Identifying Opportunities for Physician Audit and Feedback:

Increasing the Appropriateness of Antipsychotic and Sedative Prescribing to Seniors in Wetaskiwin

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Physician Learning Program

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This project is a partnership between the University of Calgary's Physician Learning Program and the Seniors Health Strategic Clinical Network to reduce inappropriate prescribing.
The objectives are:

1. Identify clinically relevant & actionable improvement opportunities based on administrative data
2. Provide individual physicians with data on their prescribing practices
3. Foster self-reflection on practice and identify improvement opportunities
4. Stimulate practice change using the Calgary Audit and Feedback Framework

Is there a potential to improve care?

- Data analysis identifies unexpected variation or undesirable results.

Is this a clincally relevant issue?

- Clinical characteristics define a relevant patient population
- We can identify practice patterns related to outcomes for this population

Can we define optimal care for these patients?

- Data that reflects current treatment
- There are measurable indicators representing the quality of patient care
- Evidence is available to inform clinical practice

Who provides care for these patients?

- We can identify the individuals who would be responsible for planning and implementing necessary changes
- There is a defined geographic area of focus

Can we successfully implement changes?

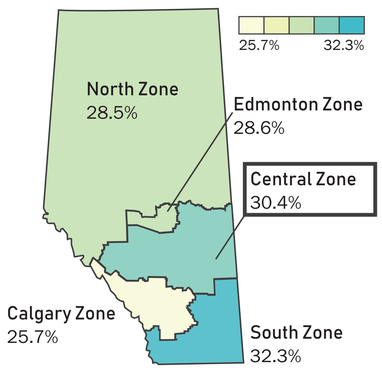
- Relevant provider-level metrics pre- and post-implementation are available

Audit & Feedback

A peer-facilitated group workshop provides participants with opportunity for self-reflection, learning, reacting to and reflecting on the data, discussing barriers and facilitators of change, and coaching for practice change.

Choosing Wisely Canada & the Canadian Geriatrics Society do not recommend using antipsychotics as a first choice for treatment of behavioural & psychological symptoms of dementia.

In seniors (≥65 years) prescribed any medications, administrative data for Central Zone suggests relatively high rates of antipsychotics and sedatives:



Clinically, antipsychotics are often used for their sedating effects on patients exhibiting challenging behavioural symptoms related to dementia. In addition to antipsychotics, these behaviours are often treated with other medications with sedative effects, such as benzodiazepines and antidepressants.

We therefore focused on patients ≥65 years prescribed any medication that is primarily used for their sedating effects by a Wetaskiwin area family physician.

Seniors living in different settings have differing care needs. We separately analysed seniors living in the community and in assisted living.

Evidence-based guidelines such as the Beers Criteria would suggest de-prescribing sedating drugs in all seniors if possible.

Sedatives are sometimes used when behavioural symptoms of dementia result in safety concerns for patients, other residents, and staff.

In assisted living, secondary outcomes such as constraint use, falls, and safety incidents are measured.

The prescribing of these medications is primarily the responsibility of individual physicians in Wetaskiwin.

All physicians who prescribe to seniors in Wetaskiwin were invited to participate and were included in a peer comparator group.

We assigned patients to the most responsible prescribing physician and developed individual prescribing profiles.

Criteria for successful implementation:

- ✔ This is perceived as a relatively high priority issue.
- ✔ There is a local physician champion.
- ✔ This represents a relatively high number of patients.
- ✔ There are metrics that define success.
- ✔ There are practical opportunities to improve care.

Participants will receive individual reports detailing their prescribing rates with a peer comparator.

Pre-intervention, participants will receive education materials on de-prescribing best practices.

Post-intervention, participants will document practice change commitments and data will be analyzed to monitor prescribing pattern changes.