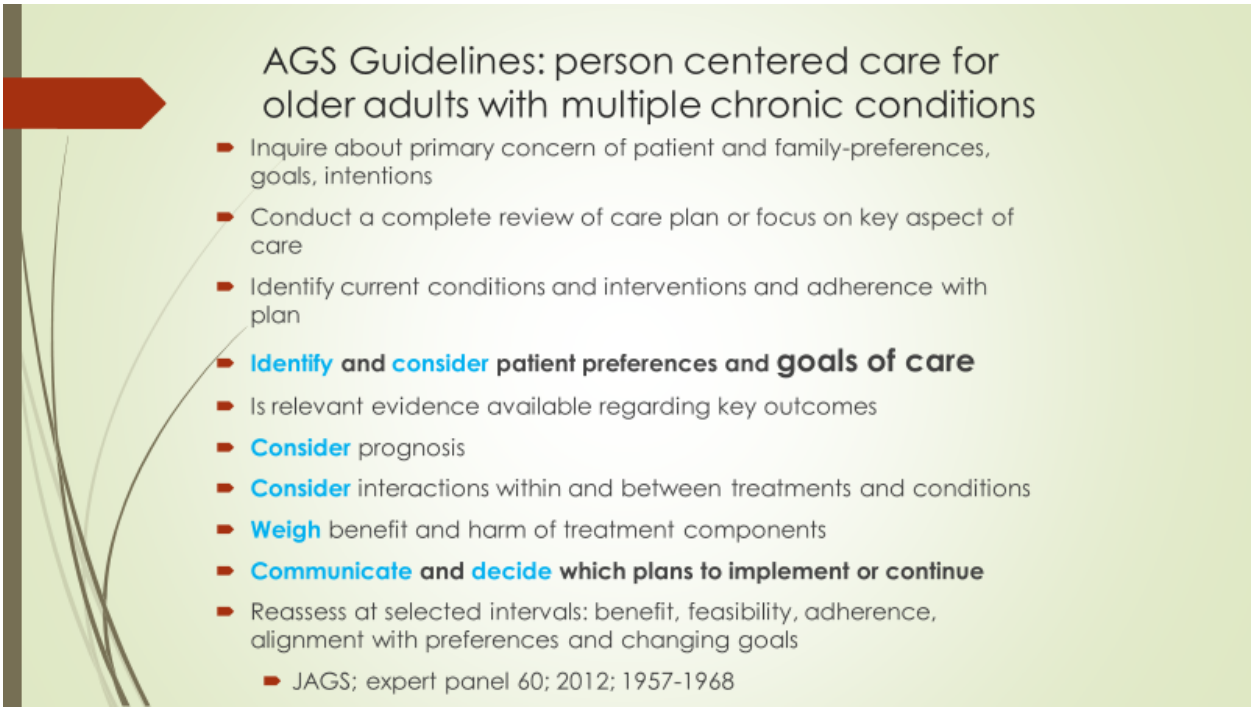
- http://deprescribing.org/caden/
- http://deprescribing.org/resources/deprescribing-guidelines-algorithms/
- www.cms.gov/Medicare/Provider-Enrollment-and-Certification/ trigger tools for ADE in SNF
- www.choosingwisely.org/wp-content/uploads/2015/02/AGS-choosing-wisely-list.pdf
- http://onlinelibrary.wiley.com/doi/full/10.1111/jgs.13702 AGS Beers Criteria
- https://www.ncbi.nlm.nij.gov/pmc/articles/PMC4339726/ STOPP/START criteria older adult PIM
- The Anti-cholinergic Burden Calculator: http://anticholinergicscales.es/calculate

- The Beers List: a Pocket guide to the 2019AGS BEERS Criteria
- Medstopper: https://medstopper.com/
- How to guide: Prevent Adverse Drug Events.Boston: Institute for Healthcare Improvement;2011. http://www.ihi.org/resources/Pages/Tools/HowtoGuidePreventAdverseDrugEvents.aspx

- Medications at Transitions and Clinical Handoffs(MATCH) Toolkit ;Rockville,MD: Agency for Healthcare Research and Quality 2012. https://www.nm.org/-/media/Northwestern/Resources/for-medical-professionals/northwestern-medcne-match-toolkit.pdf
- Ontario Primary care Medication Reconciliation Guide.Ontario: Institute for Safe Medication practices Canada 2015,. https://www.ismp-canada.org/download/primaryCare MedRecGuide_EN.pdf
- AMDA: the Society for Post Acute Care and Long Term Care Medicine; quality prescribing/ webpage link
- Coming in 2019 but already using current data
- Updated F tags: F 867 QIP measures, F757 unnecessary drugs, 757,760 medication error management
- www.health.gov/hai/ade.asp#action-plan
- AMDA LTPAC -ADE webinar and action plan
- Eprognosis
- LACE, Flacker Mortality Score, Charlson Comorbidity Index


AGS Guidelines: person centered care for older adults with multiple chronic conditions
Inquire about primary concern of patient and family-preferences, goals, intentions
Conduct a complete review of care plan or focus on key aspect of care
Identify current conditions and interventions and adherence with plan
Identify and consider patient preferences and goals of care
Is relevant evidence available regarding key outcomes
Consider prognosis
Consider interactions within and between treatments and conditions
Weigh benefit and harm of treatment components
Communicate and decide which plans to implement or continue
Reassess at selected intervals: benefit, feasibility, adherence, alignment with preferences and changing goals
JAGS; expert panel 60; 2012; 1957-1968

Action Steps for Decision Making with Multi-morbidity
Executive summary For AGS Guiding Principles

C Boyd et al JAGS April 2019; 67,(4); 665-73

Have any of Us Been Taught How to Do This?

- **Elicit** and incorporate patient and **family/caregiver preferences** into medical decision making
- **Recognize** the limitations of evidence based guidelines and interpret and apply the literature tailored to this population
- **Frame** clinical management decisions within the context of harm, burden, benefits prognosis(remaining life expectancy, function, quality of life)
- **Consider** treatment complexity and feasibility when choosing clinical management decisions
- **Use strategies** *for choosing therapies that optimize benefit and minimize harm, enhancing quality of life and patient preferences*

New Models of De-prescribing

TR Fried, MC Mecca; JAGS June 2019; 67(6); 1123-27

Age 65 with 5 or more medications:

Identify patients with multimorbidity and STRATIFY

assess prognosis, frailty, cognitive and physical impairment

Identify PIM with MAI,BEERS,STOPP

Robust vs Vulnerable

Identify Goals of Care using worksheet

Robust: Apply Clinical de-prescribing; apply BEERS, STOPP. START, applications, guidelines, resources; **align goals of care with evidence based risk assessment (traditional model)**

Vulnerable: Boyd suggested applying PCC Guidelines as soon as prognosis is 2-10 years if vulnerable: Distinguish when harm from treatment is more likely than reducing risk of disease

Mecca/Krulewitch/Messenger- **align goals of care with symptom burden and minimize harm**

Structured interview models in literature

- Vitaltalk.org
- Patientprioritiescare.org
- EPEC (educating physician for end of life care NIM)
- PreferenceBasedLiving.com
- Deprescribing.org (CADEN)
- Advancecareplanning.ca
- The conversationproject.org
- Serious Illness Conversation Guide

Medication Appropriateness Index

- Is there an indication for the drug?
- Is the medications effective for this condition?
- Is the dosage correct?
- Are the directions correct?
- Are the directions practical?
- Are there significant drug-drug interactions?
- Are there significant drug- syndrome interactions?
- Is there unnecessary duplication with other drugs?
- Is the duration of therapy acceptable and meaningful?
- Is the drug the least expensive alternative?

Using Wisely: Working with BEERS 2019 recommendations for appropriate use-

MA Steinman et al; JAGS April 2019; vol 67,(4); 644-6

- 1. Medications in the BEERS criteria are potentially not definitely inappropriate
- 2. Read the rationale and recommendations for each criterion. The caveats and guidance listed there are important
- 3. Understand why medications are Included and adjust your approach to those medications accordingly
- 4. Optimal use of the BEERS when identifying PIM means considering safer nonpharmacological and alternate medications not just tapering
- 5. The BEERS criteria should be a starting point in process of identifying and improving medication appropriateness and safety
- 6. Access to medications included in the BEERS criteria's should not be excessively restricted by prior authorization and or health plan policies
- 7. The AGS BEERS criteria are not equally applicable in all countries

Structured interview models in literature

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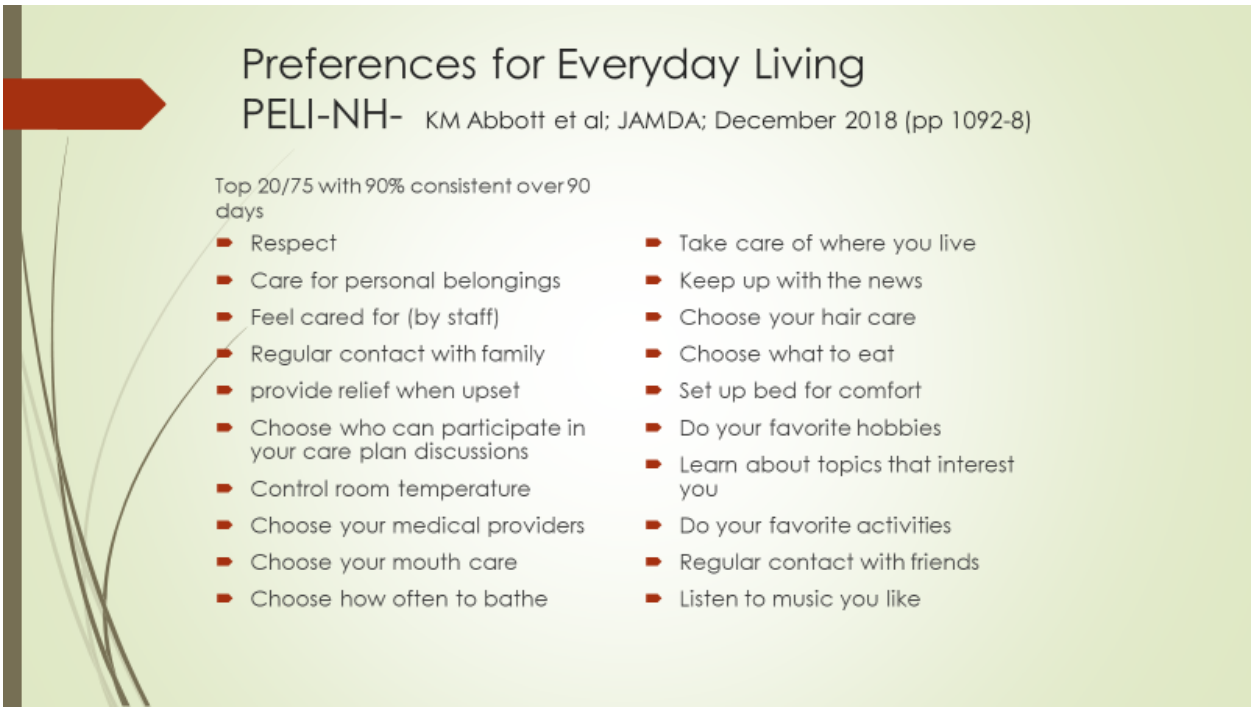

PreferenceBasedLiving.com