



Default Question Block

For this survey, you will be asked to rate the relevance of a number of indicators for **8 separate constructs** about measuring and evaluating the experience of a deprescribing intervention for quality improvement.

For each construct, please rate how relevant you think the indicator is for the construct.

If you would like to make any suggestions on the content or description of the construct's indicator, please use the text entry box below the indicator.

CONSTRUCT 1: DEPREScribing AND CHANGE IN MEDICATION

- This is the supervised medication withdrawal or other changes such as substitution of medications by a healthcare professional.

Not at all relevant Somewhat relevant Very relevant

Description of medication changes such as withdrawal, substitution, or addition.

Not at all relevant Somewhat relevant Very relevant

The name of the medication that was changed.

Type of medication changed – prescription or over the counter medication.

Perceptions – Patient's thoughts or opinions about the importance of the changes in their medication.

Patient's perception of whether the medication had positive effects.

Patient's perception of whether the medication had negative effects.

Patient's agreement with the provider's recommendation.

Patient's rationale for continuing, stopping or restarting medications over time.

How the provider involved the patient in making decisions about their medications.

Not at all relevant Somewhat relevant Very relevant

Patient's prior experience with deprescribing interventions.

Patient's or provider's plans to monitor and follow up after the deprescribing intervention.

CONSTRUCT 2: DEPREScribing PROVIDER – This is the professional that performs the deprescribing intervention to reduce harmful or potentially inappropriate medication use. This could be the pharmacist, physician, physician assistant or the nurse practitioner.

Not at all relevant Somewhat relevant Very relevant

Relationship – How the provider showed support, spent time, explained the intervention, and listened to the patient and answered their questions.

Positive perceptions – Patient's positive impression of the providers.

Perceived opportunities for improvement – Patient's opinion of what the provider could have done better.

Not at all relevant Somewhat relevant Very relevant

Respect for patient's opinion

- Patient's impression of how the provider responded to their goals, opinions or decisions.

CONSTRUCT 3: MEDICATION - Information related to the patients' medications.

Not at all relevant Somewhat relevant Very relevant

Views on medication - What the patient thinks about their medications (i.e. too many, necessary, not needed, satisfied, etc.).

Challenges - Barriers the patient encounters with their medications (i.e. splitting pills, unwanted effects, non effectiveness, etc.)

Benefits - What the patient perceives are the benefits of the medications and clarification in taking medications.

Medication management - How the patient organizes the way they take their medications.

Not at all relevant Somewhat relevant Very relevant

Financial and cost related aspects of their medications.

CONSTRUCT 4: DEPRESCRIBING INTERVENTION – Quality of the deprescribing intervention visit to discuss medication and address medication withdrawal or related medication changes.

Not at all relevant Somewhat relevant Very relevant

Perceived benefit of the visit to discuss medication changes.

Challenges the patient had with the provider's delivery of the deprescribing intervention.

How the visit influenced or impacted the patients' decisions about their medications.

Patient's understanding of the purpose of the deprescribing intervention.

Not at all relevant Somewhat relevant Very relevant

What the patient learned from the deprescribing intervention.

CONSTRUCT 5: PATIENT – Information about the patient.

Not at all relevant Somewhat relevant Very relevant

Competence – Patient's ability to successfully manage their medications.

Support – People who support the patient in managing their medications. These could be family members, care givers and sometimes health care providers.

Health – Patient's opinion about their health conditions.

Patient's needs – What the patient needs to help them manage their medications.

Lifestyles – Situation or life circumstances that improves or impedes their medication management.

Not at all relevant Somewhat relevant Very relevant

Family/friends influence on medication decisions.

CONSTRUCT 6: PATIENT'S PRIMARY CARE PROVIDER OR SPECIALIST PHYSICIAN.

Not at all relevant Somewhat relevant Very relevant

Contact provider -

Willingness and ability of the patient to contact their primary care provider or specialist to discuss the recommendation from their deprescribing provider.

Perceptions - Patient's opinions of what their primary care provider or specialist thinks regarding their medications.

CONSTRUCT 7: CARE COORDINATION - Organized patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care

Not at all relevant Somewhat relevant Very relevant

Inter professional collaboration - How different clinicians (pharmacist, physicians, etc.) work together to deprescribe the patient's medication.

Lab and blood work - The use of lab and blood work to make decisions about medications.

CONSTRUCT 8: VA SYSTEM - Information about how the VA system supports their medication management

Not at all relevant Somewhat relevant Very relevant

VA system, structures, and processes that facilitate their medication management to improve their health outcomes.

VA system, structures, and processes that limits their ability to manage their medications.

Other facilities and systems outside of the VA that patients use for their medications needs.

Thank you, once again for being part of stage 1 of this Delphi panel. Your contribution is very valuable and highly appreciated.

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