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Short Communication

VIONE: Medication Optimization Methodology for Planned Cessation of Non-Essential Medications in Veterans Affairs Medical Centers

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CHALLENGE

Many patients take too many medications, many of which were prescribed long ago, without attempts to decrease or stop them, or exploring benefits *versus* harm for continuing.

In addition, patients often do not adhere to medication schedules due to side effects, compromised abilities to manage medication schedules, confusion, or cost.

A holistic approach is efficient to continuously and continually:

• Make medications work for patients and not against them
• Identify potentially inappropriate medications (PIM)
• Intervene as needed.

INNOVATION

VIONE is a methodology to reduce polypharmacy by identifying and discontinuing unnecessary, ineffective, and inappropriate medications that do more to harm or burden patients than to help them.

VIONE is part of the veterans affairs (VA's) electronic health records (EHR). It can be used across any patient care setting, including hospitals, homes, rural areas, outpatient facilities, and virtual health modalities such as telehealth.
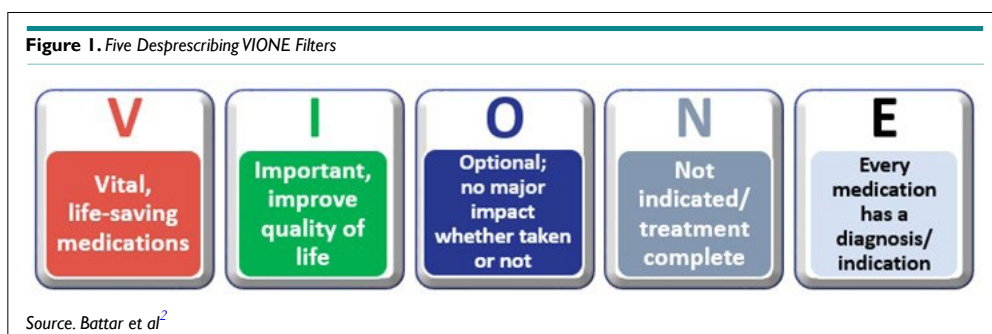
Medical providers and pharmacists can deprescribe PIM, while engaging patients, surrogate decision makers, and other health care professionals using these 5 filters: (Figure 1), utilizing VIONE score card (Figure 2), leading to current national footprint (Figure 3).

> **Deprescribe (verb):** *Intentionally stop a medication or reduce its dose to improve outcomes and reduce the risk of adverse, undesirable side effects.*

VIONE is not a substitute for careful clinical consideration. It prompts attention to non-pharmaceutical, whole health approaches in simple and practical ways with proactive deprescribing practices (Table 1).

VIONE DASHBOARDS PACT/HBPC|CLC/Inpatient: Upcoming APPOINTMENT

Awards: VHA USH Shark Tank competition, Gears of Government, High Reliability Organization (HRO) (Figure 4).
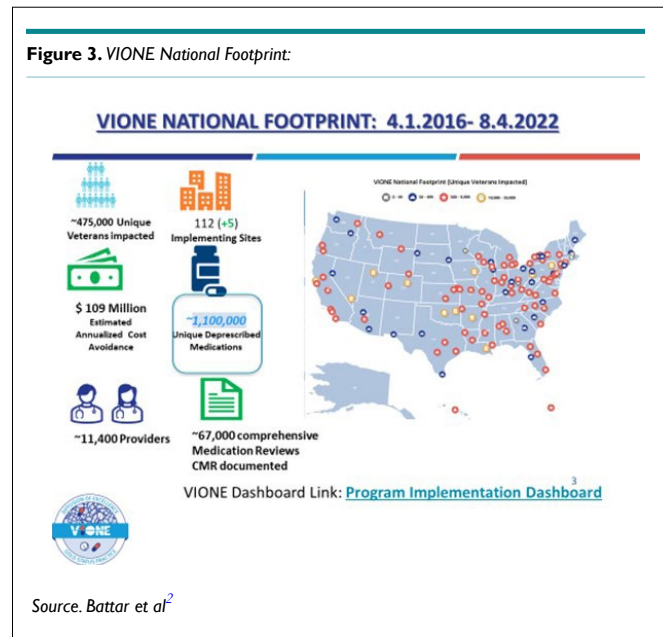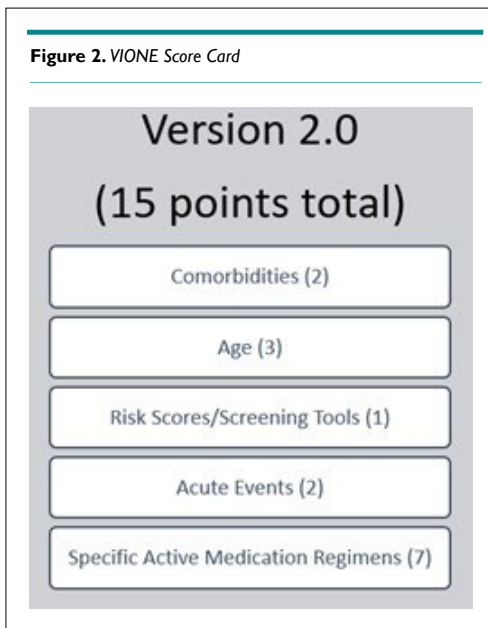

Figure 1. *Five Desprescribing VIONE Filters*

V — Vital, life-saving medications
I — Important, improve quality of life
O — Optional; no major impact whether taken or not
N — Not indicated/ treatment complete
E — Every medication has a diagnosis/ indication

Source. Battar et al[2]

Figure 2. *VIONE Score Card*

Figure 3. *VIONE National Footprint:*

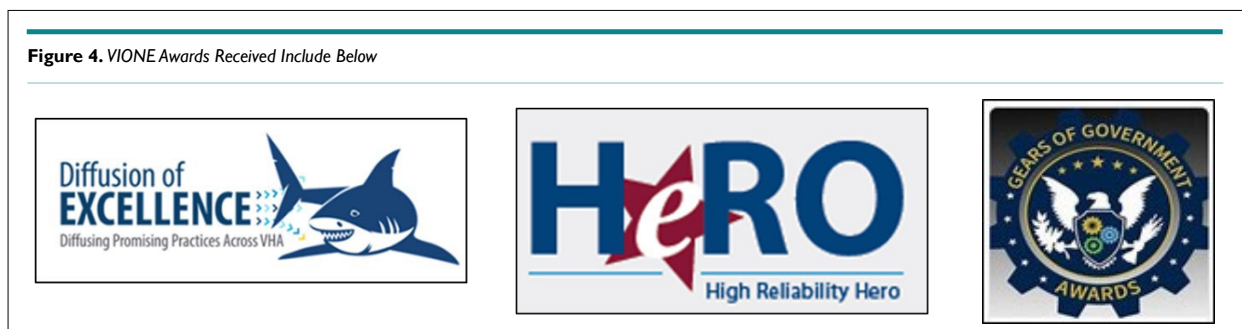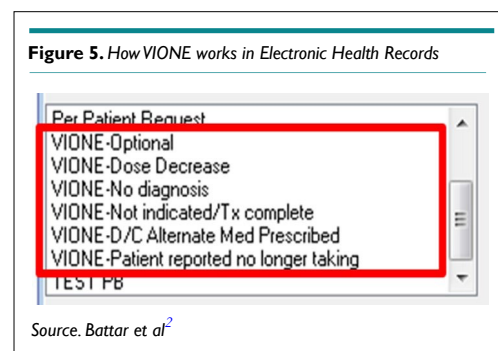*Source. Battar et al[2]*

Table 1. *Medication Reconciliation vs VIONE*

Medication Reconciliation	VIONE
A list of prescribed medications, herbal products, and OTC medications taken by the Veteran.	A simple electronic tool that focuses on whether a Veteran should or should not be taking a medication on their current medication list.
GOAL: Confirm and document an accurate and current medication list.	GOAL: Create a medication regimen that is helpful, not harmful.

Figure 4. *VIONE Awards Received Include Below*

HOW VIONE WORKS IN ELECTRONIC HEALTH RECORDS

• Review Medications – select VIONE deprescribing filters for each medication. Figure 5 VIONE filters in Electronic Health Records
• In CPRS, click on:
• Medication
• Actions
• Discontinue – drop down menu
• Choose VIONE reasons to discontinue
• Discuss with patient and/or surrogate decision-maker
• Make deprescribing decisions based on clinical review and the best interests of the patient.

Figure 5. *How VIONE works in Electronic Health Records*

Source. Battar et al[2]

• Collaborating pharmacist and/or providers add each other as cosigners

• Data is automatically captured every day when VIONE options are selected and/or VIONE note template is utilized for deprescribing medications.

FURTHER REFERENCES

1. VIONE Dashboard Link: Program Implementation Dashboard At Your Facility: Resources for implementation may be found at https://dvagov.sharepoint.com/sites/vhaacademicdetailing/ClassicMigration/sitepages/vione.aspx or VAVIONE@VA.GOV.VIONE. Accesssed August 5, 2022.

2. Battar S, Dickerson KRW, Sedgwick C, Cmelik T. Understanding principles of High Reliability Organizations through the eyes of VIONE: A Clinical Program to Improve Patient Safety by Deprescribing Potentially Inappropriate Medications and Reducing Polypharmacy. *Fed Pract.* 2019; 36(12): 564-568.