



# Reducing Polypharmacy in Veterans Through Targeted Geriatrics Referrals in the VA White Clinic



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## Background:

- Older Veterans with frailty, multimorbidity, and polypharmacy are at elevated risk for hospitalization and functional decline.
- Comprehensive geriatric assessment (CGA) via the GeriPACT interdisciplinary model improves quality of life, function, and likelihood of aging in place.
- The Care Assessment Need (CAN) score is a validated VA tool that predicts hospitalization and mortality and helps identify high-risk patients.
- Barriers include unclear referral criteria, limited CAN score visibility, access challenges, and poor feedback to primary care teams.

## Aim:

To achieve deprescribing of at least one inappropriate medication in ten Veterans aged  $\geq 65$  years with a Care Assessment Need (CAN) score  $>90$  seen in the resident clinic through targeted referral to geriatrics for comprehensive medication review by May 2026.

## Methods:

- **Design:** Quality Improvement project using existing VA clinical data and operational workflows to reduce polypharmacy in Veterans aged  $\geq 65$  years with a CAN score  $> 90$  seen in the resident clinic.
- **Outcomes:** Evaluate pre- and post-referral medication changes following GeriPACT CGA.

Impact Feasibility Matrix

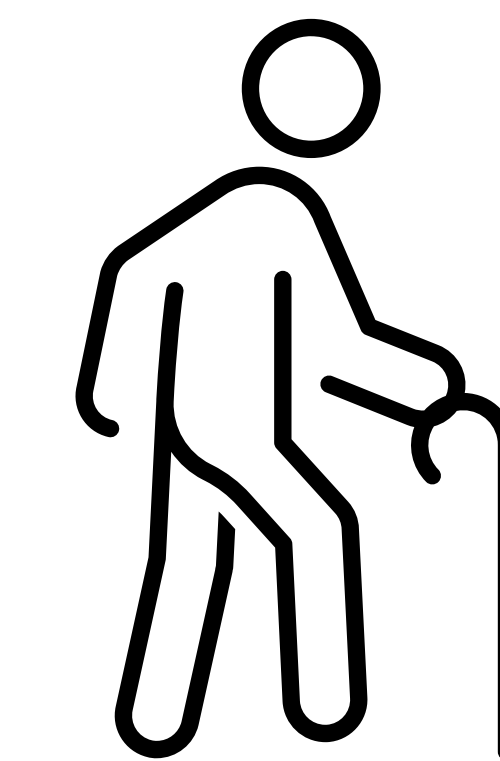
	Expanding geriatrics consults with limited clinical capacity	Standardized referral criteria (CAN > 90, age > 65)
Impact	EHR automated Alerts	Resident education on polypharmacy
	Feasibility	

## Conclusion:

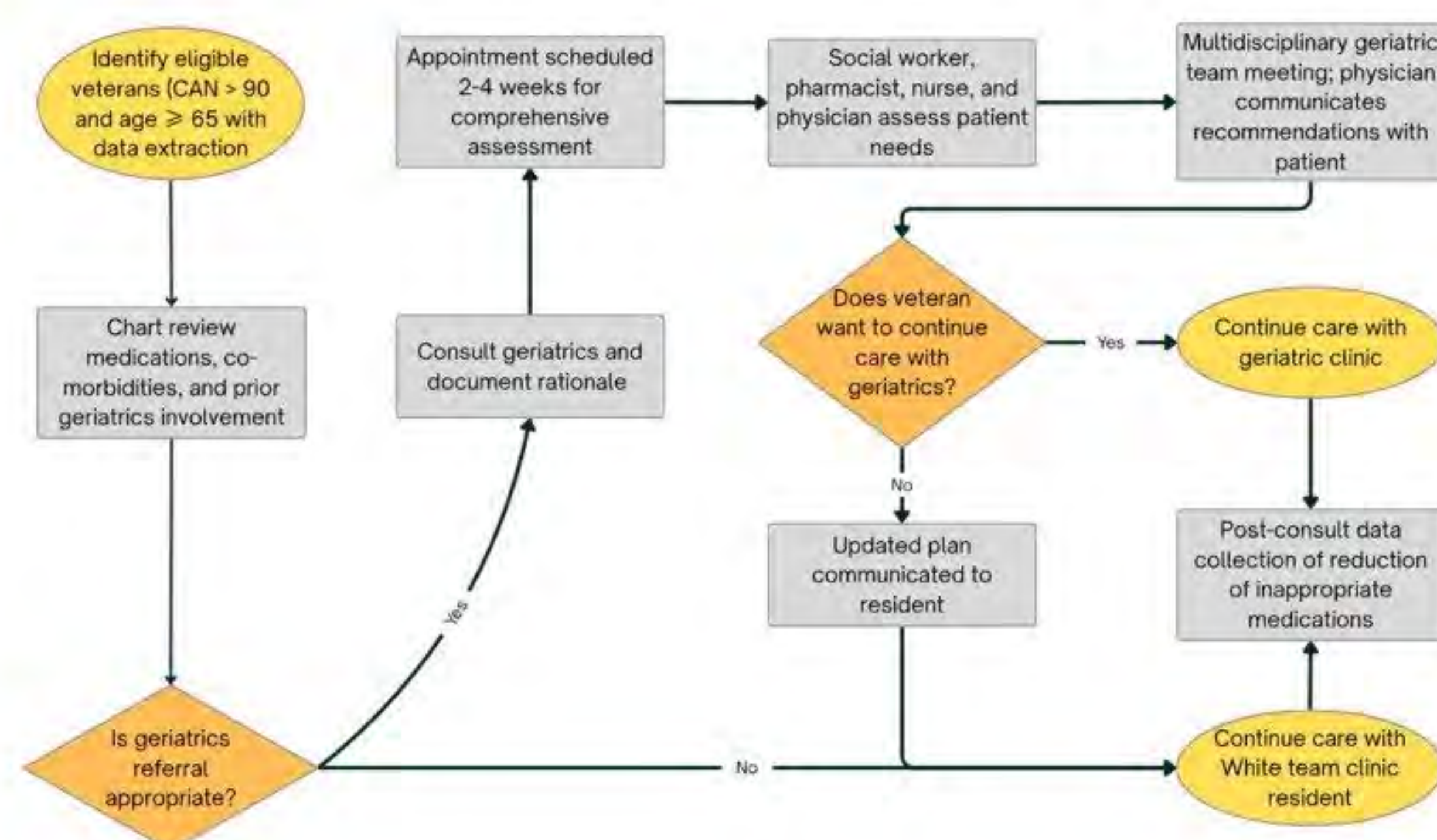
- CGA improves quality of life and reduces hospital utilization in elderly Veterans, especially through deprescribing.
- Standardized referral criteria can guide time appropriate geriatric referrals.

## Future Steps:

- Continue conversations with stakeholders to discuss balance measures.
- Assess the proportion of patients who had at least one medication deprescribed following geriatrics consultation.



Process Map Outlining Reduction of Polypharmacy Through Targeted Geriatrics Referrals



## Results:

- GeriPACT recommendations will be monitored and adjustments will be made by residents in the White primary care clinic.
- Data is currently being collected and results will be reviewed in March of 2026.
- **Goal:** Achieve deprescribing of at least one inappropriate medication in ten Veterans through targeted geriatrics referrals by May 2026.

## References:

- Totten A, Carson S, Peterson K, Low A, Christensen V, Tiwari A. Evidence Brief: Effect of Geriatricians on Outcomes of Inpatient and Outpatient Care [Internet]. Washington (DC):Department of Veterans Affairs (US); 2012 Jun. PMID:22741188.
- Wong ES, Hebert PL, Hernandez SE, et al. Validating administratively derived frailty scores for use in Veterans Health Administration emergency departments. *J Am Geriatr Soc.* 2023;71(6):1853-1864. doi:10.1111/jgs.18334