Addressing Medication Complexity Through Innovative Community-Based Strategies and Partnerships

May 22, 2019, 1:30-2:30 pm ET

Please stand by, today’s webinar will begin shortly.

Made possible with support from the Gordon and Betty Moore Foundation
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Questions?

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Meet Today’s Presenters

Bianca Freda, MPH
Program Officer
Center for Health Care Strategies

Kari Trapskin, PharmD
Vice President, Health Care Quality Initiatives
Pharmacy Society of Wisconsin

Mike Wolf, MD, PhD
Professor, Medicine and Learning Sciences;
Associate Vice-Chair of Research, Department of Medicine;
Associate Division Chief, General Internal Medicine
Feinberg School of Medicine Northwestern University
Today’s Agenda

- Overview of the Community Management of Medication Complexity Innovation Lab
- Optimization of a Statewide Medication Therapy Management Program – Kari Trapskin, PharmD
- Moderated Question and Answer
- Simplifying Complex Medication Regimens Using the Universal Medication Schedule – Mike Wolf, MD, PhD
- Moderated Question and Answer
Goals of the Community Management of Medication Complexity Innovation Lab

- Identify and advance effective community-based strategies for addressing medication complexity;
- Support opportunities to expand, refine, spread, and scale promising models to other health care settings; and
- Improve patient experience, and empower individuals with complex needs to effectively manage their medication regimens.
<table>
<thead>
<tr>
<th>CMMC Pilot Sites and Interventions</th>
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<tbody>
<tr>
<td><strong>Chicago, IL</strong></td>
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<tr>
<td>Simplifying complex medication regimens by using the Universal Medication Schedule (UMS) to standardize language for prescription labels and streamline complicated medication routines</td>
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<tr>
<td><strong>Madison, WI</strong></td>
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<td>Providing training to pharmacies to implement Comprehensive Medication Reviews and Final Product Verification using specially trained pharmacy technicians to dispense medications, freeing up pharmacists for counseling and clinical patient management</td>
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<td><strong>Appleton, WI</strong></td>
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<td>Partnering with community pharmacies and implementing a medication risk score within the EMR to deploy multidisciplinary care teams for patients with medication complexity</td>
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<td><strong>Iowa City, IA</strong></td>
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<td>Using prescription, claims, and assessing patient’s social determinants of health (SDOH) to identify and intervene with high-risk patients</td>
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<tr>
<td><strong>Minneapolis, MN</strong></td>
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<tr>
<td>Providing Comprehensive Medication Management (CMM) to behavioral health patients and understanding their SDOH mapped to medication therapy problems to help optimize medications, prevent readmissions, and better coordinate care</td>
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Optimization of a Statewide Medication Therapy Management Program

Kari Trapskin, Pharm.D.
VP Health Care Quality Initiatives
Pharmacy Society of Wisconsin
karit@pswi.org
Pharmacy Society of Wisconsin (PSW)

• State professional association for pharmacists, pharmacy technicians, and pharmacy students in Wisconsin

• All practice settings

• Mission
  – Education
  – Advocacy
  – Practice Advancement
Wisconsin Pharmacy Quality Collaborative (WPQC)

- Network of pharmacies with certified pharmacists who provide medication therapy management (MTM) services to patients
- PSW accredits WPQC pharmacies based on a set of 7 quality-based best practices
- Team-based care focus
Medication Therapy Management: CMR Services

- Comprehensive Medication Review
  - 45-60 minute sit down encounters
  - Identification, resolution, and prevention of medication-related problems
  - Communication to providers and patients
    - Clinical documentation
    - Personal Medication List (PML)
    - Medication Action Plan (MAP)
CMMC Project Goals

• Optimize pharmacy technician workflows in 8 pharmacies
• Provide CMR workgroups/marketing support
• Main outcome measure: increase in CMRs
• Site visits
  1. Workflow implementation support
  2. CMR implementation support
Optimizing Workflows with Pharmacy Technicians

• **Goal:** Better use of current resources to provide more direct patient care

• **Workflow:** Leverage pharmacy techs to complete technical dispensing tasks (e.g., Final Product Verification)
  - 40 years of data supports techs are capable of completing technical tasks safely
  - WI permits trained, validated pharmacy techs to complete select, traditional pharmacist tasks
Pharmacists Identify and Perform Services

CMR Eligibility

- ≥ 4 prescription medications to treat or prevent ≥ 2 chronic conditions (HTN, asthma, diabetes, CKD, HF, 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
- Physician referral

Payer Participation

- Wisconsin Medicaid (ForwardHealth)
- United Way of Dane County
- NeuGen
Medication Therapy Management: CMR Follow-Up Services

• Eligible patients are allowed 1 initial CMR and up to 3 follow-up CMR visits per year
• Patients can also receive a CMR/A after each discharge from hospital/LTC facility
  • WPQC Transition of Care (TOC) service with a medication reconciliation component
Pharmacist Training

• WPQC Homestudy (12 hours CE)
  – Motivational Interviewing/Health Literacy
  – Clinical Toolkits (13)
  – Logistics
• CMR workgroups
  – Telephonic coaching
• On-demand webinars
• Conferences

http://www.pswi.org/WPQC/Resources/Clinical-Pocketbook-Toolkits
Survey Results

- Internet: 3% (24% sufficient, 74% not sufficient)
- System References: 3% (26% sufficient, 71% not sufficient)
- Knowledge Disease: 6% (35% sufficient, 59% not sufficient)
- Space: 35% (9% sufficient, 91% not sufficient)
- Knowledge CMR: 24% (32% sufficient, 44% not sufficient)
- Billing: 18% (47% sufficient, 53% not sufficient)
- RPh Scheduling: 41% (29% sufficient, 29% not sufficient)
- Identify Patients: 12% (62% sufficient, 38% not sufficient)
- MD Response: 24% (53% sufficient, 47% not sufficient)
- Knowledge Document: 21% (59% sufficient, 41% not sufficient)
- Attendance: 47% (35% sufficient, 65% not sufficient)
- Tech Staff: 35% (50% sufficient, 50% not sufficient)
- Time: 44% (44% sufficient, 56% not sufficient)
- Marketing: 41% (53% sufficient, 47% not sufficient)

Sufficient for CMR Services:
- Is NOT Sufficient
- Could be Improved
- Is Sufficient
Results: Number of Pharmacies Providing CMR Services

• Goal: 15% Increase Across All WPQC Pharmacies

• Total Encounters:
  – Number of Pharmacies That Provided At Least 1 CMR in May 2018: 24
  – Number of Pharmacies That Provided At Least 1 CMR between May 2018 and January 2019: 38
  – % Increase: 58%
# Results: WI Medicaid Utilization Data

<table>
<thead>
<tr>
<th>CMR Services</th>
<th>9,979</th>
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<tbody>
<tr>
<td>Initial</td>
<td>6,896</td>
</tr>
<tr>
<td>Follow Up</td>
<td>1,455</td>
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181 pharmacies maintaining accreditation  
397 pharmacists maintaining certification  

Sept. 2012 – Mar. 2019
Increased Marketing Activities
Challenges/Learnings

• Unanticipated corporate pharmacy closing impacted ability to implement FPV and perform CMRs as quickly
• Software-specific workflow changes for FPV process
• Pharmacies’ marketing needs (adherence first)
Questions?

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Make it Simple but Significant

Simplifying Complex Medication Regimens Using the Universal Medication Schedule

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Professor, Medicine & Learning Sciences
Associate Vice Chair, Department of Medicine
Associate Division Chief, General Internal Medicine & Geriatrics
Director, Health Literacy & Learning Program (HeLP)
Northwestern University
Chicago, IL USA
mswolf@northwestern.edu
Design of **effective, scalable, health system-based** strategies to promote patient self-management
Confluence of 2 Age-Related Problems

**Body**
80% of adults over 65 live with ≥ 2 chronic conditions (vs. 18%; 18-44 years)

**Mind**
‘Fluid’ cognitive abilities necessary for self-care are known to decline with increased age.

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Healthcare Demands

Self-care Skills
Challenges of Polypharmacy
The Task of Taking Medicine

- **A dynamic behavior** (adding, changing, removing medication)
- **Multi-drug regimens, variable doses**
- **Multiple devices** (pill, injection, inhaler, liquid, nasal, eye drops, lotions, etc.)
- **Tapered and escalating doses**
- **Doses dependent on measurement** (i.e. weight, blood sugar)
- **Daily vs. non-daily medicines**
- **Limited duration vs. chronic, extended duration medicines**
- ‘**PRN’** (Pro Re Nata) or ‘As Needed’ and seasonal medicines
- **Multiple prescribers, multiple pharmacies, variable instructions**
- **Brand vs. generic drugs** (variable trade dress)
- **Unsynchronized fill dates from pharmacy**
Adequate Health Literacy Skills Needed

Health Literacy:

The **cognitive** and **social skills** which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health.

- *World Health Organization*
Aligned Conceptual Frameworks

Cumulative Complexity Model

- Life demands
  - Workload
    - Burden of treatment
      - (1) Access care
      - (2) Use care
      - (3) Enact self-care
    - Capacity
      - Burden of illness
      - Resource scarcity

Outcomes


Causal Pathways Linking Health Literacy to Health Outcomes Model

- Healthcare Access and Use
  - Patient Factors
  - System Factors

- Patient-Provider Interaction
  - Patient Factors
  - Provider Factors

- Self-Care
  - Patient Capabilities
  - Treatment Burden

- Health Services Use
- Health Outcomes

Paasche-Orlow and Wolf, AM J Health Behav 2007
Confusing People Less

Making it Simple.
Cognitive Load of Self-Care Tasks

- Physical health (co-morbidities, functional independence)
- Mental health
- Cognitive health
- Number of healthcare providers, frequency of visits
- Polypharmacy & regimen complexity
- Medical devices
- Involved technologies
- Monitoring responsibilities
- Health insurance

Disease Burden

Treatment Burden
CMMMC Health Literacy Interventions: A Case Example
# Universal Medication Schedule (UMS)

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<td>1 pill at noon</td>
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- **Morning:** 6-8 am
- **Noon:** 11-1 pm
- **Evening:** 4-6 pm
- **Bedtime:** 9-11 pm
Universal Medication Schedule (UMS)

- Provides more explicit guidance as to when to take prescribed medicine
- Reduces variable prescribing, dispensing practices that lead to regimen complexity
- Aligns with a ‘pill box’ schema
- Evidence-based: multiple studies have found the UMS...
  - Reduces dosing errors;
  - Improves regimen efficiency; and
  - Improves adherence (14% increase)
- Yet only 1 in 8 prescriptions are written using UMS
- NCPDP, USP, and NAM identify it as a best practice

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- Morning: 6-8 am
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### SOME IMPORTANT THINGS TO KNOW ABOUT YOUR MEDICINE

<table>
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<tr>
<th>Brand Name</th>
<th>Tradjenta</th>
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<tbody>
<tr>
<td>Also Known As</td>
<td>Linagliptin</td>
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</table>

**Purpose**: This medicine helps control blood sugar in adults with type 2 diabetes.

**Benefit**: This medicine treats high blood sugar. It can help prevent damage to your eyes, kidneys, nerves, and heart.

**How to Take**
- Take by mouth as directed by your doctor.
- Try to take your medicine at the same time each day.
- Take with or without food.

**While you are taking this medicine**:
- Call your doctor if you have low or high blood sugar.
- Limit how much alcohol you drink.
- Do not take aspirin or St John’s Wort.

**Ask Before Use**
- Ask your doctor if it is safe for you to take this medicine if you:
  - are pregnant or breastfeeding.
  - have allergies to any medicines or foods.
  - take other medicines, vitamins, herbal products or supplements.

**Common Side Effects**
- Sore throat
- Runny nose
- Cough
- Diarrhea
- Headache
- Stomach pain

*These are common side effects for this medicine. Tell your doctor about any side effect that does not go away or gets worse.*

**Serious Side Effects**
- This medicine could cause low blood sugar (hypoglycemia). Some signs of low blood sugar are:
  - Nausea and vomiting
  - Dry mouth
  - Tingling lips
  - Tremor
  - Blurry vision
  - Feeling more hungry than usual
  - Feeling very dizzy
  - Feeling anxious or unable to sit still
  - Very bad headache
  - Confusion
  - Sweating more than usual
  - Feeling unusually drowsy or weak
  - Unusually fast or uneven heartbeat
  - Fainting or losing consciousness

Check your blood sugar if you have any of these symptoms. If your blood sugar is below 70, drink a glass of juice or eat hard candies or glucose tablets. Check your blood sugar again in 15 minutes and repeat if necessary.

You could be allergic to this medicine. Some signs of an allergy are:
- Swelling of face, lips, tongue or throat
- Hard time breathing or swallowing
- Very bad rash or itching

*These side effects might be signs of a serious problem. If you have any, call your doctor right away.*

**For More Information**
It is important to read all the information about your medicine you get from your pharmacy. If you have questions, ask your doctor or pharmacist. You can find more information at www.nlm.nih.gov/medlineplus.
CMMC UMS Build and Pilot

• **Oak Street Health**
  - Chicago-based network of primary care practices for serving older adults from low-income and underserved neighborhoods
  - 50% of patients are dually eligible for Medicaid and Medicare
  - Value-based managed care model used to care for patients is well suited for care improvement innovations

• **Pilot Goals**
  - Targeting EHR (Greenway) default ‘sigs’ instructions for most common Rx medications
  - Program an EHR UMS Medication List
  - Leverage existing text message appointment reminder platform (Care Message) to send UMS dose reminders

• **Assessment**
  - Structured interviews with patients (n=70) and with staff/clinicians (n=10)
  - Fidelity and satisfaction outcomes
  - Assess whether or not the tools functioned and if they had the desired effect
Implementation Challenges

- Discrete vs. open fields in the EHR
- Confirmation of appropriate UMS ‘mapping’ (verify with prescriber monographs)
- EHR build of medication list and auto-population of regimen into UMS
- Manual vs. automated tailoring of UMS text reminders
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