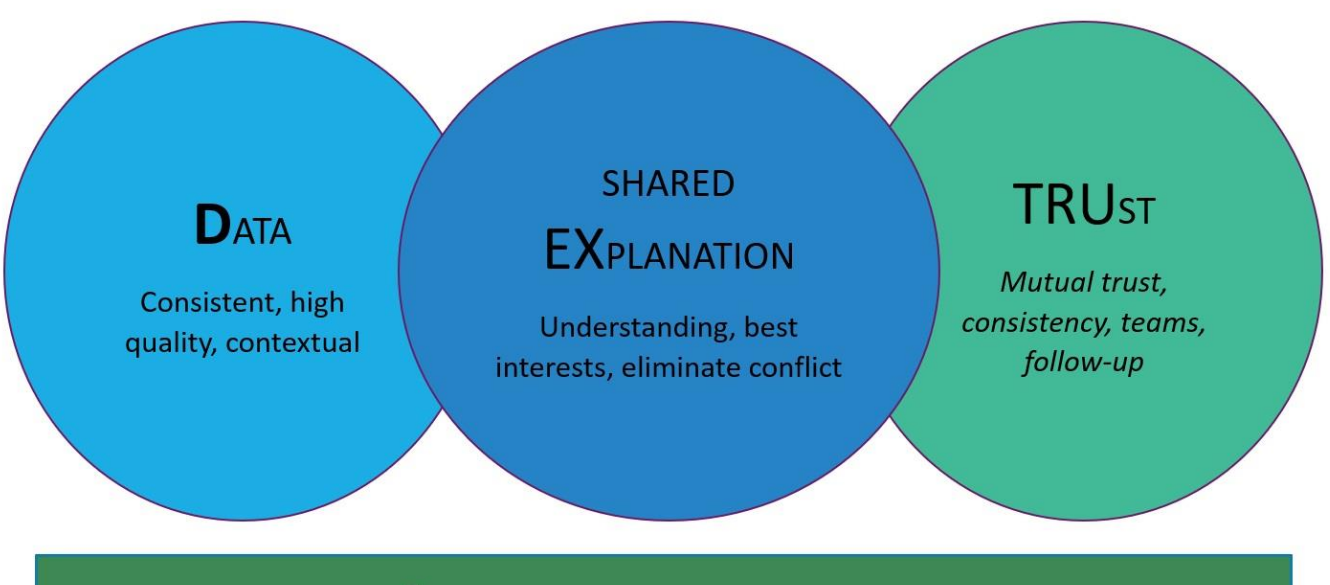
12

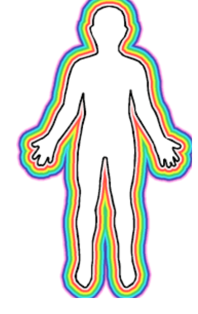
Transitions in care

Policy, incentives structures



The DExTruS Framework





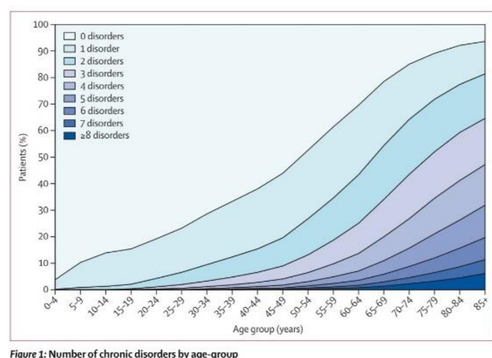
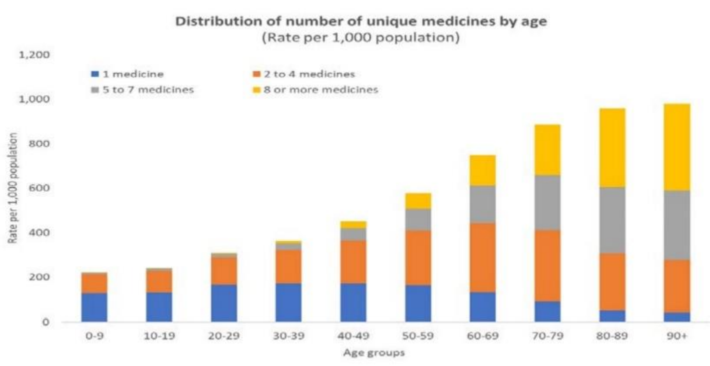


Figure 1: Number of chronic disorders by age-group

Barnett et al. Lancet 2012



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ONE TEAM…

Prioritisation at Princes Park

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Polypharmacy is a phenomenon of modern health care that can offer benefits in terms of patient outcomes. Known risks associated with so-called inappropriate polypharmacy can be reduced through good medicine management and appropriate use of clinical

- Created a **Generalist Record of Medication Use**: goals in context of whole person care
- To support **allocation of professional** supporting mmt of medication: ‘on’ or ‘off’ guideline
- Qn: can we **predict** ‘on’ or ‘off’ guideline care without medical record review?
  - Complex Needs project
  - A role here for the TEAM…

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The importance of EXPLANATION in tailored medicines use

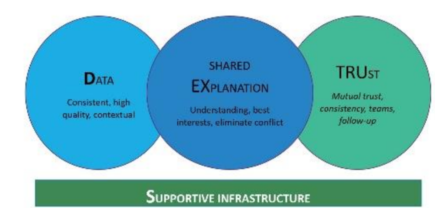
Medication reviews are about establishing EXPLANATION & UNDERSTANDING
But lack of skills/confidence/time for this work can lead to inertia

- **CMOC17:** when patients believe medicines are providing benefits (C), they may be reluctant to discontinue them (O) because they are afraid of negative consequences (M)

- **CMOC22**: When hcp involve patients in decision making process **(C)** they are more likely to make defendable decisions about medicines (O) because of their shared responsibility (M)

- **CMOC10:** when hcp don't have dedicated time (C) they are less likely to make changes to medications (O) because they do not have the emotional and cognitive capacity to consider complex issues(**M**).

The DExTruS Framework

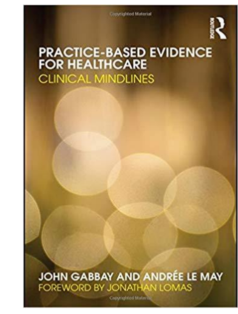


HULL
YORK
MEDICAL
SCHOOL

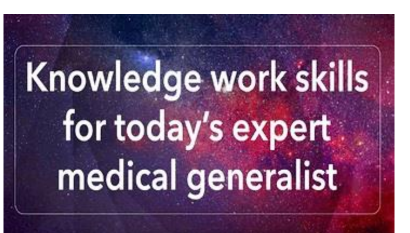
PERMISSION
PRIORITISATION
PROFESSIONAL SKILLS & CONFIDENCE
PERFORMANCE MANAGEMENT

GENERATING EXPLANATIONS – the knowledge work of generalist practice

DATA
EXPLORATION
EXPLANATION
SAFETY NETTING
TRIAL & LEARN



How can I TRUST the explanation I have co-created?



www.wisegp.co.uk/post/puzzled-by-knowledge-work

Explanation enabling TRUST

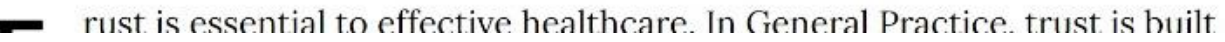
THE HOME OF GENERAL PRACTICE AND FAMILY MEDICINE

HOME ABOUT + OPINION + RESEARCH CLINICAL COVID-19 PODCAST

OPINION

Rethinking trust: the role of the WISE GP

Joanne Reeve is a GP, professor of primary care, and leads the @wisegpcouk programme. She is on Twitter: @joannelreeve



ONE TEAM…

Some take home thoughts…

Reviewing our practice

- Are you tailoring prescribing? (to who)
- Are you DExTruS? (what do you need to become so)
- Who is your team?

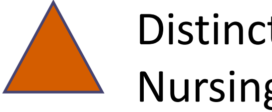
Returning to Ridge…more of the same wont do

- Different DATA and Data Sharing
- Different approach to assessing who needs what
- Different Skills for Professionals
- Different Expectations of medicines management – how we monitor
- CULTURE SHIFT

ONE DAY…

GP

Pharmacy



Distinct Nursing

Optician

Dentist

PRIMARY CARE COMMUNITY

GP

Pharmacy

Distinct
Nursing

Optician

Dentist

PRIMARY CARE COMMUNITY

WISE HUB

Fred Kent: If you plan cities for cars and traffic, you get cars and traffic.

If you plan for people and places…

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CORE TEAM

- Prof Joanne Reeve, Ali Waring (admin), Ed Ranson (PPI)
- Dr Kamal Mahtani, Dr Geoff Wong, Ms Amadea Turk (Nuffield Dept of PC, Oxford)
- Dr Ruaraidh Hill, Dr Michelle Maden (Liverpool Reviews & Implementation Group, Liverpool)

EXTENDED TEAM

- Prof Richard Byng (Plymouth), Prof Janet Krska (Kent), Prof Dan Lasserson (Warwick), Prof Dee Mangin (McMaster), Mr Ed Ranson (PPI partner), Dr Emma Wallace (Dublin)

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https://hyms.ac.uk/research/research-centres-and-groups/academy-of-primary-care/what-we-do/redesigning-primary-care-practice

MORE TO EXPLORE…

- TAILOR REPORT: www.journalslibrary.nihr.ac.uk/hta/AAFO2475/#/abstract
- COMPLEX NEEDS PROJECT (slide 5, 18): www.cambridge.org/core/journals/primary-health-care-research-and-development/article/generalist-solutions-to-overprescribing-a-joint-challenge-for-clinical-and-academic-primary-care/1328C75C94198F778FEC363FEB90CAD3
- HUGHES MACMURDO GUTHRIE (slide 6):https://academic.oup.com/view-large/240393
- BARRIERS TO TAILORING (slide 7): https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-017-0705-2
- PRACTICE BASED EVIDENCE (Gabbay & le May slide 15): www.bmj.com/content/329/7473/1013 or www.routledge.com/Practice-based-Evidence-for-Healthcare-Clinical-Mindlines/Gabbay-May/p/book/9780415486699
- WISE GP (slide 22): www.wisegp.co.uk
- INTERPRETIVE MEDICINE (slide 22): www.ncbi.nlm.nih.gov/pmc/articles/PMC3259801/