



HomeMeds: A Collaboration to Reduce Medication Problems for Seniors

**National Association of Care Managers Conference
October 25, 2012**

**Presenters: Sandy Atkins, MPA
Dennee Frey, Pharm. D.
Partners In Care Foundation**

Partners in Care Foundation

Who We Are

- Partners in Care is a non-profit agency in San Fernando, CA; an innovator and an advocate to shape the future of health care through new programs that promote optimal health and quality of life for all, focusing on home and community care
- We evolved from the VNA of Los Angeles to be a nimble force for change.

Our Mission

- Our mission is to serve as a catalyst for shaping a new vision of health care by partnering with organizations, families and community leaders in the work of changing health care systems, changing communities and changing lives



The Problem

- **Medication Errors** are:
 - **Serious:** Over **700,000** people go to ED each year for adverse drug events
 - **Costly:** Drug-related morbidity/mortality **> \$170 billion** (*ER, hospital/readmissions, SNF use, etc.*)
 - **Common:** Up to **48%** of community-dwelling **elders** have medication-related problems
 - **Preventable:** At least **25%** of all harmful adverse drug events are preventable

The Problem: Medications & Care Transitions

- 72% of post-discharge adverse events are related to medications—and close to 20% of discharged patients suffer an adverse event*
- Medication reconciliation and risk assessment is a core element of **every** care transition intervention



But... Why wait for a hospitalization?

Why not intervene earlier?

The Solution -- HomeMedsSM

- *HomeMedsSM* is designed to enable community agencies to keep people at home and out of the hospital by addressing medication safety
- Practice change with workforces/settings that already go to the home – more cost effective use of existing effort
- *HomeMedsSM* was developed through funding from the John A. Hartford Foundation and the U.S. Administration on Aging



What is HomeMedsSM?

- Evidence-based program to
 - Identify and prevent medication-related problems
 - Improve medication use
 - In-home or other locations
- Collaborative approach
 - Homecare team doing medication reconciliation
 - Consultant pharmacist (or NP) review
 - Follow-up with prescribers and patient/clients
- Web-based risk assessment software
- Protocols and procedures

Evidence-based Protocols Target Common Medication Problems

- Identified by *expert panel* – chosen for in-home intervention and positive response by prescribers (*minimize “alert overload”*)
 1. Unnecessary therapeutic *duplication*
 2. Use of psychotropic drugs in patients with a reported recent *fall* and/or *confusion*
 3. Use of non-steroidal anti-inflammatory drugs (*NSAID*) in patients at risk of peptic ulcer/*gastrointestinal bleeding*.
 4. *Cardiovascular* medication problems
 - High BP, low pulse, orthostasis and low systolic BP



Home visit uncovers many “secrets”... that prescribers don’t know about

- ***Over-the-counter*** medications & supplements
- Medications ***prescribed by other doctors***
- Medications ***from other countries*** (Canada, Mexico)
- Meds ***“borrowed”*** from friends and family
- ***Adverse effects*** such as falls, dizziness, confusion
- ***Assessment information***
 - Alcohol use, depression screen, vital signs, etc.
- ***Incorrect self-dosing*** (3x/day vs. 3 pills w/lunch)
- ***Adherence issues*** – economic, side effects, etc.

HomeMeds: Evidence-Based Origins

Vanderbilt University – John A. Hartford Fdn. Funds

- **RCT** proved efficacy in *home health* – Medicare clients aged 65+ – VNA of L.A. & VNS of NY
 - Pharmacist-nurse collaboration to identify & resolve errors
- **Results:** 19% had potential medication problems
 - Medication use improved in 50% of patients, (compared to 38% of controls) when pharmacist helped home health staff



HomeMeds Further Evidence: Results in Medicaid Waiver Study

- *49% had at least one potential medication problem* vs. 19% in home health
- Pharmacist confirmed problems in meds for 29% of all clients screened and recommended change to MD
- 61% of pharmacist *recommendations implemented* by MD/client (18% of all Waiver clients)

“As a social worker I became aware of potential dangers of or complications from some medications; I now look at all medications my clients are taking”

HomeMedsSM Evidence-based Recognition

- AoA recognition as an evidence-based prevention program
 - Pending: AoA-review for National Registry of Evidence-based Programs and Practices (NREPP SAMHSA: <http://nrepp.samhsa.gov>)
 - Quality of research
 - Readiness for dissemination
- US Agency for Healthcare Research and Quality (AHRQ) Innovation Exchange
 - **Strong** evidence rating

<http://www.innovations.ahrq.gov/content.aspx?id=2841>)



Partners in Care
FOUNDATION
changing the shape of health care

HomeMedsSM Saves Money, Saves Lives

- Falls and other adverse effects improved through collaboration between pharmacists and members of the care team
- 46.7% of older adults screened in 14 sites from 2007 to 2010 had risk for medication-related injury
 - Average of 2.5 potential problems per client.
- Estimated Savings from 7,000 Screenings: up to \$1.5 million.

(HRSA, 2010, www.hrsa.gov/patientsafety)



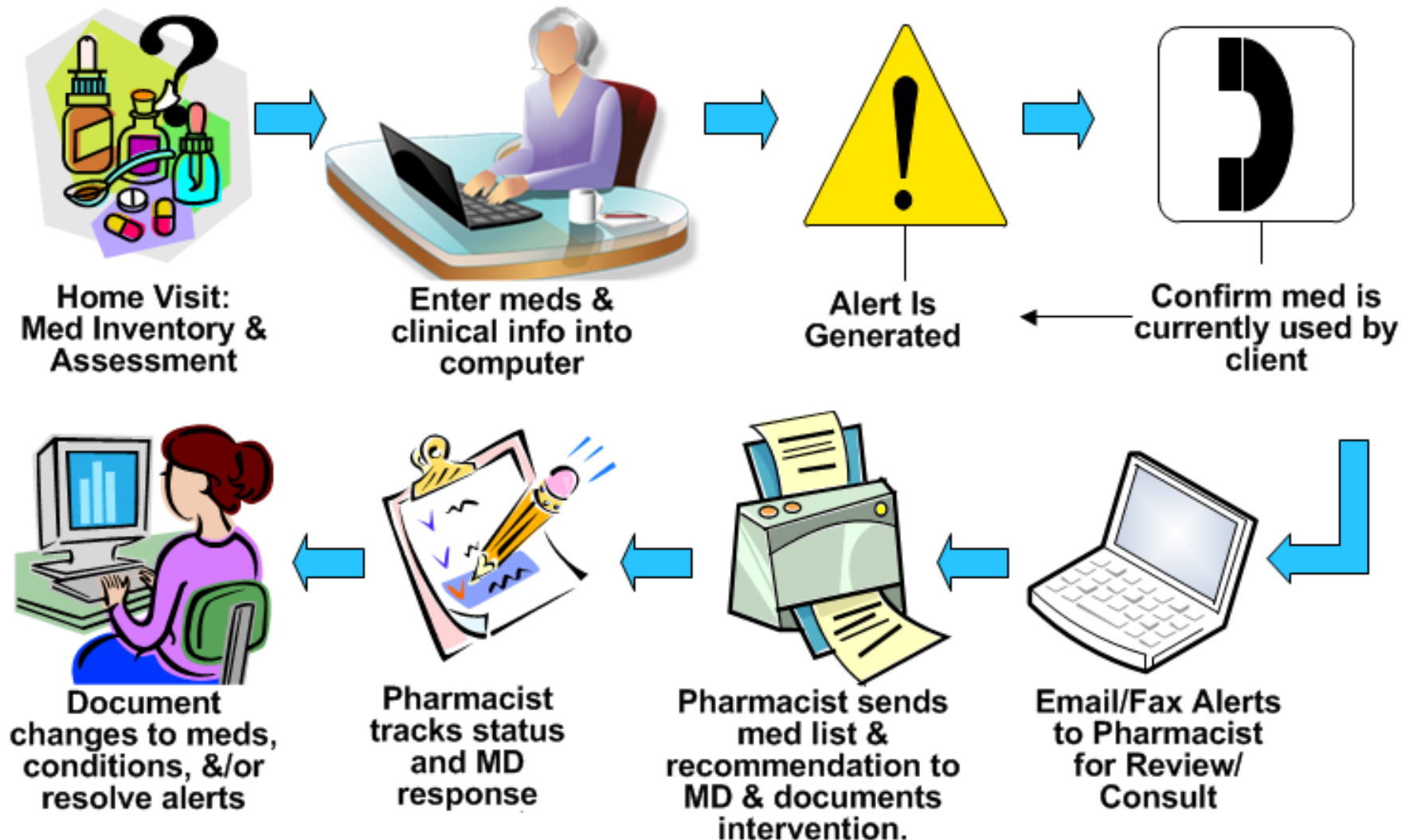
Partners in Care
FOUNDATION
changing the shape of health care

HomeMeds: Fidelity to Core Components

- Medication inventory: best done in the home
- Collect data on falls, dizziness, confusion, vitals
- Computerized risk screening per protocols
- Review of alerts & clinical signs by a medication consultant, preferably a pharmacist
- Follow through with MD and/or client
 - Written recommendations from pharmacist to prescribers
- Documentation of all actions and results



HomeMedsSM Intervention Process



“We’re not a medical program...”

“...but you’re in the home”

- Already visit home and collect medication and other assessment information
- Coordination & communication role – non-medical
 - Linking medical & community resources
- Focused on delaying institutionalization
- Funding – Title III-D & Waiver purchase of service
- Trust of clients



Case managers roles

- Collect medication information and client self-reported signs, symptoms
 - Blood pressure monitoring-scope of practice issue
- Screen data via HomeMeds software
- Contact pharmacist and collaborate with care plan
 - Contact client to verify meds
 - Follow-up with clients regarding medication changes

Roles of the pharmacist/med consultant



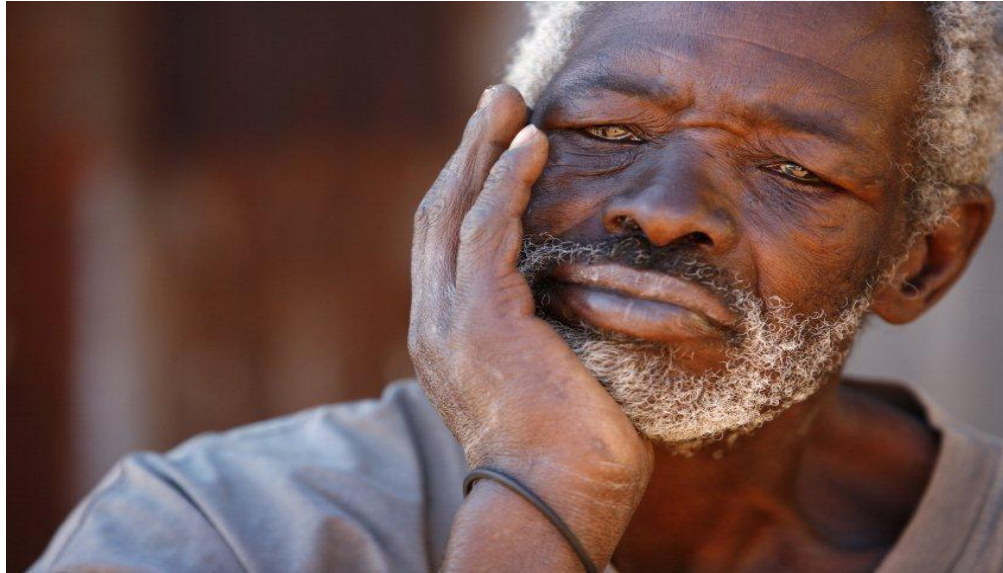
- Screen alerts to confirm problems in light of dose/frequency, diagnoses, symptoms, other medications, etc.
- Communicate with client's MD(s)
- Consult with care manager to develop care plan
- Identify medication-related problems beyond protocols.
- Assist with complex cases – educate client
- Educate staff about medications/risks
- Avg. 15-30 minutes per client



Who's Implemented HomeMeds?

- Medicaid 1915(c) Waiver programs for Dual Eligibles
 - Florida, Illinois, California
- Care Transition programs
 - Arkansas, California & Texas
- Area Agencies on Aging/ADRCs/Meals on Wheels
 - Arkansas, California, Oklahoma, Texas, Virginia, Wisconsin
 - Texas sites: case management and benefits check-up
- Minnesota – Carondelet Consortium
 - Assisted Living & Block Nurse Programs
- Native American Tribal Community
- UCLA Health System – post CMMI application

Not just about numbers...



- *Mr. Johnson, who went from 20 meds to just 8, states, “You have saved us money on monthly refills and my life! We can not thank you enough!”*

An agency perspective:

“Avoiding a potential train wreck...”

- Email from new 2012 care management agency user:
 - Just thought you would like to know Pharmacy reaction to our first alert (*Three blood thinners from three different physicians amongst other problems*)
 - Pharmacist consultant (School of Pharmacy):

We’ve had one case so far and it’s proven to be a good learning. I’m awaiting a response from the physician today. We were communicating with who we thought was the primary physician last week based on the name on the prescriptions. It turned out that the initial physician hasn’t seen the patient in over a year – not good.



Case presentation

At least one case will be presented using the HomeMeds software to demonstrate the intervention steps.

What HomeMeds Includes

- Implementation consultation
 - Preliminary consultation
 - Periodic touchbase calls
- Training
 - Onsite (preferred) or via webinar
- User Manual and updated materials
- On-going QA/QI

Putting it all together...

- Opportunity to identify and act on potential medication-related problems
- Collaboration intervention
 - Case managers role
 - Scope of practice issues

Partners in Care Foundation

Contact Information

Email us at HomeMeds@picf.org

HomeMeds Website: www.HomeMeds.org

HomeMeds Information Packet:

http://www.homemedes.org/landing_pages/14,3.html

Partners in Care Website: www.picf.org

Sandy Atkins, VP: satkins@picf.org

Dennee Frey, PharmD: dfrey@picf.org

Phone: 818.837.3775