

Polypharmacy Risk Reduction: Initiative Overview

Polypharmacy occurs when the theoretical benefits of multiple medications are outweighed by the negative effect of the sheer number of medications, regardless of drug class or appropriateness of individual medications. Polypharmacy is a risk factor for adverse drug events, the risk for which rises exponentially with the number of medications a person is taking.

Polypharmacy Risk Reduction is an initiative of the Shared Care Committee, a collaborative committee of the Doctors of BC and the Ministry of Health. The initiative supports family and specialist physicians to reduce polypharmacy risks in the elderly, especially frail elderly, patients on multiple medications that may impact safety and quality of life. Initiative goals are to improve health outcomes, improve provider and resident care experience, and demonstrate sustainable per capita costs.

Initiative Phases

This initiative is being implemented in phases, focusing on prescribing in the following care settings:

- **Phase 1 – Residential Care.** We are equipping and supporting residential care physicians to reduce polypharmacy risk in communities throughout BC. The initiative will collaborate with the General Practice Services Committee (GPSC) as they roll out the Residential Care Initiative.
- **Phase 2 – Acute Care and Transitions.** Currently, prototyping is being carried out in four medical and four surgical units at eight hospitals across BC to develop learnings related to reducing polypharmacy risk at the point of acute care admission, during the stay, and discharge transition back into community or residential care.
- **Phase 3 – Community Care.** Building on delivery through residential and acute care settings, we will be looking for innovative ways to support physicians reduce polypharmacy risk for the elderly and frail elderly patients in their community practices.

Phase 1: Residential Care Approach

1. **Physician Engagement Session** (2 to 2.5hrs with a meal). Initial discussions with ‘prime-mover’ physicians in a particular community, often identified through the local Division of Family Practice, to gauge local interest in polypharmacy risk reduction and increase awareness among physicians. Sessional funding is available.
2. **Clinical Learning Session** (CME eligible, 3 to 3.5hrs with a meal). Equip physicians with clinical knowledge, tools and resources to reduce polypharmacy risk among residents. Sessional funding is available.
3. **Mentoring.** Through our Train the Mentor program, a number of physicians are available to mentor colleagues in carrying out meaningful medication reviews. In order to build local support, we will be recruiting interested physicians to participate in this program.
4. **Circle of Care** (2.5 to 3hrs with a meal). In conjunction with the local Division of Family Practice, we can provide educational sessions to the Circle of Care - nurses, pharmacists, administrators and other care providers – to discuss causes and consequences of polypharmacy, as well as suggestions for processes to support meaningful medication reviews. Ideally, this session would be led by local physicians. Sessional funding for physicians and meal costs are covered by Shared Care.

If you have any questions about polypharmacy risk reduction in your community, please feel free to contact us.

Keith White
Physician Lead, Polypharmacy
kiwhitedoc@gmail.com

Chris Rauscher
Clinical Lead, Polypharmacy
chris.rauscher@vch.ca

Margaret English
Initiatives Lead, Shared Care
menglish@doctorsofbc.ca