



## H2H Post-Discharge Medication Management Challenge: “Mind Your Meds”

**Webinar #2**  
**Thursday, December 8, 2011**  
**12:00 pm – 1:00 pm ET**



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## Welcome

### Take Home Messages

- Understand the connection between the success metrics and the tool kit
- Share your ideas, needs, and experiences for meeting success measures on the listserv
- Refer to the “Mind Your Meds” Tool Kit to help get you started



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# Webinar Format

Topic	Presenter	Time
Welcome	MaryAnne Elma, MPH	5 min
“Mind Your Meds” Tool Kit	Kathy Grady PhD, APN, FAAN	20 min
“Mind Your Meds” Tool Kit	Jane Linderbaum RN, CNP, AACC	20 min
Question-and-Answer	All	15 min



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## H2H Challenge #2:

Post-Discharge  
Medication  
Management

**Mind Your Meds**



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## Getting Started with the Challenge

### How you can participate:

1. Review the “Mind Your Meds” success metrics
2. Identify one or a more metrics for improvement
3. Test one or a combination of strategies/tools for those metrics
4. Agree to a standard collection of data to track your improvement
5. Participate in the webinars
6. Share your best practices and lessons learned through the listserv



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## “Mind Your Meds” Tool Kit



### Kathy Grady, PhD, APN, FAAN

- Associate Professor, Feinberg School of Medicine
- Northwestern University
- Administrative Director, Center for Heart Failure
- Bluhm Cardiovascular Institute
- Division of Cardiac Surgery



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## “Mind Your Meds” Implementation



### Jane Linderbaum RN, CNP, AACC

- Ms. Linderbaum is a Cardiovascular Nurse Practitioner and an Assistant Professor of Medicine at Mayo Clinic in Rochester, Minnesota. She also serves as Associate Medical Editor for AskMayoExpert.
- She participates on the ACC's Core Curriculum faculty and planning team, in addition to S-T Elevation MI and Stable Ischemic Heart Disease guideline writing groups.
- Ms. Linderbaum earned her nursing degree from the University of Iowa and her MS degree from Winona State University.



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## “Tool Kit” Development

### How the Tool Kit was developed:

- Identified barriers to achieving each success measure
- Reviewed H2H Listserv for ideas to address each barrier
- Reviewed published literature to support strategies
- Presented strategies to panel for discussion/refinement
- Developed documents to support strategies discussed

***This Tool Kit is a starting point and relies on your participation to identify, share, and develop more solutions in this framework.***



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## “Mind Your Meds” Success

### The clinician is successful if:

1. HF and MI patients are prescribed appropriate medications, dose, type, and frequency.
2. Medication reconciliation is performed accurately as appropriate for every patient AND is documented in the medical record.
3. Possible external barriers to obtaining prescribed medications are identified in advance, addressed, and documented in the medical record.
4. Possible barriers to patients remembering/ understanding the need to take medications as prescribed are identified in advance, addressed, and documented in the medical record.



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## “Mind Your Meds” Success

### The clinician is successful if (continued):

5. Patient/Caregiver is provided with documented instructions and prescriptions for all their medications, especially when and how they should be taken, during the discharge process.
6. Patient/Caregiver can demonstrate they understand the importance of taking their medications, of adhering to their medication as prescribed, and of adhering to any changes to their prescriptions – especially medications that are discontinued.
7. Patient/Caregiver can demonstrate they understand possible side effects and symptoms that may be related to their medications, and who to call if they have symptoms that may be related to medications.



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# “Mind Your Meds” Success

The patient is successful if:

8. Patient/Caregiver remembers to take all their medications as prescribed (i.e., dose, type, frequency).
9. Patient/Caregiver can demonstrate they understand what each medication does, why the medication is important to take as prescribed, and what potential side effects there may be for medicines.
10. Patient/Caregiver brings his/her medications or a medication list to each and every clinic visit.
11. Patient/Caregiver can discuss any challenges, problems, issues, side effects, or questions about medications with clinician.



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# Success Measure and Strategies

## H2H Mind Your Meds Success Measures

The H2H “Mind Your Meds” Challenge gathers the expertise and experience of H2H Community members and leaders around one topic proven to reduce unnecessary hospital readmissions and improve transitions of care for patients with HF and AMI. *The goal of the “Mind Your Meds” Challenge is for clinicians and patients discharged with a diagnosis of HF/MI - to work together and ensure optimal medication management.* To achieve this goal, H2H Community members are challenged to meet 11 success measures that break improvement approaches down into small, simple, and targeted strategies.

#	Success Measure	Barrier to meet the success measure	Strategy to help meet the success measure
<b>The clinician is successful if:</b>			
1	HF and MI patients are prescribed appropriate medications, dose, type, and frequency.	Patient presents with multiple conditions, difficulty identifying HF/MI patient in hospital, clinician may not be familiar with guideline recommendations, polypharmacy	1a. <a href="#">PINNACLE Heart Failure Practice Solutions</a> 1b. <a href="#">Qualidigm Understanding the Science of Heart Failure M</a> <a href="#">1</a>
2	Medication reconciliation is performed accurately as appropriate on admission and discharge for every patient AND is documented in the medical record.	Not conducted every time for every patient, role assignment often unclear, limited time	2a. <a href="#">ASHP Med Rec Toolkit</a> 2b. <a href="#">NTOCC Med Rec Elements</a> 2c. <a href="#">BOOST Med Rec Resources</a>
3	Possible external barriers to obtaining prescribed medications are identified in advance, addressed, and documented in the medical record.	No transportation, can't afford medications, not aware on insurance benefits	3a/4a. H2H Key Questions at Admission, During the Hospital and at Discharge (PDF) 3b/4b. H2H Common Barriers and Solutions to ensuring optimal medication management (PDF)





# Success Measure and Tool

## Success Measure 1

HF and MI patients are **prescribed appropriate medications**, dose, type, and frequency.

### Tool



Inhibitors of the Renin-Angiotensin-Aldosterone System and Beta Blockers  
Commonly Used for the Treatment of Patients with HF with Low Ejection Fraction

Drug	Initial Daily Dose(s) <sup>a</sup>	Maximum Doses(s)
<b>ACE Inhibitors</b>		
Captopril	6.25 mg 3 times	50 mg 3 times
Enalapril	2.5 mg twice	10 to 20 mg twice
Fosinopril	5 to 10 mg once	40 mg once
Lisinopril	2.5 to 5 mg once	20 to 40 mg once
Perindopril	2 mg once	8 to 16 mg once
Quinapril	5 mg twice	20 mg twice
Ramipril	1.25 to 2.5 mg once	10 mg once
Trandolapril	1 mg once	4 mg once
<b>Angiotensin Receptor Blockers</b>		
Candesartan	4 to 8 mg once	32 mg once
Losartan	25 to 50 mg once	50 to 100 mg once
Valsartan	20 to 40 mg twice	160 mg twice



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# Success Measure and Tool

## Success Measure 2

**Medication reconciliation** is performed accurately as appropriate for every patient AND is documented in the medical record.

### Tool: Medication Reconciliation Resources

#### American Society of Health System Pharmacist Med Rec Toolkit

- This resource center has tools, references, and recommendations on med rec.

#### NTOCC Med Rec Elements

- This document provides a checklist of Data elements by care settings on transfer of care.

#### BOOST Med Rec Recourses

- This web page provides successful initiatives on Med Rec at other institutions.



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# Success Measure and Tool

## Success Measures 3 & 4

Possible **external barriers to obtaining prescribed medications** and barriers to **patients remembering/understanding the need to take medications** are identified in advance, addressed, and documented in the medical record.

### Tool



#### Key Questions at Admission

When patients are admitted to the hospital they do not feel well. Asking a patient too many questions at admission may be overwhelming. Only questions which are essential should be asked. It is best to ask patients questions about possible barriers and understanding their condition when they start to feel better.

- 1.) Tell me why you are in the hospital?
- 2.) Have you been hospitalized with these symptoms before?
- 3.) Who brought you to the hospital?
- 4.) What medications are you on?
- 5.) Have you been taking your medications?
- 6.) Show me your medication schedule

**Action:** Reconcile patient's medications including over the counter medications and herbal remedies

#### Key Questions during the Hospital Stay

Possible barriers to ensuring that a patient can obtain and take their medications as prescribed should be identified in advance. Asking the patient "key questions" at admission and documenting them in the patient's record can help patients receive the appropriate care and resources they need to follow their medication regimen. Be sure to introduce yourself and pose the following questions/statements.

- 1.) Where will you get your medicines? Do you need assistance picking them up?
- 2.) How do you pay for medicines?
- 3.) Do you currently have any difficulty paying for your medicines?



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# Success Measure and Tool

## Success Measures 3 & 4

Possible **external barriers to obtaining prescribed medications** and barriers to **patients remembering/understanding the need to take medications** are identified in advance, addressed, and documented in the medical record.

### Tool

#### Barriers and Solutions to Help Patients Adhere to their Medications

Possible barriers to ensuring optimal medication management should be identified in advance. Here are common barriers and possible solutions from the H2H Community. Anticipating and addressing barriers to medications can help patients receive the appropriate care they need and potentially prevent them from being unnecessarily readmitted.

Common Barriers	Possible Solutions	Available Tools
<b>Medication Barriers</b>  <b>Medication Complexity</b>	<ul style="list-style-type: none"> <li>• Use of combination medications to reduce the number of pills</li> <li>• Simplifying dosing regimens</li> <li>• Patient handouts on medications</li> </ul>	<b>Patient and Provider to do together:</b> <ul style="list-style-type: none"> <li>• <a href="#">AHRQ Pill Card</a></li> <li>• <a href="#">NTOCC Medication List</a></li> <li>• <a href="#">My Pill Box Medication Schedule</a></li> <li>• Pill Box</li> </ul>
<b>Side effects or adverse effects from the medication</b>	<ul style="list-style-type: none"> <li>• Choose medications with the least amount of side effects taking the patient's lifestyle into account</li> <li>• Avoid medications that cause daytime sleepiness</li> <li>• Educate patient/caregiver of possible side effects</li> <li>• Educate patient/caregiver on how to manage side effects</li> </ul>	<b>Patient and Provider Tools:</b> <ul style="list-style-type: none"> <li>• <a href="#">PINNACLE Heart Failure Practice Solutions</a></li> <li>• <a href="#">CardioSmart Patient Resources</a></li> </ul>



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# Barriers to Patients' Adhering to their Medications

## Medication Barriers

- Medication Complexity
- Side effects or adverse effects from the medication

## Clinician Barriers

- Poor Communication with clinician
- Lack of feedback and ongoing reinforcement from clinician

## Patient Barriers

- Low health literacy
- Patient forgets to take their medicine
- Lack of knowledge about medication and its use
- Transportation
- Cost
- Denial of condition
- Lack of social support
- Cultural or religious beliefs



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# Success Measure and Tool

## Success Measure 4

Possible **barriers to patients remembering/understanding the need to take medications** as prescribed are identified in advance, addressed, and documented in the medical record.

## Tool

Tool Acronym	Tool's Full Name	Time to Administer	Pros	Cons	Scoring
<a href="#">FSSQ</a>	Duke-UNC Functional Social Support Questionnaire	Depends on Clinician	<ul style="list-style-type: none"> <li>• Identifies social support issues.</li> <li>• Assesses a person's need for and perception of their social support.<sup>2</sup></li> </ul>	Does not resolve social support issues. Does not include other barriers to medication adherence. <sup>2</sup>	Scale of 1-5. 5 is "as much as I would like". 1 is "much less than I would like". <sup>2</sup>
<a href="#">Medication Knowledge Survey</a>	Medication Knowledge Survey	Depends on Clinician	<ul style="list-style-type: none"> <li>• Assessing a patient's knowledge of each medication they are taking</li> <li>• Will help in developing a plan for improving knowledge<sup>2</sup></li> </ul>	The patient needs to know what medications they are taking at the time of the test <sup>2</sup>	Identifies knowledge gaps <sup>2</sup>
<a href="#">MMS</a>	Modified Morisky Scale	Depends on Clinician	Measures specific medication-taking behavior <sup>9</sup>	Does not measure adherence <sup>9</sup>	1 point for every yes. 0 points is high adherence. 1-2 is intermediate. 3-4 is low adherence <sup>9</sup>
<a href="#">NVS</a>	Newest Vital Sign	3 minutes <sup>3</sup>	It is available online, in English and Spanish <sup>3</sup> The test if limited to 6 items <sup>3</sup>	<ul style="list-style-type: none"> <li>• It can only be validated in primary care settings<sup>3</sup></li> <li>• It only assesses reading nutritional labels, not general written text<sup>3</sup></li> </ul>	0-4 questions correct= low literacy 5-6 questions correct= patients likely do not have low literacy <sup>4</sup>



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## Instruments to Assess Health Literacy

- Duke-UNC Functional Social Support Questionnaire
- Medication Knowledge Survey
- Modified Morisky Scale
- Newest Vital Sign
- Readiness Ruler
- Rapid Estimate of Adult Literacy in Medicine, Revised
- Short Assessment of Health Literacy for Spanish Speaking Adults
- Test of Functional Health Literacy in Adults (long and short versions)




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## Success Measure and Tool

### Success Measure 5


Patient/Caregiver is provided with **documented instructions and prescriptions for all their medications**, especially when and how they should be taken, during the discharge process.

### Tool



www.CardioSmart.org

#### Heart Failure: ACE Inhibitors



Angiotensin-converting enzyme (ACE) inhibitors are very important medicines for managing heart failure. They relax blood vessels and lower blood pressure. This improves blood flow. Your heart is then able to pump more blood to the rest of your body without working harder.

**Examples**

- Captopril
- Enalapril
- Lisinopril
- Quinapril
- Ramipril

Some of these medicines may be combined with a diuretic ("water pill"). A diuretic helps your body get rid of extra water. Putting these

**How do ACE inhibitors work?**  
When you have heart failure, your heart does not pump as well, so opening blood vessels and reducing blood pressure are important. This reduces how hard your heart needs to work. It may help keep blood from backing up in your heart and lungs.

ACE inhibitors block the action of a protein (enzyme) that causes blood vessels to narrow. As a result, blood vessels relax and widen. This lowers blood pressure and makes it easier for your heart to pump blood.

These medicines also help your body release water and salt (sodium), which also helps lower blood pressure.

**Why are they used for heart failure?**  
ACE inhibitors are commonly used for heart failure. They relieve heart failure symptoms, such as fluid buildup and swelling, and help you feel better. They may help you live longer and stay out of the hospital.

You may need to take an ACE inhibitor if you have recently had a heart attack. This is true, even if you do not have symptoms of heart failure.

**Who should not take an ACE inhibitor?**  
Do **NOT** take an ACE inhibitor if:

- You had a bad reaction when you took an



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# Success Measure and Tool

## Success Measures 6 and 7

Patient/Caregiver can demonstrate they **understand the importance of taking their medications** and **know possible side effects and symptoms** by adhering to their medications as prescribed and knowing who to call when symptoms related to medications arise.

### Tool



**Working with your Patient**

*Properly taking medications can be difficult for patients. Be sure to review all key points that may affect the effectiveness of the prescribed treatment plan, including the patients' perspective and ensuring that they understand their medication regimen is important. Make sure you discuss how they can best adhere to their treatment plan. Being aware of the patient's perspective can help you create a treatment plan that works best with their lifestyle. Incorporating their medication regimen into their daily habits will help them to better adhere.*

**Discuss the following with your patient/caregiver employing teach back techniques for each new medication and ideally for all medications:**

**Medication Instructions**

1. Name of each medicine and what it is supposed to do
2. Dose, type, and frequency of each medication
3. Time of day when patient should take medication (morning, afternoon, or evening)
4. Any food or drinks to avoid while taking prescribed medications
5. Any medications to avoid

**What to Expect**

6. Activities to avoid
7. Side effects for each medication and how to manage them
8. How the medicine will make the patient feel
9. When the medicine should start to work



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# What can you do next?

## Participate in the H2H Challenge:

- Try a suggested strategy or tool
- Participate in the webinars
- Share ideas or questions through the listserv
- *Tell us your strategies for improvement*



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## Upcoming Activities

- Mind Your Meds Tool Kit live on Fri Dec 16
- Mind Your Meds Lessons Learned Webinar – Mar/Apr

*The H2H "Mind Your Meds "Challenge Introductory Webinar from October 18<sup>th</sup>, 2011 is available online*

**Everything will be available online at  
<http://www.h2hquality.org>**



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## Moderated Question-and-Answer Session

*Please submit your question online at this time.*



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***Thank You***

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