



Medication Management Save 2 Hours Each Day

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Director Practice Redesign**

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Align with Team-based Care

Be sure everyone is working at the top of their skill set



AGENDA

- Annual Synchronized Prescription Renewal
- Medication Reconciliation
- Medication Adherence
- Solutions: team based and patient centered
- Previsit Planning

developed and funded primarily to introduce a new drug, a new procedure, or a new subspecialist is time consuming and challenging. CME opportunities are often not what I need, but rather what someone wants me to know; and not with the patient's ultimate best interest as their number one priority.

Quality CME educators place the needs of the attendees first and foremost and provide not only what knowledge is needed, but address *how* that knowledge may be applied in real practice. Suboptimal patient care is not always due to knowledge gaps, but often the lack of systems. Just as the primary care physician is expected to do more in less time as well as demonstrate improved outcomes, CME faculty must be trained in QI/PI and incorporate practical solutions

most effective faculty understand their audience's broad needs, place their specialty in perspective as only one of 25, and recognize and respect the challenges the primary care physician faces.

As was mentioned at the CME Summit in Chicago 2008, just as health care should be patient centered, medical education should be physician-centered. I need a physician centered educational home. I don't know what I don't know. Over the course of a specified time, a review all of internal medicine must occur. Perhaps a "survey course" using a variety of sources: point of care, lectures, national meetings, podcasts, journals, self-study, yet coordinated to avoid gaps and redundancy is needed. One size does not fit all and each part of each day affords different education

1,600 GUIDELINES IN 17 MINUTES: A PRACTICING PHYSICIAN'S VIEW OF CME

By: Marie T. Brown, MD

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Internist and Geriatrician, Private Practice, Chicago, Illinois

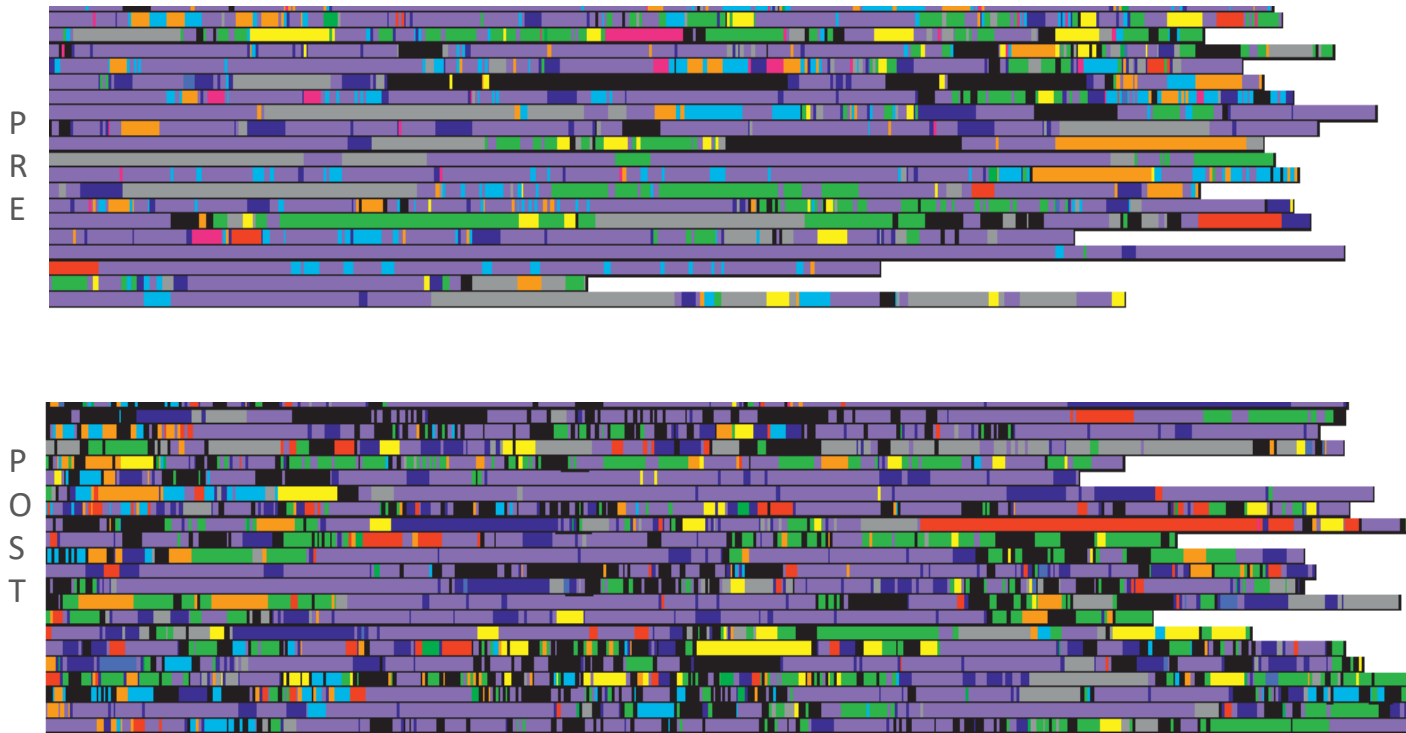
VOLUME 22, NUMBER 1, FEBRUARY 2009

- INTERCOM -

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<http://www.sacme.org>

With the expectation that the audience is professional and has the same level of expertise, he/she risks leaving the primary care physician feeling unqualified, demoralized, and frustrated. Self-promoting and impressing rather than informing and empowering should not continue in certified CME. The

Interruptions and Cognitive load increases Computerized physician order entry CPOE



Zheng K, Haftel HM, Hirschl RB. Quantifying the impact of health IT implementations on clinical workflow: a new methodological perspective. *JAMIA* 2010 17: 454-461

Mrs Mackan 10:20-10:40

65 yo woman retired teacher here for follow up. She notes fatigue, insomnia, back and knee pain. Not sure what meds she is on or if she needs refills.

Problem list:

T2DM

Depression

Obesity

HTN

Hypothyroidism

Osteoarthritis of both knees

Low back pain

Asthma

- 1.You are 35 min behind schedule
- 2.Received notice health maintenance levels were not at goal
- 3.Her A1c was 8.0% 6 months ago, no record of TSH or BMP
- 4.BP today is 170/100
- 5.She has gained 5 lbs since last visit 6 months ago
- 6.She thinks she needs refills
- 7.She is not sure which blood pressure medicines she is taking



Meds:

Metformin

Glyburide

Sitagliptin

Chlorthalidone

Lisinopril

metoprolol

Paroxetine

lorazepam

Estrogen

Atorvastatin

Levothyroxine

Pantoprazole

Vit D,E,A

Albuterol

fluticasone

Mrs Mackan 10:20-10:40

Problem list:

T2DM

Depression

Obesity

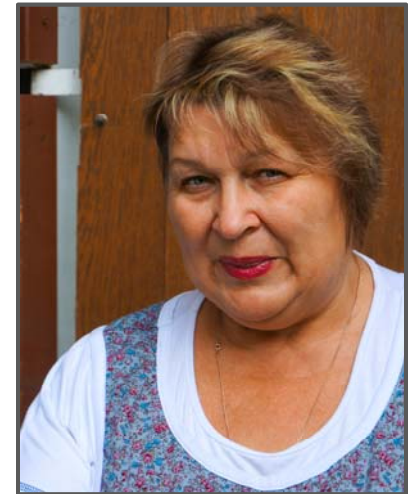
HTN

Hypothyroidism

Osteoarthritis of both knees

Low back pain

Asthma

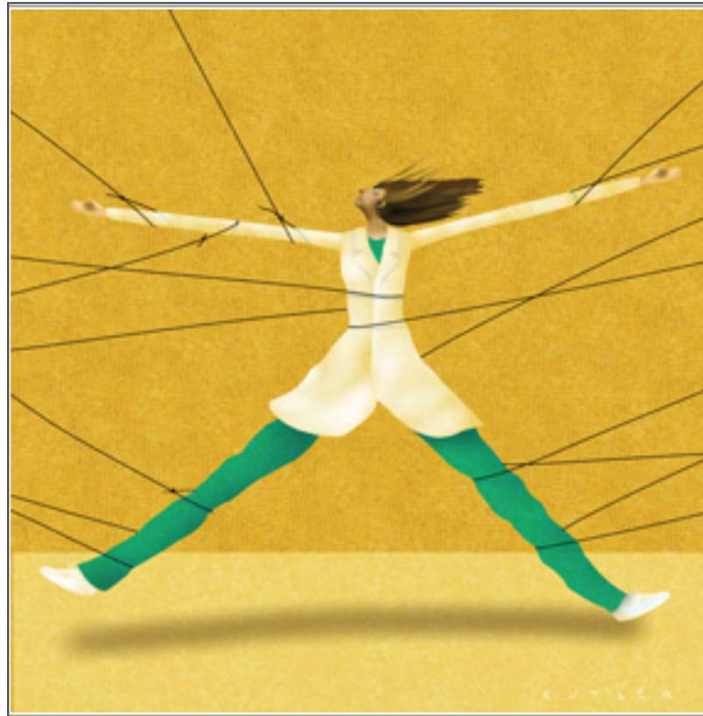


As you leave the room she remembers:

she needs a mammogram, a handicapped parking sticker, eye referral, sleep aid and pain meds for knee pain.

She asks if she is due for another colonoscopy and cannot afford her spacer.

Mrs Mackan 10:20-10:40



It is now 10:55 and you are 50 min behind schedule

What happens with Mrs Mackan between this visit and next?

Problem list:

T2DM

Depression

Obesity

HTN

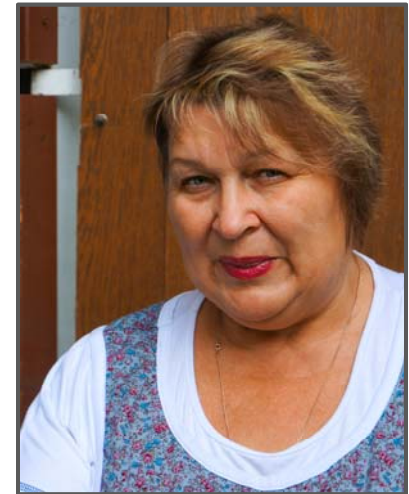
Hypothyroidism

Osteoarthritis of both knees

Low back pain

Asthma

1. She calls for a refill on her metformin as soon as she gets home
2. She calls for something for her knee pain
3. She calls for lab results and you note her TSH is high
4. You increase her levothyroxine and order repeat TSH in 6 weeks
5. You note her A1c is 8.2 and you increase her metformin and send in refill
6. She calls to tell you the rx your ordered is not covered by her insurance or needs preauth
7. She would like an xray of her back





Mrs. Mackan between this visit and next (Unplanned and not reimbursed)

1. Phones for a refill on her metformin as soon as she gets home
2. She calls asking for medication for her knee pain
3. She calls for lab results and you note her TSH is high
4. You increase her levothyroxine and order repeat TSH in 6 weeks
5. You note her A1c is 8.2, you increase her metformin and send in refill
6. She calls for a new rx for her lisinopril as you increased it
7. She would like an x ray of her back
8. She calls for her TSH result in 6 weeks
9. She calls for her mammogram result which is normal
10. She asks if she should get a shingles shot
11. Quality metrics report shows she has not had colonoscopy, Tdap, influenza, PCV, PPSV, zoster, foot exam, urine protein.
12. BP and A1c not at goal-tied to evaluation/bonus
13. Patient satisfaction is low due to 1-2 hours behind schedule

Staff	Minutes
3	5
3	10
3	10
1	5
1	10
3	5
3	10
3	10
3	10
1	5
24	1 hr 20min

1 hr 20 min x 3 (between visits)= 4 hours/year for 1 patient

Culture

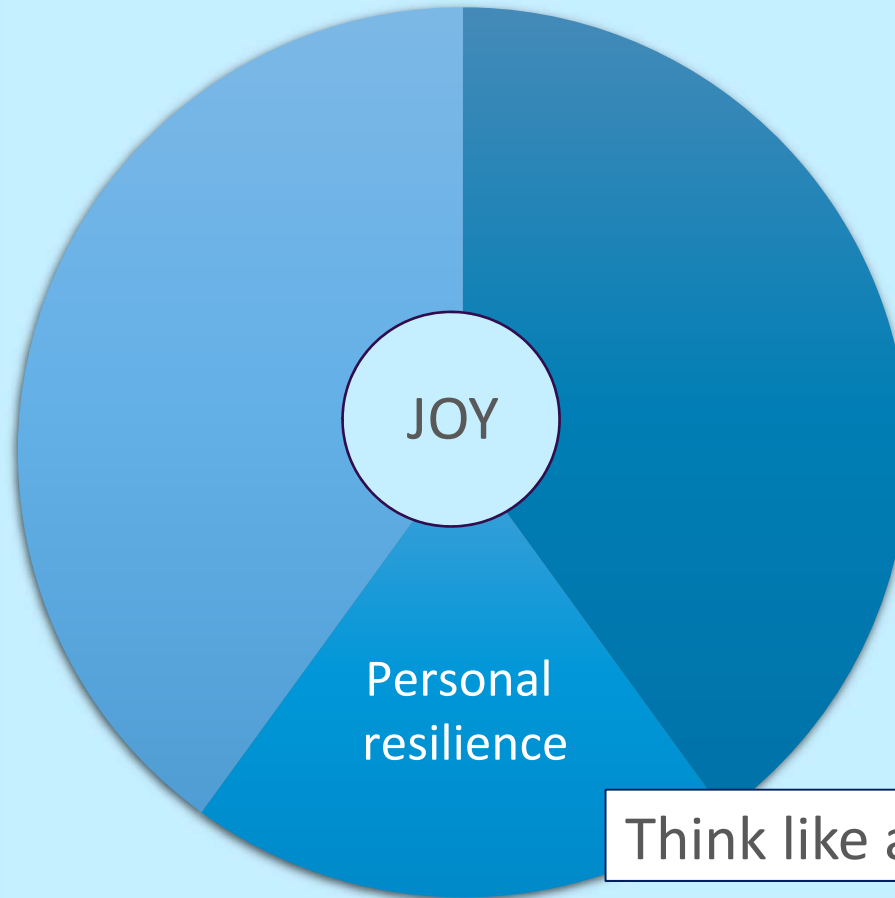
Efficiency

JOY

Personal
resilience

Don't think like a doctor – avoid developing a differential diagnosis

Culture



Efficiency

Think like an efficiency expert

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[Practice Assessment Tool](#)

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Redesign your practice. Reignite your purpose.

AMA's Practice Improvement Strategies.

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PRACTICE TRANSFORMATION

[Leading Change \(7\)](#)

[Patient Care \(17\)](#)

[Professional Well-Being \(7\)](#)

[Technology and Finance \(7\)](#)

[Workflow and Process \(16\)](#)



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EVENTS

HOW IT WORKS

Redesign your practice. Reignite your purpose.

AMA's Practice Improvement Strategies.

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Watch overview video >

Short 2-minute overview video of AMA's practice transformation series

“ You can see your ROI in a fairly short period of time. ”

“ I rediscovered the beauty of reconnecting with my patients! ”

“ Every day I was walking into a fire hose of stuff coming at me. ”



Module Categories

Open access. www.stepsforward.org



Patient Care

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[14 Modules >](#)



Leading Change

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> 50 Transformation Toolkits

- Teams
 - Expanded rooming
 - Team documentation
 - Prescription management*
 - Pre-visit planning/lab
 - Team meetings
 - Daily huddles
- Value
 - Panel management
 - Medication adherence*
 - Burnout Prevention
 - Diabetes prevention
 - Hypertension
- Culture
 - Preventing Burnout
 - Resiliency
 - Wellness in Residency
 - Transforming culture
- Technology
 - Telemedicine
 - EHR implementation
 - Inbox management

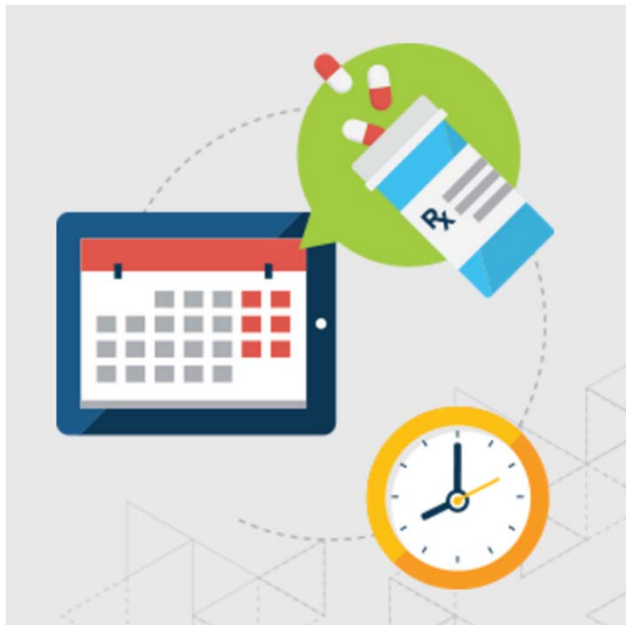
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Annual Synchronized prescription renewal

*Save physician and staff time by renewing
prescriptions until the next annual visit*



What is synchronized prescription renewal?

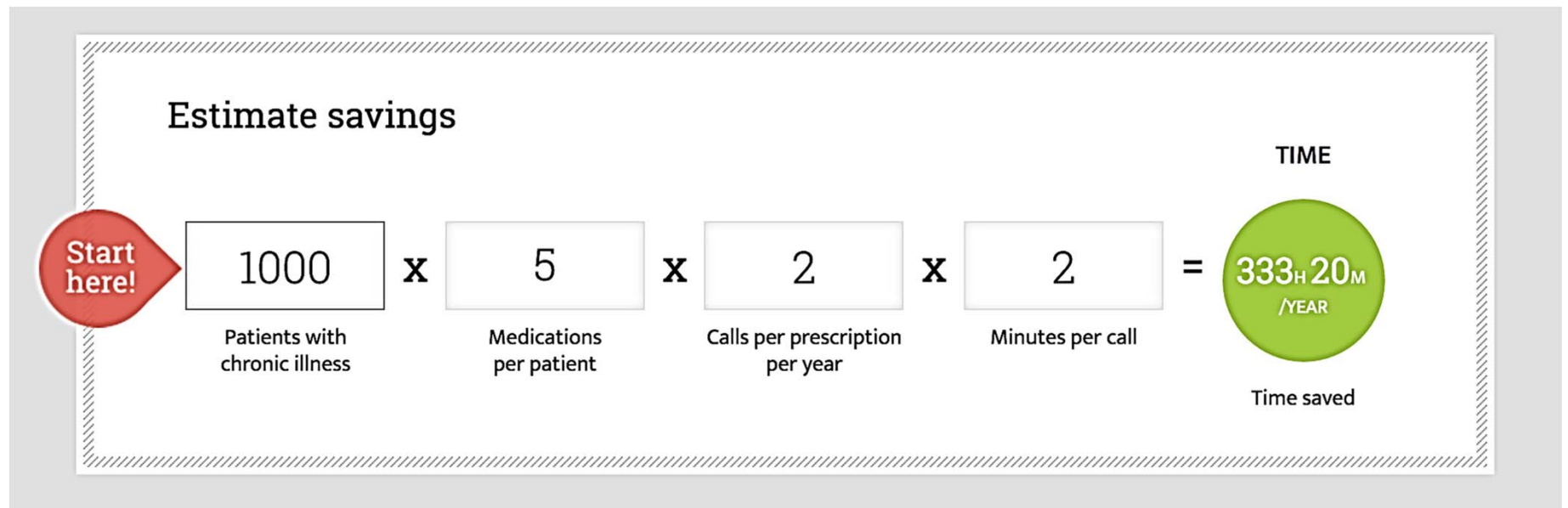


Renew all of patient's stable medications for the typical maximum duration of 12 to 15 months, *saving* your practice **time** and **money**!

CONFIDENTIAL AND PROPRIETARY

8 weeks!

How much **time** can *your* practice save?



CONFIDENTIAL AND PROPRIETARY

How much **money** can *your* practice save?

Start here!

\$

3.00

/min

Cost of physician's time

\$

1.00

/min

Cost of staff time

220

days/year

Clinic days per year

Estimate savings

30

min/day

Rx time for Physician ?

+

30

min/day

Rx time for Staff ?

=

TIME

1

0

M

/DAY

Time saved

=

MONEY

\$26,400

Annual savings with Synchronized Prescription Management

PROPRIETARY

Three steps to synchronize prescription renewals in *your* practice

1

At a dedicated annual comprehensive care visit, renew all medications for chronic illness for the maximum duration allowed by state law

2

Include instructions for the pharmacy on all prescription modifications and renewals as applicable (e.g. “Do not fill until patient calls” or “Place on hold”)

3

Take the opportunity to renew *all* of the patient’s prescriptions for chronic conditions when you receive a prescription renewal request

CONFIDENTIAL AND PROPRIETARY

Save 2-3 hours each day

Streamlining prescription renewals

Improving medication adherence



Renew Chronic Meds Once a Year (#90 x 4)

Physician time saved > 1 hour/day

Nursing time saved > 2 hours/day

40 million primary care visits each year

Weekend/night calls ↓

Medication errors ↓

Patient satisfaction ↑

Continue to see patients
every 1-3 months



Refill Synchronization



Proportion of medications
filled per pharmacy visit

Are all meds filled on the same day

Once every 90 days ? 90×4 or 100×4

Medication Reconciliation = Patient Safety



0.13% of all Rx dispensed in US are wrong drug errors; 4.5 billion Rx were dispensed in 2016

$0.13\% \times 4.5 \text{ billion}$ wrong drug errors in US each year = almost 6 million

6 million/365 over 16,000 wrong-drug errors
EVERY DAY in US.

Medication Adherence

*Improve the health of your patients
and reduce overall health care costs*

*www.stepsforward.org
Free open access*



Medication Adherence

World Health Organization:

Increasing adherence may have a
far greater impact
on the health of the population than any
improvement in specific medical treatments.

TREATMENT



ADHERENCE



OUTCOMES

PATIENTS DON'T TAKE THEIR MEDICINE
AS PRESCRIBED
50% OF THE TIME

25% OF INITIAL PRESCRIPTIONS
ARE NEVER FILLED

No evidence for substantial change in the past 50 years

Osterberg L *N Engl J Med.* 2005;353(5):487-497

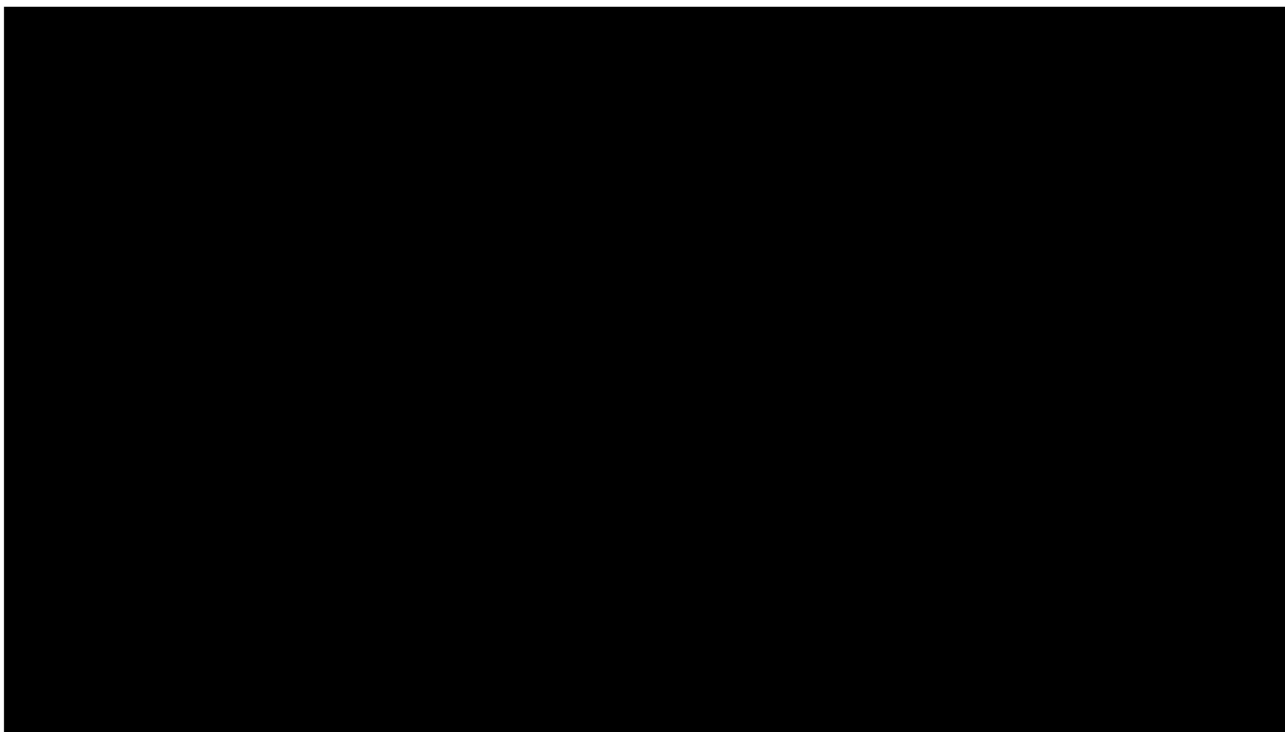
Fischer MA, Choudhry NK. *Am J Med.* 2011;124(11):1081.e9-22.

Fischer MA, *J Gen Intern Med.* 2010;25(4):284-290.

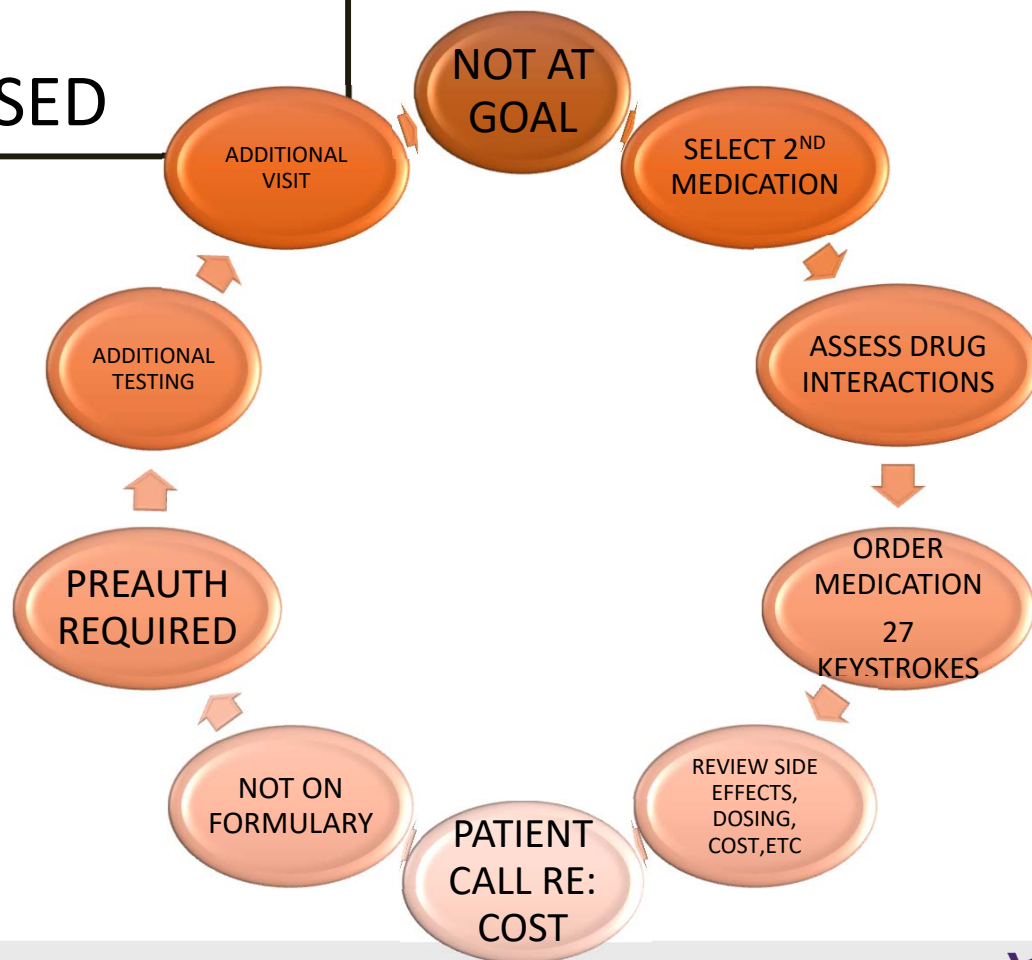
Ann Intern Med. 2012;157(11):785-795.

Cochrane Database of Systematic Reviews 2014, Issue 11.

Patient Voices



MEDICATION THERAPY ADHERENCE NOT ADDRESSED



OBSTACLES

UNINTENTIONAL VS INTENTIONAL

- | | |
|---------------------|-----------------------------|
| • FORGETTING | • MISTRUST |
| • SHIFT WORK | • FEAR OF SIDE EFFECTS |
| • COST | • MENTAL ILLNESS |
| • CONFUSION | • LACK OF BELIEF IN BENEFIT |
| • WORK RESTRICTIONS | • FEAR OF DEPENDENCY |
| • ACCESS/TIME | • FEAR IT IS DANGEROUS |
| | • LACK OF DESIRE |
| | • NO APPARENT BENEFIT |
| | • ALTRUISM |

Improve the health of your patients and reduce overall health care costs.

Medication adherence

CME CREDITS: 0.5 [INFORMATION ABOUT CME](#)

How will this module help me successfully identify and prevent medication nonadherence in my practice?



Eight steps to improve medication adherence

1. Consider medication nonadherence first as the reason a patient's condition is not under control
2. Develop a process for routinely asking about medication adherence
3. Create a blame-free environment to discuss medications with the patient
4. Identify **why** the patient is not taking their medicine
5. Respond positively and thank the patient for sharing their behavior
6. Tailor the adherence solution to the individual patient
7. Involve the patient in developing their treatment plan
8. Set patients up for success

Eight steps to improve medication adherence in *your* practice

1

Educate the clinician and change the negative attitude toward the patient

2

Develop a process for routinely asking about medication adherence

3

Create a blame-free environment to discuss medications with the patient

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4

Identify **why** the patient is not taking their medicine

Eight steps to improve medication adherence in *your* practice

-  5 Respond positively and thank the patient for sharing their behavior
-  6 Tailor the adherence solution to the individual patient
-  7 Involve the patient in developing their treatment plan
-  8 Set patients up for success

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INTERVIEWING IN A BLAME FREE ENVIRONMENT

- These are difficult to take every day. How often do you skip one?
- There are quite a few-how many of these do you take?
- Most people don't take all their meds everyday. How about you?
- When was the last time you took drug A? B?

ADHERENCE IS DRIVEN BY PATIENTS' BELIEFS

- * A 'non-adherent personality' does not exist.
- * Adherence to prescription medications is unrelated to adherence to self-care and lifestyle recommendations.
- * There is no consistent relationship between demographic characteristics and adherence.

McHorney,C Current Medical Research and Opinion 2009 25:1; 215-238

Variations in pill appearance increase the risk of Nonadherence¹

CHANGES IN PILL COLOR INCREASED RISK OF NONADHERENCE

A PATIENT TAKING 5 MEDICINES, EACH PRODUCED BY 5 GENERIC MANUFACTURERS
THEORETICALLY FACES OVER **3000** POSSIBLE ARRAYS OF PILL APPEARANCES (5⁵)

IF TAKING 9 MEDS, PATIENTS EXPERIENCE 36 OPPORTUNITIES/YR TO CHANGE APPEARANCE

80% OF ALL MEDS IN US ARE NOW GENERIC²

UK MANDATED INHALER COLORS BE COORDINATED

1. KESSELHEIM, CHOUDHRY JAMA INTERN MEDICINE 2013;173(3):202-208

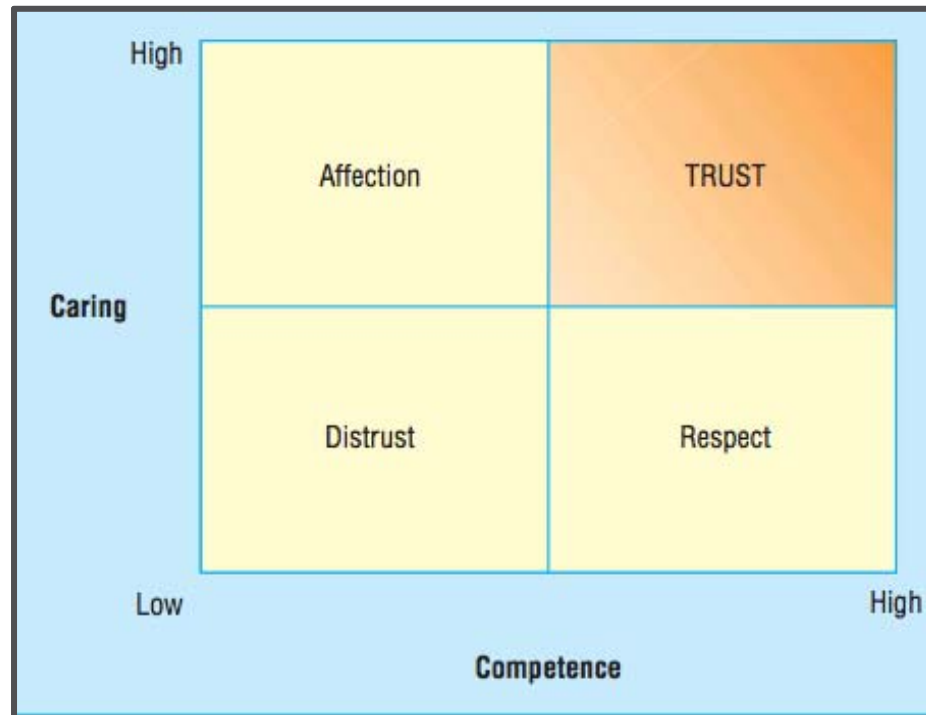
2. DRESSED FOR SUCCESS YU 208-209





The most effective approach to the problem involves the interaction between the patient and the staff

Competence and caring in relation to building trust



Paling, J BMJ 327: 9/27/2003

Trust takes years to build

Seconds to break

Forever to mend

Rethinking Adherence

John F. Steiner, MD, MPH

Counseling with a **trusted** clinician needs to be complemented by out-reach interventions and removal of structural and organizational barriers.

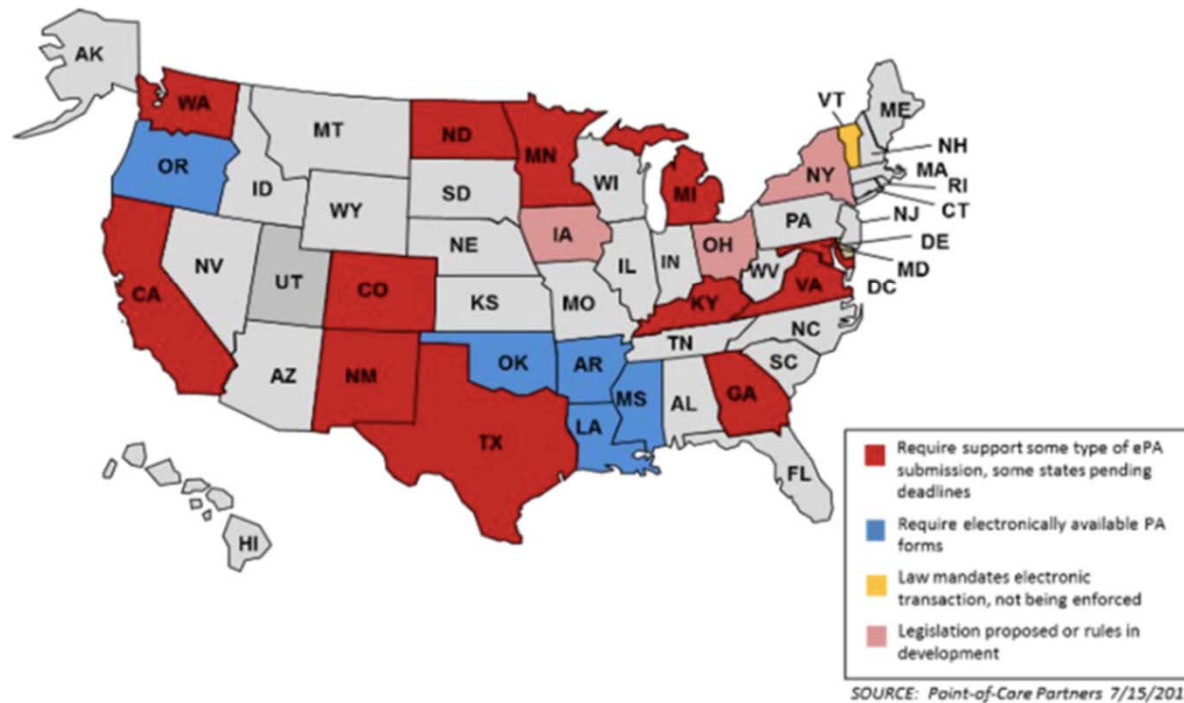
Steiner J Ann Intern Med. 2012;157:580-585



Solutions - pharmacy

1. Annual renewal for chronic meds (once/12-15 months for chronic meds
(90 x 4) Lengthen prescription duration to 15 months
2. Transfer prescriptions at patients' request to new pharmacy
Educate pharmacists/patients/insurers/providers
3. Consolidate refill dates to ensure all meds are filled on same date
Design systems to improve consolidation rates at the pharmacy
4. Discontinuation of drug or dose change lacks efficient mechanism
Design simple notification system
5. Match old and new prescription numbers at the pharmacy
New prescription # not linked to prior prescription #
Leads to duplication (27 key strokes and 5 min/patient/med)
Pharmacist requests new prescription, while new rx has already been sent

Status of state electronic PA mandates



Mrs. Mackan 10:20-10:40 with practice redesign*

65 yo woman retired teacher here for follow up. She notes fatigue, insomnia, back and knee pain. Unsure if she needs refills. PHQ-9 = 12 completed while waiting.

Problem list:
HTN
T2DM Hypothyroidism
Depression Osteoarthritis of knees
Obesity Low back pain
Asthma

1. Your staff called her yesterday and set the agenda
2. Staff chart prep: diabetes educator, eye/GI referral, vaccines. Labs, cscope, mammo ordered. Physical therapy form completed. Needs flu vaccine 10 min-15 min
3. All refills for 1 year were handled last visit. Meds discontinued
4. She had labs drawn 2 days ago and they are ready for review

- 1 She had previsit labs and these are reviewed with her and meds adjusted
- 2 Her A1c was 8.2 3 days ago, annual TSH is normal, annual ACR normal
- 3 BP today is 150/90
- 4 You increase her metformin and switch her from paroxetine to bupropion
- 5 You discontinue estrogen, taper lorazepam, pantoprazole, Vit A and E
- 6 You received notice your health maintenance levels were at goal
- 7 You leave on time!



Mrs. Mackan between this visit and next 3 months later
After practice redesign*

1. She calls for a refill on her metformin as soon as she gets home
2. She calls for something for her knee pain
3. She calls for lab results and you note her TSH is high
4. You increase her levothyroxine and order repeat TSH in 6 weeks
5. You note her A1c is 8.2 and you increase her metformin and send in refill
6. She calls for a new rx for her lisinopril as you increased it
7. She would like an xray of her back
8. She call for her mammogram result
9. She calls for her TSH result in 6 week
10. She asks if she should get a shingles shot
11. Quality metrics report shows she has not had colonoscopy, Tdap, influenza, zoster, foot exam, urine test. BP and A1c not at goal-tied to evaluation/bonus
12. Patient satisfaction is low due to 1-2 hours behind schedule

Staff	Minutes
3	5
3	10
3	10
1	5
1	10
3	5
3	10
3	10
3	10
1	5
24	1 hr 20min

Asks how exercise classes are going and reviews her sugar and blood pressure readings. 10 min

Mrs. Mackan 4:20-4:40 After practice redesign*

65 yo woman retired teacher here for follow up. She notes more energy and less pain. She brings in her meds and does not need refills. PHQ in waiting room=4 (was 12)

Problem list:

T2DM
Depression
Obesity

HTN
Hypothyroidism
Osteoarthritis of knees
Low back pain

Meds:

Metformin
Sitagliptin
Chlorthalidone
Lisinopril

Bupropion
Atorvastatin
Vit D,B12

1. Diabetes educator 2x since last visit and meds, diet exercise were reviewed
2. Physical therapist 3x/week and has lost 3 #.
3. Your staff called her yesterday and set the agenda 3 min
4. Staff chart prep: health maintenance up to date, diabetes educator,vaccines 3 min
5. No refills needed

1. She had previsit labs and these are reviewed with her and med adjustments made
 2. Her A1c was 7.0 2 days ago, annual TSH is normal, annual ACR up to date
 3. BP today is 150/90
 4. You received notice your health maintenance levels were at goal
 5. You leave on time!
- (No calls between this visit and next visit!)**

Transform Your Practice to Save 3-5 hours/day

Practice Re-engineering

- Pre-visit lab ½ hour
- Prescription management ½ hour
- Expanded rooming/discharge 1 hour
- Optimize physical space 1 hour
- Team documentation 1-2 hours

3+ hours/day



