



FAMILY PHYSICIAN CPD ECOACH SAMPLE RESPONSE – PPI DEPRESCRIBING

STEP 1: DEFINE YOUR TOPIC

1.1 Think back to what inspired you to learn more about this topic or improve your practice. Briefly summarize the encounter or situation. Consider the following questions as you reflect:

- What about the situation made you want to improve your knowledge?
- What specifically piqued your interest?

I was concerned about the risks of long-term proton pump inhibitor use and was reviewing the Choosing Wisely Canada Toolkit: “Bye-Bye, PPI” (<https://choosingwiselycanada.org/perspective/ppi-toolkit/>). I decided to try and align my practice with the recommendation to not maintain long-term PPI therapy for gastrointestinal symptoms.

1.2 What topic or area of practice would you like to focus on?

PPI deprescribing

1.3 What specifically would you like to improve in your practice? Define your improvement goal(s). It should be specific, measurable, achievable, realistic, and time-bound (SMART) to facilitate your success in achieving it.

- Over the next year, identify and document reason for PPI prescription in 90% of my patients who have been on PPIs for >6 months without an indication.
- Over the next 12 weeks, engage in conversations to educate and discuss deprescribing PPIs with 12 of these patients when I’m assessing them for any other reason

How much time (in hours) have you spent working on this step? 0.5 hours

STEP 2: SELF ASSESSMENT: MEASUREMENT

STEP 2A: CREATING A MEASUREMENT STRATEGY

2A.1 List one or more measures you can use to assess your progress towards your improvement goal(s).

- # of patients with an active prescription for PPI (duration >6 months) without an indication (progress is the decrease in this number with a target of 25%)
- # of patients I spoke to about the risks of ongoing PPI use (I created a customizable template to track discussions with patients about PPI necessity, and the outcomes tracked in these forms can be extracted from EMR data)
- # of patients I provided educational information to on risks of long-term PPI use
- # of patients who request follow-up contact within 4 weeks of their index visit

**2A.2** How will you collect the information for your measures?

- If you are using an EMR, what queries will you run?
- If you are using other existing information sources, what are they?
- If you are creating your own information source, describe your collection process.

- Run a query in my EMR to determine how many patients have a current ongoing prescription for a PPI for >6 months
- Patients with current prescription for PPI who have a documented coded medical condition in problem list (chronic gastritis, gastric ulcer, gastroesophageal reflux, etc.). Determine how educational conversations about long-term PPI use will be documented in a discrete data field in the EMR (e.g. text macro in encounter note, checkbox in encounter note, etc.). Look for the documentation represented by the discrete data field developed and count how many times educational materials are distributed (note: there is a custom form in EMR, which is essentially a downloadable template used to educate patients on the risks of PPI use that can be tracked in EMR).
- Track number of patients that request follow up after index visit.

2A.3 What do you predict your practice baseline will be?

50 of my patients with long-term (>6 months) PPI prescriptions do not have indications for them.

STEP 2B: GATHERING THE INFORMATION**2B.1** Was your baseline what you expected? If not, why do you think your baseline was different?

My baseline was 40 patients, which is similar to what I expected.

How much time (in hours) have you spent working on this step? 2 hours

STEP 3: CREATE AN IMPROVEMENT PLAN**3.1** Based on your comparisons with clinical guidelines or other ways you evaluation your success, **what values for your measures will indicate success? How will you know when you have achieved your improvement goal(s)?**

I've compared my goals to the recommendations in the Choosing Wisely Canada Toolkit and the Clinical Practice Guideline published in the Canadian Family Physician journal. I will know that I have achieved my improvement goal when all of my patients on long-term PPIs have indications in alignment with these guidelines. Over the next 12 weeks, I would like to have conversations with 12 patients on long-term PPIs and aim to have 50% commit to a trial of tapering off their PPIs. I would also like to decrease the number of patients with long-term prescriptions for a PPI without an indication.



3.2 Generate your improvement plan.

Action Plan

What needs to be done? Break down your goal(s) into a series of smaller action steps so it doesn't seem too overwhelming or difficult to achieve. This allows you to create milestones and generate a logical pathway for achieving your improvement goal(s).

Action Steps	Timeline	Resources/ Supports	Potential Challenges	Results
Set up a reminder to flag the charts of patients who have PPI in their current med list for more than 6 months "Consider de-prescribing PPI". I will do this in my EMR for all active adult patients.	1 day	EMR User group support	Learning how to do this in my EMR	Reminder works as flag with any patient with an active PPI prescription
Identify links to evidence based educational materials for patients	1 week	Selected materials from CWC/other sources	Ensuring high quality patient centered information	Identified materials and created evidence-based patient handouts with links to educational information (for instance: https://deprescribing.org/wp-content/uploads/2018/08/Deprescribing-Pamphlet PPI ENG CFP.pdf)
Discussing the decision with patients when I assess them and determine if deprescribing is appropriate	3 months	Selected materials from CWC/other	Will increase the duration of the patient visit	Counts of the times educational materials distributed and documented patient conversations
Rerun original EMR query to measure change	3 months	EMR users group support	None if we have established methods earlier	Measures of the % of patients not on long-term PPIs
Track number of patients requesting follow up (typically because of rebound symptoms)	3 months	Flags in chart	Repeat discussions require time	Ran original EMR query again and compared to number of patient follow-ups to



				determine if deprescribing is appropriate
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3.3 Which CanMEDS-FM roles do your goals fit under?

	<i>CanMEDS Role</i>	<i>Description</i>
X	Medical Experts	<i>As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe-patient care. Medical Expert is the central physician role in the CanMEDS Framework and defines the physician’s clinical scope of practice.</i>
X	Communicator	<i>As Communicators, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.</i>
	Collaborator	<i>As Collaborators, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.</i>
	Leader	<i>As Leaders, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.</i>
X	Health Advocate	<i>As Health Advocates, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.</i>
	Scholar	<i>As Scholars, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.</i>
	Professional	<i>As Professionals, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.</i>

3.4 How confident do you feel about following through on your plan (on a scale from 0 to 10 with 10 being very confident)?

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How much time (in hours) have you spent working on this step? 2 hours



STEP 4: EVALUATE THE IMPLEMENTATION

4.1 Did you observe any changes in your measures?

Yes

4.1a Describe the changes.

When I first measured, 40 of my patients had a long-term PPI prescription without an indication. Throughout this process I was able to have conversations with 18 patients, 10 of whom were able to taper off PPIs. Over the next 9 months, I plan to continue having conversations with the remaining 22 patients and taper as many as many as possible from inappropriate use of PPIs.

4.2 Did you encounter challenges or barriers while implementing your improvement plan?

Yes

4.2a If yes, what were the challenges and how did you manage them?

- Some medication lists were not up to date, so the query also captured patients who were no longer taking PPIs. We cleaned the database as we went along.
- Less time was available during the visit when the patient’s agenda was different. I became more efficient and asked patients to read the material and consider them prior to the next visit.
- Some patients required repeat visits to discuss rebound symptoms—I accepted this was going to occur.
- No access to mechanism to distribute the handouts virtually (lack of computers for patients).

4.3 Has there been a change in your comfort level/confidence in managing the situation/encounter?

Yes

4.4 Has there been a change in your comfort level/confidence related to this topic?

Yes, prior to this activity I rarely spoke to my patients about deprescribing PPIs.

4.5 Describe any steps you can take to further increase your comfort level/confidence.

Connect with other physicians doing PPI deprescribing through CWC connections.

4.6 How will you use the results of your improvement plan to inform your practice in the future? What strategies will you use to address any areas that need further improvement? How will you overcome potential barriers? Describe your next steps.

I will continue to speak to my patients about resources, share resources, and measure the decrease.

How much time (in hours) have you spent working on this step? 1 hours

Total time spent on Steps 1 to 4 (in hours): 5.5 hours

Mainpro+ credits earned: 16.5 credits