CPCPracticeSpotlight28

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

It Takes a Neighborhood to Increase Medication Safety for Patients

Saline Med Peds, Benton, Ark. — Independent; 1 full-time and 3 part-time physicians; 2,400 patients

Nov. 7, 2014

This strategy addresses CPC Milestones 2 and 6.

For more information about the CPC initiative, visit http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/.

Situation: Patients whose health status qualifies them as a high-risk patient often struggle with their complex medication regimens. They are especially vulnerable to medication errors when new prescriptions are issued after an emergency room visit, hospitalization or other transition in health care setting.

Strategy: Attempting to close gaps in the medical neighborhood, **Saline Med Peds** has collaborated with key health care partners in the community to make medication information easily accessible, and the practice arms patients with up-to-date medication information at each appointment.

First, **Mark Martindale, MD,** and **Cindy Martindale, RPh,** reached out to key community health care partners. The practice met with community pharmacists to propose establishing informal care compacts based on a short list of practice needs. Two local pharmacies agreed to collaborate with the practice. Both offer delivery, and one is a compounding pharmacy. In the agreement, the practice provides these pharmacists the practice providers' cell phone numbers. Cindy reports that she only occasionally receives calls from the pharmacists and to date the relationship has benefitted patients with enhanced service and lower costs. Patient feedback affirms they are seeing more attention to their medication needs and expenses.

Another mechanism the practice uses to make information accessible is to share an EHR interface with the local community hospital, which can then access the practice's medication lists. The practice pharmacist also sends lists and coordinates information with an assisted living facility in the community.

Second, patients are reminded before, during and after appointments about updating medication lists. Before patients' appointments, Cindy reviews their medical record for recent hospital discharges or specialist notes that indicate medication changes. She flags records where a consult is needed.

When staff makes appointment reminder calls, they ask patients with a flagged record to bring in all medications and supplements they are currently taking plus their current medication list for Cindy to review.

To help patients remember their medications, all medication management patients are given a brightly colored insulated tote bag purchased with CPC funds. Patients like that the bag has a handle and zips closed; it's sturdy, easy to carry and won't spill its contents. While each bag cost less than $3, these "special bags" effectively convey the importance of bringing medications to office visits.

Medication management patients bring these bags to appointments.

During scheduled clinic visits, Cindy meets with patients and reviews all current medications, answers questions and makes any necessary adjustments. She documents the outcome of the medication reconciliation in the patient's chart prior to the patient's visit with the physician.

Transitions in care from various facilities often results in patients filling the same medications in varying forms. Case in point: A patient arrived at the office for a post-discharge follow-up appointment carrying three plastic grocery sacks filled with pill bottles. Following a recent hospital discharge, she promptly filled her new prescriptions, but her deteriorating condition led to a readmission within hours. Upon the second discharge, she went directly to a rehab facility, which then issued a new set of prescriptions upon discharge, based on the facility's available formulary. At her follow-up appointment, the patient had three sets of medications: those she took before her hospitalization, the hospital-prescribed medications and medications prescribed at the rehab facility. Among the medications were two different statins and one drug the patient was having an allergic reaction to. The patient had no idea what to do. Over the course of an hour, Cindy sorted out the patient's medications, eliminating duplicates, switching to less expensive options, adjusting dosages and educating the patient on the updated regimen.

At the end of the visit, Cindy provided the patient an updated medication list. She instructed this patient, as she does all patients, to share the list with her other health care providers. If the other providers make changes, the patient is asked to bring the updated list to subsequent appointments at Saline Med Peds. This action is then documented in the EHR.

Practices building collaboration agreements in their medical neighborhoods may want to consider two of Saline Med Peds' successful tactics: look beyond physician practices for partners and involve patients as communications liaison among providers.

TMF Health Quality Institute

This material was prepared by TMF Health Quality Institute under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Any statements expressed by the individual and resources cited in this publication are not an opinion of, nor endorsement by, TMF or CMS.