This Healthy Aging Month, Televero Behavioral Health Is Spotlighting Its Approach to Polypharmacy in Older Adults

Polypharmacy in older adults is a growing patient safety concern. Televero's coordinated care model is well positioned to address it.

SEATTLE, WA, UNITED STATES, September 23, 2026 / EINPresswire.com/ -- Seattle, Washington — September 23, 2026 — This September, as the country observes Healthy Aging Month, Televero Behavioral Health is drawing attention to a patient safety issue that rarely makes headlines but touches millions of older Americans: the quiet accumulation of psychiatric medications that were never meant to be permanent.



Forty percent of adults 65 and older take five or more medications, nearly double the rate in 1999. Televero Behavioral Health's coordinated care teams review full medication regimens to identify what's no longer needed.

Televero Behavioral Health Logo

According to research on geriatric polypharmacy published by Johns Hopkins Medicine, about a third of Americans in their 60s and 70s regularly use five or more prescription drugs. That number has nearly doubled over the past two decades, with polypharmacy statistics showing 40% of adults 65 and older now taking five or more medications within any given 30-day period, up from roughly 20% in 1999. For older adults managing both physical and behavioral health conditions, the risks stack up: adverse drug interactions, cognitive impairment, falls, and hospitalizations.

Most of these patients are not overmedicated because anyone made a careless decision. They

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>
> *Victor Gonzalez, MD, Medical Director*

are overmedicated because no one owned the whole picture.

The Problem Polypharmacy Creates

Psychiatric medications accumulate in older adults for a reason that plays out the same way across thousands of patients. A primary care physician prescribes an antidepressant. A specialist adds a sleep aid. Over time, medications layer on top of each other, each addressing a symptom that may itself be caused by another medication. Without a single clinician responsible for reviewing the full regimen, the list only ever moves in one direction.

Polypharmacy risks in older adults include higher rates of emergency department visits and hospitalization, functional decline, and cognitive impairment. Research published in Frontiers in Medicine found that patients who consult multiple providers across disconnected systems carry a disproportionate medication burden, not because their conditions require it, but because no single clinician has visibility into the full picture.

What Televero Does Differently

Televero Behavioral Health's care model was built around coordinated, physician-led teams. For older adults with complex medication regimens, that structure makes deprescribing possible in a way that fragmented care cannot. Every patient receives a thorough biopsychosocial evaluation at intake, designed to identify every condition contributing to their symptoms, not only the one that prompted the referral. That diagnostic precision is what makes deprescribing possible. When a clinician understands why each medication was added, they can assess whether it is still serving its intended purpose.

Televero's medical director, Victor Gonzalez, MD, is a geriatric psychiatrist who has made deprescribing a clinical priority. The approach is structured: a full review of everything currently prescribed, a clinical assessment of ongoing benefit versus risk for each medication, and a careful, collaborative tapering process conducted in close coordination with the patient and, where relevant, the referring primary care physician.

"In geriatric psychiatry, the most meaningful thing you can do for some patients is take a medication away," said Victor Gonzalez, MD, Medical Director at Televero Behavioral Health. "Polypharmacy often develops not because a patient's condition is severe, but because their care was fragmented. When you finally have one team looking at the whole picture, you find medications that were prescribed for symptoms caused by other medications. Getting those patients off unnecessary prescriptions has changed lives."

For referring primary care physicians, this model addresses a problem that is difficult to solve in a 15-minute appointment. Medication review in complex older adult patients takes time, specialist knowledge, and the kind of cross-disciplinary coordination that a busy primary care practice rarely has the bandwidth to provide. Televero's care teams, led by psychiatrists and staffed by nurse practitioners and licensed counselors, are built specifically to hold that work.

Clinical notes return to the referring practice within 48 hours of every visit. For practices managing older adult populations with complex medication regimens, that visibility is part of what closes the loop.

"This is not a niche concern," said Ray Wolf, CEO of Televero Behavioral Health. "Polypharmacy in older adults is one of the most underaddressed patient safety issues in behavioral health. We built a care model that takes it seriously, and we built it with the clinical infrastructure to actually do something about it."

About Televero Behavioral Health

Televero Behavioral Health is a physician-led behavioral health practice redefining what care delivery looks like in America. Built to serve both patients and providers, Televero combines same-day access, psychiatrist-led care teams, measurement-based outcomes, and a structured escalation architecture into a single connected system of care. Now active in 44 states and continuing to expand, Televero accepts all insurance plans including Medicaid and Medicare. Ranked on the Inc. 5000 for the second consecutive year, Televero is not a patch on the existing system of behavioral healthcare. It is a redesign of it.

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