Improving Medication Management in ALFs: A Pharmacist’s Perspective

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Medication Management in ALFs

• Medication management is one potential IADL that a resident may receive assistance with
  – Approximately 85% of residents get help with their medications

• Since ALF’s are regulated by the state rather than federal government, variations of regulations exist.

• In 2003, the Assisted Living Workgroup created a list of recommended policies concerning medication management in ALF’s.


Recommended Policies for Medication Management

• Medication orders, including telephone orders
• Pharmacy services
• Medication packaging
• Medication ordering and receipt
• Medication storage

Recommended Policies, cont’d.

• Disposal of medications and medication-related equipment
• Medication self-administration by the resident
• Medication reminders
• Medication administration

Recommended Policies, cont’d.

• Medication administration – specific procedures

• Documentation of medication administration

• Medication error detection and reporting

Recommended Policies, cont’d.

• Quality improvement system, including medication prevention and reduction

• Medication monitoring and reporting of adverse drug effects to the prescriber

Recommended policies, cont’d.

- Review of medication
- Storage and accountability of controlled drugs
- Training, qualifications and supervision of staff involved in medication management

Importance of Medication Management in Assisted Living

• The purpose of the recommended policies were to help facilities create a medication management service that would work effectively and provide correct medication to the residents.
• The staff offering administration or assistance would be knowledgeable about the medication

• Residents that needed help with their medication would get the correct drugs

• A review of the medications would decrease potentially harmful interactions or effects as well as lower costs

• Assisted Living Workgroup Report to the U.S. Senate Special Committee on Aging. Topic Group Recommendations Adopted by Two-Thirds Majority of the ALW. April 2003
Ongoing Medication Management Challenges....

• In 2008, 5 years later, a Medication Management Symposium noted that:
  • Balancing consumer safety and autonomy with self administration is ongoing
  • Lack of trained healthcare professionals specializing in geriatrics caring for residents in ALFs

Report from an Expert Symposium on Medication Management in Assisted Living
Challenges, cont’d.

• Lack of uniformity in state regulations regarding medication management, administration and assistance

• Little training is offered to unlicensed assistive personnel who administer medications

What have we seen in ALFs?
Increasing Numbers of Medications Used

• A study from 2001 focusing on 608 residents living in 109 assisted living facilities found:

  • Residents received an average of 6.2 (+/-3.4) regularly ordered medications

More than half (58.4%) of these medications consisted of cardiovascular, CNS or nutritional medications.

The high number of routine prescriptions could lead to potential drug related problems that could be avoided if a consultant pharmacist performed a medication review.

Inappropriate Medication Use

• A study from 2003 focusing on 456 residents from 124 different assisted living facilities found:

• 144 residents had one or more possible inappropriate routine or as needed prescriptions according to Beer’s criteria for a total of 204 inappropriate orders

• 64 orders were determined to have a rating of high severity
• Oxybutynin and propoxyphene were the two most frequently prescribed drugs that could be inappropriate
• Consultant pharmacy services resulted in 16.7% of the potentially inappropriate orders being stopped and 2.5% of the orders receiving dose changes (lower)

• Rhoads M, Thai Amy. Physician acceptance rate of pharmacist recommendations to reduce use of potentially inappropriate medications in the assisted living setting. *The Consultant Pharmacist.* 2003;18(3).
How does this impact the residents in ALFs?

• Among the elderly, 28% of hospitalizations are due to medication adverse events or medication non-adherence

• One out of every four nursing home admissions is attributed to medication mis-management
• Adverse drug events have been reported as the 4th leading cause of death among seniors and are estimated to cost $177.4 billion dollars each year.

• Medication misuse is particularly high following hospitalization, and even more so when multiple changes are made to older patient’s regimen.
• Each year there are more than 180,000 potentially fatal or fatal adverse drug events among Medicare recipients.
  – 50% of these adverse events could have been prevented

• Medication-related problems due to inappropriate prescribing has been deemed one of the most important quality-of-care issues for elderly patients. For over two decades.
Citations for previous three slides

• Gurwitz JH, Field TS, Harrold LR, et.al. Incidence and preventability of adverse drug events among older persons in the ambulatory setting. JAMA 2003;289:1107-16
Potential Risks of Medications and Benefits of a Pharmacist

1) Medication Related Problems
   • One out of every 5 emergency room visits are thought to be due to medication related problems
   • The identification of medication related problems by a consultant pharmacist may save the healthy care system around $2,250 dollars a year per resident by preventing unnecessary trips to the ER

2) Medication Errors
   • Correct improper dosing, administration and orders

3) Higher Medication Expenditures:
   • Reduce the resident’s medication costs by changing to generics, less expensive similar drugs, or stopping medications that are not necessary

What are some of the things that a Pharmacy and Pharmacist can do to help you?
1. Perform a Medication Regimen Review (MRR)

• What is MRR?
  – “Thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences associated with medications; The review includes preventing, identifying, reporting, and resolving medication-related problems (MRPs), medication errors, or other irregularities and collaborating with others members of the interdisciplinary team.”

2. Provide Ongoing Education to Direct Care Staff, Residents and/or the Family

• Medication management is based in the care process and includes:
  – Recognition or identification of the problem/need
  – Assessment
  – Diagnosis/causes identification
  – Management/treatment
  – Monitoring
  – Revising interventions

3. Assist with Assessing Resident’s ability to Self Administer Medications

Various screening and assessment tools to evaluate a resident’s ability to self medicate.

- e.g., MediCog: evaluates the ability to set up a pillbox
- Two Part Screen
  - Mini-Cog: detects clinically significant cognitive impairment
  - Medication Transfer Screen (MTS): evaluates skills in deciphering prescriptions and ability to sequence and locate
3. Assessing...con’td.

- Five to ten minutes to administer
- Requires a pencil and a preprinted MTS form.

4. Assist with Pharmaceutical Services

Pharmaceutical Services” refers to:

- The process (including documentation, as applicable) of receiving and interpreting prescriber’s orders; acquiring, receiving, storing, controlling, reconciling, compounding (e.g., intravenous antibiotics), dispensing, packaging, labeling, distributing, administering, monitoring responses to, using and/or disposing of all medications, biologicals, chemicals (e.g., povidone iodine, hydrogen peroxide);
• The provision of medication-related information to health care professionals and residents;
• The process of identifying, evaluating and addressing medication-related issues including the prevention and reporting of medication errors; and
• The provision, monitoring and/or the use of medication-related devices.
What can be done to assure medication gets managed appropriately, safely and accurately?
My thoughts...

• Advocate for clearer policies and regulations in ALFs
• Hire a consultant pharmacist to perform medication management reviews
• Ensure ongoing evaluations of medication administration
• Remember to respect the rights of the resident