

APPROPRIATE AND VALUE-BASED CARE CONFERENCE 2025

Maximising Value for All

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Appropriate and Value-Based Care



NUH Deprescribing and Medication Optimization Initiative

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INTRODUCTION

Polypharmacy is identified as one of the strongest predictors of adverse drug events (ADE) especially among older adults.^{1, 2} Hospitalisation offers an opportune window for medication review and optimization to better align therapy with patients' goals of care.

AIM

To reduce potentially inappropriate polypharmacy by embedding deprescribing practices into inpatient care delivery.

METHODS

1

Identify Target Populations

- ✓ Focus on severely frail patients
- ✓ System-generated report for patient identification
- ✓ Screen for inappropriate polypharmacy

2

Stakeholder Education

- ✓ Deprescribing bulletins for pharmacist-led interventions
- ✓ Target drug classes
- ✓ Teaching sessions to junior doctors

3

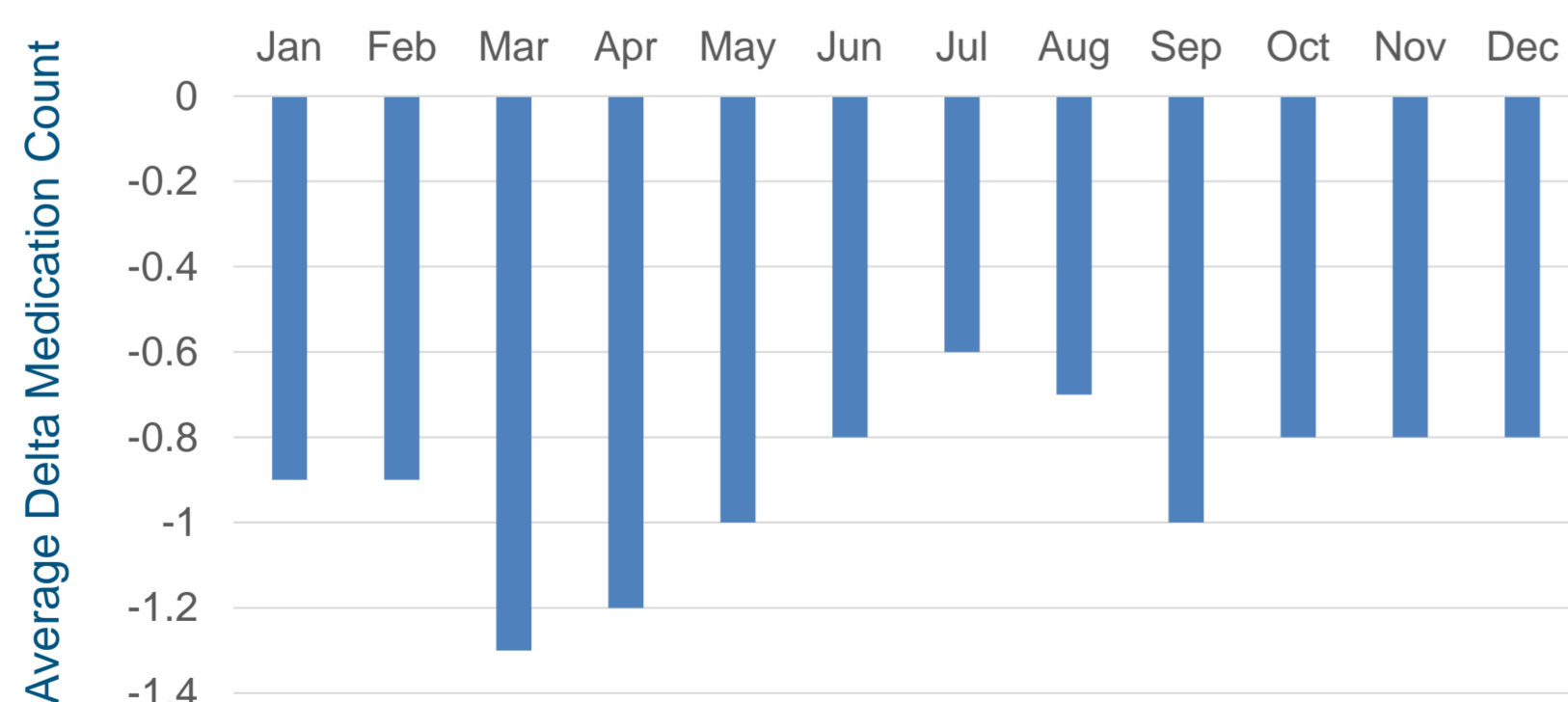
System-Level Enablers

- ✓ Electronic Medical Record enhancements
- ✓ Visibility dashboard
- ✓ Data-informed quality improvement monitoring

RESULTS

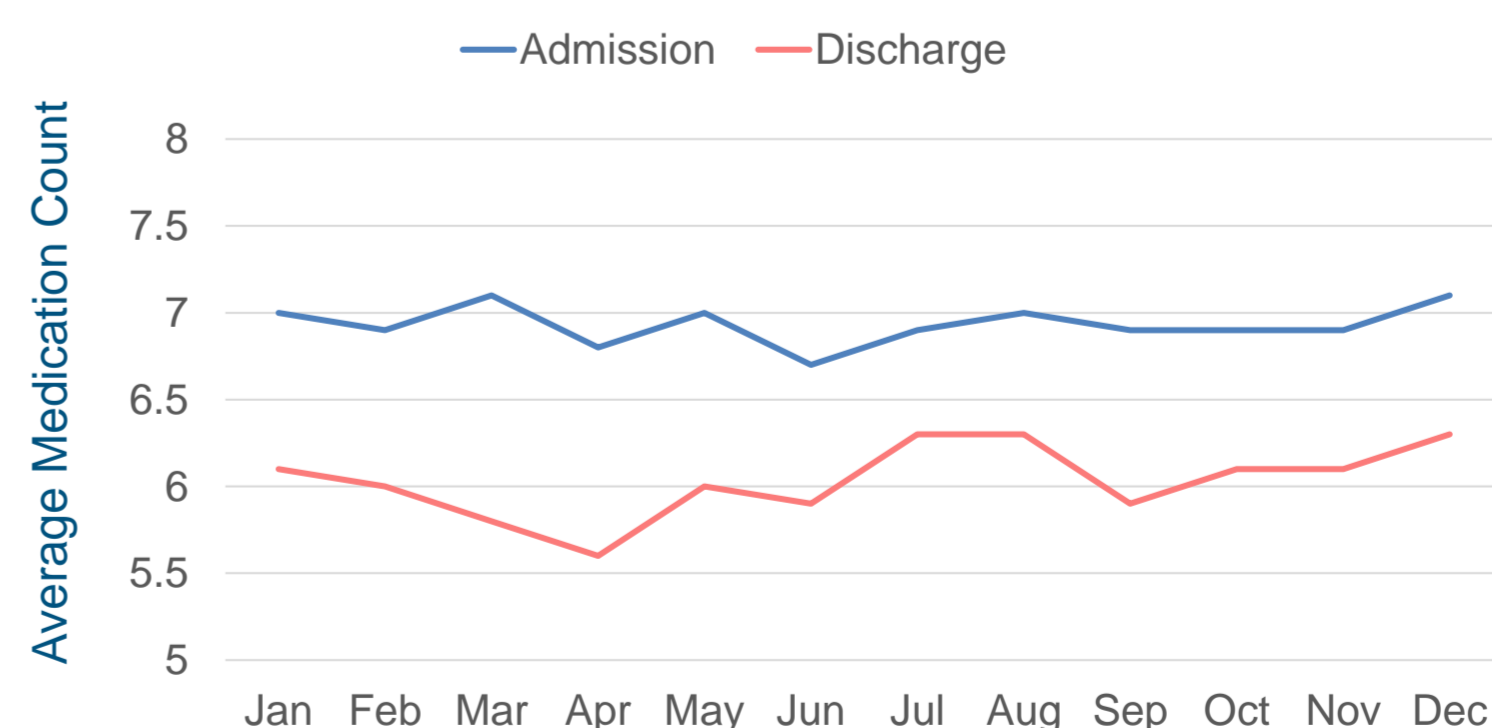
Since implementation, we observed a sustained reduction in medication burden among patients discharged from the Department of Medicine. This translates to patient cost savings and potentially lower risk of ADE.

Reduction in Chronic Medications at Discharge



2024

Monthly Trend: Chronic Medications at Admission vs Discharge



2024

CONCLUSION

Embedding deprescribing practices during hospitalisation, supported by multidisciplinary collaboration, system-level tools, and real-time monitoring, advances value-based care by minimizing low-value prescribing, improving medication safety and reducing unnecessary healthcare costs.

References:

- Hilmer SN, Gnjdic D. The effects of polypharmacy in older adults. *Clin Pharmacol Ther.* 2009;85:86–88.
- Davies LE, Spiers G, Kingston A, et al. Adverse outcomes of polypharmacy in older people: systematic review of reviews. *J Am Med Dir Assoc.* 2020;21(2):181-187.