NIA IMPACT COLLABORATORY
TRANSFORMING DEMENTIA CARE

Pragmatic Randomized Control Trial

ClinicalTrials.gov Identifier: If applicable

Data lessons learned from a study of deprescribing for Medicare beneficiaries with Alzheimer's disease and related dementias (ADRD) in ACOs

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OBJECTIVE: Explores the challenges of conducting system-dependent research in non-academic settings with Accountable Care Organizations (ACOs).

DESIGN, SETTING, AND PARTICIPANTS:

- One large ACO with 46 hospitals and over 370 healthcare centers. About 3% of beneficiaries in the ACO (N=52,866) have ADRD.
- The second ACO is a multi-state system with over 30 locations focused exclusively on home-based care. This ACO (N=11,512) has over 20% of beneficiaries with ADRD.

INTERVENTION AND IMPLEMENTATION:

- Clinician value champion training designed to reduce low value prescribing for patients with ADRD in ACOs.
- Six webinar sessions followed by monthly check in calls.
- Clinicians requested data from their systems to support implementation, including ADRD patient and medication lists

MEASURES:

Primary clinical outcome:

- Medication possession ratios (MPR) for three drug classes - antipsychotics, benzodiazepines, and sulfonylureas/insulin
- Lower MPR indicates 'better' prescribing practices

Secondary clinical outcome(s):

- Fall related injuries and ED visits

RESULTS:

- ACO systems could not provide data to support implementation to front line clinicians during the 12-month clinical trail phase
- ACO system issues included operationalizing the definition of ADRD in their internal data, identifying prescriptions by therapeutic class, consistently defining treatment sites (particularly in face of staff turnover) and providing patient level data in real time
- Issues with outcome assessment included long timelines to establish DUAs, IT and administrative staff turnover and limited knowledge about CMS data structures and non-standard data formats.

RELEVANCE: A key learning from this project is that core IT staff have limited bandwidth to support research operations or the assessment of outcomes. Deprescribing research is particularly challenging because of the need for an NDC grouper or other tools to identify therapeutic class. Mitigation strategies include centralizing analytic functions within the research team and minimize the need to exchange data between clinical and research sites.