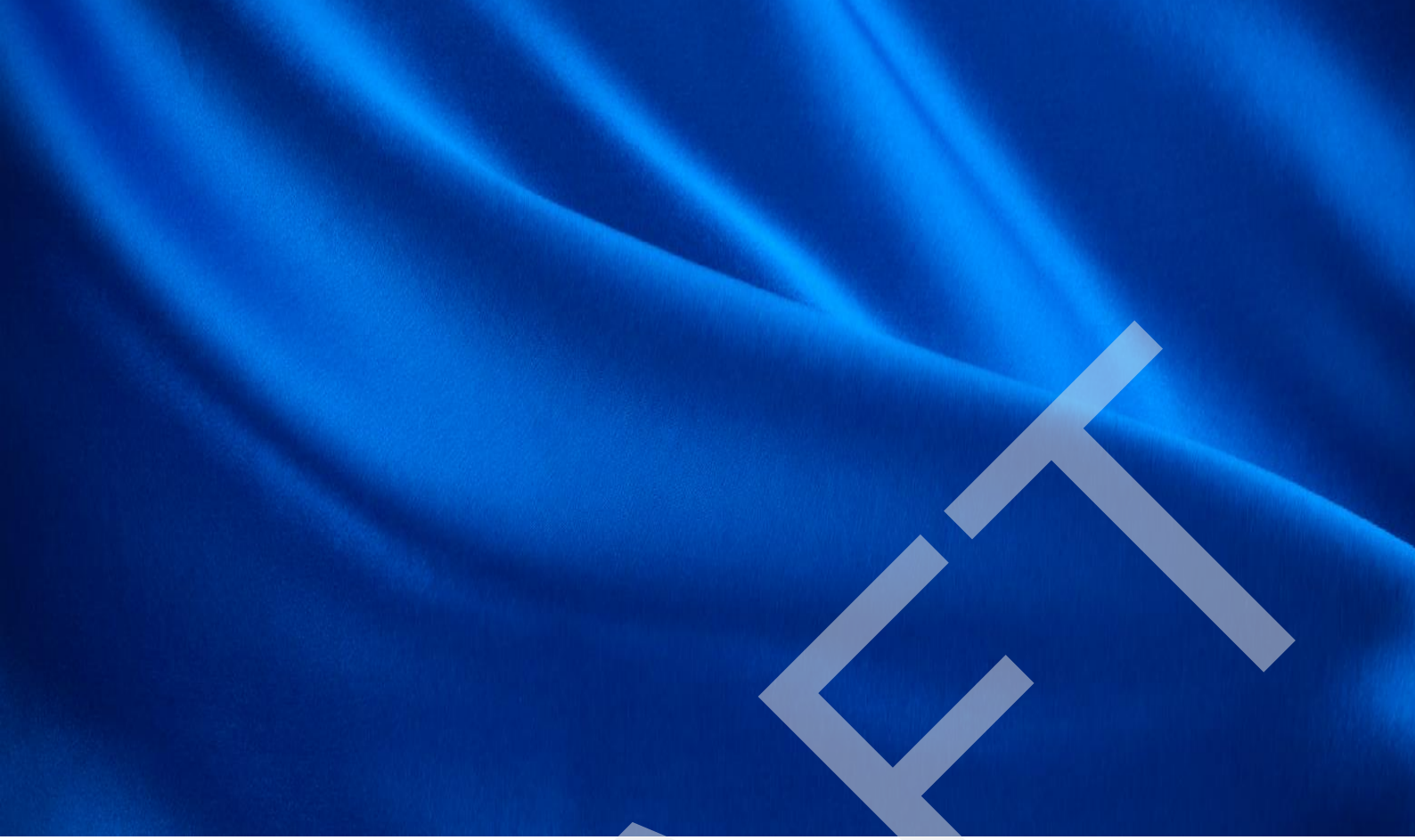
# Dissemination and implementation plan

## A clinical practice guideline for deprescribing in older people



THE UNIVERSITY OF WESTERN AUSTRALIA
WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING
Centre for Optimisation of Medicines





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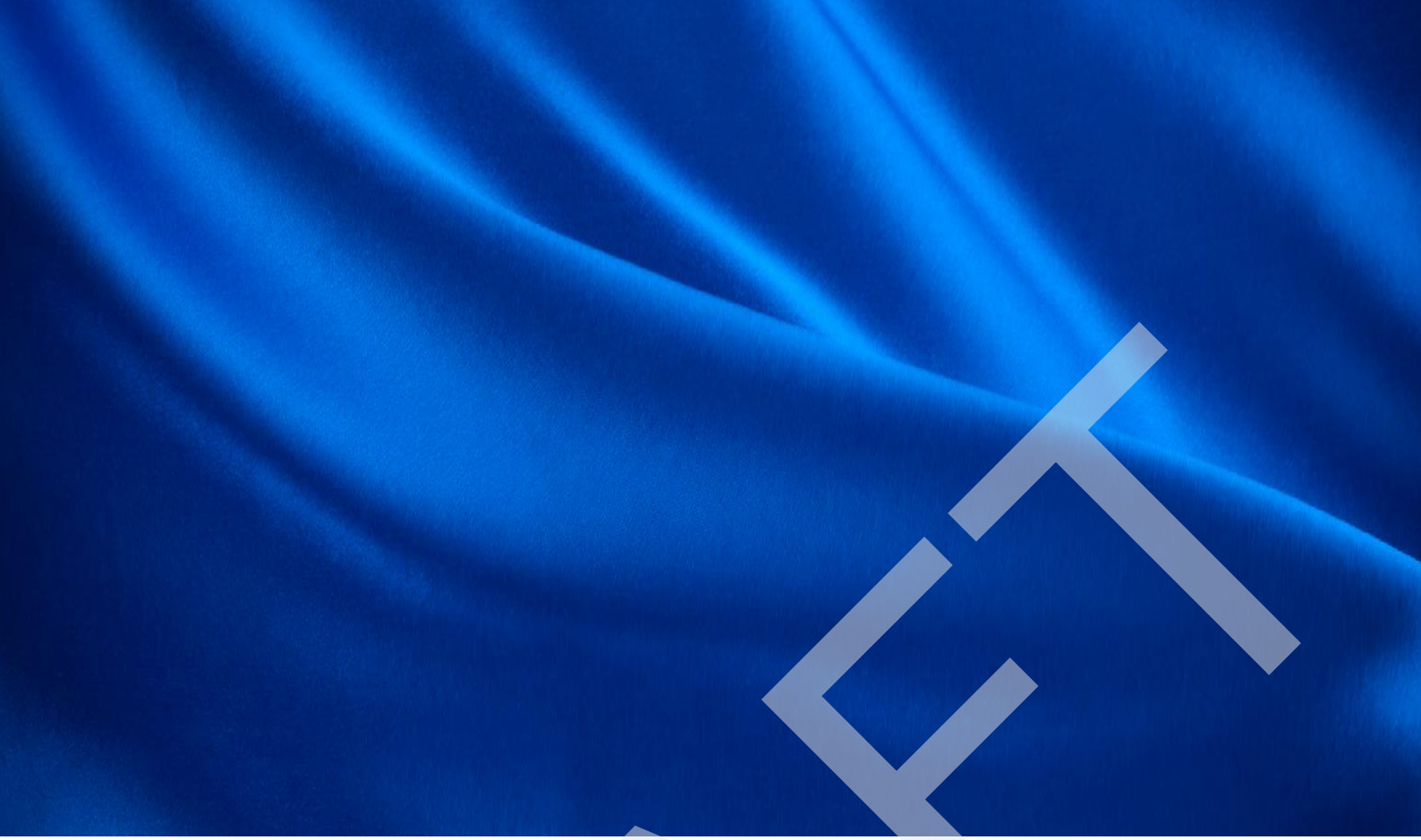

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# 1. Background

As people age, the balance between the benefits and harms of a medicine can shift. Deprescribing is a person-centred approach aimed at withdrawing medicines that are no longer necessary or where the potential harms outweigh the benefits [1]. This process requires ongoing evaluation, as a medicine that was once appropriate may no longer align with an individual's evolving health status, goals, or priorities. Regular monitoring and reassessment are essential to ensure that treatment strategies remain optimised to support patient well-being.

Healthcare professionals constantly cite the lack of evidence and guidance as a barrier to deprescribing [2]. The "Clinical practice guideline for deprescribing in older people" (the guideline) is developed as a resource for healthcare providers to support deprescribing decisions for commonly used medications in routine care. It offers guidance on determining when deprescribing is appropriate for specific drug classes, as well as broader considerations in the context of polypharmacy. It emphasises a shared decision-making approach, ensuring deprescribing aligns with an individual's health goals, values, and preferences. Additionally, the guideline outlines monitoring requirements and ongoing treatment considerations to facilitate safe and effective deprescribing.

This dissemination and implementation plan (the plan) outlines the planned strategies to ensure the guideline reaches the intended audience and is used in clinical decision-making. In preparing and planning for the guideline dissemination and implementation, the guideline development group followed the 2016 National Health and Medical Research Council (NHMRC) Standards for Guidelines [3]

# 2. Dissemination of the guideline

## 2.1 Target audience

The target audience for the guideline is healthcare professionals involved in the pharmacotherapy care of older people across all settings, including:

- General practitioners (GPs)
- Specialists
- Nurses and nurse practitioners
- Nursing staff
- Allied health professionals including pharmacists, optometrists, dentists, podiatrists, physiotherapists and psychologists

The guideline is relevant across various care settings such as primary care, hospitals, and residential aged care.

Although the guideline is designed for healthcare professionals, the current dissemination plan also includes strategies to enhance public awareness of deprescribing and encourage deprescribing discussions between individuals and their healthcare providers. Raising public awareness and engagement is crucial for deprescribing as it is a person-centred decision to be made via a shared decision-making process [4]. A previous focus group study identified the key actions to support the integration of evidence-based deprescribing into practice were providing patient education, building patient relationships, efficient time and resource allocation, engaging in interprofessional collaboration and communication, and promoting public awareness [5].

## 2.2 Dissemination plan

The initial dissemination of the guideline encompasses various mechanisms to ensure wide-reaching exposure and increase public awareness of deprescribing. The details of activities that pertain to the planned dissemination approaches are provided in Table 1. The guideline steering committee will be responsible for all dissemination activities outlined in the current plan.

Table 1. A multifaceted approach to dissemination and implementation of guideline

| Mechanism | Description | Timeline |
|---|---|---|
| Dedicated website | The domain deprescribing.com is registered to host the full guideline along with other guideline-related documents. | Month 0 (Consultation period) |
| Endorsement from professional and clinical organisations | Efforts will be made to obtain endorsement from relevant professional and clinical organisations for the guideline. | Month 0 (Consultation period) |
| Distribution via professional societies and organisations | The guideline will be circulated to members of relevant professional societies and peak bodies by incorporating it in the monthly newsletter or targeted email as appropriate. | Month 1 |
| Mainstream media outreach (television and radio stations) | A community service agreement will be established with key national media outlets to raise awareness of deprescribing. It will consist of a professionally filmed 28-second video for broadcasting on television and radio sound bites for broadcasting in radio stations across all states and territories. | Month 1 |
| Promotion on online platforms | The guideline will be actively promoted on social media (e.g. LinkedIn) and professional forums to drive engagement and stimulate discussion. | Month 1 |
| Media release | A press release will be issued via The University of Western Australia (UWA) to inform journalists and media outlets. | Month 1 |
| Conference and symposium presentations | The guideline will be presented at key national and international symposiums or conferences to engage healthcare professionals and encourage discussions. Targeted conferences include:<br>• Pharmacists in Aged Care Stakeholder Symposium symposium 31st July 2025<br>• International Pharmaceutical Federation (FIP) World Congress of Pharmacy and Pharmaceutical Sciences (31st August – 3rd September 2025)<br>• Preventing Overdiagnosis International Conference (3rd – 5th September 2025)<br>• Australasian Pharmaceutical Science Association Conference (7th – 10th December 2025) | Month 1-6 |

| Mechanism | Description | Timeline |
|---|---|---|
| Educational materials (MMR/ACOP) | Content of the deprescribing guidelines will be incorporated in the UWA micro-credential course Medication Management Reviews and Aged Care Pharmacy (PHCYN503) medication reconciliation module to support pharmacist education. | Month 1-6 |
| Educational materials (AJP clinical tips) | Regular deprescribing-related clinical tips will be featured in the Australian Journal of Pharmacy (AJP) to support pharmacist education. | Month 1-6 |
| Discrete choice analysis | A study will be conducted to explore consumer values and preferences related to deprescribing across different drug classes. | Month 6 |
| Publication in a peer-reviewed journal | A summary of the guideline recommendations will be published in a peer-reviewed scientific journal to enhance academic visibility. | Month 6 |

# 3. Guideline implementation

## 3.1 Implementation science

Consolidated Framework for Implementation Research (CFIR) is one of the conceptual frameworks in implementation science developed for the systematic assessment of an intervention to address the contextual factors influencing the intervention implementation and effectiveness [6]. The CFIR, updated in 2022, is made up of five major domains, namely innovation, individuals, inner setting, outer setting, and implementation process and a total of 48 constructs [7]. Innovation refers to a new idea, practice, or object being implemented which in this study will be the 'guideline'. Figure 1 shows the interactions between each of the five CFIR domains and the constructs in each domain.

The CFIR will be used to address foreseeable implementation barriers and facilitators by mapping its constructs to the intervention implementation determinants specific to RACFs. While implementation science is not a new concept, its principles have rarely been applied in the field of deprescribing. Implementing an intervention through the lens of implementation science may have its unique advantages.

Figure 1. The updated Consolidated Framework for Implementation Research

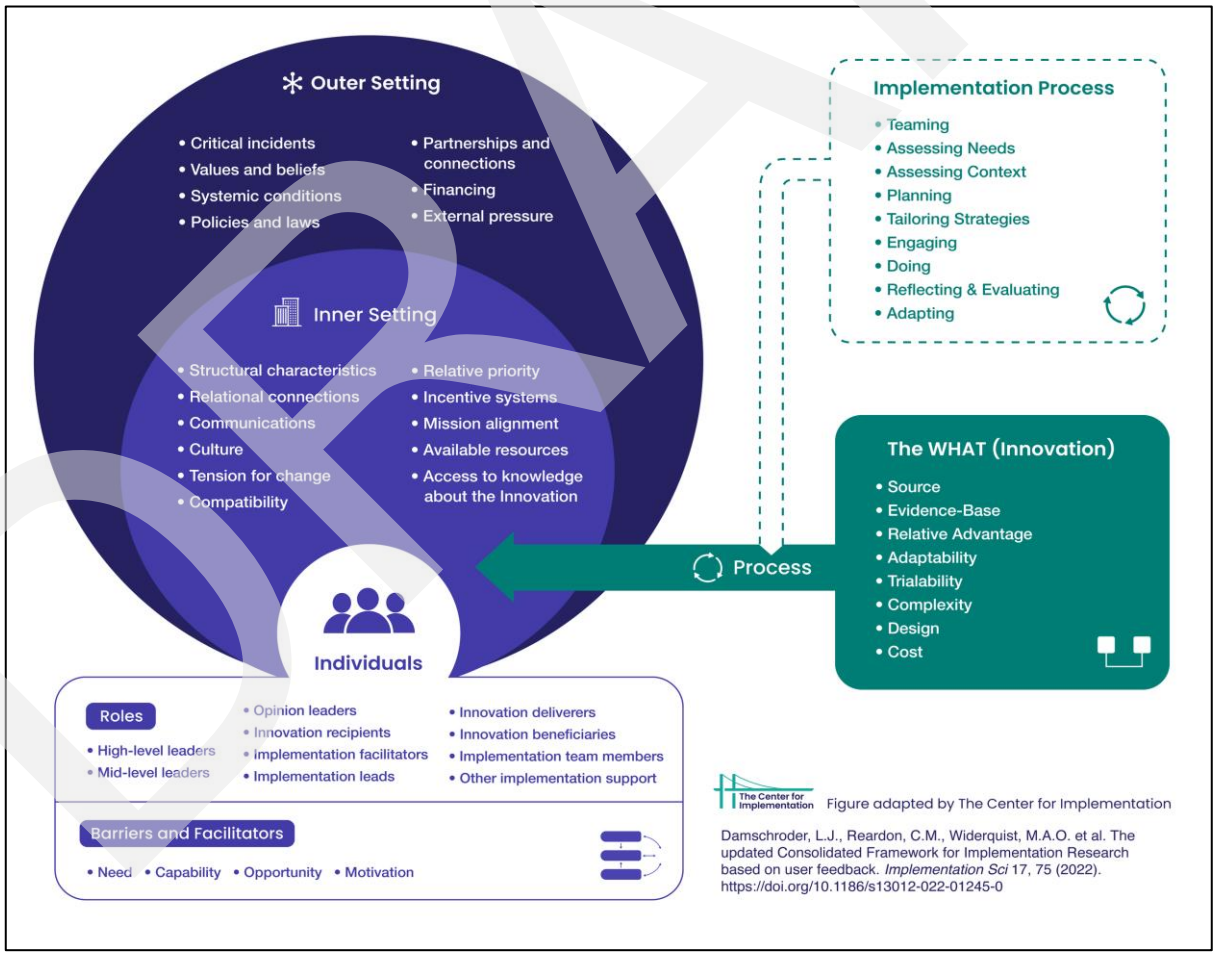


Figure adapted from "The updated Consolidated Framework for Implementation Research based on user feedback," by Damschroder, L.J., Reardon, C.M., Widerquist, M.A.O. et al., 2022, Implementation Sci 17, 75. Copyright by The Center for Implementation. Available online at https://thecenterforimplementation.com/toolbox/cfir. [7]

## 3.2 CFIR–ERIC matching tool

Future work will be conducted to enhance the implementation of the guideline. For each identified unique setting, we will identify and map the barriers to guideline implementation to appropriate CFIR constructs. Following this, we will use the CFIR–Expert Recommendations for Implementing Change (CFIR-ERIC) Matching Tool to identify strategies to address these CFIR-related barriers [8-10].

ERIC comprises 73 implementation strategies developed by experts in implementation science and clinical practice to help address CFIR-related barriers [9]. The CFIR-ERIC Matching Tool ranks ERIC strategies based on their effectiveness in overcoming specific CFIR barriers. It offers a structured approach to selecting expert-endorsed strategies tailored to specific implementation challenges [10]. We will select identified barriers, and the tool will generate a list of matching ERIC strategies, categorised into Level 1 (endorsed by over 50% of experts) and Level 2 (endorsed by 20–50% of experts) [10]. While higher-ranked strategies may be prioritised, the ranking will be interpreted with caution due to varying expert opinions. Strategies identified from the Matching Tool will be used to adapt to the planned activities listed in this dissemination and implementation plan.

The CFIR-ERIC Matching Tool is available at https://cfirguide.org/choosing-strategies/

# 4. Evaluation of implementation

The implementation of the guideline has the potential to enhance medication management for older people. We previously published a study on Pharmaceutical Benefits Scheme (PBS) medicine dispensing patterns in older people over an 11-year period (2013–2023), using a 10% PBS sample to establish baseline data. For long-term evaluation on a larger scale, we will use the PBS dispensing dataset to compare trends before and after the release of the deprescribing guidelines. This evaluation will provide valuable insights into the broader impact of the guidelines on dispensing patterns, helping to support their wider adoption in clinical practice. Additionally, the findings will inform ongoing efforts to refine and disseminate deprescribing recommendations, ultimately ensuring optimal medication management for older people.

The evaluation of guideline implementation effectiveness will primarily rely on gathering feedback from stakeholders on compliance with the guidelines to assess the acceptability, feasibility, and effectiveness of deprescribing initiatives as well as adjust as needed based on evolving clinical circumstances.

An impact log will be used to keep a record of the dissemination activities across various channels and to accumulate feedback using Google Analytics, Scopus, SciVal, Altmetric Explorer, and Web of Science as appropriate. In addition, policy influence will be monitored using Sage Track Your Impact on Policy, which provides insights into how research outputs are being referenced in policy documents and guidelines globally. This will allow us to track whether and how the deprescribing guideline is informing policy decisions, health service frameworks, or institutional practices.

The evaluation of the *deprescribing.com* website will also be part of our dissemination and impact assessment strategy. Google Analytics will be used to monitor user engagement with the guideline website, including metrics such as page views, unique visitors, session duration, geographic location of users, and referral traffic. This data will help us identify which sections of the guideline are most frequently accessed, assess user interest over time, and track the reach of guidelines. Insights gained will be used to inform targeted improvements to the site's structure and content, ensuring that the information is accessible, relevant, and user-friendly for healthcare professionals and other key stakeholders.

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