It takes a Village: Medication Management
Partnering with patients to optimize medication outcomes

Minnesota Department of Health
Asthma Alliance October 2013
## Asthma Optimally Managed Per Minnesota Community Measures

### Results for 2012

<table>
<thead>
<tr>
<th></th>
<th>Total number of patients with asthma</th>
<th>Total number of patients who are optimally managed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>5243</td>
<td>425</td>
</tr>
<tr>
<td>Children</td>
<td>2659</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>7902</td>
<td></td>
</tr>
</tbody>
</table>

**MNCM audit results 4.4%**
Asthma Audit Findings

AMP hard copy issues:
✓ unable to find copy in scan doc
✓ triggers not completed
✓ each zone not completed – missing information
✓ Flow sheet entry incorrect

ACT/C-ACT issues:
✓ results not entered on flow sheet
✓ ACT/C-ACT does not align with patient’s age
✓ Entries incorrect: scoring, correct form used but incorrect form recorded
✓ Not entering whole numbers
Asthma Initiative Background

- Asthma Patient Education KE 1.2013
- 3 Staff ASMA Trainings 3&6&8.2013
- Primary Care Web-Ex 9.2013
• Asthma Pre-Visit report runs every morning.
• Asthma Registry
• Developed new AMP in Epic letters 9/27/12
• Capability to enter non Park Nicollet asthma data into the asthma flow-sheet
What is this?

Asthma
Self
Management
Appointment
ASMA Purpose

- Improving the patient experience with the use of standardized asthma education in primary care settings by partnering with patients so that they can optimally manage their asthma

- Provided by clinic RNs, RN Care Coordinators, LPN Care Coordinators, MTM Pharmacists

- Each clinic has at least one person trained.
Patients to be referred:

- Newly Diagnosed
- ACT< 20
- Recently hospitalized or seen in ER
- Patient with first AMP (may already have diagnosis)
- Concerns about barriers to care as identified by Care Team
- Patient Request
- Other
Park Nicollet beginnings of success!

MN Community Measures Asthma Submission 6/30/2013

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Optimally Managed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>2943</td>
<td>1254</td>
<td>42.6%</td>
</tr>
<tr>
<td>Adults</td>
<td>6004</td>
<td>2068</td>
<td>34.4%</td>
</tr>
<tr>
<td>All</td>
<td>8947</td>
<td>3322</td>
<td>37.7%</td>
</tr>
</tbody>
</table>

We need to continue to refine the process and focus on control.
Is the patient controlling their asthma? OR Is asthma controlling the patient?
Integrated Medication Management (MTM)

- Pharmacist=Medication Specialist
- Team Based, Medical Home Model in Primary Care
  - Park Nicollet: 9 Pharm.D.s in 10 PCMH (7.2FTE)
  - At least 10 Health Systems with MTM in MN
- Evaluation and management of medications, focusing on areas for potential medication intervention
  - Indication
  - Effectiveness
  - Safety
  - Convenience/Compliance— Adherence!
Medication Experiences and Burden

- Define ‘The Medication Experience’ and how it impacts medication adherence
- Learn to identify signs of healthcare burden and strong medication experiences with patients
- Name at least five strategies used to overcome negative medication experiences and relieve medication burden
“Drugs don’t work in people who don’t take them. “

C. Everett Koop, MD
We’re not making progress…

Medication non-adherence rates 1979-2011

33-50% of patients adhere to chronic regimens

Many patients stop taking their medications
Adherence rates plummet in just a few months

<table>
<thead>
<tr>
<th>Treatment area</th>
<th>3 months</th>
<th>6 months</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol</td>
<td>60%</td>
<td>52%</td>
<td>41%</td>
</tr>
<tr>
<td>Diabetes (type 2)</td>
<td>53%</td>
<td>43%</td>
<td>38%</td>
</tr>
<tr>
<td>Obesity</td>
<td>48%</td>
<td>41%</td>
<td>35%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>47%</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
</tr>
</tbody>
</table>

By the end of the first year of treatment, 50 to 90% of patients stop taking their prescribed therapies.

* Adherence rate ranges were averaged. Source: Various sources; A.T. Kearney analysis

24% of e-prescriptions sent were never filled within 6 months of the written date
Direct association between dosing frequency and medication adherence

Reasons for Medication Non-Adherence

- Questions need for/benefits of medication (Indication/Efficacy?)
- Negative Medication Experiences (Safety?)
- Healthcare Burden
- Cost Barriers
Did someone say…?
Asthma Stepwise Approach

Stepwise Approach for Managing Asthma in Youths ≥12 Years of Age and Adults

**Step 1**
- **Preferred:** Low-dose ICS
- **Alternative:** Cromolyn, LTRA, Nedocromil, or Theophylline

**Step 2**
- **Preferred:** Low-dose ICS + LABA
- **Alternative:** Medium-dose ICS + either LTRA, Theophylline, or Zileuton

**Step 3**
- **Preferred:** Medium-dose ICS + LABA
- **Alternative:** High-dose ICS + either LTRA, Theophylline, or Zileuton

**Step 4**
- **Preferred:** High-dose ICS + LABA
- **Consider:** Omalizumab for patients who have allergies

**Step 5**
- **Preferred:** High-dose ICS + LABA + oral corticosteroid
- **Consider:** Omalizumab for patients who have allergies

**Step 6**
- **Step up if Needed**
  - (first, check adherence, environmental control, and comorbid conditions)
  - Assess control
  - **Step down if Possible**
    - (and asthma is well controlled at least 3 months)

**Patient education and Environmental Control at Each Step**

The Conundrum

Evidence Based Medicine and Treatment Guidelines

vs.

The Patient’s Medication Experience
Create a culture to address medication use

How often do we engage our patients in a conversation about their medication?

- How many times a day are your patients taking their medicines?
- How many different ways are your patients administering their medication?
- How often do they visit their pharmacy or pharmacies?
- How often do they price shop?
- How are their medications/healthcare effecting their everyday lives?
The Medication Experience

- Patient’s subjective experience of taking a medication in daily life
- Gained expertise with a medication in his own body
- May include positive or negative bodily effects
- Alter the way they take their own medication

Uncovering, understanding and utilizing these experiences in practice represent an effective way to improve the medication outcomes of patients.

Medication Experience Themes

- Meaningful Encounter
  - Signs of losing control
  - Signs of getting older
  - Cause questioning

- Meeting with Stigma
  - Social Stigma with drugs/diseases

Shoemaker, S.J.; Ramalho de Oliveira, D.; Alves, M.R.; Ekstrand, M.J.
More Medication Experience Themes

◆ Bodily Effects
  ◆ Magic Elixir
  ◆ Negative Effects

◆ Unremitting Nature
  ◆ Chronic medication use, day in and day out

◆ Exerting Control
  ◆ Changing meds to fit with lifestyle

Shoemaker, S.J.; Ramalho de Oliveira, D.; Alves, M.R.; Ekstrand, M.J.
What do I do now?

- Strategies were identified to help providers tailor their care to overcome medication adherence barriers.

Motivational Interviewing meets Medication Counseling
Strategy: Building Trust

◆ Build a relationship with your patient
  ◆ 3 visits? The magic number?
◆ Show them you’re on their side
  ◆ Want to work with them, not for the insurance
  ◆ Explain your role: ‘Helping YOU get the most from your medications’ Reducing your health risks, Keeping your body safe.
Ryan H, 5yo

Ryan’s asthma is uncontrolled, preschool notices coughing and wheezing with most activity.

- Asthma diagnosed at Age 3.
- Visits ED or Urgent Care 2-3 times a year for ‘URI and severe cough’ Springtime especially.

Presents to PCP for Well Child Check

- Parents reluctant to use controller medicine regularly
- Nebs work well to get him over these URIs
Strategy: Provide Tailored Education

◆ Understand patient’s experiences and thoughts on health and medications

◆ Realities:
  – Preventive medicine non-gratifying
  – Drugs have side effects
  – Drugs are expensive
Strategy: Acknowledge Patient Choice

- Patients have the ultimate choice in their health and utilization of medication.
  - Ask what their wishes are for their health.
  - Ask them to explain their thoughts, respect them.
  - Avoid the ‘Righting Reflex’

http://shareddecisions.mayoclinic.org
Annette R, 48yo

- Recently moved from Arizona, Asthma since her 20s. ‘well controlled’ in Arizona, but recently severe flare during hot humid August. Using Albuterol nearly daily now.

- Never needed to use a controller regularly. Asthma hasn’t had a big impact on her life. ‘I get by fine’

- Other Chronic Conditions:
  - Lipids: Atorvastatin at night
  - Depression: Sertraline at night
  - Elevated blood pressure: Lisinopril at night.
    - Uncontrolled, BP > goal x3 office visits.
Strategy: Negotiation

◆ Help patient utilize objective data to realize value of or need for drug therapy
  ◆ Home glucose monitoring
  ◆ Home blood pressure monitoring

◆ Subjective data
  ◆ Use LABA/ICS regularly for 1 month and see how you feel.

◆ Allow patient to set goal and timeframe.
  Hold them accountable.
Strategy: Backing Off

- Set lifestyle goals with patient to achieve health goals, set follow-up and hold them accountable.

- Focus on another health goal or drug therapy issue. Hopefully they will see progress and willingness to move forward.
Epic Program

Patti T, 74yo

Social History: Lost her husband 5 years ago. Socially involved with her Senior Housing complex. Limited to her walker. Has great grown kids, but live far away. Slightly overwhelmed with her medications

Current Medical Issues:

- COPD for 12 years, likely due to occupational exposure. Tiotropium once daily, Fluticasone/Salmeterol 250/50 twice daily, Albuterol generally twice daily.

- Diabetes, 70/30 Mixed insulin twice daily, Metformin 1000mg twice daily, SMBG twice daily

- HTN: 166/82, lisinopril/HCTZ 20/25 qam, Potassium 20mEq twice daily.
Patti T, 74yo, continued

- Current Medical Issues, cont.
  - Lipids/CAD: Simvastatin 20mg, Aspirin 81mg
  - Depression: controlled with Sertraline 50mg
  - History of Peptic Ulcer: omeprazole 20mg daily for 5 years, no GI symptoms
  - Degenerative Joint Pain: Acetaminophen 1000mg three times daily, Decent relief.
  - Osteoporosis: Calcium 600+D twice daily, Alendronate 70mg weekly
  - Hypothyroid: Levothyroxine each morning
  - Constipation: Metamucil in juice daily
Increasingly complex regimens
Treatments | Monitoring
Decreasing healthcare support
Shift towards self-management

Evidence-based guidelines are disease-specific

Poor care coordination

Failure to cope

Promotion of treatments

Increasing treatment burden

Poor fidelity to the treatment program
Medication Burden
Minimally disruptive healthcare

Health care delivery designed to reduce the burden of treatment on patients while pursuing patient goals

http://minimallydisruptivemedicine.org

May CR, Montori VM, Mair FS. BMJ 2009; 339:b2803
Patti T’s Medication Burden

- No real strong negative feelings about a particular medication, resentful.
- Trying to time her medications to avoid interactions, about SIX times daily.
- Simply overwhelmed!
Strategy: Empower and Prioritize

Motivational Interviewing Strategies

- Ask open ended, non-confrontational questions
  - Tell me more about that.
  - How does that make you feel?
  - Let’s pick two things today…

- Allow the patient to
  - Identify their health goals
  - Identify solutions to problems

http://shareddecisions.mayoclinic.org
Engage your patients in conversations about their medications.

QUESTIONS?