

Question & Answer (Q&A): Safe and Effective Use of Medications in Older Adults Webinar

Webinar participants asked the following questions during the Q&A portion of the 2018 Geriatric-Competent Care webinar entitled, *Safe and Effective Use of Medications in Older Adults* held on April 18, 2018. Please note, the responses in this document have been edited slightly for clarity. The webinar recording, slides, and transcript can be found on the Resources for Integrated Care website:

https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/Medications

Featured Webinar Speakers:

- Todd Semla, MS, PharmD, National PBM Clinical Pharmacy Program Manager – Mental Health & Geriatrics; U.S. Department of Veterans Affairs; Feinberg School of Medicine, Northwestern University, Chicago, Illinois
- Thomas von Sternberg, MD, Senior Medical Director, HealthPartners Community Seniors, Home Care and Hospice; Medical Director, HealthPartners Dual Eligible Program, Bloomington, Minnesota
- Donna Fick, RN, PhD, College of Nursing, Pennsylvania State University, State College, Pennsylvania; Director, Penn State Center for Geriatric Nursing Excellence
- Marisilis Tejada, Health Coach, City Health Works, New York, New York

Q1: Can you share communication strategies for working with consumers who have a difficult time describing their medication side effects?

Dr. Todd Semla: I like to encourage consumers to write down a list of their medication concerns before an appointment with their provider. This way, the consumer can read back or show the provider a prepared description of any medication concerns.

Dr. Thomas von Sternberg: Providers should approach medication side effects in a structured fashion. It is important to work with the consumer to clearly define their side effects and explain how they affect everyday life. For example, if a consumer identifies sleep problems related to a medication, the provider should work with the consumer to identify specific strategies to meet the consumer's needs (i.e., take medication in morning, reduce dosage, deprescribe, provide education about napping).

Donna Fick: Encouraging consumers to keep a diary of symptoms can be helpful. It is necessary to describe how the symptom makes you feel, not just what it is. A diary of symptoms allows consumers to describe how it impacts their day. Sharing this information with providers can improve how medication concerns and symptoms are communicated.

Q2: What role can pharmacists play in improving safe and effective use of medication?

Resources for Integrated Care: The role of the pharmacist on the health care team is multifaceted and imperative to ensure safe and optimal medication use. Pharmacists are uniquely trained to evaluate medication appropriateness and provide valuable feedback to the interdisciplinary care team. They have skills to evaluate medication lists by identifying potential over-treatment, under-treatment, adverse drug reactions, and drug-drug interactions. Pharmacists are also able to implement evidence-based interventions based on appropriate clinical guidelines and unique consumer characteristics, which leads to improved medication outcomes for the consumer. Further, pharmacists are trained to identify barriers to proper medication use, whether it is medication management, concerns about affordability, or declining cognition. By identifying these barriers, pharmacists have the knowledge to minimize these barriers by counseling on adherence aids (e.g., alarms, pill boxes, adherence packaging), helping consumers apply for financial assistance programs, or working with the consumer/family to identify other creative means to ensure appropriate medication use.

Q3: What can care coordinators do to improve communication between providers and consumers, especially if there are multiple providers involved in the consumer's care?

Donna Fick: Sometimes consumers can be afraid to ask the question, “Do I still need to be on this medication?” When consumers have questions about their medication, they should work with their primary care physician or care manager to better understand. Also, medication therapy management (services to optimize therapeutic outcomes) has been found to effectively decrease the number of medications and improve medication management. If the consumer has multiple providers, it is good practice to identify one individual, such as a care manager, to assess the big picture. Sometimes, it is worth setting up a call with the care manager and multiple providers so that everyone is on the same page, mitigating the need to repeat content. There are options for free conference or video calls that are great for these meetings. The care manager should keep a log of these conversations, as well as the individual's symptoms and medications, to make sure all information is documented in one place and available for future reference.

Marisilis Tejada: At City Health Works, our health coaches are available to accompany the consumer to their appointments. We prepare the consumer before they go to their appointments by helping them write down their questions and concerns about their medications. This helps the consumer voice their concerns and it helps the doctors use their time efficiently to understand and care for the consumer. This way everyone can be involved in the treatment goals and providers can become more familiar with the consumer's role and the value of coordinating care to help the patient become healthier. Additionally, care coordinators take detailed notes and make them available for the provider's reference. These steps can greatly improve

communication during appointments. The health coach is there in the beginning, but also empowers the consumer to advocate for themselves.

Q4: Are there any recommendations to ensure the safe use of medications for individuals with mental health disorders?

Dr. Thomas von Sternberg: It can be challenging to manage medications for individuals with chronic mental illness who are living independently in the community. This is especially true if there is no advocate or frequent way to check on the consumer. Technology, such as reminders or prompted dispensing devices, can be used. However, based on degree of mental illness, these devices may not prove useful. Individuals in residential communities can have support from peers or caregivers to encourage medication management. Providers should aim to simplify medication regimens by prescribing medications that are taken once a day and twice maximum.

Dr. Todd Semla: In situations where consumers with mental health disorders live independently in the community, we use medication trays or pill boxes that are exchanged weekly by the pharmacy. This allows some understanding of what medications are being taken. This may not work for every consumer, but it does for some.

Q5: Can you recommend medication management questionnaires or tools that can be used for case management programs?

Donna Fick: I would recommend looking into [Medication Therapy Management \(MTM\)](#). MTM is a CMS program that ensures medications are working to improve the consumer's health. A pharmacist or other health provider conducts a comprehensive review of all medications and discusses relevant issues and concerns with the consumer. The provider develops a written summary of this discussion, including an action plan that recommends how to maximize the use of the medications.¹ MTM is available through Medicare Part D and has been shown to improve adherence. There are also several papers by Nicole Brandt, a board certified geriatrics and psychiatric pharmacist and professor of pharmacy at the University of Maryland School of Pharmacy, on medication management that reference different tools. The "All About Me" person-centered tool included in the presentation is shared freely and is adaptable to meet the needs and preferences of local settings and cultures. Many versions of the "All About Me" tools are located online and there is also an article featuring a case example of how it was used; the article and the tool can be accessed for free [here](#). Others can use the document to design their own "All About Me" tool.

¹ The Centers for Medicare & Medicaid Services. Medication therapy management programs for complex needs. Retrieved from <https://www.medicare.gov/part-d/coverage/medication-therapy-management/medication-therapy-programs.html>

Dr. Todd Semla: It is important to determine why the consumer is unable to manage their medication. Once understood, look for an intervention or solution that addresses the problem directly. Interventions such as pill boxes work well if a consumer has trouble keeping medications straight or has trouble remembering if they took their medication. Understanding all factors will help determine the best intervention.

Dr. Thomas von Sternberg: Evidence shows that once there are two or more medications taken more than once a day, the risk of medication mismanagement increases by 50 percent.² The provider should engage the consumer to understand why they are not able to manage their medication. Conversations of this nature can lead to open dialogue about the challenges the consumer faces when managing medications and the best solutions for addressing these challenges. A care manager can help a consumer begin this conversation with the provider. Additionally, pharmacies can use screening tools if consumers are taking more than five medications to assess for compliance and safety. If the consumer is on high-risk medications, providers can use MTM or consider reducing the number of medications prescribed.

Q6: What sort of regular monitoring by family members or the provider is needed to monitor adverse drug events and physiological changes?

Dr. Thomas von Sternberg: In general, renal and liver functions and drug levels can be monitored by primary care providers once or twice per year and can flag a need for consults (although some exceptions remain). A consistent relationship with a provider is important for monitoring metabolic factors. These tests results can be shared between providers to improve medication safety. In terms of encouraging providers to make medication changes, it is important for providers to clarify what is most important to the consumer. This way, the consumer or their caregiver can have a conversation about their medication preferences. Otherwise, we remain with transactional healthcare visits that are encounter driven, not consumer driven. The important takeaway is that consumers and caregivers should make sure health visits are based on consumer needs and that they address their medication concerns and preferences.

Q7: Where are City Health Works services provided and who is eligible for these services?

Marisilis Tejada: Currently, City Health Works operates in upper Manhattan, primarily in Harlem. Eligible participants are those who have been diagnosed with life-threatening chronic illnesses, are referred by their health care provider, and who have poor control of their disease. Currently, City Health Works provides coaching for diabetes, hypertension, and asthma. Additional health conditions are being added including, but not limited to, congestive heart failure, chronic obstructive pulmonary disease and chronic kidney disease.

² Marcum, Z. A., & Gellad, W. F. (2012). *Medication adherence to multi-drug regimens* doi:10.1016/j.cger.2012.01.008

Q8: At City Health Works, what is the primary role of the health coach?

Marisilis Tejada: The primary role of the health coach is to help the consumer learn about managing their health and navigating the health care system through care coordination. For instance, City Health Works identifies individuals close to the consumer as ‘champions.’ ‘Champions’ can be a relative, a best friend, a home attendant, or another individual who is available to help the consumer manage their health. If there is an issue scheduling an appointment with a provider, coaches can help by providing the right numbers to call. Additionally, all issues that the consumer experiences are reported to the health coach’s supervisor as well so that they can help if needed. The supervisor can send a message to the provider, social worker, or case manager to help resolve any issue. The health coaches, with the support of their supervisors, bridge the gap between consumers and their providers in the health care system.

Q9: What are the qualifications for health coaches? What training do they receive?

Marisilis Tejada: Health Coaches at City Health Works must have a high school diploma or equivalent, be a member of the community, have basic technology skills, and possess a passion to help others. At City Health Works, health coaches go through an intensive six week training program facilitated by health professionals (RD, CDE, RN, SW, etc.). The training includes basic education in disease management and care coordination. Everyone who is hired by City Health Works goes through this training within the first few weeks of employment.