



# Improving Information at the Point of Care

## Issue Briefs

Implementing Prescription Checkups

Raising Awareness

**Improving Information**

Educating & Training

Reducing Industry Influence

## Key Takeaways

- A significant factor in the growing public health crisis of medication overload is insufficient information about 1) what medications a patient is taking; 2) potential drug side effects; and 3) how to deprescribe medications that are harmful or unnecessary.
- The clinical guidelines that prescribers use to make treatment decisions should be revised to promote more judicious prescribing tailored to individual patients and provide easily accessible information on safe, appropriate deprescribing.
- Improvements in national adverse drug events reporting would help prescribers make more informed treatment decisions and avoid inappropriate prescribing and medication overload.



## Dangerous Information Gaps

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, most policymakers, health care leaders, and patients are unaware of the severity of this issue and how current gaps in information at the point of care contribute to it.



Most guidelines **do not provide information** on how to properly deprescribe a drug or when it can be discontinued.

Both clinicians and patients lack access to clear, accurate, and up-to-date information on the potential benefits and harms of medications when making treatment decisions. Prescribers rely on clinical practice guidelines, which usually omit information on the appropriate dosage and length of time a medication should be prescribed for older adults. Clinicians are often unaware of all the drugs a patient is taking. This incomplete picture of medications is exacerbated by inadequate reporting of adverse drug events. **These information gaps in care settings can lead to inappropriate prescribing and medication overload, resulting in harm to millions of older adults each year.**

## 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 unnecessary hospitalizations over 10 years



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

## Improving Guidelines & Incorporating Deprescribing

Clinical guidelines generally recommend medication as the first step to treatment without considering nonpharmacological alternatives, which may be more appropriate for certain patients—particularly, older adults with multiple chronic conditions already taking multiple medications. Health care professionals often feel compelled to follow clinical guidelines because insurers use them to set performance standards linked to payment—regardless of the appropriateness for an individual patient. Current guidelines need to be reevaluated to ensure they promote careful, patient-centered prescribing and make prescribers aware of the dangers of medication overload.

Additionally, deprescribing guidelines should be easily accessible to clinicians when making treatment decisions to help them safely taper or discontinue medications, if appropriate. Existing deprescribing guidelines should be widely disseminated and new deprescribing guidelines developed for other drug classes, care settings, and specific patient populations, such as frail older adults. Having deprescribing guidelines accessible at the point of care would provide clinicians with the knowledge and confidence to work with their patients in order to develop and implement plans to safely address medication overload.

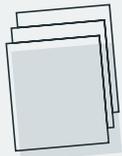




## Improving Reporting of Medication Harms

The current adverse drug events (ADEs) reporting system managed by the U.S. Food and Drug Administration (FDA) relies on voluntary reports from patients and health care professionals. The system suffers from severe underreporting and format variability, resulting in flawed and incomplete information about potential drug side effects. Research shows that only 1 percent of suspected serious ADEs are reported to the FDA, a result of the confusing and time-consuming voluntary reporting process. To avoid inappropriate prescribing and harm, clinicians and patients need more comprehensive and timely information available at the

point of care about potential drug side effects. The FDA has taken action to improve its data and technology for monitoring medication safety; however, limited resources have slowed progress.



Deprescribing networks and research institutions **should disseminate deprescribing information**, promote the creation of new deprescribing guidelines, and work to fill in gaps in deprescribing evidence.

## Taking Action to Eliminate Medication Overload

Stakeholders need to work together to eliminate these gaps in key information at the point of care to limit overprescribing and support deprescribing. Guideline creators such as specialty societies, research organizations, and government agencies should reevaluate current guidelines to ensure they promote careful prescribing, incorporate recommendations for shared decision making, and avoid medication overload—particularly for older patients. Additionally, deprescribing networks and research institutions should disseminate deprescribing information, promote the creation of new deprescribing guidelines, and work to fill in any gaps in deprescribing evidence. Clinician specialty societies, patient safety groups, and policymakers should advocate for expanded federal funding to identify and address the top priorities for systemwide improvements in ADE reporting. Without these efforts, clinicians and patients will remain unaware of all the risks medications pose. Barriers to deprescribing will persist, leaving millions of older Americans at risk of serious harm from medication overload.



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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.