“Best Practices for Improvement in Management of Oral Medications”

... featuring the Q-MAP Tools

February 27, 2007

Presented by:
Linda Krulish, PT MHS COS-C & Stephanie Mello, MSN MBA RN COS-C
OASIS Answers, Inc.

Sponsored by: Stratis Health
Outcome Measure Focus:

- **Improvement in Management of Oral Medications**
  - Publicly Reported
  - Consumer Language:
    - % of patients who get better at taking their medicines correctly (by mouth)

---

**Outcome Measure: Improvement in Management of Oral Medications**

- **M0780 Management of Oral Medications:**
  - Patient’s ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/Intervals.

  - 0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
  - 1 - Able to take medication(s) at the correct times if:
    - (a) individual dosages are prepared in advance by another person; OR
    - (b) given daily reminders; OR
    - (c) someone develops a drug diary or chart.
  - 2 - Unable to take medication unless administered by someone else.
  - NA - No oral medications prescribed.
  - UK - Unknown

---

Home Health Compare Report Periods

<table>
<thead>
<tr>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
<th>#5</th>
<th>#6</th>
<th>#7</th>
<th>#8</th>
<th>#9</th>
<th>#10</th>
<th>#11</th>
<th>#12</th>
<th>#13</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>32</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>34</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>34</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34</td>
<td></td>
<td></td>
<td></td>
<td>34</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34</td>
<td></td>
<td></td>
<td>34</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34</td>
<td></td>
<td>34</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34</td>
<td>35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Graph showing National Improvement in Oral Meds Rate and Minnesota Improvement in Oral Meds Rate.
Improvement in Management of Oral Medications - M0780

CASE STUDY:
A daughter has prepared a medication schedule for the patient, and fills the mediplanner weekly. The patient still only remembers to take her medicine less than half the time.

M0780 Management of Oral Medications: Patient’s ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/ intervals.

0  – Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
1  – Able to take medication(s) at the correct times if:
   (a) individual dosages are prepared in advance by another person; OR
   (b) given daily reminders; OR
   (c) someone develops a drug diary or chart.
2  - Unable to take medication unless administered by someone else.

CASE STUDY:
For convenience and to increase adherence, a patient fills his own medbox for the week, and demonstrates compliance with medications as prescribed

M0780 Management of Oral Medications: Patient’s ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/ intervals.

0  – Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
1  – Able to take medication(s) at the correct times if:
   (a) individual dosages are prepared in advance by another person; OR
   (b) given daily reminders; OR
   (c) someone develops a drug diary or chart.

CASE STUDY:
The caregiver usually brings the patient his medicine, although the comprehensive assessment indicates no barriers or reason why patient could not prepare and take medicines independently.

M0780 Management of Oral Medications: Patient’s ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/ intervals.

0  – Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
1  – Able to take medication(s) at the correct times if:
   (a) individual dosages are prepared in advance by another person; OR
   (b) given daily reminders; OR
   (c) someone develops a drug diary or chart.
2  - Unable to take medication unless administered by someone else.

CASE STUDY:
The patient lives in an assisted living facility where facility policy requires that staff administer the medications to the patient. Based on your comprehensive assessment, you determine that the patient could fill his own pill box and manage his medications independently, if allowed.

M0780 Management of Oral Medications: Patient’s ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/ intervals.

0  – Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
1  – Able to take medication(s) at the correct times if:
   (a) individual dosages are prepared in advance by another person; OR
   (b) given daily reminders; OR
   (c) someone develops a drug diary or chart.
2  - Unable to take medication unless administered by someone else.
CASE STUDY:
The patient’s medication profile contains 7 oral medications; 6 of which the patient has been safely and independently taking for several months. The 7th oral med is a new tapered dose of Prednisone, which requires daily reminders by the patient’s caregiver for accurate dosing.

M0780 Management of Oral Medications: Patient’s ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/interval.

0  – Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
1  – Able to take medication(s) at the correct times if:
(a) individual dosages are prepared in advance by another person; OR
(b) given daily reminders; OR
(c) someone develops a drug diary or chart.

What is Q-MAP
- Improvement in Management of Oral Medications
- 23 Pennsylvania Home Health Agencies
- Integration of OBQI + Collaborative
- Resources Shared Nationally

What is a Collaborative
Bringing together health care organizations that share a commitment to making major, rapid changes that produce breakthrough results.

Project Objectives

1. Determine best practices
2. Develop a change packet
3. Implement the change package through the use of the (OBQI) process and the Institute for Healthcare Improvement (IHI) Breakthrough Series (BTS) Collaborative
4. Individual HHA Improvement in Management of Oral Medications

Major Components of a Collaborative:

- Technical Expert Panel (TEP)
- Change Package
- POA Development, Implementation, & Monitoring (Action Period)
- Learning Sessions

Improvement in Management of Oral Medications

Best Practice Tools

1. Medication Assessment Protocol
2. Medication Non-Adherence
3. Managing Your Medications
4. Medication Teaching Strategies
5. Medication Simplification Protocol & Beers Criteria
6. Medication Compliance Aids
7. Oral Meds – Care Planning Tool

PROBLEM: When caregivers administer oral medications, assessing nurses and therapists often are not determining if the patient is able to more independently manage medications.

BEST PRACTICE STATEMENTS:

For all patients dependent in management of oral medications (as defined by a “1 or 2” on M0780), the following clinical actions will occur:

During the SOC/ROC assessment, the assessing nurse or therapist will assess the patient’s ability to administer medications using the:

MEDICATION ASSESSMENT PROTOCOL
**Improvement in Management of Oral Medications**

**PROBLEM:** Reasons for medication non-adherence are not consistently identified.

**BEST PRACTICE STATEMENTS:**
For all patients at SOC/ROC, the following clinical actions will occur:

- During the SOC/ROC assessment, the assessing nurse or therapist will assess a patient’s risk for nonadherence to the medication regimen using the MEDICATION NON-ADHERENCE (staff education tool).
- During the SOC/ROC assessment, the assessing nurse or therapist will ask the patient or caregiver to identify concerns regarding medication management using the MANAGING YOUR MEDICINES tool.

**BEST PRACTICE STATEMENTS:**
For all patients at SOC, the following clinical actions will occur:

- The SOC assessment will include assessment of patient learning/language barriers using the MED TEACHING STRATEGIES.
- The plan of care will include teaching of content and strategies from the MED TEACHING STRATEGIES tool that can improve self-administration.

**BEST PRACTICE STATEMENTS:**
For all patients taking >8 medications, the following clinical actions will occur:

- a) The nurse will work collaboratively with the organization or community-based pharmacist and/or physician to implement the MEDICATION REGIMEN SIMPLIFICATION PROTOCOL & BEERS CRITERIA.
- b) If the patient is being managed by therapy only, the physician will be contacted to obtain an order for nursing.

**BEST PRACTICE STATEMENTS:**
For all patients dependent management of oral medications, as defined as 1 or 2 on M0780 with identified mild to moderate cognitive impairment, the following clinical actions will occur:

- The case manager (or designee) will implement a compensatory strategy for medication management using MEDICATION COMPLIANCE AID SELECTION CRITERIA.
- If compliance aid/strategy does not resolve noncompliance within 1 week, the case manager (or designee) will request a referral to SLP or OT for further cognitive assessment and cognitive treatment plan development.

**PROBLEM:** A consistent approach to assessing & teaching patient knowledge and ability related to managing oral meds is not consistently provided.

**PROBLEM:** When complex drug regimens result in dependence, opportunities to simplify the regimen are not consistently considered.

**PROBLEM:** When cognitive impairment is identified, compensatory strategies to maximize independence in medication management do not consistently occur.
Compliance Aids – Medication List

Compliance Aids – Pill Boxes

weekly - 1x/day
weekly - 2x/day
weekly - 4x/day
monthly - 1x/day

Compliance Aids – Compliance Packaging

Unit of Use Packaging
Blister Packs / Bubble Packs
Envelopes

Compliance Aids – Medication Alarm (audible &/or vibrating)

Pendant Kit

MeDose
Compliance Aids - Pill Boxes

7 Day Organizer
4 compartments / day
Up to 31 daily alarm settings

Hi Mom! This is your Fosamax. It’s for your Osteoporosis. Take it in the morning. Never with Orange or Grapefruit juice. We love you Mom!

Take 1 pill at bedtime

Compliance Aids – Recorded Message (+ Alarm)

Fred...Don’t forget to take your medicine this morning!

Compliance Aids - Telephone Reminder

alarm + dispense up to 4x/day

Compliance Aids – Automated Dispenser

option for interactivity

www.epill.com
Improvement in Management of Oral Medications

**PROBLEM:** A systematic approach is not consistently used to develop a care plan to improve oral medication management.

**BEST PRACTICE STATEMENTS:**

For patients dependent in management of oral medications (as defined by a “1” or “2” on M0780), the following clinical actions will occur:

The assessing nurse or therapist will develop a plan aimed at improving from “2” to “1” or “1” to “0” using the:

**ORAL MEDICATIONS – CARE PLANNING TOOL**

---

**RESOURCES:**

- **Mini-Mental State Exam**
  [www.minimental.com](http://www.minimental.com)
- **Medication Compliance Aids**
  [www.epill.com](http://www.epill.com)  [www.forgettingthepill.com](http://www.forgettingthepill.com)
- **Medication List Form**
  [www.aarg.gov/consumer/safemeds/safeform.htm](http://www.aarg.gov/consumer/safemeds/safeform.htm)
- **Medication List Form**
  [http://caregiverpa.psu.edu/careinfo/selfhelp/medication.htm](http://caregiverpa.psu.edu/careinfo/selfhelp/medication.htm)
- **Patient Information Sheets for Medications & Drug Interaction Program**
  [www.drugs.com](http://www.drugs.com)
- **Drug Index - data base of drug information, search by trade or generic name**
  [www.rxlist.com](http://www.rxlist.com)

---

**OASIS resources:**

- **OASIS Implementation Manual**
  [www.cms.hhs.gov/oasis](http://www.cms.hhs.gov/oasis)
- **OASIS Q&A’s**
- **OASIS web-based training**
- **Your state OASIS Education Coordinator**
  [www.cms.hhs.gov/oasis](http://www.cms.hhs.gov/oasis)

---

**OBQI resources:**

- **OBQI Implementation Manual**
  [www.cms.hhs.gov/obqi](http://www.cms.hhs.gov/obqi)
- **OBQI Clearinghouse**
- **Home Health Publicly Reported Quality Measures Resource Binder**
- **Q-MAP resources**
  [www.medqic.org](http://www.medqic.org)
- **QIO**
  [www.stratishealth.org](http://www.stratishealth.org)

---

**Stratis Health**