

SPIDER: A research and QI collaboration supporting practices in improving care for complex elderly patients

SPIDER:
Structured Process Informed by Data, Evidence & Research



[References]

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Methods:

- One-arm, prospective mixed method **feasibility study** followed by a 2-arm **pragmatic cluster RCT** in five Practice Based Research Networks (PBRNs): 40 practices in each arm
- Surveys/interviews** for patients and providers
- Practice EMR data to assess reduction of Potentially Inappropriate Prescriptions

[Background & description]

- + Question: Will SPIDER improve care for complex elderly patients living with polypharmacy?
- + Population: Elderly patients (≥ 65yrs) **taking ≥ 10 different medications**
- + Participants: primary care practices in 7 PBRNs, 5 provinces
- + The problem: Polypharmacy is common among elders; there is a **direct link** between number of medications and **persistently high health care costs**.
- + This project targets four drug classes recommended by Choosing Wisely Canada and the Canadian Deprescribing Network: PPIs, benzodiazepines, antipsychotics and long-acting sulfonylureas.
- + We will randomize primary care practices to usual care, or to: participate in a **Learning Collaborative**; receive **EMR data** on their elders on ≥10 drugs (audit and feedback); have access to **Practice QI Coaches**.
- + We will measure number of PIPs using EMR data; cost of Learning Collaborative; overall costs using Administrative data (where available); patient and provider experience using validated questionnaires and interviews
- + **QI methods** for intervention; **Research methods** for measurement; comparable **EMR data**.

[Project team]

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Footnote:

- + PIP: Potential inappropriate prescription;
- + PPI: Proton pump inhibitor
- + PBRN: Practice based research Network
- + DFCM: Dept of Family & Community Medicine
- + UTOPIAN: University of Toronto Practice Based Research Network
- + DFM: Dept of Family Medicine
- + CFPC: College of Family Physician Canada