

## ASP-AMERICAN GERIATRICS SOCIETY FOUNDATION FOR HEALTH IN AGING AWARD



### AWARD RECIPIENT

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### PROJECT

"EFFECTIVE MEDICATION MANAGEMENT IN OLDER HOSPITALIZED PATIENTS"

### MENTORSHIP TEAM

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Suboptimal medication management during hospitalization is common and provides a tremendous opportunity to improve the quality of care for older adults. Due to greater health care utilization, higher medication use, and inherent vulnerability, older patients are at a disproportionate risk for exposure to, and harm from, suboptimal medication practices during hospitalization. This suboptimal medication management during hospitalization ultimately affects patients' health longitudinally by contributing to poor care transitions post-hospitalization and independently increasing their risk for injurious geriatric syndromes, adverse drug reactions, unnecessary health care utilization, and death.

For numerous reasons, medication management during hospitalization represents a key opportunity to increase the quality of health care for older adults by combining the strengths of both geriatrics and hospitalist models of care. First, hospitalization is a time of increased physiologic vulnerability for older adults, putting them at high risk for harm due to inappropriate prescribing. Second, practices that begin in the hospital are often continued, even if inappropriate, for prolonged periods beyond hospitalization, so that changes made during hospitalization have impact beyond the acute care setting itself. Geriatricians apply a medication management model in their daily practice based on their unique geriatrics knowledge and perspective that they have used to develop geriatrician-led interventions shown to decrease suboptimal medication management. However, geriatrics is facing a workforce shortage limiting the use of these models. In contrast, hospitalists are in the fastest growing specialty of internal medicine and are poised to become the primary providers of inpatient care for older adults; but, like other specialties, hospitalists receive very little training in geriatric principles.

This research aims to collaborate with hospitalists to develop an innovative model that incorporates the essentials of geriatrics medication management in a structured process hospitalists can use, independent of geriatricians, to improve the care of the growing number of older inpatients at risk of harm due to suboptimal medication management. The specific aims of my proposal are to:

1. Define the essential and necessary elements of medication management required when caring for complex, multi-morbid older patients in the acute care setting. This will be done by combining information from a systematic literature review with results from several focus groups of geriatricians and hospitalists.
2. Use the information obtained above and operationalize it to create a structured process for effective, patient-centered therapeutic decision-making based on geriatric principles.
3. Pilot the structured process developed in aim 2 within a hospitalist-geriatrician collaboration model to evaluate its feasibility, acceptability, and usefulness to hospitalists in their daily management of older hospitalized adults.

Through the support of the ASP-American Geriatrics Society Foundation for Health in Aging Award, this research will lead to the knowledge and skills essential to advancing the care given to older adults during acute hospitalization. Because hospitalists will be providing care for complex older patients in the acute care setting, providing them the tools necessary to improve the safety and quality of inpatient care for an aging population is of the utmost importance. My long-term goal is to further study whether this model improves clinical outcomes related to suboptimal medication management in larger clinical trials.