Effective Medication Management

Chronic Condition Management

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Objectives

- Develop an understanding of Medication Management and Polypharmacy
- Discuss the negative outcomes of poor medication management on clients, families and the health care system
- Understand the goals and purpose of good medication management
- Learn about different medication management interventions: creating a medication list, medication reconciliation, tracking/monitoring compliance, and assessment of clients’ ability to self manage
- Discuss noncompliance risks, causes and mitigation strategies
- Learn about self-management activities for helping clients be safe and take medications as prescribed
Medication management is the monitoring of clients’ medications to confirm that he or she is complying with a medication regimen, while also ensuring the client is avoiding potentially dangerous drug interactions and other complications.

This is especially important for those taking large numbers of medications to address chronic illnesses and multiple diseases.
Taking multiple medications is known as polypharmacy, and it is particularly common among older adults and those with complex medical conditions, as they are more likely to need medications to manage an array of chronic conditions.
Outcomes of poor medication management

- More than 125,000 people die from a failure to properly take their medications each year in the U.S., adding approximately $100 billion in preventable additional hospitalization, emergency room, and repeat physician visit costs to the health care system.

- At least 10% of all hospital admissions are a result of this problem.

- Up to 23% of nursing home admissions may be due to a person's inability to self-manage prescription medications at home.

- Over 21% of all drug-related health complications are caused by patients failing to adhere to their medication regimens, whether by accident, negligence, or intent.

- 58% of all seniors make some kind of error when taking their medications, with 26% making mistakes with potentially serious consequences.
Goal & Purpose of Medication Management

**Goal:** To reduce avoidable hospitalizations by improving the home care clients’ ability to **safely** prepare and take medications as prescribed

**Purpose:**
- 1) To provide consistent instruction to clients and caregivers in medication assessment and clinical interventions
- 2) To improve management of medications in the home setting
- 3) To improve quality of life for clients receiving services
Medication management Interventions

Identify four potential interventions for helping your clients be safe and take their medications as prescribed:

1. Create medication List
2. Medication reconciliation
3. Tracking/Monitoring Compliance
4. Assessment of clients’ ability to self manage
1. Create Medication List

- Keeping track of all current medications is important. This can include creating printed list (Form G) describing medications, their dosages, and how they are being used.

- This list can be provided to clients to help them track the drugs they use and understand why various medications are being prescribed.
1. Updating medication list

- Keep an accurate list of medications, over-the-counter products, including generic and brand names, dosages, dosing frequency, and reasons for taking drugs.

- **Client should always keep this list with him/her**

- Take this list to ALL doctor visits and ALL medical testing (lab, x-ray, MRI, CT, etc.). Take this list to ALL pre-assessment visits for admission or surgery and ALL hospital visits (ER, in-patient admission, out-patient visits).

- Update this list as changes are made to medications. If a medication is stopped, draw a line through it and record the date it was stopped. If help is needed ask the Physician, Nurse or Pharmacist to help you fill out this list.
Question: If maintained properly, a Universal Medication List (Form G) can:

A. Reduce confusion and save time
B. Improve communication between patient, family and healthcare providers
C. Improve medication safety
D. All of the above
Reconciliation: Process of identifying the most accurate list possible of all medications a client is taking-including drug name, dosage, frequency and route-and comparing that list against the physician records and/or hospital discharge orders, with the goal of providing correct medications.

The key to the reconciliation process is an accurate medication list carried by the client.
Medication reconciliation includes:

A. Creating the most accurate list of patient’s medications
B. Providing a patient form to record all medications
C. Resolving discrepancies
D. Documenting only physician prescribed medications
E. All but D
3. Tracking & Monitoring

- Ongoing tracking of all medication taken by a client is a part of a management plan

- Managing prescription and over-the-counter medicines can help prevent reactions
3. Tracking & Monitor medications

- Monitoring medication administration is key. Medications usually need to be taken in specific doses at set intervals. Missing doses or timing doses incorrectly can cause complications.

- To manage this, everything from devices that issue reminders to clients to take their medications, to filling pill cases for clients and marking the lid of each compartment to indicate when the contents need to be taken may be used.
3. Track & Monitor medications

Check Adherence as part of the comprehensive assessments AND done on an ongoing basis:

✓ Review calendar, diary, list, pillbox, etc. to determine compliance
✓ Select one medication with known start date and count pills to verify compliance.
✓ Does client have any established daily routines which are, or could be, tied-in to medication administration?
Question: The In-Home caregiver role in medication management includes all the following EXCEPT:

A. The caregiver should not be involved with medication management
B. Reporting changes such as difficulty swallowing or sudden depression
C. Observing and reporting financial issues preventing the client from getting prescriptions filled in a timely, consistent manner
D. Reporting the discovery of pills in the bed
4. Assessment

- Assess clients’ ability to **safely prepare and take** medication

**Medication Assessment**

A Medication Assessment provides a standardized approach to evaluating clients’ ability to self administer medications. It promotes a combination of interview and observation to evaluate the client’s true ability to be safe and take his/her medications as prescribed.
Non-compliance/non-adherence

- Non-Adherence: This term is applied to clients when they are not following the prescribed treatment. There may be factors that are affecting the client/caregiver’s ability to take their medications, which need to be assessed and addressed. Typically look at the primary physical or cognitive impairments, but a more detailed assessment may be needed, related to the complex process of medication management.
There are lots of reasons why clients neglect to take their drugs properly. The most common reason is that they just forgot, which seems innocent enough. The average senior takes about seven medications every day, so it may be difficult to remember and keep track of them.

However, consequences can be deadly if forgetting leads to taking the same medication twice and overdosing! And skipping a dose by accident might not seem to be such a big deal, but in many cases it is absolutely crucial that doses be kept on a regular schedule as possible. For example missing doses of anti-hypertensives can produce a dangerous “rebound effect” in which the blood pressure can rise even beyond what the levels were before the client started on the medications.
COMPREHENSION
✓ Is there evidence to support/suggest that client/caregiver does not understand medication regimen?

• “I’m not having (symptoms) anymore, so I’m not sure whether to keep taking this.”
• “That makes my stomach upset, so I try not to take it.”
• “I don’t know when to take my meds or what dose to take.”
Reasons for noncompliance

ILLITERACY

✓ Is there evidence to support/suggest that client’s/caregiver’s inability to read is affecting medication compliance?

- Unable to read medication name, frequency, dose, other instructions
FINANCIAL CONCERNS
✓ Is there evidence to support/suggest that client is limiting medication use to save drug (i.e. to save money)?

• “I take it when I really need it.”
• “I sometimes only take half the ordered amount.”
MEMORY DEFICIT
✓ Is there evidence to support/suggest that client is forgetting to take medications, or forgetting that medications have already been taken-resulting in non-compliance?

• “I usually take one after lunch, but my daughter called, and I can’t remember if I took it”.
• Pills found in chair, on table by cup, etc.
• Incorrect pill counts
• Signs of ineffective drug therapy
FUNCTIONAL DEFICIT

✓ Is there evidence to support/suggest that the client’s non-adherence is due to functional deficits?

- Fine motor/gross motor/mobility
- Vision
- Swallowing
Reasons for noncompliance

DISORGANIZATION

✓ Is there evidence to support/suggest that the client’s medication administration methods lack organization?

- Bottles/pills in multiple locations
- Unable to locate all medications
- Reported administration methods vary from day to day (inconsistent)
- Lack of established or predictable routines (sleep, meals, ADLs, etc.)
Top Medication Mistakes

Top Medication Mistakes
You Don’t Want to Make

www.APlaceforMom.com/blog
Problem: Overdoses are the number one cause of medication fatalities and the most common medication error according to the FDA study about drug errors. Prescription drugs that have abuse potential are the most common culprits. Examples include prescription painkillers like: Percocet, anti-anxiety medications like Xanax, and stimulants such as Adderal. But, you can overdose on any type of drug. In fact, overdoses of the commonly used medication Tylenol have been linked to as many as 970 fatalities!

Solution: Never take more medicine than prescribed and watch out for clients who may be overusing prescription medications. Signs of prescription drug overuse can include: over-sedation, mood swings and running out of medication early.
2. Confusing medications with one another

- **Problem**: Prescription medications frequently have names that are easy to mix up. Examples of medications that are often confused include:
  - Zantac for heartburn and Zyrtec for allergies
  - Lamictal for epilepsy and Lamisil for fungal infection
  - Celebrex for arthritis and Celexa for depression
Clients, particularly seniors with dementia, can also mix up pills when they look superficially similar.

- **Solution**: This is another case where a pill-minder can be a big help. Sorting daily medication in advance can prevent the wrong medication from being taken in a moment of confusion. Medications that are taken as needed, and therefore aren’t in the minder, should be clearly labeled and stored separately from one another, if necessary. This issue is serious enough that the FDA carefully reviews drug names before they go to market to prevent medications with names that are too similar from existing on the marketplace. This is aimed to prevent such mistakes by both clients and by pharmacists.
3. Medicines interacting with one another

- **Problem:** Some medications were never meant to be mixed. With 40% of seniors taking five or more prescriptions and many of them receiving these prescriptions from multiple specialists, sometimes clients are inadvertently prescribed medications or take medications which are dangerous when mixed. For example, a client could be prescribed an opiate painkiller from a pain doctor and a sedating sleeping medicine from a sleep specialist, each of which would be safe when taken individually at prescribed doses, but which could cause dangerous over-sedation when combined.

- **Solution:** Our doctors and pharmacists are supposed to be on top of this, but mistakes happen, especially when a client’s various physicians are not communicating with one another effectively. Speak to the pharmacist about all the medication the client is taking and make sure the prescriptions, supplements and over the counter medications the client is taking do not conflict.
4. Food and Drug Interactions

- **Problem:** While it’s common knowledge that certain medications ought not be taken at the same time, the issue of foods interacting with drugs is less commonly discussed. For example, many seniors are on medications such as the anti-coagulant Coumadin or blood thinning statins. Many medicines in this family can be rendered ineffective when a client eats foods high in vitamin K, such as leafy green vegetables, broccoli and Brussels sprouts. Similarly, grapefruit juice can cause potentially dangerous interactions with at least 85 medications because it contains a compound that affects the way medications are metabolized by the liver.

- **Solution:** Always be mindful of directions and warnings on the labels of prescriptions and from the pharmacist. If you have any concerns, don’t hesitate to bring them up with the pharmacist, whose job is to assure clients understand the medications they are taking and how to take them correctly.
5. Wrong route of administration

- **Problem:** An FDA report indicated that 16% of medication errors involve using the wrong route of administration. This could involve for example, swallowing a tablet that was intended to be taken sub-lingually (slowly absorbed under the tongue) or an anal suppository (yes, this had been done). Swallowing a liquid intended for injection or use as a nasal spray is another example.

- **Solution:** At the risk of sounding redundant, be sure to follow all instructions on labels from doctors and from pharmacists carefully, and ask questions if you’re not sure. If you are monitoring a client be clear about the proper way to take his or her medication.
Self-management activities

- The TC should learn about self-management activities for helping clients be safe and take medications as prescribed.
Questions to ask

- What is this medication called?
- How does it work?
- What are the possible side effects?
- Exactly how many times do I take this every day and at what intervals?
- Are there any dangerous interactions with other drugs or with certain foods?
- How long do I have to take this?
- How do I store it?
- How much does it cost (with or without insurance)?
Talk to the pharmacist

- If you or the client have any concerns at all about the combination of medications, or how a new medication will affect them, *ask your doctor or pharmacist*.
- Learn about the potential side effects, dosage, proper storage, and anything else.
- You and the client should also talk to the provider if the client is thinking of stopping a medication or has stopped a medication.
Bring a medications list – or the medications themselves – to the doctor at each visit!

- Take the list of prescription medications – and a list of over-the-counter drugs and any herbal supplements being taking – and bring it to the doctor’s office at each visit, or to a pharmacist. The more information your provider has, the more accurately they can pinpoint any potential adverse effects or drug interactions.
Be prepared for the visit

- This may seem obvious, but it can’t be emphasized enough: bring all the information you need to each appointment. A critical part of being their advocate is making sure the doctor has their medical history, lists of current medications and supplements, and any changes in behavior or habits you might have noticed. Write down any questions or concerns you might have beforehand, and bringing the list with you.

- **Ask questions and take notes.** The doctor is there to help, so make sure you ask for clarification if you don’t understand something—and remember to ask about treatment goals and advance planning. Bring a note pad or recording device so you can jot down the important information. Don’t be afraid to make your concerns heard.
Numerous devices and strategies have been developed to help clients keep track of their medications. You can find some of the relatively inexpensive "reminding gadgets" at your local drugstore, devices that help organize pills and/or remind you when to take them with visual and sounding alarms.

You can also find very sophisticated reminding/dispensing systems that can cost hundreds of dollars, as well as services that will telephone the client to remind them.
Pill Dispensers

- Automatic and/or Programmable Dispenser
- Multiple Compartment pill dispenser storage
- Locked Pill Dispenser
- Pill Dispenser for the Elderly
- Daily Pill Dispenser
Automatic Pill Dispenser

- Pill Dispenser one month $12
- Talking alarm clock and medication reminder $29
Organizes pills for a full 31 days supply of medication
Talking Alarm Clock Calendar reminds users to take medicine up to 4 times daily
Date and dosage time verified through LCD display and audible alert
Loud and Extra Loud settings ensure alarm is heard
Clear Large Type display makes viewing day date time easy
$40
Medication systems: Pill Pack

- PillPack delivered every two weeks
- Medications come in individual packs organized by date and time
Question: When selecting a type of medication box, you need to consider all of the following EXCEPT:

A. Patient’s ability to open the box
B. Number of pills the patient takes in a day
C. Size of the agency logo on the box
D. Patient’s visual ability
Questions
References


- “Understanding Patient Safety, 2e”, R. Wachter, Lange, Chapter 4. Medication Errors, Standardization and Decreasing Ambiguity.

- http://www.wisegeek.org/what-is-medication-management.htm