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
## Webinar Format

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>MaryAnne Elma, MPH</td>
<td>5 min</td>
</tr>
<tr>
<td>“Mind Your Meds” Tool Kit</td>
<td>Kathy Grady PhD, APN, FAAN</td>
<td>20 min</td>
</tr>
<tr>
<td>“Mind Your Meds” Tool Kit</td>
<td>Jane Linderbaum RN, CNP, AACC</td>
<td>20 min</td>
</tr>
<tr>
<td>Question-and-Answer</td>
<td>All</td>
<td>15 min</td>
</tr>
</tbody>
</table>

### H2H Challenge #2:

**Mind Your Meds**

Post-Discharge Medication Management
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

“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
“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.

“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.
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.

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.
“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.

Success Measure and Strategies

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/AMI - 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.

<table>
<thead>
<tr>
<th>#</th>
<th>Success Measure</th>
<th>Barrier to meet the success measure</th>
<th>Strategy to help meet the success measure</th>
</tr>
</thead>
</table>
| 1 | HF and MI patients are prescribed appropriate medications, dose, type, and frequency. | Patient presents with multiple conditions, difficulty identifying HF/MI patient, hospital clinician may not be familiar with guideline recommendations, polypharmacy | a. PINNACLE Heart Failure Practice Solutions  
 b. Guidelines: Understanding the Science of Heart Failure Management  
 c. AAPHF MedRec Toolkit  
 d. NTIDC MedRec Elements  
 e. BOOSTMedRec Resources |
| 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 | a. AAPHF MedRec Toolkit  
 b. NTIDC MedRec Elements  
 c. BOOSTMedRec Resources |
| 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 of insurance benefits | a.4a. H2H Key Questions at Admission, During the Hospital Stay, and at Discharge (PDF)  
 b.4b. H2H Common Barriers and Solutions to ensure 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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Initial Daily Dose(s)</th>
<th>Maximum Dose(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE Inhibitors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Captopril</td>
<td>6.25 mg 3 times</td>
<td>50 mg 3 times</td>
</tr>
<tr>
<td>Enalapril</td>
<td>2.5 mg twice</td>
<td>10 to 20 mg twice</td>
</tr>
<tr>
<td>Fosinopril</td>
<td>5 to 10 mg once</td>
<td>40 mg once</td>
</tr>
<tr>
<td>Lisinopril</td>
<td>2.5 to 5 mg once</td>
<td>20 to 40 mg once</td>
</tr>
<tr>
<td>Perindopril</td>
<td>2 mg once</td>
<td>8 to 16 mg once</td>
</tr>
<tr>
<td>Quinapril</td>
<td>5 mg twice</td>
<td>20 mg twice</td>
</tr>
<tr>
<td>Ramipril</td>
<td>1.25 to 2.5 mg once</td>
<td>10 mg once</td>
</tr>
<tr>
<td>Trandolapril</td>
<td>1 mg once</td>
<td>4 mg once</td>
</tr>
<tr>
<td>Angiotensin Receptor Blockers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candesartan</td>
<td>4 to 8 mg once</td>
<td>32 mg once</td>
</tr>
<tr>
<td>Lisartan</td>
<td>26 to 50 mg once</td>
<td>60 to 100 mg once</td>
</tr>
<tr>
<td>Valzartan</td>
<td>30 to 40 mg twice</td>
<td>160 mg twice</td>
</tr>
</tbody>
</table>

**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.
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 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. Why do you think 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 reinforce your response to the following questions:

1. Have you brought your medications? Do you need assistance picking them up?
2. How do you pay for medications?
3. Are you currently having difficulty paying for your medications?

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

<table>
<thead>
<tr>
<th>Medication Barriers</th>
<th>Possible Solutions</th>
<th>Available Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Complexity</td>
<td>Use of combination medications to reduce the number of pills</td>
<td>Patient and Provider to do together:</td>
</tr>
<tr>
<td></td>
<td>Simplifying dosing regimens</td>
<td>- IMPLEMENT Card</td>
</tr>
<tr>
<td></td>
<td>Patient handouts on medications</td>
<td>- My Pill Box Medication Schedule</td>
</tr>
<tr>
<td>Side effects or adverse effects from the medication</td>
<td>Choose medications with the least amount of side effects taking the patient’s lifestyle into account</td>
<td>Patient and Provider Tools:</td>
</tr>
<tr>
<td></td>
<td>Avoid medications that cause daytime sleepiness</td>
<td>- PRINT-At-Home Failure Practice Solutions</td>
</tr>
<tr>
<td></td>
<td>Educate patient/caregiver of possible side effects</td>
<td>- Condition/Adherence Patient Resources</td>
</tr>
<tr>
<td></td>
<td>Educate patient/caregiver on how to manage</td>
<td></td>
</tr>
</tbody>
</table>

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

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**

<p>| Instruments to Assess Health Literacy² |
|-------------------------------|----------------------|--------------------|-------------------|-------------|</p>
<table>
<thead>
<tr>
<th><strong>Tool</strong></th>
<th><strong>Tool’s Full Name</strong></th>
<th><strong>Time to Administer</strong></th>
<th><strong>Pros</strong></th>
<th><strong>Cons</strong></th>
<th><strong>Scoring</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>180</td>
<td>Duke-UNC Functional Social Support Questionnaire</td>
<td>Depends on Clinician</td>
<td>Identifies social support issues, assesses a patient’s need for and perception of their social support, identifies other barriers to medication adherence¹</td>
<td>Does not resolve social support issues, does not include other barriers to medication adherence¹</td>
<td>Scale of 6–55, 65 is “as much as usual,” 55 is “much less than usual”</td>
</tr>
<tr>
<td>181</td>
<td>Medication Knowledge Survey</td>
<td>Depends on Clinician</td>
<td>Assessing a patient’s knowledge of each medication they are taking, will help in developing a plan for improving knowledge²</td>
<td>The patient needs to know what medications they are taking at the time of the test²</td>
<td>Identifies knowledge gaps²</td>
</tr>
<tr>
<td>182</td>
<td>Modified Morisky Scale</td>
<td>Depends on Clinician</td>
<td>Measures specific medication-taking behaviors³</td>
<td>Does not measure adherence²</td>
<td>1-point for every YES, 0 points for a high adherence, 1-2 intermediate, 0 is low adherence²</td>
</tr>
<tr>
<td>183</td>
<td>Neuman Vital Sign</td>
<td>2 minutes</td>
<td>It is available online, in English and Spanish! The test is limited to 6 items²</td>
<td>It can only be validated in primary care settings²</td>
<td>4 questions: pocket: low literacy, 5-7 questions: correct, 9 or more: patients likely do not have low literacy²</td>
</tr>
</tbody>
</table>
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)

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

Heart Failure: ACE Inhibitors

Examples
- Captopril
- Lisinopril
- Quinapril
- Ramipril

ACE inhibitors are very important medications for managing heart failure. They lower blood pressure, make it easier for your heart to pump blood.

Examples
- Captopril
- Lisinopril
- Quinapril
- Ramipril

ACE inhibitors can be used for heart failure. They reduce heart failure symptoms, such as shortness of breath and swelling, and help you feel better. They may help you live longer and stay out of the hospital.

Why are they used for heart failure?
ACE inhibitors are commonly used for heart failure. They reduce symptoms of heart failure, such as shortness of breath and swelling.

Who should not take an ACE inhibitor?
Do NOT take an ACE inhibitor if:
- You have a low blood pressure
- You have a history of angina
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

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
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 18th, 2011 is available online

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

Moderated Question-and-Answer Session

Please submit your question online at this time.
Thank You

H2H
HOSPITAL-TO-HOME