UNMC℠ | NEBRASKA GERIATRICS WORKFORCE ENHANCEMENT PROGRAM

Medication

October 5, 2020

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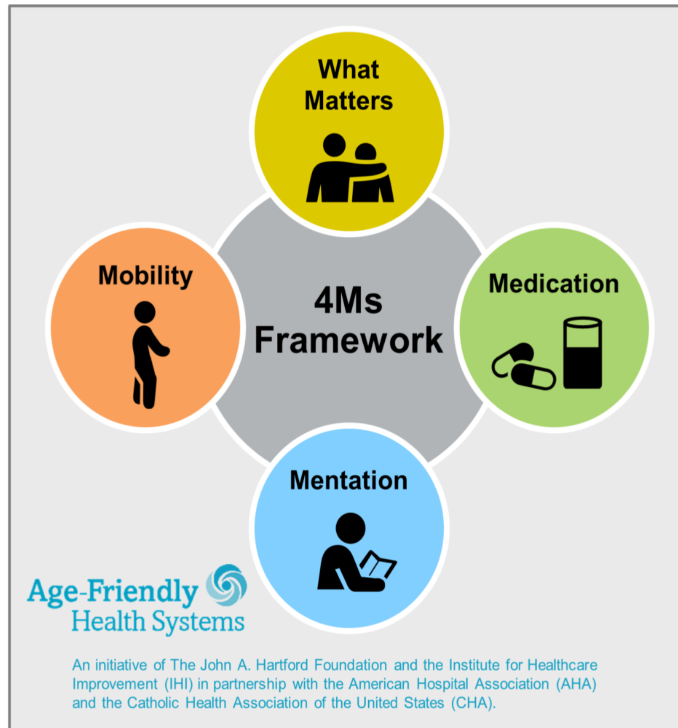

- What Matters Focusing on What **Matters** Most means looking at the goals of our care, coordinating advance care planning, and making sure priorities and preferences that are important to us individually become part of our treatment plans.

- Medications Focusing on **Medications** means raising awareness about potential side effects while also working to reduce the number of medications we take whenever we can.

- Mobility is the term for being able to move freely on our own or with help. **Mobility** is linked to staying physically fit and being able to live on our own for as long as possible, which makes it one of the most important "Ms" of geriatrics for our health, safety, and independence. Focusing on **Mobility** means maintaining our ability to walk or stay balanced while also avoiding falls and other types of common injuries.

- Mentation Staying mentally sharp and managing mental health can help us live longer and hopefully healthier lives. That's why expert attention to the **Mind**—one of the "Ms" of geriatrics and age-friendly care—is such an important part of our well-being. Focusing on the **Mind** means supporting our brain health and managing unique conditions like dementia, delirium, and depression, which can affect our ability to think clearly and make decisions.

Collaboration helps us all achieve more

Methods to collaborate:

Attend, Participate, Provide Feedback

- Please note your attendance in the CHAT by entering Name, Role, E-mail address
- During discussion: Please unmute yourself to contribute and ask questions.
- Following each session, complete surveys and provide feedback

Question?

- How does a pharmacist collaborate to improve primary care?

Pharmacist-Led Medication Reviews

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https://holmes-stage.caregroup.org/?MGWLPN=TOBY - F 51 Session # 2668216 - Windows Internet Explorer

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Profile | Problems | Results | Reports | Notes | **Medications** | Orders | Sheets

Allergies Last Updated 02/28/07 Patient recorded as having no known allergies to drugs

Active Meds | Inactive Meds | **History** Micromedex View Labs **New Medication**

Medication	Written	Last Filled	Dispense	Refills	Prescriber	Pharmacy	Action
Sort by Drug Class							
ALBUTEROL SULF HFA 90 MCG INH 30 Days Supply		10/15/2007	1		KRISTY, REED	CVS #02236 WOODSTOCK GA	
AMBIEN 10 MG TABLET 30 Days Supply		10/18/2007	30		KRISTY, REED	CVS #02236 WOODSTOCK GA	
CECLOR 250 MG PULVULE 30 Days Supply		10/20/2007	30		KRISTY, REED	CVS #02236 WOODSTOCK GA	
LANOXIN 125 MCG TABLET 30 Days Supply		10/16/2007	30		KRISTY, REED	CVS #02236 WOODSTOCK GA	
LIPITOR 20 MG TABLET 15 Days Supply		10/23/2007	30		KRISTY, REED	CVS #02236 WOODSTOCK GA	
NOVOLOG FLEXPEN SYRINGE 30 Days Supply		10/19/2007	1		KRISTY, REED	CVS #02236 WOODSTOCK GA	
PREVACID 15 Days Supply		10/22/2007	30		KRISTY, REED	CVS #02236 WOODSTOCK GA	
PROZAC 10 MG TABLET 30 Days Supply		10/21/2007	30		KRISTY, REED	CVS #02236 WOODSTOCK GA	Unable to Determine Alert Status
UNISTIK 2 NORMAL 0.81MM DEVICE 30 Days Supply		10/17/2007	1		KRISTY, REED	CVS #02236 WOODSTOCK GA	
Sort by Drug Class							

Certain information may not be available or accurate in this report, including items that the patient asked not be disclosed due to patient privacy concerns, over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.

Objectives

Describe	Describe the elements of pharmacist-led comprehensive medication review (CMR)
List	List the common drug-related pharmacotherapy problems
Discuss	Discuss the role of pharmacist-led comprehensive medication reviews in improving patient outcomes
Discuss	Discuss strategies for incorporating pharmacist-led medication reviews into clinical practice

Introduction

Medications can improve symptoms, slow disease progression, cure disease, or prevent disease

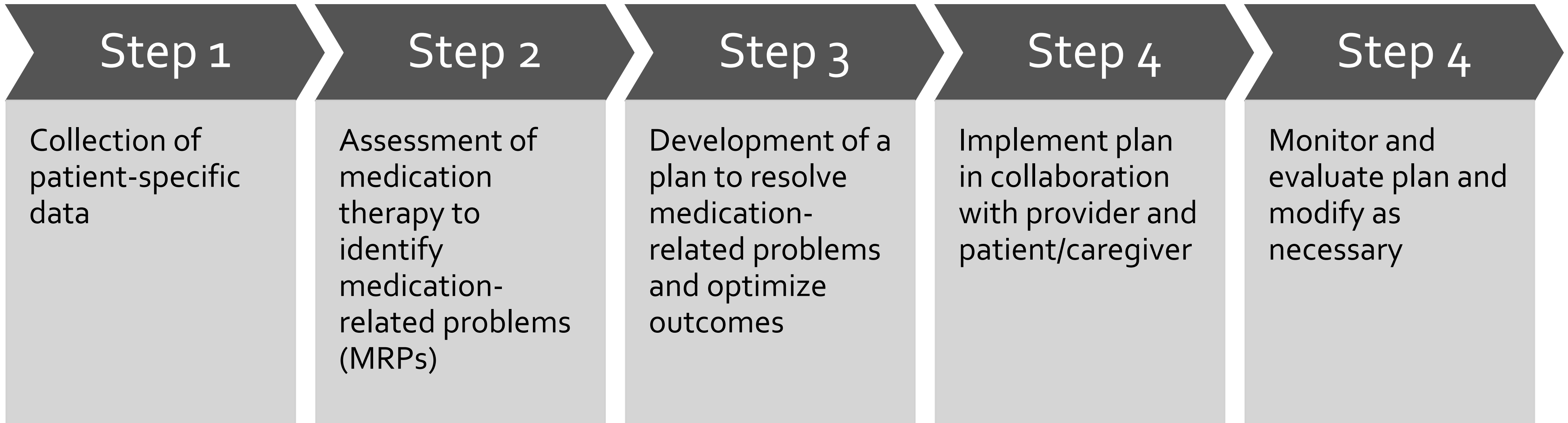
Medications can contribute to morbidity & mortality, decrease QOL, decrease functional status

Medication Review

Definition : A structured evaluation of a patient's medications with the aim of optimizing medication use and improving health outcomes.

Elements of systematic process:

Collection of patient-specific data	Assessing medication therapies to identify medication-related problems	Creating a plan to resolve them with the patient, caregiver, and prescriber



Pharmacists' Patient Care Process (PPCP)

Medication-Related Problems

- Indication without drug, drug without indication
- Unnecessary medications
- Inappropriate drug or dosage-form selection
- Suboptimal drug dosing or duration
- Medication non-adherence
- Adverse drug reaction or contraindication
- Therapeutic duplication
- Lack of therapeutic effect
- Medication error
- Unnecessary drug cost

Question?

- What barriers prevent providers from addressing medication-related problems?

Reasons MRPs Are Not Addressed

- Patient has been on medication for a long time without any problems
- One provider did not prescribe all of the medications the patient is taking
- Concern by patient or prescriber that risk of discontinuing medication is greater than the benefit
- Stereotype that patient will resist changes to therapy
- Problems patient is experiencing are not typical for the medication

What We Know About Pharmacists in Primary Care

- Improved surrogate clinical health outcomes
- Reduced number of medications
- Reduced number of MRPs
- Improved renal-dosing of medications
- Improved Medication Inappropriateness Index (MAI) scores
- Reduced number of potentially inappropriate medications (PIMs)
- Improved drug underuse
- Reduced number of unnecessary drugs
- Improved drug safety monitoring rates and reduced risk of drug interactions
- Improved medication adherence (some studies)
- Improved accuracy of medication lists

Hazen A, et al. The degree of integration of non-dispensing pharmacists in primary care practice and the impact oon health outcomes: a systematic review. Res Soc Admin Pharm 2018;14:228-240.
Tan E, et al. Pharmacist services provided in general practice clinics: a systematic review and meta-analysis. Res Soc Admin Pharm 2014;10:608-622.
Lenander C, et al. Effects of pharmacist-led structured medication review in primary care on drug-related problems and hospital admission rates: a randomized controlled trial. Scan J Primary Health Care 2014;32(4):180-186.
Gallimore C, et al. Pharmacist medication reviews to improve safety monitoring in primary care patients. Fam Syst Health 2016;34(2)104-113.
Castelin R, et al. Targeting suboptimal prescribing in the elderly: a review of the impact of pharmacy services. Ann Pharmacother 2009;43(1096-1106.

Strategies for Integrating Pharmacy Services in Primary Care

- Pharmacist/provider team visit
- Medication therapy management (MTM)
- Chronic disease state management (CDSM)
- Direct referrals for polypharmacy, non-adherence, tapering schedules/monitoring
- Annual Medicare Wellness Visits
- Population-based medication management projects
- Patient/caregiver education

Key Elements for Success

- Implementation rates for pharmacist interventions are higher when:
  - Pharmacist has clinical training and expertise
  - Pharmacist has therapeutic relationship with patient
  - Pharmacist has full access to medical records
  - Pharmacist has face-to-face consultation with patient
  - Patient is referred for medication review by provider
  - Pharmacist has good clinical relationship with provider
  - MRPs and recommendations are discussed face-to-face with provider
  - Recommendations are formulated as an action plan with designated persons responsible for implementation
  - Follow-up takes place to ensure plan is acted on and assess patient response

Kwint H, et al. The relationship between the extent of collaboration of general practitioners and pharmacists and the implementation of recommendations arising from medication review. Drugs Aging 2013;30:91-102.

Patient Selection

- Polypharmacy
- High-risk medications
- Elderly
- Impaired renal function
- Non-adherence
- Fall risk
- Cognitive impairment
- Patients with multiple providers/specialists
- Recent hospitalization

What We Don't Know About Pharmacists in Primary Care

- Studies so far are unable to confirm:
    - Decreases in hospital admissions
    - Decreases in ED visits
    - Decreases in overall health care expenditures
    - Decreased mortality
    - Improved quality of life
    - Adverse drug events
- Difficult to control for other variables
- Difficult to adjudicate ADEs (Naranjo nomogram)

Problems With Outcome Studies

- Observational design (lack of control group)
- Insufficient sample sizes
- Lack of core outcome sets
- Comparison of "usual care" with "ideal care"

Summary

- Pharmacists use a systematic process for evaluating a patient’s drug therapy and making recommendations for optimizations.
- Drug-therapy problems are more than drug-interactions, ADEs, and polypharmacy.
- Pharmacists can positively effect surrogate outcomes and indicators of healthcare quality.
- Optimal utilization of pharmacy services in primary care can be facilitated by expanded roles and collaborative relationships.

Questions