Medication Management

Includes:
• Monitoring
• Reconciling
• Streamlining
• Addressing Medication Safety
• Reviewing with patient/family
• Answering questions

Consequences of Ineffective Medication Management:
• Failure to achieve clinical outcome goals
• Increased rates of hospitalization
• Increased mortality
• Increased cost of care

Barriers to Effective Medication Management:
• Affordability of Medications
• Accessibility of Medications
• Utilization of Medications
Pharmacist and Pharmacy-Centered SDOH Services

- Cost of Medications
- Cultural or Literacy Barriers
- Screening for Unmet Needs
  - Decent, Safe, and Affordable Housing
  - Food Security
  - Social Isolation
  - Transportation
Three Focus Areas for Improvement

• Innovative Medication Management
• Integrate Community Pharmacies
• Available Community Programs

Innovative Medication Management
Universal Medication Schedule (UMS)

- Methodology that simplifies medication administration instructions for the patient and/or caregiver
- Goal is to increase patient understanding and adherence of their medication instructions, resulting in improved health outcomes

Example: prescription for ‘x’ medication 1 qd
- Take one tablet once daily
- Take one tablet one time per day
- Take one tablet each morning
- Take one tablet every 24 hours

UMS provides explicit timing with standard intervals (morning, noon, evening, and bedtime)
- Take one pill in the morning
Universal Medication Schedule

- Take 1 pill in the morning
- Take 1 pill in the morning
- Take 1 pill at noon
- Take 1 pill in the evening
- Take 1 pill at bedtime

Morning: 6-8 am
Noon: 11-1 pm
Evening: 4-6 pm
Bedtime: 9-11 pm
Universal Medication Schedule Research Report

Key Points

• The way prescription medication instructions are written is highly variable and often vaguely detailed (e.g., twice daily).

• A Universal Medication Schedule that standardizes prescription instructions by using specific times of day (morning, noon, evening, and bedtime) improves adherence to type 2 diabetes regimens, especially among patients who are older, less educated, and taking medications requiring multi-daily dosing.

• With minimal investment, the use of a Universal Medication Schedule in prescribing a limited number of diabetes medications led to 35,059 more filled prescriptions at pharmacies over the course of one year.
Medication Optimization

Medication Reconciliation:
- Compare and contrast medication lists
- Double checking dose/frequency/route
- Looking for duplicates/omissions
- Looking for drug/drug interactions
- Can be documentation only
- Can be performed by a student/pharmacy technician

Upscale that to a pharmacist:
- Optimize the medication regimen
- Review the findings and recommendations and act if needed
- Finalize the best possible medication regimen and list

When to Med Rec and Med Optimize:
- Admission and Discharge
- Start with high-risk medications – opioids, diabetes agents, anticoagulants
Integrate Community Pharmacies
HealthTag Initiative

• Leverages the pharmacist-patient interactions to facilitate communication addressing SDOH factors.
• CVS pharmacies provide personalized referrals to community services.
• Addressing cultural/literacy barriers, decent/safe/affordable housing, food security, social isolation, and transportation.
• When patients pick up their prescriptions, pharmacists share information about resources in the area that are available.
Example SDOH screening questions

https://www.jabfm.org/content/jabfp/29/3/414.full.pdf
Improving Medication Adherence Among Minority Patients

• SCAN Health Plan implemented targeted patient outreach and interventions completed by trained pharmacists and health care navigators to improve medication adherence for Black and Hispanic members.

• SDOH areas addressed:
  – Cultural or Literacy Barriers
  – Screening for Unmet Needs
  – Transportation

• Cholesterol, blood pressure and diabetes medication adherence quality scores showed racial and ethnic disparities.

• Training included an emphasis on cultural humility, which was critical in building trust with members. They completed home-based visits and improved medication education to members through fotonovelas, Spanish-language stories told through photographs depicting the importance of medication adherence.

• Interviews revealed the top reasons behind medication nonadherence: lack of knowledge about prescription benefits and medication uses, transportation issues, medical professional distrust, language barriers and cultural beliefs.
Available Community Programs
Healthy at Home: Barnes Pharmacy Community Health Worker Program

Pilot Program Background

- Health System and community pharmacy wanted to reduce readmissions and increase positive patient outcomes
- Each patient to receive MTM
- Community Healthy workers implemented
- Medication compliance and understanding addressed
- SDOH addressed and resolved
Barnes Pharmacy Community Health Worker Program

- Targeted 20 of the highest ED and hospital utilization patients (chosen by health system).
- When evaluated by a CHW, all patients ended up being low socioeconomic, having SDOH barriers in the home and having a very low health literacy.
- Substantial improvements were evident in the 20 patients the following year: inpatient admission days dropped from 295 to 59, and ED visits dropped from 34 to 18. Estimated cost avoidance: $536,811.
- Post-pilot program, the health system officially contracted with CHWs and reached 40 patients, conducting 315 in-person interventions in the span of six months – nearly eight interventions per patient.
- In-person interventions included: SDOH, MD follow-up appt, medication compliance issues, mail order delivery, and disease-state symptom issues.
- SDOH specifics: transportation (47%), food insecurity (26%), sitter service applications (10%), housing applications (7%), drug or alcohol abuse (7%), and home safety (3%).
- Additional element of the program: consultation with a pharmacist for patients receiving adherence-packaged medications, leading to improved medication compliance and understanding.
Free Transportation to Medical Visits Provided by Health Plan

- Across the United States, BCBS is partnering with Lyft to show an improvement in care coordination, prevention in emergency dept visits, prescription pickup rates, and a decrease in appointment no-shows.
- rideQ program was launched to help members living in areas with limited public transit access and low rates of vehicle ownership with free transportation to non-emergency medical visits.
- Customer supports speak both English and Spanish.
- Destinations included physician offices, hospitals, pharmacies, labs and radiology visits and urgent care.
- rideQ has shown an improvement in care coordination, prevention of emergency department visits and a decrease in appointment no-shows.
- An increase in pharmacy access through this program has resulted in a higher pickup rate for both initial and subsequent prescriptions.
Community Paramedicine Program – Dorminy Medical Center

Program Data

Based on the top 29 SuperUsers (SU) who participated in the program

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<th>Top ER Supervised</th>
<th>Number Of Superuser ER Encounters</th>
<th>Charges related to that Service</th>
<th>Write Offs (WO) (Loss)</th>
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Date: Drefin & Turner, LLP
Questions?

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