Medication Management in Transitions of Care: Where There’s Smoke...

So Simple, So Hard: Taking Medication as Directed
September 15, 2015

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Key findings: 17 of 17 studies showed reduction in discrepancies; 5 of 6 showed reduction in potential ADEs; 2 of 2 showed reduced ADEs; mixed findings regarding post hospital healthcare utilization (2 of 8).

Key aspects of successful interventions included intensive pharmacy staff involvement and targeting the intervention to a high risk patient population.

Key findings: Pharmacists play a major role in most successful interventions. **Medication reconciliation alone probably does not reduce post-discharge hospital utilization** but may do so when **bundled with interventions aimed at improving care transitions.**

## Discharge Phone Call Program Highlights

Medication Issues Immediately Post Discharge

<table>
<thead>
<tr>
<th>3 Month Snapshot</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medication-related Callbacks</strong></td>
<td><strong>270</strong></td>
</tr>
<tr>
<td>Pharmacist Escalated</td>
<td><strong>60</strong></td>
</tr>
<tr>
<td>• Did not have DC medication</td>
<td><strong>40%</strong></td>
</tr>
<tr>
<td>• Did not start an Rx</td>
<td><strong>10%</strong></td>
</tr>
<tr>
<td>• Had a medication question</td>
<td><strong>60%</strong></td>
</tr>
<tr>
<td>Answered 2 of the above</td>
<td><strong>25%</strong></td>
</tr>
</tbody>
</table>
40% Systems Issues
60% Clinical Issues
“Does your doctor (or other health care provider) know ALL the medicines that you take?”

86% said Yes
Our Data Suggests that Providers Do Not Know

AVS vs. MedList Clinic medication list

– 4.5 discrepancies/pt

- 37% omitted from AVS but necessary meds
- 44% meds on the AVS but pt no longer taking
Patient’s Don’t Perceive a Problem with Medications When Initially Asked
But On Questioning, Numerous Medication Issues Revealed...

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don't know why I am taking all my medications</td>
<td>124</td>
<td>36%</td>
</tr>
<tr>
<td>I feel like I take too many medicines</td>
<td>180</td>
<td>52%</td>
</tr>
<tr>
<td>I worry about the cost of my medicines</td>
<td>114</td>
<td>33%</td>
</tr>
<tr>
<td>I have questions about the best time to take my medicines</td>
<td>97</td>
<td>28%</td>
</tr>
<tr>
<td>I keep medicines at home that I am no longer taking</td>
<td>131</td>
<td>38%</td>
</tr>
<tr>
<td>I don't use anything to help me remember to take my medicines</td>
<td>121</td>
<td>35%</td>
</tr>
<tr>
<td>I don't have a personalized medicine list designed just for me</td>
<td>178</td>
<td>52%</td>
</tr>
</tbody>
</table>
Who Agrees to a Post-discharge MedList Clinic Visit.

- Patients most likely to complete a free, post-discharge CMR
  - Non-Caucasian
  - Had ED visits or hospitalizations within last 30 days
  - Had past medical history significant for asthma or cancer
In Post-discharge MedList Clinic
Medications were NOT Optimized

- Drug-Drug Interactions: 11%
- Adverse Drug Events: 22%
- Adherence Issues: 18%
- Appropriateness/Effectiveness: 48%
Preliminary Data Suggests

- Patients believe providers know all of their medications
- Patients may not have the mechanism to self-identify or uncover med issues (i.e. never asked)
- Providers don’t have access to accurate patient medication information
- Patients when asked immediately post discharge, self-identify medication problems.
- Medication-related problems in TOC are consistent with the experiences of other health systems and the literature.
If medications are the cornerstone of chronic disease management preliminary data suggests we are not hitting the mark.

- Medications are not optimized
- Increasing the risk of drug misadventures
Need for Comprehensive Medication Management (CMM)

• MTM is not enough
• Many MTM programs focus on >80% PDC for adherence
• BUT ... Do we want adherence to medications that have not been optimized?
• CMM addresses appropriateness and effectiveness first then adherence is assessed and addressed.
First Step in CMM and Med Optimization

• Patient engagement and patient activation!
• Patients must “OWN” their medication lists
  – Accurate
  – Portable
  – Meaningful to the patient
  – Actionable

• There is no, “One size fits all” solution
  – Med list needs to be customized to the patient
# Patient-centered Medication List

**Medication List**  
Please share this list with all of your healthcare providers  
**Vince Lambardi**  
Dr Mark Hough (312-111-1212)  
**ALLERGIES:** Penicillin, peanuts test

<table>
<thead>
<tr>
<th>Medication</th>
<th>Purpose</th>
<th>8AM</th>
<th>6PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atorvastatin Calcium 20mg Tablet</td>
<td>Lowers Cholesterol</td>
<td>1 Tablet</td>
<td>1 Tablet</td>
</tr>
<tr>
<td>Citalopram Hydrobromide 20mg Tablet</td>
<td>Mood</td>
<td>1 Tablet</td>
<td>1 Tablet</td>
</tr>
<tr>
<td>Hydrochlorothiazide 25mg Tablet</td>
<td>Blood Pressure</td>
<td>1 Tablet</td>
<td>1 Tablet</td>
</tr>
<tr>
<td>Lisinopril 20mg Tablet</td>
<td>Blood Pressure</td>
<td>1 Tablet</td>
<td>1 Tablet</td>
</tr>
<tr>
<td>Metformin Hydrochloride 500mg Tablet</td>
<td>Blood Sugar</td>
<td>1 Tablet</td>
<td>1 Tablet</td>
</tr>
<tr>
<td>Tylenol 325mg Tablet</td>
<td>Back Pain</td>
<td>1 Tablet</td>
<td>1 Tablet</td>
</tr>
</tbody>
</table>

**Patient Instructions:**  
Mr. Lombardi, thank you for meeting with us in the MedList Clinic. Please begin using the med box we provided to help you remember your medications  
- the cough you describe (dry tickle) is likely due to your lisinopril. We will contact your doctor but please discuss with him as well.  
- please remember to take your metformin after a meal to avoid stomach upset and diarrhea  
- your hydrochlorothiazide should be taken in the morning to avoid getting up at night to urinate

It is recommended that you get a:  
1. A1C diabetes test (once every year)  
2. Kidney test (once every year)  
3. Eye exam (once every year)  
4. There are a number of resources to help you quit smoking:  
   A) Talk with your pharmacist about medicines to help you stop smoking  
   B) Call the California Smoker's Help Line 1-800-NO-BUTTS (1-800-652-8887)

**Provider Notes:**  
Primary care: Mr. Lombardi is experiencing a dry cough since starting lisinopril. Please consider an ARB in place of the lisinopril  
- please see quality screens as pt needs diabetes measure addressed  
Cardiology: pt is having flushing with amiodarone and has stopped it. He states that he called your office to alert you of this.