



Transforming Organizational Culture: Deprescribing to Improve Patient Safety

Kimberly Dickerson, PharmD, BCPS

Central Arkansas Veterans Healthcare System

VIONE Pharmacy Program Manager

VIONE – An Overview

(Medication Optimization and
Polypharmacy Reduction Initiative)

VAVIONE@VA.GOV

DISCLOSURE

- No conflict of interest to disclose
- Currently employed by Central Arkansas Veterans Healthcare System where the VIONE program was initially implemented



When poll is active, respond at pollev.com/narcad1108

Text **NARCAD1108** to **37607** once to join

Has your detailing program ever worked on a polypharmacy campaign?

Yes

No

Unsure

OBJECTIVES

- Introduce VIONE **medication deprescribing** concepts, tools and plans.
- Discuss a brief journey from **ideas to action, implementation** and **expansion**
- Discuss Cross walk between **VIONE implementation science** and **HRO concepts**
- Discuss **Challenges**
- VIONE **Data**
- **What's next** for VIONE?



MEET THE VIONE TEAM



VIONE CORE TEAM

- Dr. Sara Battar, VIONE GSF, Medical Director for Extended Care Services, MEDVAMC, Associate Professor, Baylor College of Medicine
- Kimberly Dickerson, VIONE Co-Leader, CAVHS Academic Detailing Pharmacist
- Chris Sedgwick, VIONE Team Member, VISN 15 Pharmacy Analytics Program Manager
- Ashleigh Wallace-Lacey, VIONE Team Member, St Louis VA HCS Pharmacoeconomics Program Manager
- Tim Cmelik, VIONE Team Member, CAVHS Chief of Pharmacy
- Lavern Esters, CAVHS Chief Data and Informatics
- Melva Hobbs, RN, MBA, CAVHS Informaticist



DIFFUSION OF EXCELLENCE

- Blake Henderson, Director, VHA Diffusion of Excellence
- Blaine Fitzgerald, VHA Diffusion of Excellence-Diffusion Specialist
- Gale Paige, MBA, Aptive Resources, Diffusion Specialist



WHAT IS VIONE?

AN ACRONYM THAT USES 5 FILTERS

TO ASSIST WITH DEPRESCRIBING POTENTIALLY INAPPROPRIATE MEDICATIONS

VIONE is a simple **medication management methodology** in CPRS to reduce polypharmacy risk and improve patient safety, comfort, and medication compliance consistent with **High Reliability Organizations (HRO)**.



V

Vital,
life-saving
medications

I

Important, for
quality of life

O

Optional,
no major
difference

N

Not indicated/
treatment
complete

E

Every
medication
has a
diagnosis/
indication of
use

VIONE DEPRESCRIBING METHODOLOGY

(AVAILABLE IN CPRS MEDICATION – ACTION -DISCONTINUE DROP DOWN MENU)

Problem:

- Polypharmacy is a **patient safety issue** and affects an increasing and significant portion of the population, and more specifically the Veteran population
- Polypharmacy puts patients at **increased risk for adverse outcomes** associated with Potentially Inappropriate Medications (PIM)
- Currently, there is **no** consistently used **tool** to address polypharmacy

Solution: VIONE

- Addresses a **critical need** in the healthcare delivery system
- Improves **patient safety**
- Reduces **risks & adverse drug events**
- Improves Veterans **health literacy**
- Lowers **direct & indirect costs** of care



DEFINING POLYPHARMACY



- More medications than needed
- **>4** medications
- The most common classification of polypharmacy is the **simultaneous use of multiple medications** to **treat multiple medical conditions**.
- Unfortunately, there is no scientifically agreed-upon number of medications used to label this term; however, publications commonly approximate that patients taking **greater than 5 or 9 medications** would apply
- The use of **Potentially Inappropriate Medications (PIM)**.
 - Potentially inappropriate medications include those that are not effective, not clinically indicated, constitute therapeutic duplication, or are taken for an inappropriate duration or given at an inappropriate dose.



AD TOOLS



National Academic Detailing Services

Campaigns ▾

Data ▾

Workload ▾

Training & Resources ▾

Contact ▾

About AD ▾

Links ▾

Send to ▾



VIONE/Polypharmacy

Other Resources



PPI De-Prescribing (VA MedSAFE)



Contact VIONE Team



Implementation Dashboard



Discontinuations Dashboard



Priority Panels (PACT/HBPC)



Priority Panels (CLC/Inpatient)



Patient Report (PACT/HBPC)



Patient Report (CLC/Inpatient)



Patient Report (Upcoming Appointments)



PIMS Deprescribing Dashboard

AD KEY MESSAGES:

- Before renewing a medication consider potential risks and need for continuation (duration of therapy)
- If there are clinical signs of non-adherence or adverse effects, consider simplifying the medication regimen
- Strategies for simplifying may include tapering, combining where appropriate, or deprescribing
- VIONE helps to address medications in the Institute of Healthcare Improvements (IHI) Age Friendly movement
 - 4 Ms-What **M**atters to the patient, **M**entation, **M**obility, and **M**edications



VIONE NATIONAL FOOTPRINT: APRIL 1, 2016- SEPTEMBER 30, 2022



~516,000 Unique
Veterans impacted



\$ 109 Million
Estimated
Annualized Cost
Avoidance



~12,100 Providers



117 (+7)
Implementing Sites



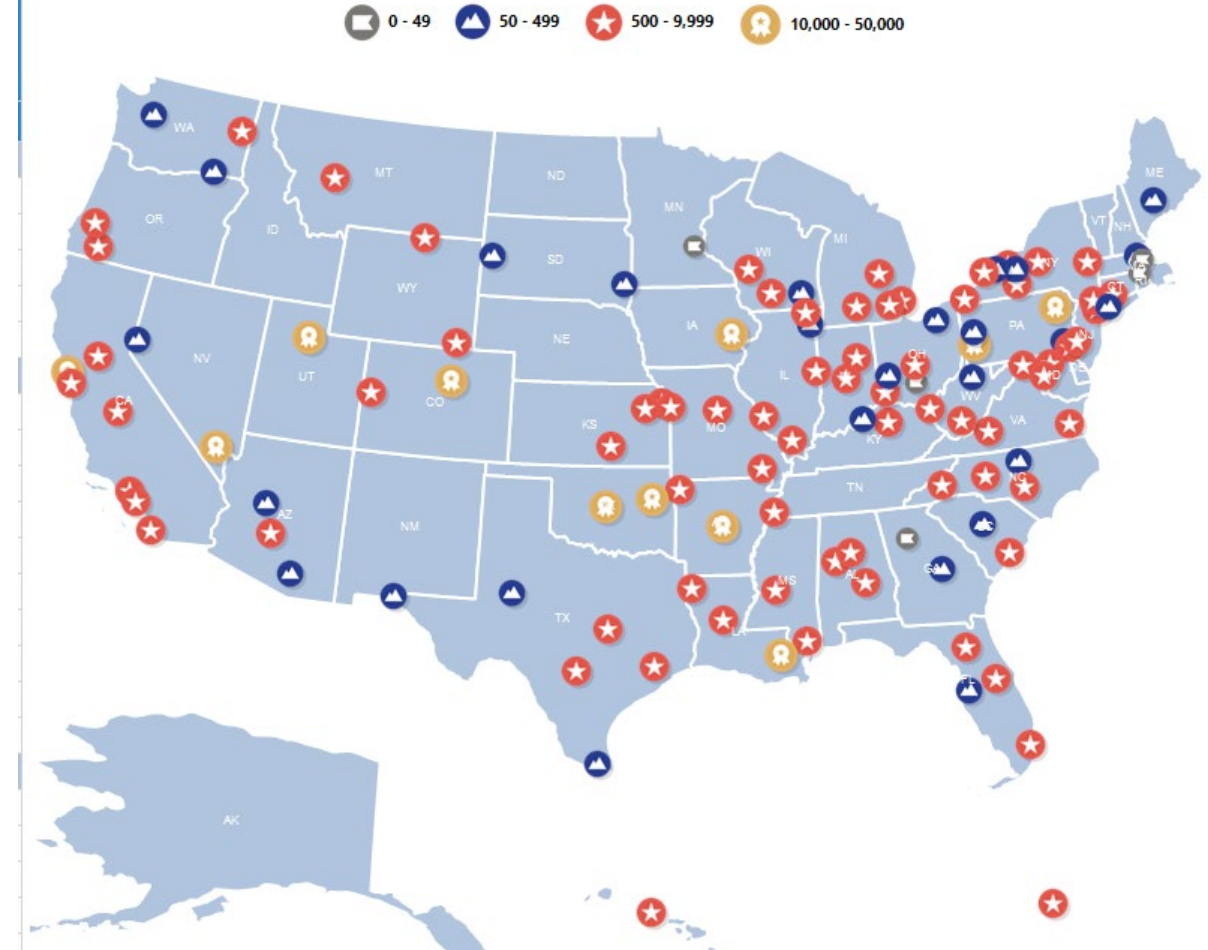
~1,212,000
Unique Deprescribed
Medications



~75,000 CMR
documented



VIONE National Footprint (Unique Veterans Impacted)



VIONE Dashboard Link: [Program Implementation Dashboard](#)

VIONE ALIGNS WITH THE CONCEPTS OF HIGH RELIABILITY ORGANIZATIONS (HRO)

HRO

VIONE

**Leadership
Commitment**

VIONE facilitates organizational transformation and drives leadership's vision, decisions, and actions

**Safety
Culture**

VIONE focuses on empowering an enterprise-wide culture with greater accountability and reliability to reduce errors and prevent patient harm

**Continuous
Process
Improvement**

VIONE is an effective tool used across various care settings and urban areas to demonstrate continuous learning and improvement



VIONE KEY PARTNERS



VA VIONE: LISTED AS A VA AGENCY PROCESS



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SENIOR CARE PHARMACY WHO WE ARE LEARNING RESOURCES EVENTS ADVOCACY MEMBERSHIP FOUND

MEDICATION SAFETY DURING TRANSITIONS OF CARE TOOLKIT

This Toolkit is designed for Senior Care Pharmacists in any practice setting and serves as a resource guide of available best-practice clinical and medical information for use during care transitions. It includes practical guidance to assist pharmacists as they navigate the complex reimbursement landscape.



Toolkit Contents

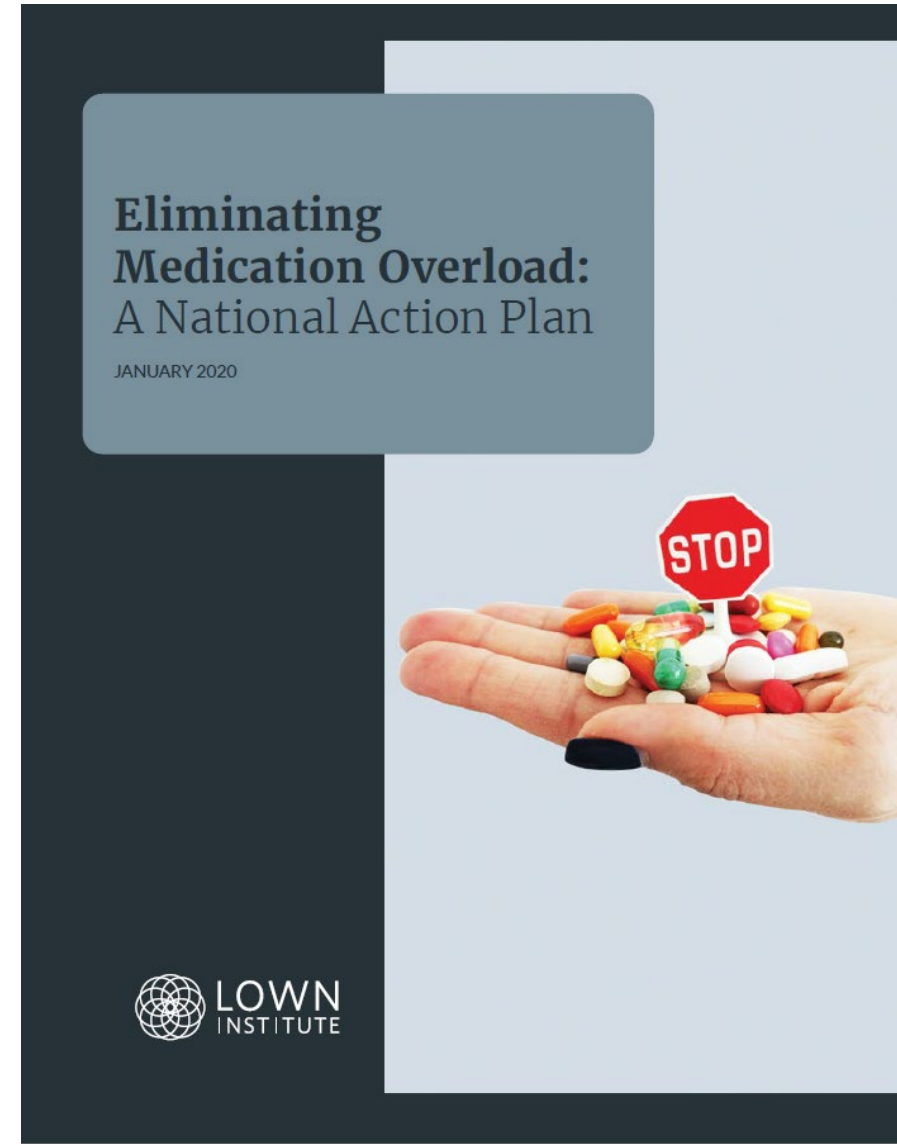
+ Introduction

+ SECTION 1: The Transitions of Care Landscape

- SECTION 2: Medication Safety During Transitions of Care: Clinical Implications

- Section 2.0: Introduction (PDF)
- Section 2.1: Tools to Identify Key Disease States (PDF)
- Section 2.1 PowerPoint© (PDF)
- Section 2.2: Tools to Identify High Risk Medications (PDF)
- Section 2.2 PowerPoint© (PDF)
- Section 2.3: Tools to Identify Potentially Inappropriate Medications (PDF)
- Section 2.3 PowerPoint© (PDF)
- Section 2.4: Tools to Classify Medication-Related Problems and Medication Errors (PDF)
- Section 2.4 PowerPoint© (PDF)
- Section 2.5: Tools to Manage Medications Safely (PDF)
- Section 2.5 PowerPoint© (PDF)
- Section 2.6: Tools to Improve Transitions of Care Processes (PDF)
- Section 2.6 PowerPoint© (PDF)
- Full Section 2 (PDF)

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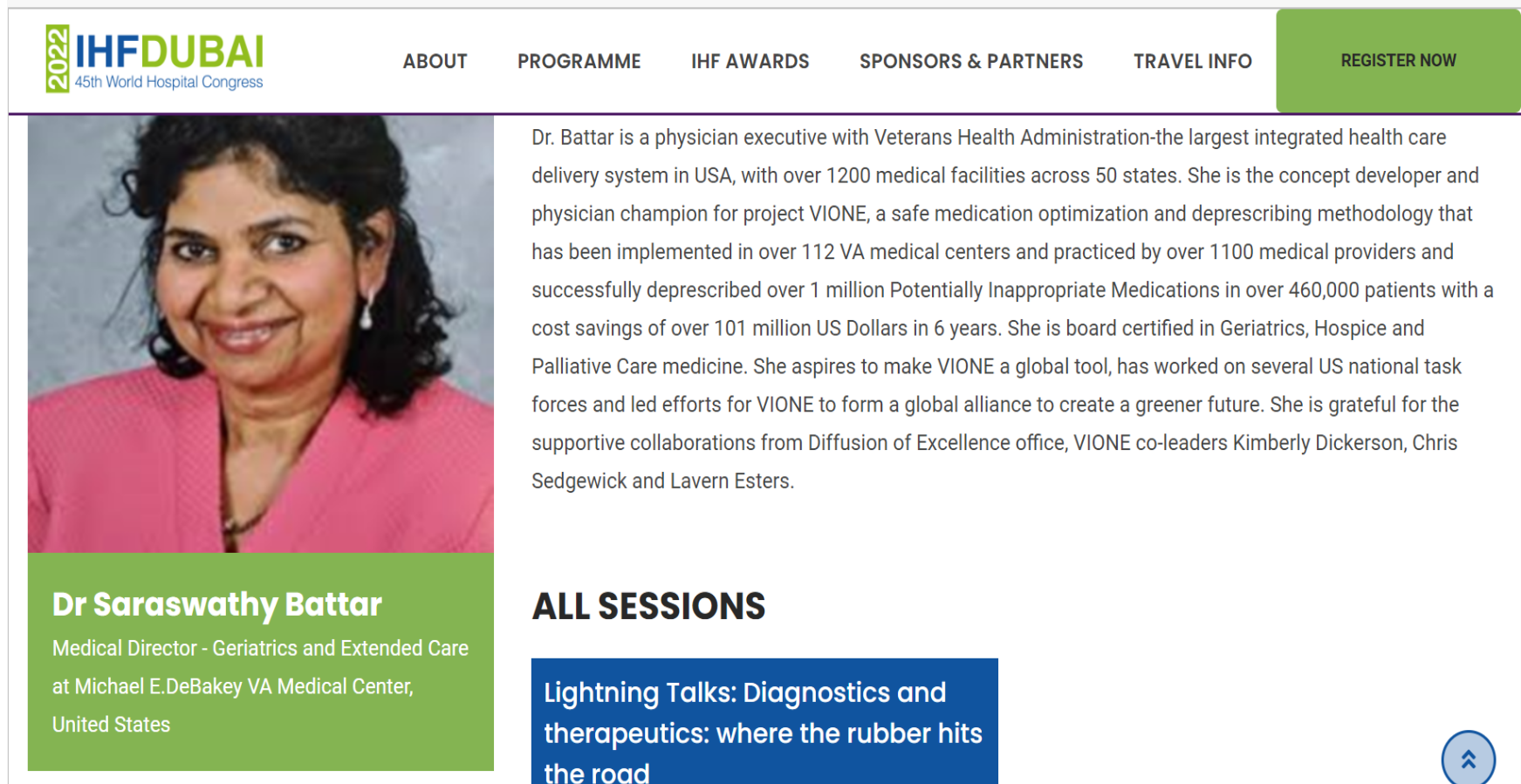
www.lowninstitute.org

VIONE PARTNERS WITH SUSTAINABLE MEDICINES PARTNERSHIP



[USA based Veterans Health Administration 'VIONE' joins the Sustainable Medicines Partnership — YewMaker](#)

VIONE ACCEPTED: WORLD HOSPITAL CONGRESS



The screenshot shows the website for the 2022 IHF DUBAI 45th World Hospital Congress. The navigation menu includes ABOUT, PROGRAMME, IHF AWARDS, SPONSORS & PARTNERS, TRAVEL INFO, and a prominent REGISTER NOW button. The profile for Dr. Saraswathy Battar features a portrait of her in a pink top. The text describes her role as a physician executive at the Veterans Health Administration and her work on the VIONE project, highlighting its success in de-prescribing medications and saving over 101 million US Dollars. Below the profile, there is a section for ALL SESSIONS, with a highlighted session titled 'Lightning Talks: Diagnostics and therapeutics: where the rubber hits the road'. A scroll bar is visible on the right side of the page.

2022 IHFDUBAI
45th World Hospital Congress

ABOUT PROGRAMME IHF AWARDS SPONSORS & PARTNERS TRAVEL INFO REGISTER NOW

Dr Saraswathy Battar
Medical Director - Geriatrics and Extended Care
at Michael E.DeBakey VA Medical Center,
United States

ALL SESSIONS

Lightning Talks: Diagnostics and therapeutics: where the rubber hits the road



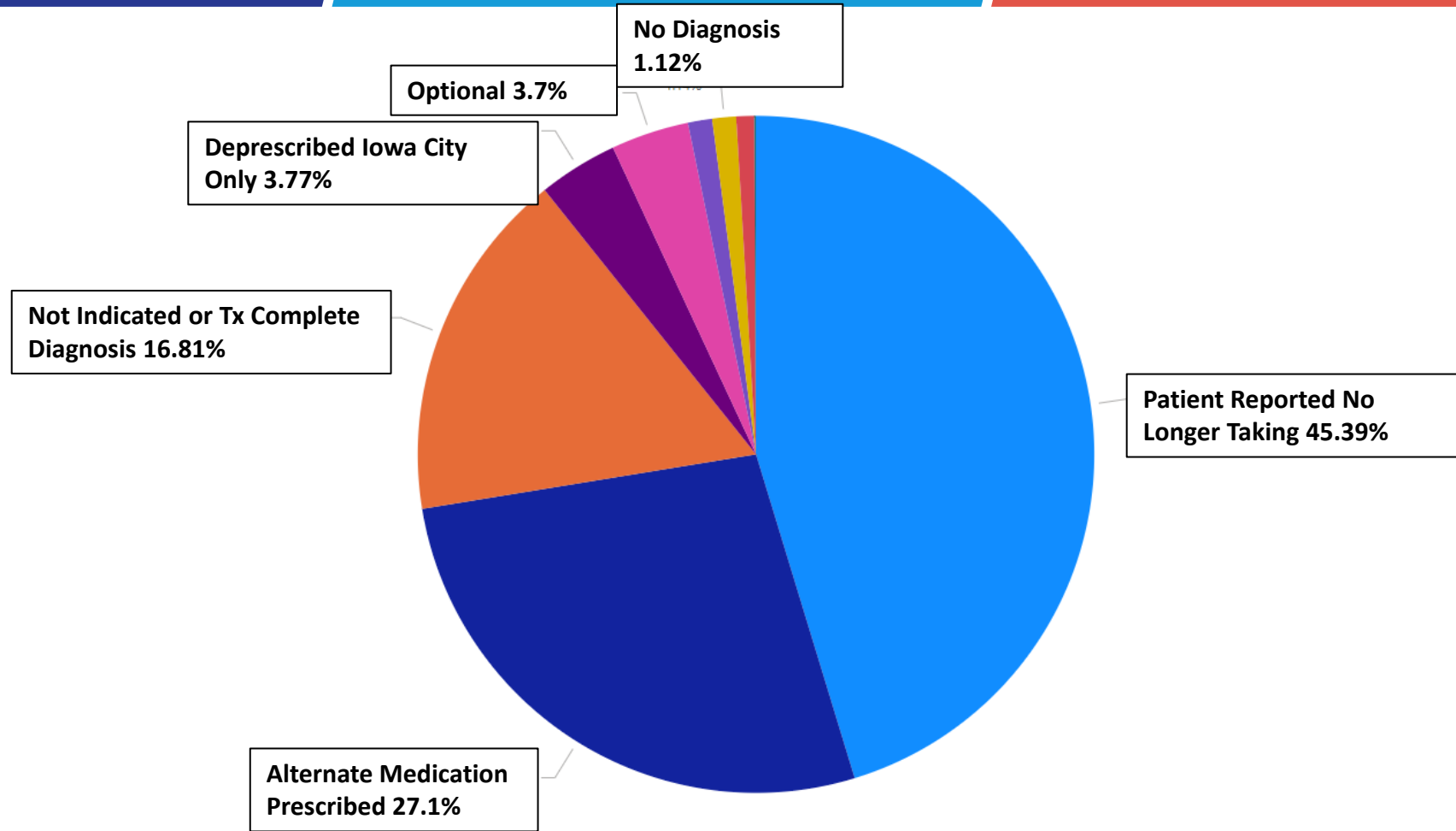
Finalist for Autscos Excellence Award from IHF

VIONE NATIONAL DATA

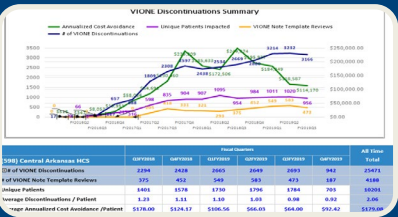


VIONE DISCONTINUATION REASONS

2-1-2016 TO 9-30-2022



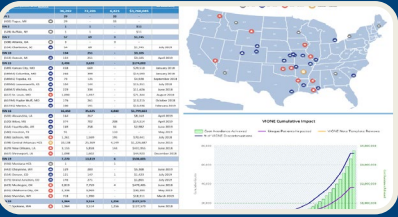
DATA TOOLS SUMMARY



VIONE Discontinuations Dashboard

- [VIONE Discontinuations Dashboard - Report Viewer \(va.gov\)](#)
- For retrospectively analyzing VIONE discontinuations performed

Est. 2018



VIONE Implementation Dashboard

- [VIONE Implementation Dashboard \(va.gov\)](#)
- For assessing progress and impact of the VIONE program locally and nationally

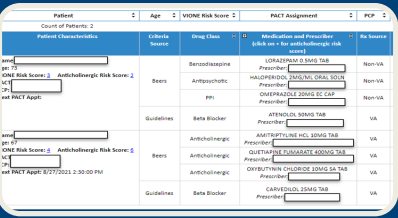
Est. 2019



VIONE Risk Dashboards

- [VIONE Risk Primary Care Dashboard - Report Viewer \(va.gov\)](#)
- [VIONE Risk Inpatient Dashboard - Report Viewer \(va.gov\)](#)
- [VIONE Risk Appointment Report - Report Viewer \(va.gov\)](#)
- For prospectively identifying patients at risk for polypharmacy related events

Est. 2018



VIONE PIMs Dashboard

- [VIONE PIM Deprescribing Dashboard - Report Viewer \(va.gov\)](#)
- For prospectively identifying specific Potentially Inappropriate Medications (PIMs)

Est. 2021

Retrospective Data Tracking

Prospective Population Health Management

Reach

VIONE is delivered to (REACHES) patients who are older, with more comorbidities, and greater care needs compared to non-VIONE patients

VIONE
(N=2261)

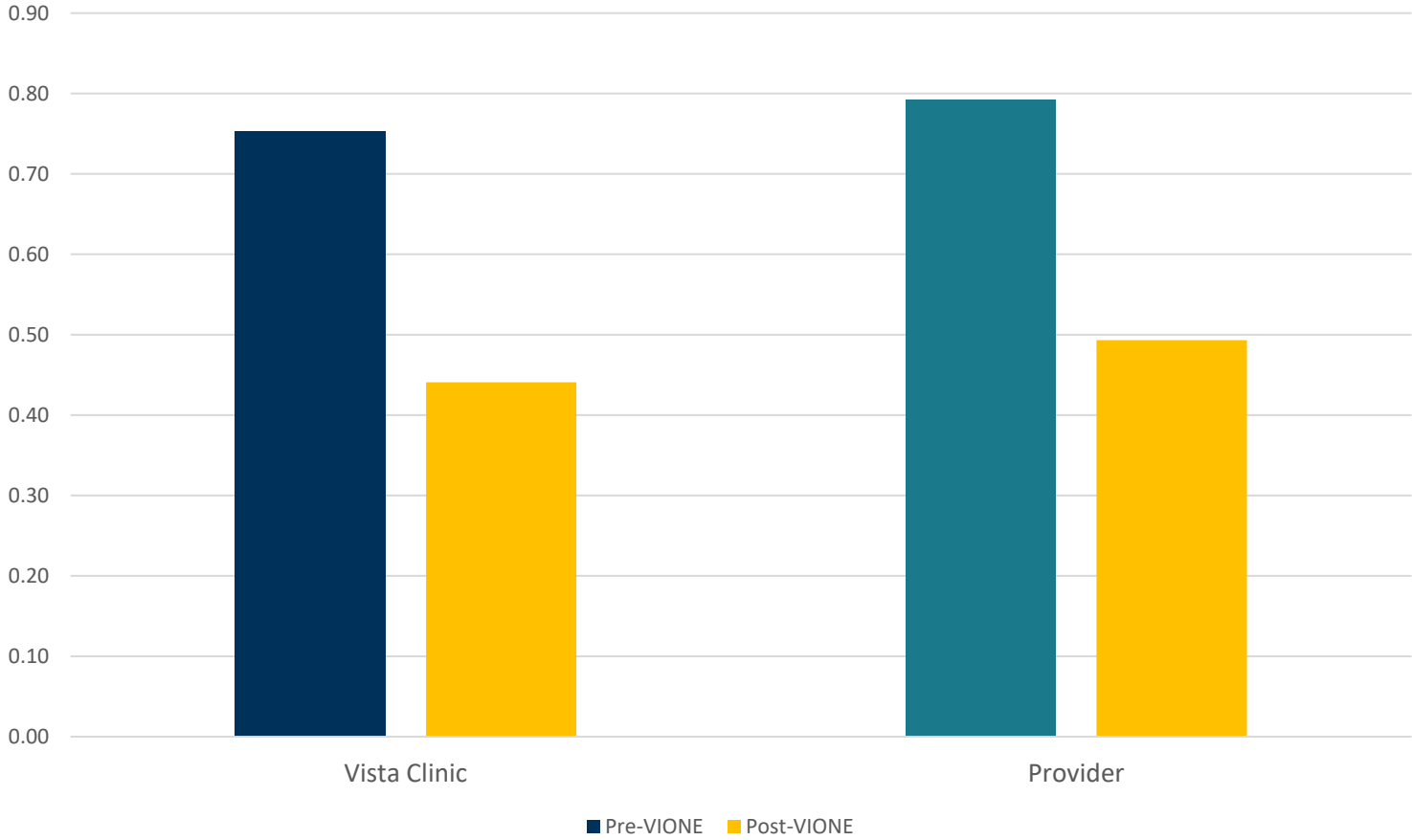
Non-VIONE
(N=5569)

	VIONE (N=2261)	Non-VIONE (N=5569)
Age (yrs)		
Mean (SD)	75 (± 12)	70 (± 13)
Sex		
F	83 (4 %)	272 (5 %)
M	2178 (96 %)	5297 (95 %)
Race/Ethnicity		
Black	367 (16 %)	1033 (19 %)
Hispanic	413 (18 %)	953 (17 %)
Other	114 (5 %)	263 (5 %)
White	1286 (57 %)	3026 (54 %)
Elixhauser Score		
Mean (SD)	6.6 (± 3.3)	5.2 (± 3.1)
Charlson Score		
Mean (SD)	4.2 (± 2.9)	3.3 (± 2.7)
Any Inpt. Hosp.		
0 Inpt. Hosp.	1677 (74 %)	4585 (82 %)
>=1 Inpt. Hosp.	584 (26 %)	984 (18 %)
N Inpt. Hosp. (Days)		
Mean (SD)	3.3 (± 12)	2.1 (± 9.8)
N Med Visits		
Mean (SD)	32 (± 25)	17 (± 20)



CHANGE IN ACTIVE BEERS MEDICATIONS PRE AND POST VIONE IMPLEMENTATION

Mean BEERs Medications



CHANGE IN ACUTE CARE PRE AND POST VIONE IMPLEMENTATION

6-month Hospitalizations and ED Visits



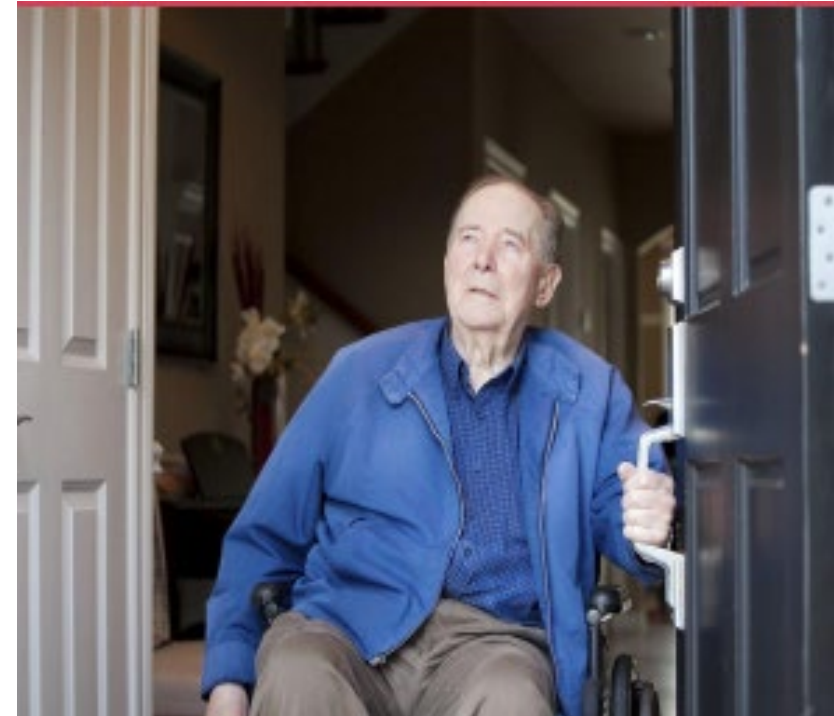
Their Comments

Veterans:

- “I don’t like some of these pills.”
- “They make me sick.”
- “No one asks me if I take them, they just refill.”
- “They just keep sending me more.”
- “I have many pill bottles I never open.”

Clinicians:

- “VIONE is a blessing!”
- “It is easy, yet comprehensive, can use for all population of patients, across any location, for any Rx.”
- “...Patients can use VIONE too – thank you!!”



NEXT STEPS



VAVIONE@va.gov

