

Veteran preferences for conversations about medication changes with providers

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ACKNOWLEDGEMENTS & DISCLOSURES

Acknowledgements: The research reported is supported by the VA Merit Award awarded to Dr. Simmons & Dr. Mixon
Award No. IIR 17-033; ClinicalTrials.gov Identifier: NCT03722017

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Background

VA Drug Reduction in Older Patients (DROP)

Significance:

- Polypharmacy is common among hospitalized older adults and associated with poor health outcomes.
- Little is known about Veterans' preferences for how deprescribing decisions are made with their providers.

VA-DROP Study Objectives-Hybrid Design Type 1

- **Primary goal:** To safely deprescribe medications (reduce and/or stop), based on a combination of clinical criteria and veteran preferences.
- **Secondary goal:** Assess Veterans' preferences for how deprescribing decisions are made with their providers.



Implementation Science: Methods

- **Participants:**

- Hospitalized Veterans aged 50 and older with polypharmacy (> 5 medications) and discharged to a skilled nursing facility (SNF).

- **Data Collection:**

- Semi-structured interviews via telephone at 7 to 14 days after SNF discharge
- Combination of 7-open and 4 closed ended questions

- **Data Analysis:**

- Responses recorded verbatim by two research staff
- Qualitative data will be analyzed to identify significant themes

CFIR Constructs	Interview Question Examples
Characteristics of Individuals	Is there anything you would like to be different about how decisions are made about your medicines?
Inner Setting	Would you like your providers to talk with you first before they made changes to the medicines you take on a regular basis?
	When thinking about a medicine that may have caused an issue for you, were you comfortable talking to your provider about the issue?
Intervention Characteristics	If you wanted to make a change to one of your medicines, which provider(s) would you feel comfortable talking to about changes to your medicines? For example, would you feel comfortable talking to a Nurse Practitioner or Physician Assistant?

Preliminary Data

- **N=8 interviews completed (7 Veterans, 1 surrogate)**

CFIR Constructs	Data and Exemplary Quotes
Characteristics of Individuals	<ul style="list-style-type: none"> • 5 Veterans: provider usually suggests medication changes • 3 Veterans: joint discussion with their provider or provider-initiated changes <p>Open-Ended Responses:</p> <ul style="list-style-type: none"> • “No, I think it’s perfect (the way these decisions are made).” ...Patient says that he’s comfortable asking for clarification if he feels the information is important, but that it can be embarrassing to continue asking for clarification if he feels the information is not important. • Veteran would like the doctors to “hear what I’m saying, rather than sitting there like a lump”. Patient specifically mentioned their Primary Care Physician, doesn’t listen to them.
Inner Setting	<ul style="list-style-type: none"> • 6 Veterans want their provider to talk to them first before making any medication changes • 6 Veterans had previously experienced a <i>medication issue (side effect)</i> <ul style="list-style-type: none"> - 4 were comfortable initiating a conversation with their provider - 2 did not discuss the issue with their provider
Intervention Characteristics	<ul style="list-style-type: none"> • All Veterans were comfortable talking with NP or PA about medications, but if changes are made, they would prefer their physician be made aware of the changes.

Implementation Science: Next Steps

- **Next Steps**

- Continue interviews with Veterans (or surrogates) to understand their preferences for conversations with providers about medication changes
- Conduct interviews with providers to understand their perception of deprescribing conversations
- Inform wider implementation of deprescribing interventions

