Medication Management in Transitions of Care:

Where There's Smoke…

So Simple, So Hard: Taking Medication as Directed

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May CR et al. BMJ 2009;339:b2803.

REVIEW ARTICLE

ONLINE FIRST | HEALTH CARE REFORM

Hospital-Based Medication Reconciliation Practices

A Systematic Review

Stephanie K. Mueller, MD; Kelly Cunningham Sponsler, MD; Sunil Kripalani, MD, MSc; Jeffrey L. Schnipper, MD, MPH

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.

Mueller SK, et al. Arch Intern Med. 2012;172(14):1057-1069. doi:10.1001/archinternmed.2012.2246.

Annals of Internal Medicine | SUPPLEMENT

Medication Reconciliation During Transitions of Care as a Patient Safety Strategy

A Systematic Review

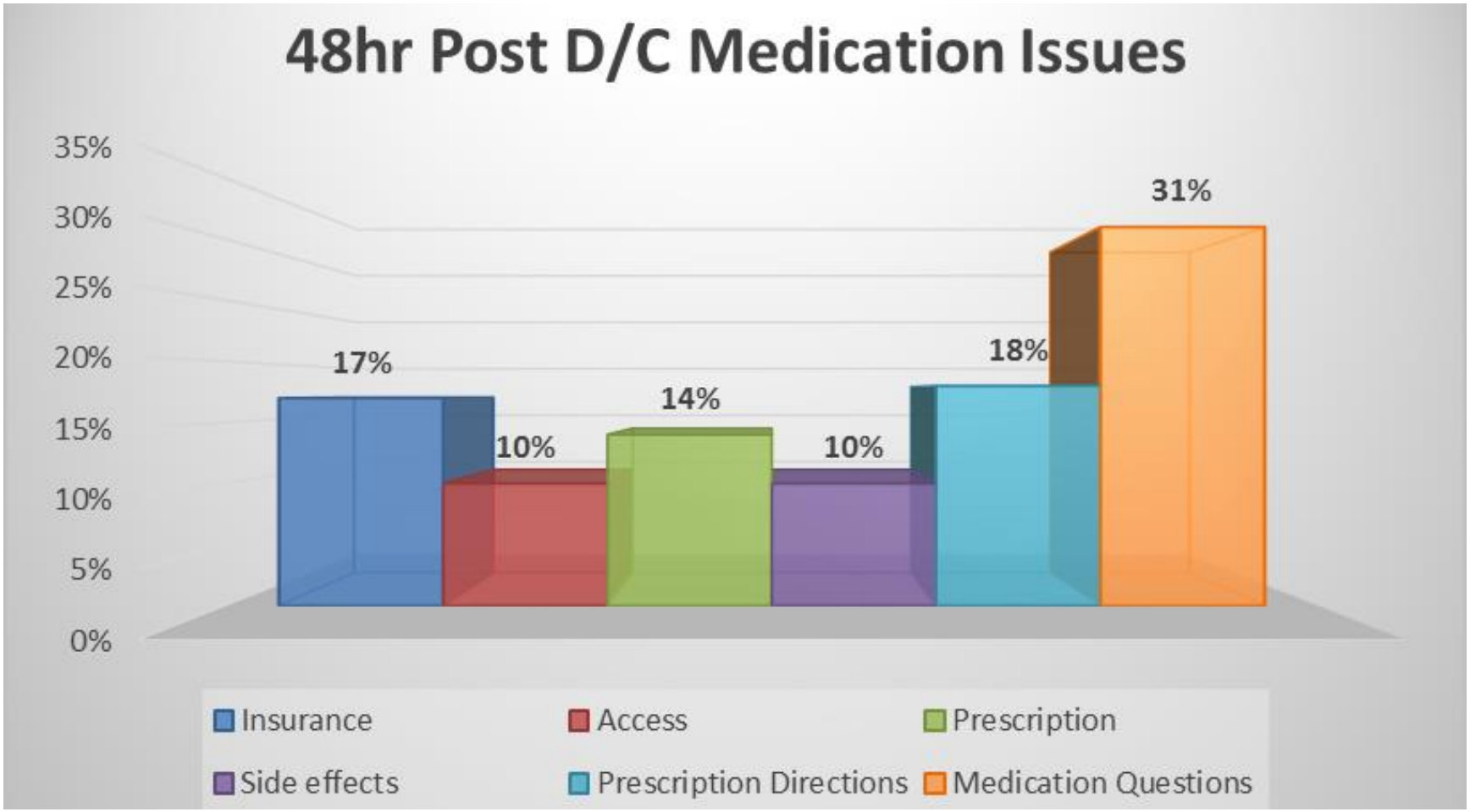
Janice L. Kwan, MD*; Lisha Lo, MPH*; Margaret Sampson, MLIS, PhD; and Kaveh G. Shojania, MD

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.**

Kwan J, et al. Ann Intern Med. 2013;158(supplement):397-403.

Discharge Phone Call Program Highlights Medication Issues Immediately Post Discharge

3 Month Snapshot	
Medication-related Callbacks	**270**
Pharmacist Escalated	60
• Did not have DC medication	40%
• Did not start an Rx	10%
• Had a medication question	60%
Answered 2 of the above	25%



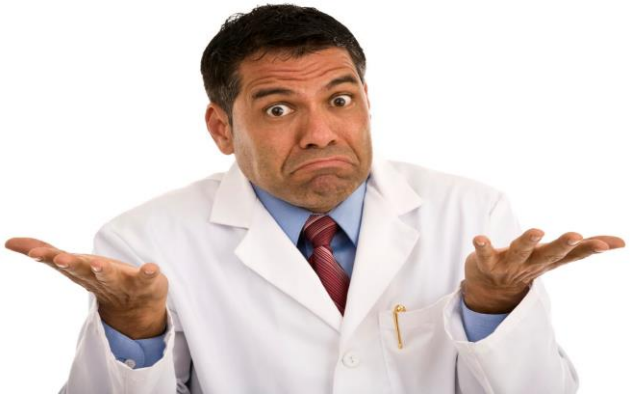
40% Systems Issues

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

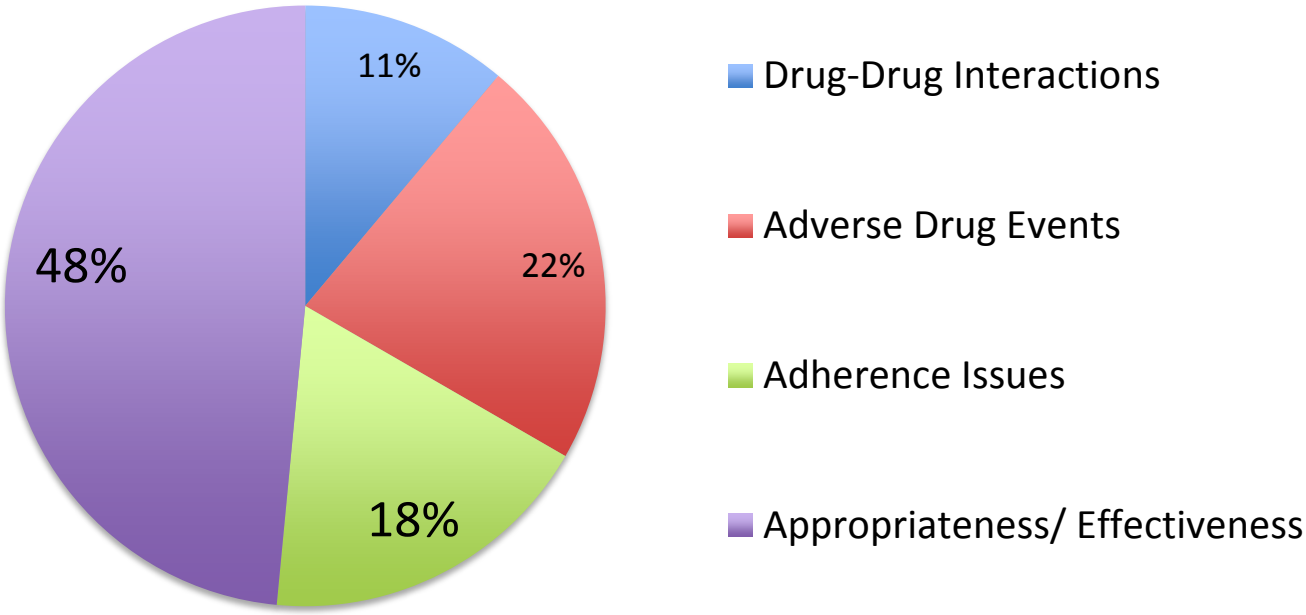
But On Questioning, Numerous Medication Issues Revealed…

Question	Response	%
I don't know why I am taking all my medications	**124**	**36%**
I feel like I take too many medicines	**180**	**52%**
I worry about the cost of my medicines	114	33%
I have questions about the best time to take my medicines	97	28%
I keep medicines at home that I am no longer taking	131	38%
I don't use anything to help me remember to take my medicines	121	35%
I don't have a personalized medicine list designed just for me	**178**	**52%**

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



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 program 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: Pencillin, peanuts test

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A A A

Medication	Purpose	8AM	6PM
Atorvastatin Calcium 20mg Tablet Take one tablet by mouth every morning Additional Meds	Lowers Cholesterol	1 Tablet	
Image Not Available **Citalopram Hydrobromide 20mg Tablet** Take one tablet by mouth daily	Mood		1 Tablet
Image Not Available **Hydrochlorothiazide 25mg Tablet** Take one tablet by mouth in the morning	Blood Pressure	1 Tablet	
 **Lisinopril 20mg Tablet** Take one tablet by mouth in the morning Likely causing your dry cough. Discuss with your doctor	Blood Pressure	1 Tablet	
Image Not Available **Metformin Hydrochloride 500mg Tablet** Take one tablet by mouth twice a day Take with a meal to avoid stomach upset	Blood Sugar	1 Tablet	1 Tablet
Tylenol 325mg Tablet Take one tablet by mouth every 4 - 6 hours as needed for pain	Back Pain	Take one tablet by mouth every 4 - 6 hours as needed for pain	

Patient Instructions:
Mr. Lombardi, thank you for meeting with us in the MedList Clinic. Please begin using the med box we povided 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 (1-800-662-8887)

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.

Print Pocket Size | Print Fridge Size | Fridge Size PDF

Vince Lambardi **UCSF**
ALLERGIES: Pencillin, peanuts test

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Metformin Hydrochloride 500mg Tablet	1 Tablet	1 Tablet
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