

Торіс	Presenter	Time5 min20 min20 min
Welcome	MaryAnne Elma, MPH	
"Mind Your Meds" Tool Kit	Kathy Grady PhD, APN, FAAN	
"Mind Your Meds" Tool Kit	Jane Linderbaum RN, CNP, AACC	
Question-and-Answer	All	15 min







# "Mind Your Meds" Implementation

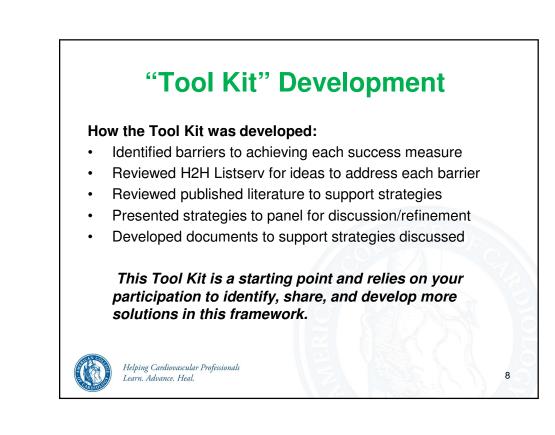


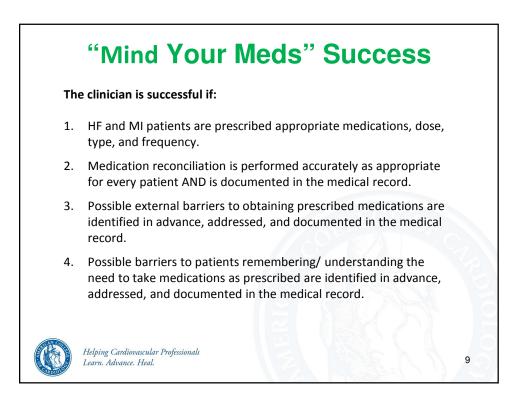
## Helping Cardiovascular Professionals Learn. Advance. Heal.

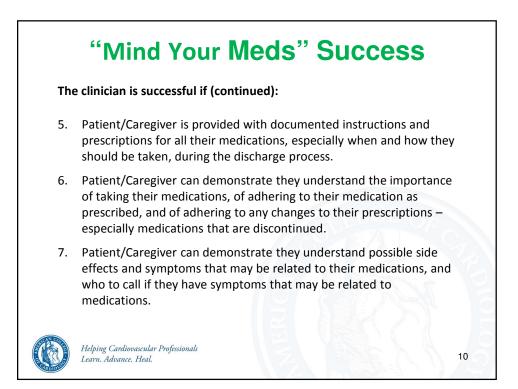
### Jane Linderbaum RN, CNP, AACC

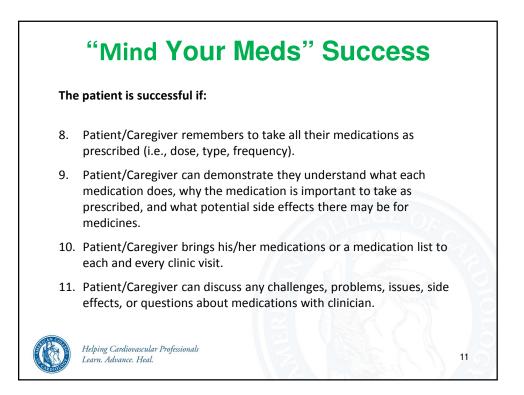
- Ms. Linderbaum is a Cardiovascular Nurse Practitioner and an Assistant Professor of Medicine at Mayo Clinic in Rochester, Minnesota. She also serves as Associate Medical Editor for AskMayoExpert.
- She participates on the ACC's Core Curriculum faculty and planning team, in addition to S-T Elevation 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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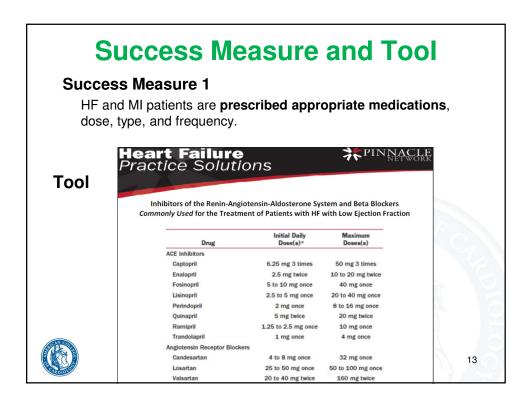


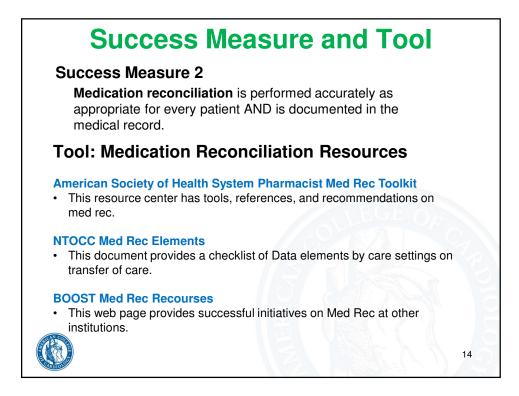


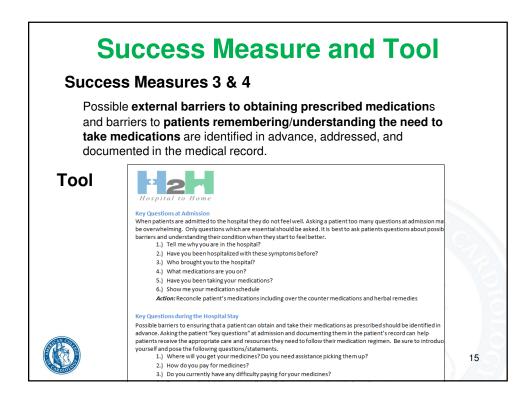


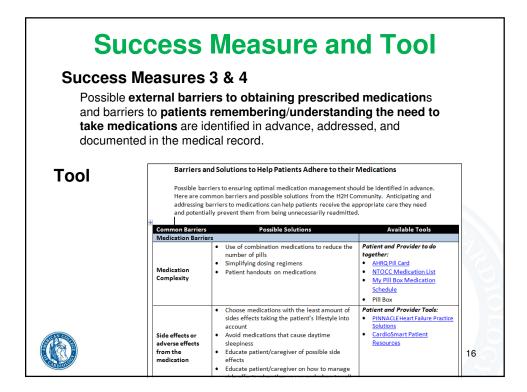


Success Measure and Strategies								
H2	H Mind Your Meds Success M	leasures						
proven to reduce unnecessary hospital readmiss Your Meds" Challenge is for clinicians and patier management. To achieve this goal, H2H Comm	sions and improve transitions of care nts discharged with a diagnosis of HF unity members are challenged to me	e for patients with HF and AMI. The goal of the "Mind F/MI - to work together and ensure optimal medication						
Success Measure	Barrier to meet the success measure	Strategy to help meet the success measure						
The clinician is successful if:								
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. PINNACLE Heart Failure Practice Solutions           1b. Qualidigm Understanding the Science of Heart Failure N           1						
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. <u>ASHP Med Rec Toolkit</u> 2b. <u>NTOCC Med Rec Elements</u> 2c. BOOST Med Rec Resources						
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 Hospita						
	H2 The H2H "Mind Your Meds" Challenge gathers ti proven to reduce unnecessary hospital readmis Your Meds" Challenge is for clinicians and patier management. To achieve this goal, H2H Comm approaches down into small, simple, and target Success Measure The clinician is successful if: HF and MI patients are prescribed appropriate medication reconciliation is performed accurately as appropriate on admission and discharge for every patient AND is documented in the medical record. Possible external barriers to obtaining prescribed medications are identified in advance, addressed, and	H2H Mind Your Meds Success N           H2H Mind Your Meds" Challenge gathers the expertise and experience of H2H proven to reduce unnecessary hospital readmissions and improve transitions of carr Your Meds" Challenge is for clinicians and patients discharged with a diagnosis of H1 management. To achieve this goal, H2H Community members are challenged to me approaches down into small, simple, and targeted strategies.           Success Measure         Barrier to meet the success measure           The clinician is successful if:         Patient presents with multiple conditions, difficulty identifying HF/MI patientin hospital, clinician may not be familiar with guideline recommendations, polypharmacy           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 AND is documented in advance, addressed, and medications, not aware on insurance						









# 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

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### **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 of religious beliefs

- mea	antiana ac	ess Measure 4 sible barriers to patients remembering/understanding the nee								
	medications as prescribed are identified in advance, addressed umented in the medical record.									
Instrumen	instruments to Assess Health Literacy <sup>3</sup>									
Tool Acronym	Tool's Full Name	Time to Administer	Pros	Cons	Scoring					
FSSQ	Duke-UNC Functional Social Support Questionnaire	Depends on Clinician	<ul> <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 les than I would like". <sup>2</sup>					
Medication Knowledge Survey	Medication Knowledge Survey	Depends on Clinician	Assessing a patient's knowledge of each medication they are taking     Will help in developing a plan for improving knowledge <sup>2</sup>	The patient needs to know what medications they are taking at the time of the test <sup>2</sup>	Identifies knowledg gaps <sup>2</sup>					
MMS	Modified Morisky Scale	Depends on Clinician	Measures specific medication-taking behavior <sup>6</sup>	Does not measure adherence <sup>6</sup>	1 point for every ye 0 points is high adherence 1-2 is intermediate. 3-4 is low adherence					
<u>NVS</u>	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> <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 literao 5-6 questions correct= patients likely do not have low literacy <sup>4</sup>					

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