Partnering with Pharmacists to Enhance Medication Management

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Objectives

• Describe Medication Therapy Management (MTM) programs.
• Discuss barriers to medication nonadherence.
• Describe how plain language and teach-back strategies can be used as a universal health literacy precaution when counseling patients.
• Identify opportunities for collaboration with pharmacists.
The Problem… 

*is the Opportunity!*

- The health care system can function perfectly to identify patients at risk, diagnose, and prescribe appropriate medications based on solid evidence.

- Yet…patients often fail to reach therapeutic goals due to a variety of *medication use issues*.

- Over 80% of the two trillion dollars spent on health care annually in the U.S. goes to treat chronic diseases.

Centers for Disease Control and Prevention Website: Chronic Disease Prevention and Health Promotion
Medication Use Issues

• Appropriateness
  • Clinical reason to take the medication
  • Duplicate therapy
• Effectiveness
  • Most effective medication being used
  • Correct dosage (sub- or supra-therapeutic)
• Safety
  • Monitoring (e.g. labs, tests, etc.)
  • Medication interactions
• Adherence and persistence
  • Willing and able to take
  • Knowledge on how to use (e.g. medication device)
The Case for Involving Pharmacists

Knowledge
- Pharmacotherapy training
- Medication focused

Access
- Many patients see pharmacist monthly
- Pharmacy within 2 miles of home

Team Based Care
- Coordinating medication therapies
- Facilitating medication reconciliation
Medication Therapy Management

MTM is a distinct group of value-added services provided by pharmacists, which includes comprehensive medication review and assessment visits (i.e. medication check-ups).

The intent is to work collaboratively with HCPs to enhance therapeutic outcomes by improving medication adherence and aligning with evidence-based guidelines.
Wisconsin Pharmacy Quality Collaborative (WPQC)

The Wisconsin Pharmacy Quality Collaborative (WPQC) program focuses on providing medication therapy management for patients enrolled in Wisconsin Medicaid who have been identified through health-system communications, focused referrals, data mapping and clinical logic models; to improve health, health outcomes and decrease costs for patients.
MTM: Supporting Goals

- Enhance patient engagement in their health
- Utilize pharmacists’ clinical knowledge
- Reduce medication costs and health care utilization
- Improve medication use and health outcomes
Alignment

- Pharmacists can effectively manage medication therapies as part of the health care team and influence patients’ understanding and accountability for their care.
- Health Systems are moving towards team-based care to provide the most effective, efficient and cost-effective care.
- Health plans are motivated to reduce health care costs, prevent unnecessary health expenses and improve/sustain the health of their members.
- Technology will facilitate the identification of patients using evidence-based guidelines, the documentation of health outcomes and communicate billing transactions between the health plans and pharmacies.
WPQC Pharmacy Accreditation

- Pharmacy Accreditation Requirements
  - Register to participate in program
  - Implement **Quality-based Best Practices**
  - Have at least one WPQC-certified pharmacist at the pharmacy practice site
  - Participate in evaluation assessment survey every 6 months (> 70%)
Quality-based Best Practices

1. Perform brief medication history
2. Consistently verify and document allergies and adverse drug reactions
3. Implementation of a procedure to check all pediatric prescriptions to ensure the prescribed dose is appropriate for age, weight, and condition
4. Implementation of a procedure to ensure the correct product is dispensed and that specific patient engagement strategies are utilized for every patient during consultation
5. Use at least two unique identifiers with each new prescription and upon consultation
6. Implement a continuous quality improvement (CQI) program
7. Employ standards for Class I drug recalls and necessary actions pertaining to FDA drug safety alerts
MTM Services

Level II:
- Comprehensive Medication Review/Assessments

Level I:
- Focused Adherence
- Medication Device Instruction
- Dose/Medication Optimization
- Cost Effectiveness
Level I Services

- Cost effectiveness
- Dose/Medication Optimization
  - Dose/dosage form/duration changes
  - Medication additions/deletions
- Medication device instruction
- Focused Adherence
Asthma: Add Controller

My name is Johnny
Johnny has been in the ED 5 times in the last year because of his asthma.

This is Johnny’s Pharmacist
Upon investigation, Johnny’s pharmacist discovers Johnny has had 4 refills of his rescue medication in the past 90 days and is not prescribed a controller medication for his asthma!
Asthma: Add Controller

The Pharmacist talks to Johnny’s parents and Johnny’s physician.

A controller medication is prescribed and the pharmacist teaches Johnny how to use it and why it is important to use it EVERY DAY.
Asthma: Add Controller

The pharmacist notifies Johnny’s doctor the controller medication was filled and that Johnny was instructed on how to use it.

Johnny’s breathing is now well controlled and he has not been in the ED since the controller was added!
Adherence Services

- Patient consultation with pharmacist designed to uncover barriers to adherence
- Collaborative approach with the patient to identify tools or strategies to overcome barriers
- HCP is notified of adherence discussion
- Pharmacist follows up with patient to assess whether tool or strategy implemented is successful
Level II (CMR/A) Services

- Comprehensive Medication Review & Assessment = CMR/A or “Medication Check-up”
- Private face-to-face visit with pharmacist
- Participant/HCP receive PML/MAP
  - PML = Personal Medication List
  - MAP = Medication Action Plan
- HCP receives a summary of the visit along with recommendations for change
Qualifying Criteria for CMR/As

• High-risk patients
  – Four or more prescription medications to treat or prevent two or more chronic conditions (HTN, asthma, diabetes, CKD, CHF, dyslipidemia, COPD, or depression)
  – Diabetes
  – Coordination of care due to multiple providers
  – Discharge from the hospital or LTC setting within the past 14 days
  – Low health literacy
  – Health Care Provider referral
MEDICATION ADHERENCE
Adherence

- Adherence to asthma medications tends to be very poor: 30-70%
  - Up to \( \frac{3}{4} \) of total costs associated with asthma may be due to poor asthma control
  - Improved adherence may lead to improvements in asthma control and quality of life

- Pharmacists are trained to check adherence during profile reviews
  - Is the patient on time for refills based on calculated days supply?
  - What medications are missing—either not prescribed or refills not requested?
Adherence Barriers related to Asthma Care

- Forgetfulness or Complacency
- Difficulty with inhaler devices
- Unexpressed/Undiscussed fears or concerns
- Complex Regimens
- Inappropriate Expectations
- Underestimation of Severity
- Anger about one's condition or treatment
- Stigmatization
- Poor supervision, training, or follow up
- Dislike of Medication
- Cost of Medication
- Side Effects
- Health Literacy or Language Issues
- Attitudes toward ill health
- Fears about possible adverse reactions
- Dissatisfaction with Health Care Professionals
- Distant Pharmacies
- Cultural Issues
- Lack of Instruction
Barriers to Optimal Adherence

- Unintentional Nonadherence
  - Misunderstanding the prescribed instructions
  - Language barriers
  - Frequently and understandably, forgetfulness
  - Cost of medication

- Intentional Nonadherence
  Related to a patient’s beliefs about treatment, beliefs about personal *necessity* of taking a medication, and relative to any *concerns* about taking it.
  - Belief of needed treatment may differ from clinician’s
  - Patients may doubt the necessity of taking a daily medication for a condition they experience episodically (Asthma)
  - Patients may have concerns about potential Adverse Drug Reactions
Perceptual-Practical Model of Adherence
(can’t take, won’t take)

Unintentional Nonadherence
- Capacity & Resources
- Practical Barriers

Intentional Nonadherence
- Motivational Beliefs/Preferences
- Perceptual Barriers

HEALTH LITERACY: IMPORTANCE OF TEACH-BACK AND PLAIN LANGUAGE

The following slides were created by David Hagar PharmD and Katherine Hartkopf PharmD – at The University of WI Hospital & Clinics
Health Literacy: Significance

Limited health literacy is associated with:

- Medication errors
- Increased health care costs
- Higher rates of hospitalization
- Inadequate care for chronic health conditions
Traditional Communication Strategies: The Challenge

• Research shows that patients remember and understand less than half of what clinicians explain to them.

• Patients with limited health literacy have trouble with both written and oral communication in the clinical setting.

• The more involved we are in learning, the more we learn.
Traditional Communication Strategies: Often Fail

- Half of adults in outpatient care settings misunderstand prescription instructions
- Other sources of information fail:
  - Auxiliary labels
  - Consumer sheets
  - Medication guides

Fig. 1. Rates of correct understanding vs. Demonstration for the primary label instruction, “Take two tablets by mouth twice daily.”
Plain Language: Words

- Many people have trouble understanding words used in health care.
  - http://www.youtube.com/watch?v=1G1dfLF8-jo
    The Office, Copyright NBC Universal
- Words with a Latin or Greek prefix can be confusing

<table>
<thead>
<tr>
<th>Pre-op</th>
<th>Insufficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>De-sensitize</td>
<td>Antibacterial</td>
</tr>
<tr>
<td>Unsweetened</td>
<td>Non-cancerous</td>
</tr>
</tbody>
</table>

When introducing a patient to key medical terms that will be used often during his health care, explain terms in a way that conveys **meaning** and **relevance**.
## Examples of Problem Words & Substitutions

<table>
<thead>
<tr>
<th>Problem Word</th>
<th>Consider Using</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition (medical)</td>
<td>How you feel; health problem</td>
</tr>
<tr>
<td>Benign (medical)</td>
<td>Will not cause harm; is not cancer</td>
</tr>
<tr>
<td>Oral (medical)</td>
<td>By mouth</td>
</tr>
<tr>
<td>Hypertension (medical)</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Anti-biotic (medical)</td>
<td>Medicine to treat infection</td>
</tr>
<tr>
<td>Intake (concept)</td>
<td>What you eat or drink; what goes into your body</td>
</tr>
<tr>
<td>Avoid (concept)</td>
<td>Stay away from; do not use (or eat)</td>
</tr>
<tr>
<td>Collaborate (concept)</td>
<td>Work together</td>
</tr>
<tr>
<td>Adverse [reaction] (category)</td>
<td>Bad, side effect</td>
</tr>
<tr>
<td>Cognitive (category)</td>
<td>Learning; thinking</td>
</tr>
<tr>
<td>Adequate (value judgment)</td>
<td>Enough (e.g., adequate water is 6-8 glasses)</td>
</tr>
</tbody>
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A composite example of the tables created by the National Patient Safety Foundation® (2011) from the Ask Me 3™ Good Questions for Your Good Health: Words to Watch-Fact Sheet.
A Health Literacy Tool - Teach-Back

New Concept: Health Information, Advice, or Change in Management

Clinician Explains New Concept

Patient Recalls and Comprehends

Adherence

Clinician Assesses Patient Recall and Comprehension

Clinician Clarifies and Tailors Explanation

Clinician Reassesses Patient Recall and Comprehension

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Effectively Solicit Questions

• When checking for understanding,
  – Do not ask “Do you understand?” or “Do you have any questions?” because these lead to automatic responses of “yes” and “no,” respectively.
  – Instead, ask “What questions do you have?”
Take Home Point:
Use Universal Communication Principles

- Slow down, position yourself to engage the learner, and speak in shorter sentences.
- Use plain language (common non-medical words).
- Actively listen, encourage questions, and address concerns.
- Share practical information and provide specific instructions. Use relevant examples and analogies.
- Focus on the 3-5 most important concepts, highlighting key behaviors.
- Ensure that content of information is age and culture appropriate.
- Incorporate the use of simple pictures into explanations when possible.
- Check for understanding using teach-back.
Summary

• MTM strives to utilize pharmacist knowledge to:
  – Improve medication use and health outcomes
  – Decrease medication costs and overall health care costs
  – Enhance patient engagement in their health

• Adherence to asthma medications tends to be very poor. Partnering with pharmacists can help with adherence and medication device instruction.

• Health literacy is a universal problem and requires a universal change in communication.
How You Can Partner with Pharmacists

• Refer complex patients to a MTM-accredited pharmacy
  – Adherence monitoring
  – Improvement of asthma control
  – Improve patient knowledge
  – Technique education/reinforcement

• Consider engaging a pharmacist as part of the patient’s health care team
Questions?

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