

Medication Management

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Medication Management

Facts & Figures

- * Older Americans constitute about 13% of the U.S. population and older Americans consume an estimated 34% of all prescriptions.
- * The combination of increased medication use paired with the normal body changes caused by aging can increase the chance of unwanted and even harmful, drug interactions.
- * Medication errors cause approximately 7,000 deaths per year in the U.S.

Medication Management

- * According to a study of older adults who take 5 or more medications:
 1. 35% experienced adverse effect from at least one
 2. 63% required physician intervention
 3. 10% required an ER visit
 4. 11% were hospitalized
- * Twenty-eight percent of all hospitalizations among older adults were found to be drug related, 11% for nonadherence

Medication Management

- * Nonadherence to medication regimens is a major cause of nursing home placement of older adults.
- * The annual cost of drug-related illness and death exceed \$170 billion.
- * At least 25% of all harmful adverse drug events caused by medication errors are preventable.

What are the key findings regarding Medication safety?

Studies of medication safety and adherence show how to reduce medication problems and help people take their medicines properly:

- * Reminders, feedback and decision support systems lead to quality care by alerting clinicians to problems such as dosage errors, drug interactions, wrong medications, and patients who don't follow medication instructions.
- * Fewer medications reduce the likelihood of medication problems and make it easier for people to take medicine.

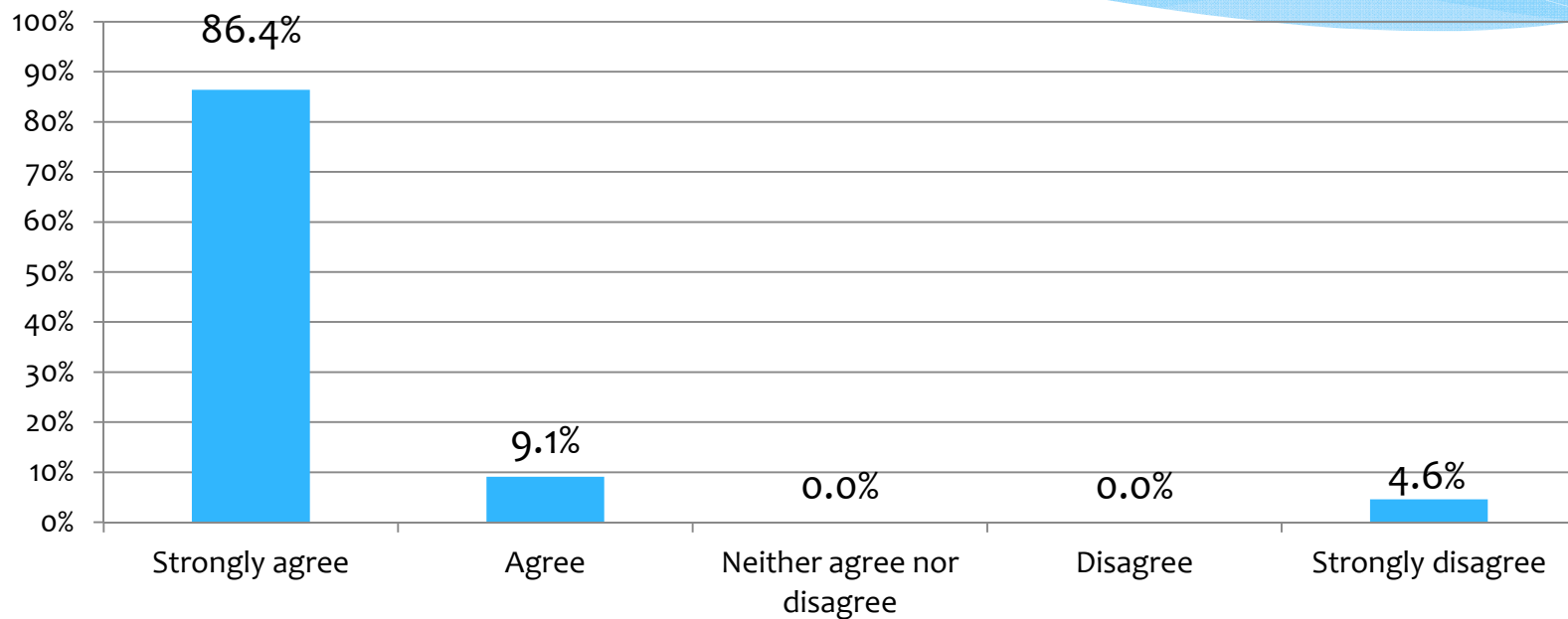
Key Findings (con't)

- * Packaging, memory and organizing aids such as pillboxes or blister packs help people to use medications properly
- * Research and national medication guidelines suggest that medication “reconciliation” and reviews conducted by doctors, nurses or pharmacists reduce discrepancies and errors and help find potential problems such as drug interactions or unwanted side effects.
- * Multifaceted programs that include ways to simplify medications, increase convenience, and provide counseling or support help people to stick to their medication schedules.

Survey Monkey – Medication Management

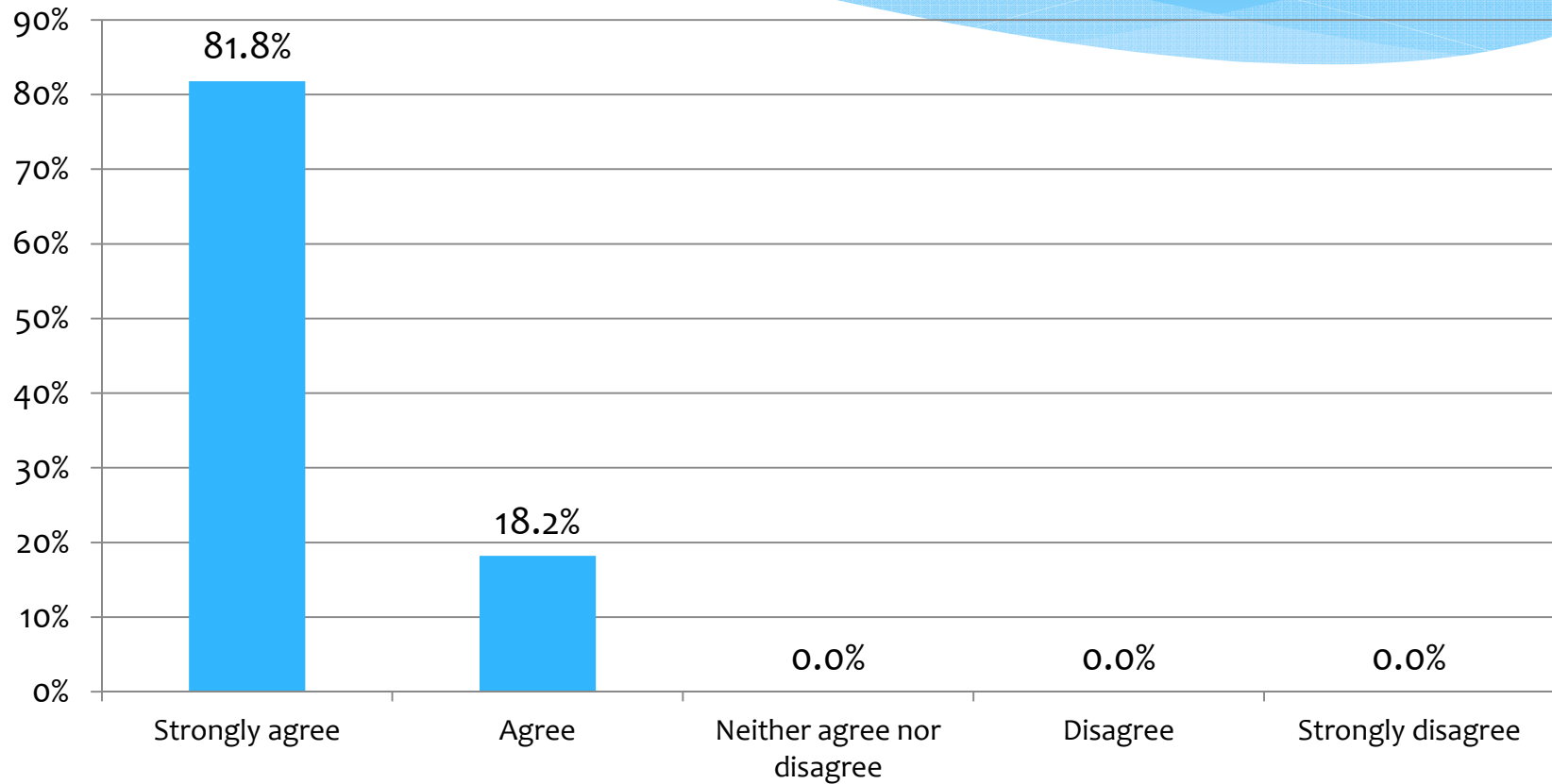
- * Survey taken August – December 2013
- * 22 responses

I believe medication management is a major issue in our community for seniors.

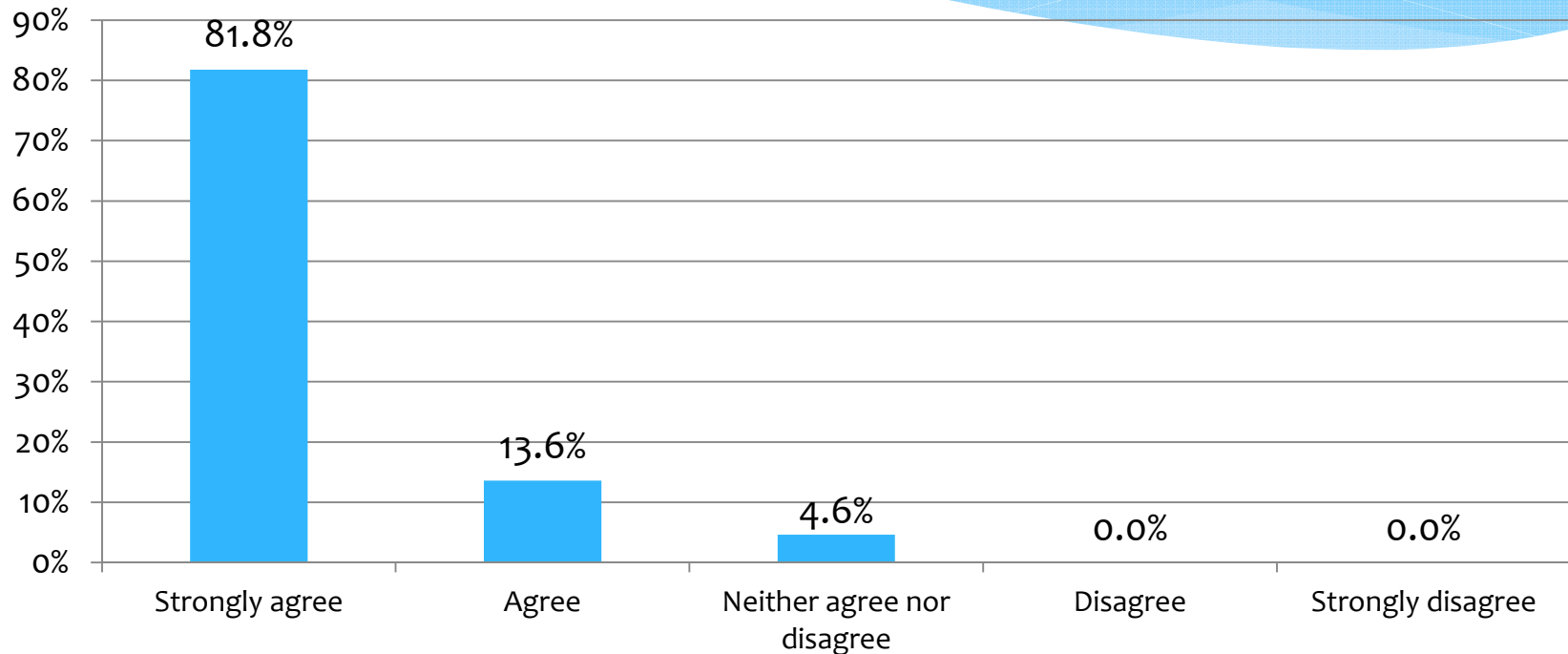


Comment: My husband sees many patients monthly in their homes and this is an ongoing problem. I have personally seen this over the past three months. Especially for seniors, as they age and don't have family to look in after them. They forgot or don't even take meds as prescribed.

In my work, I see many instances of poor medication management for seniors.

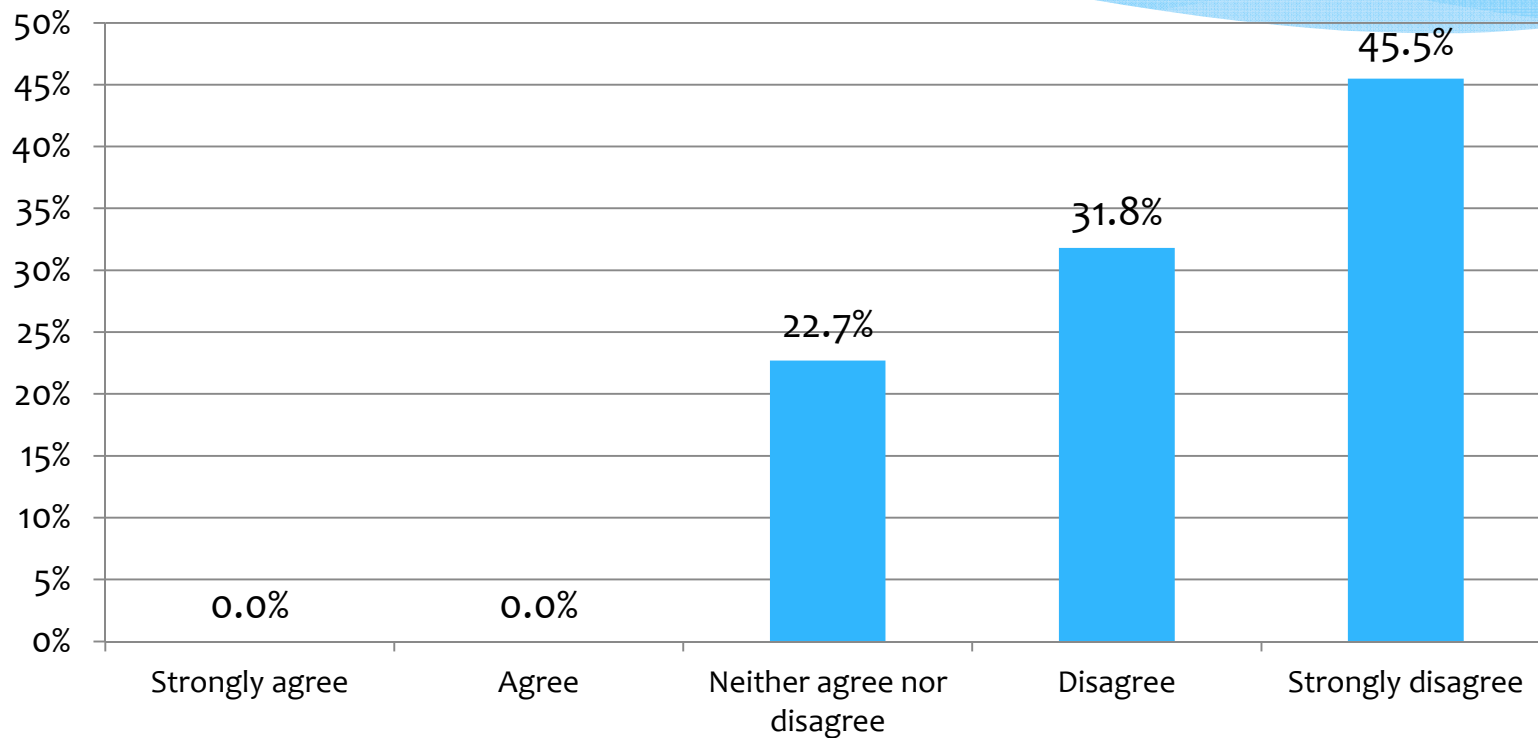


I think a home medication management program for seniors would greatly benefit the community.

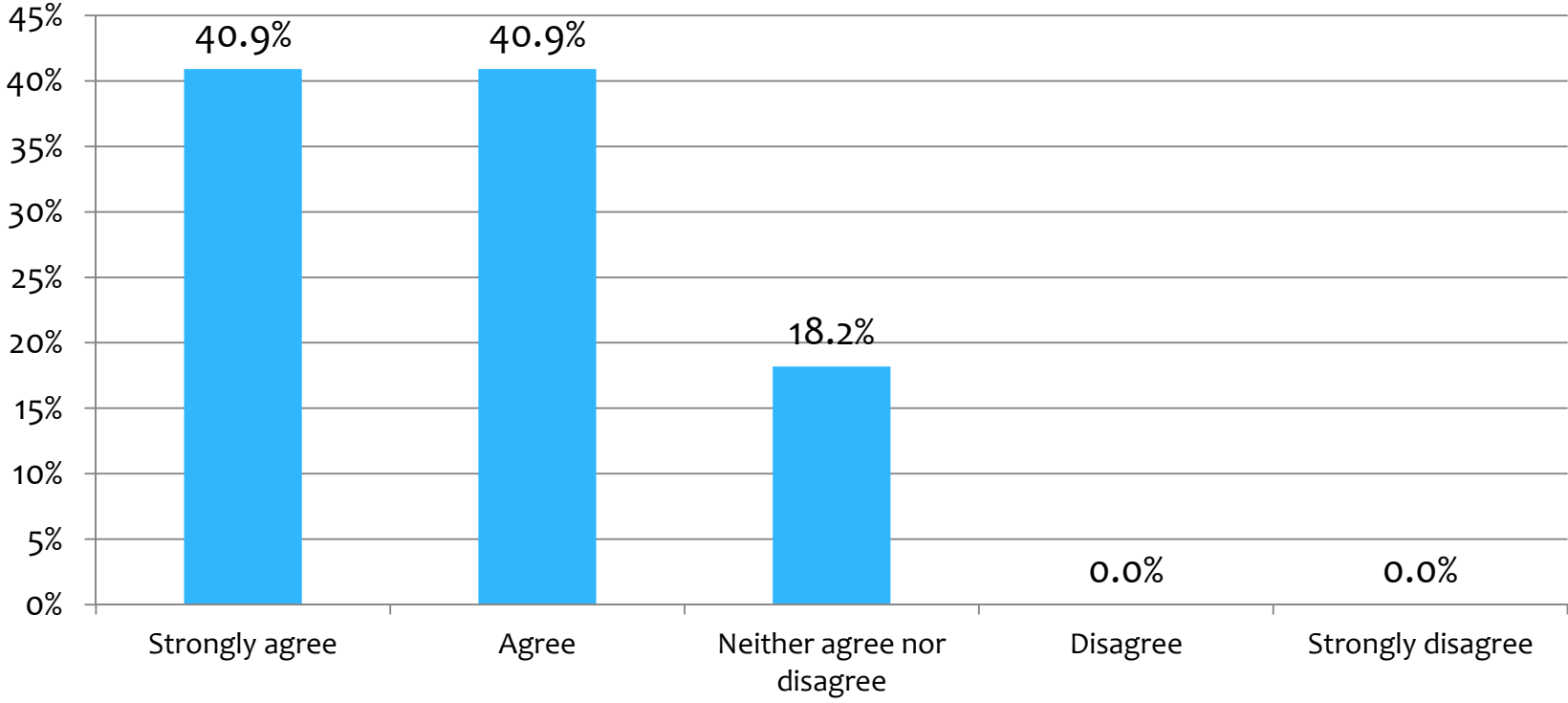


Comments: I would need to see what is entailed. We are currently doing this from our store. This also is a problem with many of our emotionally challenged patients as well.

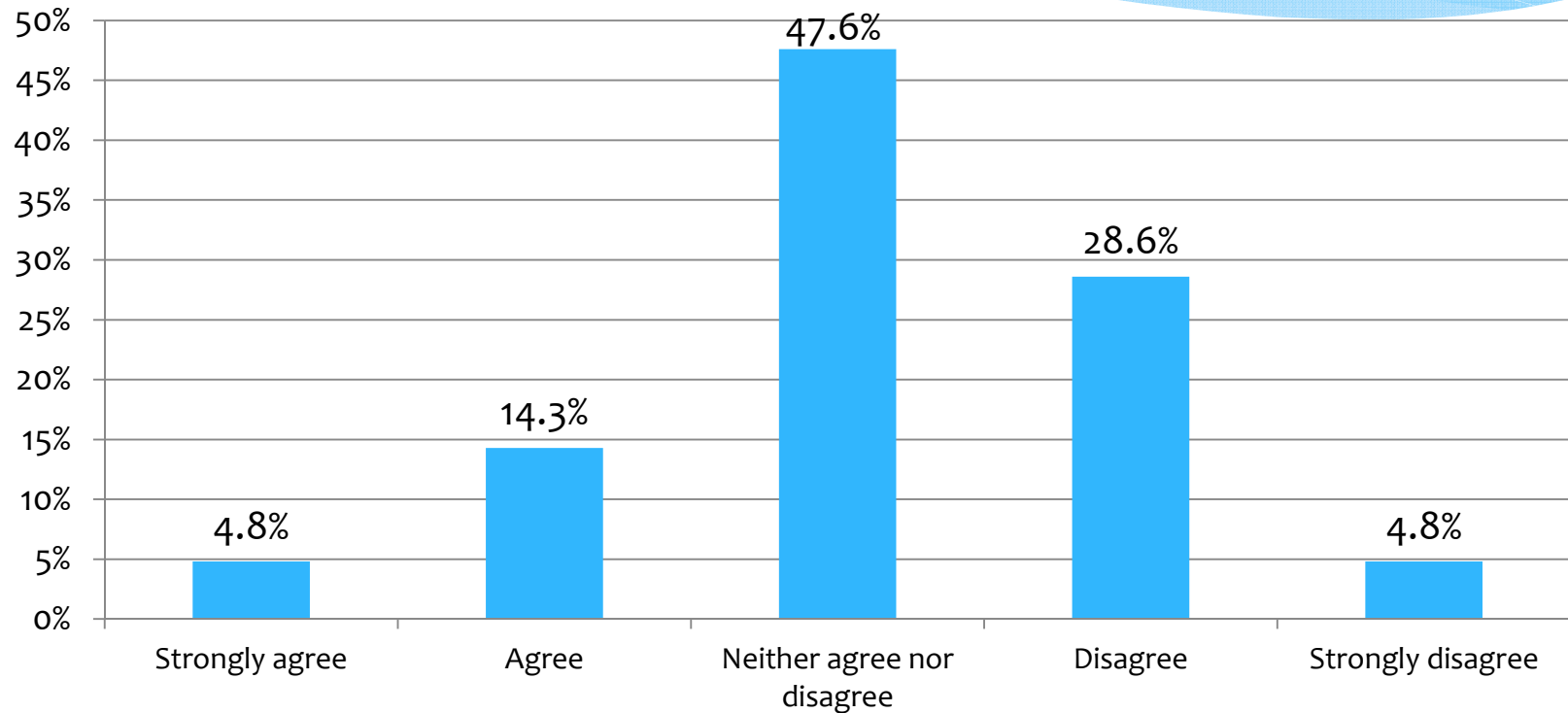
I am unsure of the benefit of a home medication management program for seniors in our community.



I would be willing to assist in bringing a home medication management program for seniors to our community.



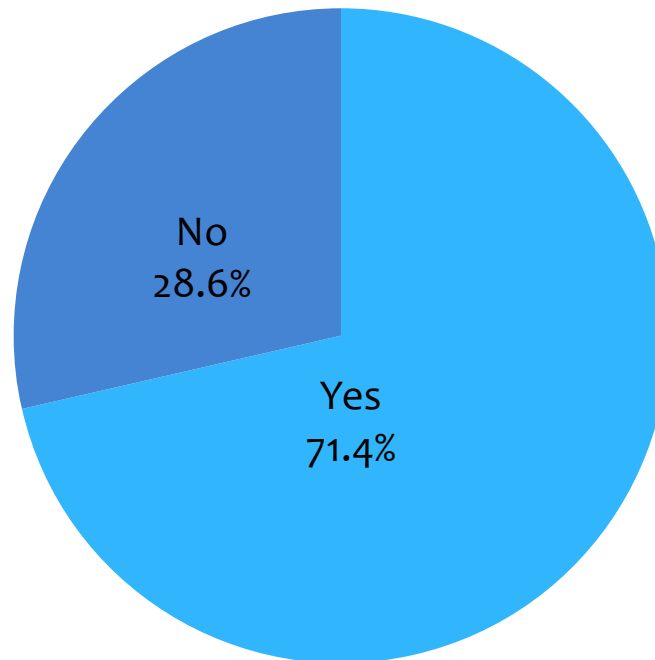
I believe our community currently has programs in place to help seniors manage their medications.



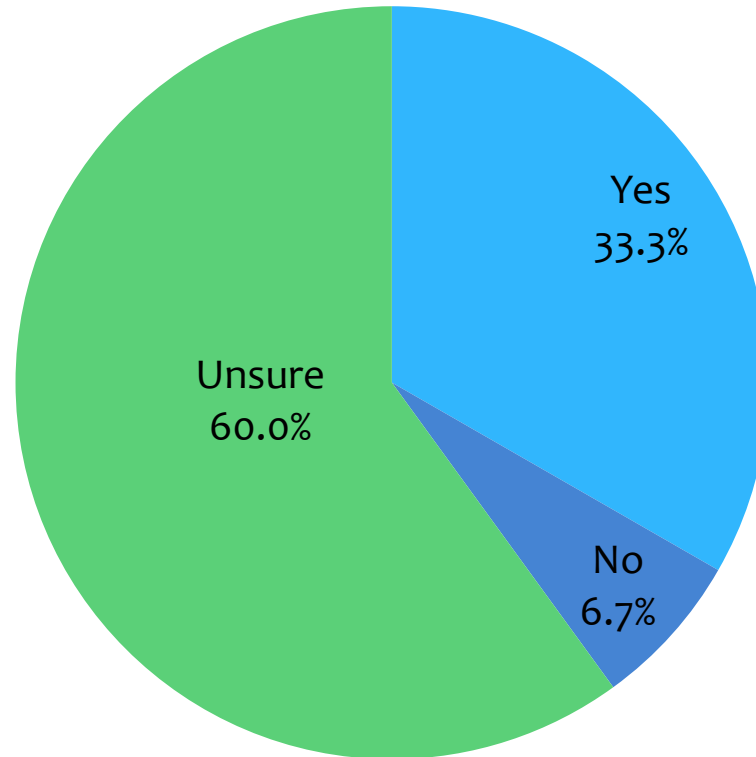
In your professional opinion, what key components to a med management program would you recommend or find useful?

- * Communicate across settings/Centralized database for med reconciliation
- * Addressing visual impairment
- * Review quickly after discharge
- * Ongoing communication
- * Weekly med checks
- * Education about resources
- * Free and accessible
- * Address taking too many meds
- * Monitoring taken and missed doses/adverse reactions
- * Bubble packing or time packaging-required medication review with home health or home visits
- * Care transitions and establishment of pharmacy home

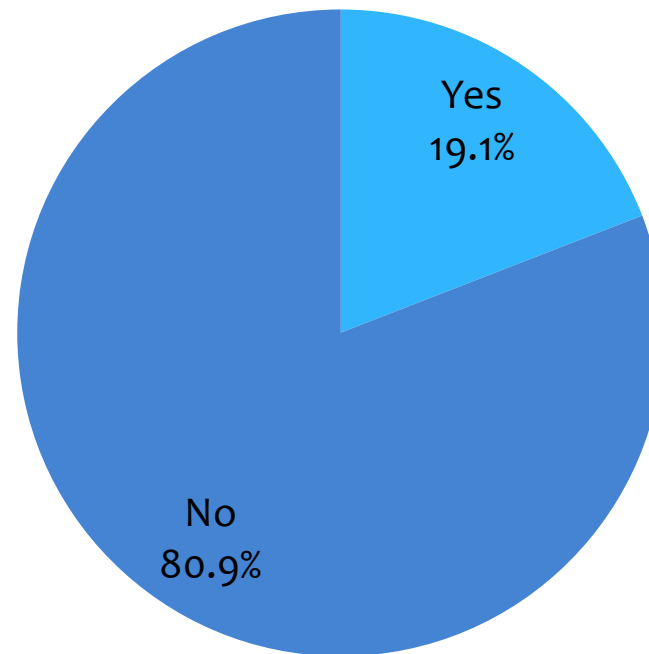
Does your organization currently assess for medication management?



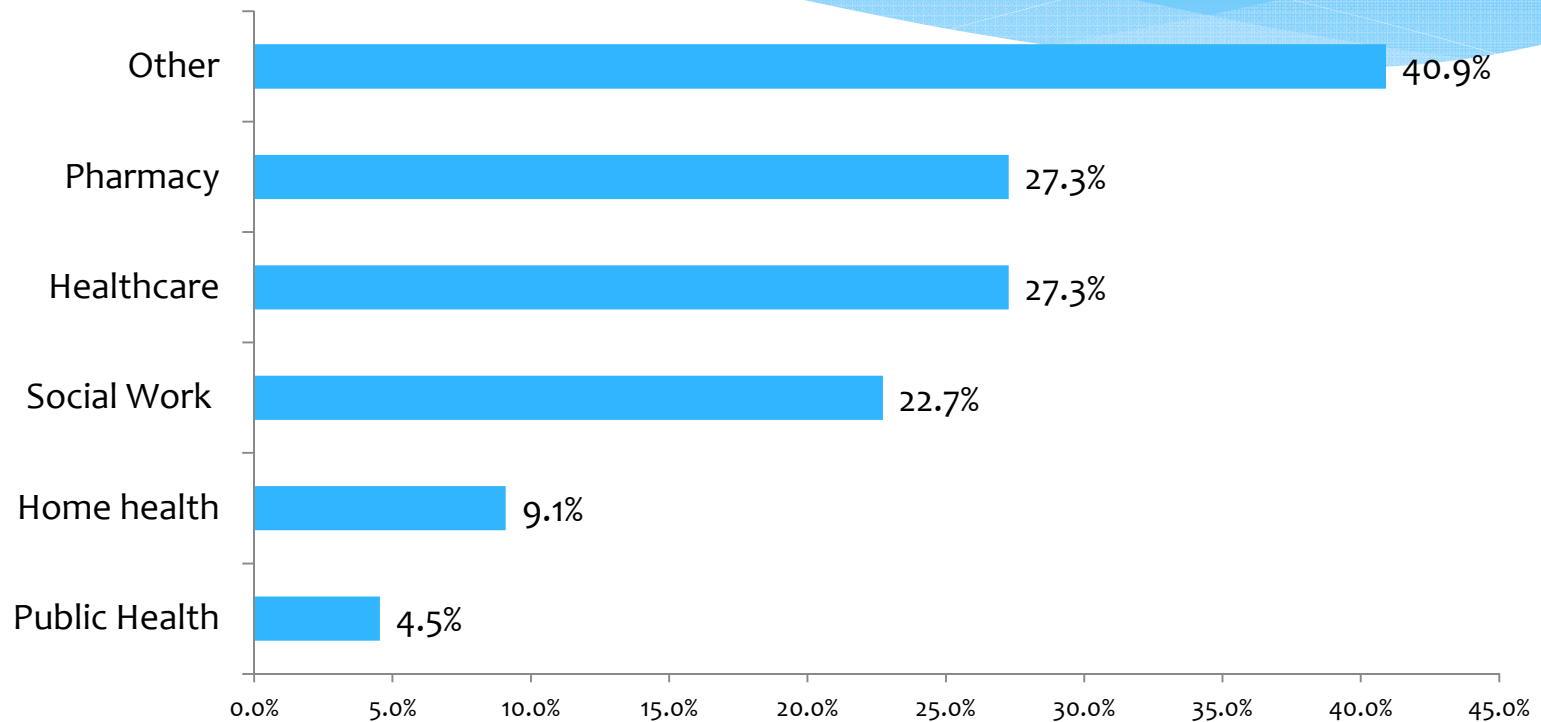
**If your organization does currently assess,
would you be willing to share protocol?**



Are you familiar with any home medication management programs for seniors such as the HomeMeds Programs implemented in various sites around the country?



Which best describes your field of work? (Check all that apply.)



Other included: Personal care support, transition of care, palliative care, integrated care, personal care, case manager, long-term care, non-medical and payor/insurance

What are some reservations you might have about bringing a senior home medication management program to our community?

- * Cost
- * Overwhelming/computer access
- * Need details
- * Confusion/pill burden
- * Family medication abuse
- * Dementia patients
- * Comprehensive?
- * User-friendly
- * Invasion of privacy
- * Longevity

Other comments/concerns

- * Would like more information
- * Interested in learning more
- * Filling out based on positive results for our patients
- * Need to compare models and contact community to look at before and after criteria for success markers

What is the HomeMeds Program?

- * HomeMeds was developed by Vanderbilt University researchers and a national consensus panel of experts.
- * HomeMeds is recognized by the US Administration on Aging as an evidence based prevention program.
- * The HomeMeds system has been implemented in 26 sites in California, Illinois, Florida, Texas, Wisconsin and Minnesota.
- * Sites coordinating HomeMeds include area agencies on aging, post-acute care transition programs, home delivered meals programs, care management program, assisted living facility and an Indian tribe.

What is the HomeMeds Program? (con't)

- * HomeMeds includes consultation with a specially trained clinical pharmacist and an interdisciplinary care-management team and a follow-up with the client's physician.
- * HomeMeds adheres to periodically updated guidelines established by a Geriatric Advisory Panel composed of pharmacists, physicians, social workers, and nurses.

What is the HomeMeds Program? (con't)

Target population:

- * Community-dwelling elders; especially dually Medicare and Medicaid-eligible clients and those receiving home health services.
- * HomeMeds targets potential medication problems including both drug use and signs or symptoms associated with specific adverse drug effects.

What is the HomeMeds program? (con't)

- * HomeMeds enables non-nurse care managers to implement the system using a computerized risk assessment screening and alert process and other appropriate assessments.
- * Care managers then collaborate with a consultant pharmacist to verify client's medication list, identify problems that warrant re-evaluation by physician and follow through with client and physician to resolve identified problems.

What is the HomeMeds Program? (con't)

- * HomeMeds addresses 4 problem types:
 1. Unnecessary therapeutic duplication
 2. Falls, dizziness or confusion possibly caused by inappropriate psychotropic drugs
 3. Cardiovascular medication problems related to continued high blood pressure, low blood pressure or low pulse, or dizziness
 4. Inappropriate use of non-steroidal anti-inflammatory drug (NSAIDS) in those with risk factors for peptic ulcer.

- * Example – Tarrant County – Texas

What is the cost?

- * Start up cost for HomeMeds including training and consultation with Partners In Care Foundation would be approximately \$7000 to \$9,000.
- * HomeMeds would cost approximately \$200 per month to use the computerized risk assessment system.
- * Use of a consulting pharmacist would be approximately \$55 to \$75 per hour. The average time for screening takes about 15 min.

Possible cost savings

- * Pharmacists can bill Medicare for providing this service. Some community pharmacists are willing and able to review the medication report produced by the software.
- * Schools of pharmacy can work with agencies to provide interns who can cost-effectively review medications and related conditions.
- * Some state Medicaid waivers enable care managers to use waiver funds to pay for pharmacist consultation.

Possible cost savings

- * Medicare part D provides for Medication Therapy Management services to be provided to individuals who take 5 or more medications, have 2 or more chronic conditions and whose meds cost \$4000 or more per year.
- * Retired pharmacists and physicians are a potential source of volunteer medication related consultation.

The Geriatric CHAMP Program

- * CHAMP combines a quality improvement approach with an e-learning program to equip frontline nurse and therapy managers with team-building, practice improvement, and medication management skills.
- * With these skills, frontline managers work with their staffs to improve care for older persons served by home health agencies.
- * CHAMP's medication management course focuses on:
 - 1) using evidence-based geriatric medication practices,
 - 2) Using measurement tools to track progress
 - 3) quality improvement techniques for integrating best practices into frontline care.

More information is available at <http://champ-program.org>. Center for Home Care Policy & Research

What else is available?

- * Prescription take back programs
- * Medication review with pharmacist and physician consultations
- * Pharmacies that use bubble packs, home delivery
- * Educational materials

Questions and Discussion

* Contact :

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Websites:

<http://www.champ-program.org/page/40/resources>

<https://homemedics.homemedics.org/>