

Consultant Pharmacists: Roles, Responsibilities & Resources

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Material from today's presentations will be posted online.

**What are the Regulations in Maryland
surrounding Medication Management?**

Access them at:
[http://www.dsd.state.md.us/comar/
10/10.07.14.29.htm](http://www.dsd.state.md.us/comar/10/10.07.14.29.htm)

This was reviewed in the morning sessions so please refer to those notes.

10.07.14.29 Medication Management and Administration

- Residents who Self Administer Medications:
 - AL manager must ensure assessment is completed upon admission which states they are able to self medicate
 - Quarterly evaluation must be completed by the delegating nurse to ensure that they are still safe to self medicate

When patients are admitted into ALFs, how do we assess whether or not they are capable of self-administration of medications? Who checks this?

Nurses do. Download form for assessment online from Board of Nursing website.

85% of patients in ALF need help with medications.

Medication self-administration decisions are considered a gray area due to many reasons -including financial, social, safety and medical aspects. Many patients do not want to lose their sense of autonomy. Still, many patients are really not able to self administer due to tactile, memory or cognitive difficulties.

Patients cannot self-administer some of their medications: it is either all or nothing.

Medication Review Upon Admission

- The AL manager shall consult within 14 days of a resident's admission with the following individuals who can conduct a medication review:
 - Primary Care Physician
 - Certified registered nurse practitioner
 - Certified registered nurse midwife
 - Registered nurse, who may be the delegating nurse or
 - Licensed pharmacist.

It is good practice for ALFs to contact a team to conduct a medication review upon admission of a new resident. Transition stages between discharges and admissions into ALFs are the most likely times for medication errors. Most of the problems arise from communication issues between the hospital and ALF staff. In order to prevent readmissions and to stabilize care, it is also best to involve a pharmacist or team from the very beginning.

One of the major concerns is medication reconciliation and making sure all medications are necessary and appropriate.

Purpose of this Review

- Is to review with the AL manager or designee:
 - A resident's current medication profile, including all prescription and non prescription medications and feedings
 - The potential that current medications have to act as chemical restraints
 - The potential for any adverse drug interactions, including potential side effects from the medications and
 - Any medication errors that have occurred since admission.

Pharmacy Review

- The AL manager shall arrange for a licensed pharmacist to conduct an **on-site review** of physician prescriptions, physician orders and resident records **at least every 6 months** for any resident **receiving 9 or more medications** which include **over the counter** and **as needed medications**.

Poll of audience indicates that most sites would like the pharmacist to come in and review all patient charts. Other sites ask pharmacists to only review patients with 9 medications or more, for financial reasons.

The Pharmacist's Review

- Shall include but is not limited to, whether:
 - Program is in compliance with Board of Pharmacy's requirements for packaging of medications
 - Each resident's medications are properly stored and maintained
 - Each resident receives the medications that have been specifically prescribed for that resident in the manner that has been ordered.
 - Based on available information, the desired effectiveness of each medication is achieved, and, if not, that the appropriate authorized prescriber is so informed;
 - Any undesired side effects, potential and actual adverse drug reactions, and medication errors are identified and reported to the appropriate authorized prescriber;
 - The resident has a medical condition as documented in the resident's records that is not currently being treated by medication;
 - There is drug use without current indication in the resident's records of a medical condition that warrants the use of the drug;

Resources can be found at <http://www.geri-ed.umaryland.edu/> . (Medication Management)

There is a webinar post for families. The page also has a downloadable ALF medication review checklist, which goes through COMAR regulations.

Among other things, the pharmacist makes sure schedule II drugs are double locked. He/she also reviews medication carts to make sure recalls and expired medications are properly disposed of.

All types of medications are included in the 9 medications qualification – including Rx, herbal, OTC, PRNs.

Common issues:

- OTCs: always problematic because they are less likely to be reported (and can, for example, result in Tylenol toxicity, drug-drug interactions...)
- Monitoring: many adverse effects occur because of poor monitoring. Pharmacists can make a big impact by educating other health care practitioners on monitoring of drugs.
- Acquiring laboratory work is a tedious and time consuming task, but is vital for monitoring and for patient safety.
- Clinical Relevance: when is it, for example, clinically relevant to report and act on drug-drug interactions?

The Pharmacist's Review cont

- Shall include but is not limited to, whether:
 - There is drug overuse that is causing side effects as documented in the resident records;
 - Current medication selections result in inappropriate drug dosage;
 - The resident may be experiencing drug interactions;
 - The resident is receiving medication, either prescribed or over-the-counter medications, as well as herbal remedies that could result in drug-drug, drug-food, or drug-laboratory test interactions;
 - Administration times of medication need to be modified to address drug interactions or meal times, or both;
 - The resident records need to be reviewed to assure that periodic diagnostic monitoring required by certain medications have been performed; and
 - The resident's medication regimens need to be reviewed to determine if more cost-effective medications are available to treat current medical conditions

Documentation and Follow-up

- The pharmacist shall document the pharmacy review as required under this section in each resident's chart and this documentation shall be reviewed **every 6 months** as part of the assisted living program's quality assurance activities as required in Regulation .13 of this chapter.
- The person conducting the on-site review under §F or I of this regulation shall recommend changes, as appropriate, to the appropriate authorized prescriber and the assisted living manager or designee.

Roles and Responsibilities

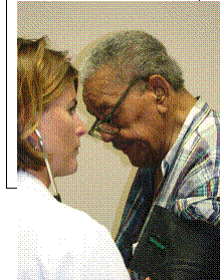


1. Perform a Medication Regimen Review (MRR)

- What is MRR?
 - “Thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences associated with medications; The review includes preventing, identifying, reporting, and resolving medication-related problems (MRPs), medication errors, or other irregularities and collaborating with others members of the interdisciplinary team.”

2. Provide Ongoing Education to Direct Care Staff, Residents and/or the Family

- Medication management is based in the care process and includes:
 - Recognition or identification of the problem/need
 - Assessment
 - Diagnosis/cause identification
 - Management/treatment
 - Monitoring
 - Revising interventions



- Centers for Medicare and Medicaid Services. State Operations Manual. Appendix PP: Guidance to Surveyors for Long Term care facilities Rev. 26 , Accessed at www.cms.hhs.gov/manuals/downloads/som107_Appendicesoc.pdf on October 16, 2008.

Diagnostic Monitoring

- **Physician Orders & Communication of Results**
 - Is there an existing physicians' order for lab monitoring and if so, is it being followed?
 - Ask for copies of lab reports and place in residents chart
- **Monitoring for Common Medical Conditions and Medications**
 - Type II Diabetes
 - High Blood Pressure
 - Dementia
- **Potentially Problematic Medications**
 - Narrow Therapeutic Medications:
 - Warfarin_(Coumadin),
 - Digoxin,
 - Carbamazepine (Tegretol),
 - Lithium,
 - Theophylline,
 - Levothyroxine (Synthroid), &
 - Valproic Acid (Depakote)

3. Assist with Assessing Resident's ability to Self Administer Medications

- Various screening and assessment tools to evaluate a resident's ability to self medicate.

e.g., MediCog: evaluates the ability to set up a pillbox

- Two Part Screen
- Mini-Cog: detects clinically significant cognitive impairment
- Medication Transfer Screen (MTS): evaluates skills in deciphering prescriptions and ability to sequence and locate

Anderson K, Jue SG, Madaras-Kelly KJ. Identifying Patients at Risk for Medication Mismanagement: Using Cognitive Screens to Predict a Patient's Accuracy in Filling a Pillbox. Consult Pharm 2008;June;23(6):259-72

Medi-Cog Method

TRANSFERING MEDICATION TO A PILL BOX

On the table below write the number of pills as instructed into the correct compartments:

Example: TAKE ONE TABLET EVERY DAY AT BEDTIME

1. TAKE ONE TABLET EVERY DAY IN THE MORNING
2. TAKE ONE TABLET 3 TIMES DAILY WITH MEALS
3. TAKE TWO TABLETS M-W-F IN THE EVENING
4. TAKE ONE-HALF TABLET ON SATURDAY AT BEDTIME

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morn	X	X	X	X	X	X	X
Noon	X	X	X	X	X	X	X
Eve	X	X	X	X	X	X	X
Bed	1	1	1	1	1	1	1/2

5. How many pills total are in the pill box for the entire day of Saturday? _____

Date: _____ Code: _____ Location: _____

This is a good tool to assess self-medication ability.

Resources

Medication Management in Assisted Living Facilities web based seminar & Resources

- Intent of this webinar is to increase the knowledge of healthcare professionals, facilities and families to the complexity of medication management issues that exist in ALFs.
- Interdisciplinary Faculty:
 - Nicole Brandt, PharmD (pharmacy),
 - Barbara Resnick, PhD, CRNP (nursing),
 - Richard Stefanacci, DO (medicine) and
 - Jacqueline Pinkowitz, M Ed. (consumer advocacy).
- Launched July 2009 & CEAL award recipient
- The web page address is: <http://geri-ed.umaryland.edu>.

This webinar is now available at the Medication Management for Older Adults website at, medmanagement.umaryland.edu .

Work Group

- UM School of Pharmacy is spearheading a multifaceted approach to improving medication management and ultimately care to residents in Assisted Living through a collaborative workgroup:
- Workgroup members:
 - Pharmacy, Nursing and Medicine faculty
 - Representatives from the:
 - Boards of Pharmacy and Nursing,
 - Office of Healthcare Quality,
 - Lifespan and
 - Geriatrics and Gerontology Education and Research Program.

The intent of this workgroup is to educate healthcare professionals, ALF staff as well as policy makers on the issues of medication management in ALFs.

In addition, the group will be evaluating the impact of the new regulations, focusing on pharmacy issues and the role of consultant pharmacists in terms of medication related problems, patient safety and costs.

Resources

- Lifespan
 - www.lifespan-network.org/
- American Society of Consultant Pharmacists
 - www.ascp.com
 - www.ascp.com/resources/settings/assistedliving/index.cfm
- Center for Excellence in Assisted Living:
 - www.theceal.org
- Consumer Consortium on Assisted Living
 - www.ccal.org

Helpful Websites For Information on Assisted Living and Geriatrics

- American Medical Director's Association
 - www.amda.com
- American Association of Retired Persons
 - www.aarp.org
- National Center for Assisted Living
 - www.ncal.org
- The American Geriatrics Society
 - www.americangeriatrics.org
- Assisted Living Info
 - www.assistedlivinginfo.com
- Assisted Living Federation of America
 - www.alfa.org

Resources

- **MTMS and the Million Dollar Question: How Will ALF Residents Benefit?**
http://www.assistedlivingconsult.com/issues/01-03/ALC1-3_MTMS.pdf
- **Primer for Medication Management: What Practitioners Need to Know**
http://www.theceal.org/downloads/CEAL_1183488426.pdf

Case Discussion

Case

- 91 yr old male who is new to the Assisted Living Facility. There is limited information on his past medical history and he is not a good historian. He states he lived on farm and received little medical care in the past. He notes he is not happy with his move into the facility.
- One of the concerns from the medical team is the use of his medications with his concomitant Hepatitis and impaired liver function.

Past Medical History & Labs

Past Medical History:

- Dyslipidemia
- Type II Diabetes Mellitus
- Coronary Artery Disease
- h/o Hepatitis C
- Benign Prostatic Hypertrophy

Labs on Admission :

- AST: 179
- ALT: 103
- Alk Phos: 185
- Alb: 3
- HgA1C: 7.9%
- Hep C positive
- BMP & CBC: WNL (Cr= 1.0)

Medication List

- Metformin 500mg 1 tablet twice daily
- Glipizide 10mg 1 tablet twice daily
- Lantus 10 units in the evening
- Simvastatin 40mg in the evening
- Lisinopril 10mg in the morning

Medication related issues:

1) Type II DM: In light of his age as well as his hepatic dysfunction, I would recommend stopping Metformin and Glipizid and just keep him on Lantus. Increase the Lantus dose to 12 units, monitor and then optimize further (this is a conservative increase based on limited BS when the two medications are stopped). In light of his age, we just want to maintain his HgA1C < 8% if possible. Both Metformin and Glipizide should be used cautiously in hepatic dysfunction.

2) Dyslipidemia: In light of his hepatic dysfunction, I would recommend stopping the statin.

3) Monitor his liver function quarterly. We may also want to monitor his PT/INR.

4) Depression; May consider referring him to a psychiatric for a follow-up.

5) h/o BPH; The patient had been tried on various medications for BPH but did not tolerate them. Not sure what the agents were though. Will defer to urology follow-up.

6) Health Maintenance; Consider starting an ASA 81mg daily.

Where is this patient in the continuum of care?

- A. Primary & Secondary Prevention
- B. QOL/Reduce Acute Exacerbation
- C. EOL / Comfort Care

A. Primary and secondary care in a 91 year old: more important to ask what the patient would like and what his/her family wants.

Which of the following medication(s)
would you plan to discontinue?

- A. Metformin 500mg 1 tablet twice daily
- B. Glipizide 10mg 1 tablet twice daily
- C. Lantus 10 units in the evening
- D. Simvastatin 40mg in the evening
- E. Lisinopril 10mg in the morning

Ultimately, the patient was kept on Lantus 12 units in the evening and Lisinopril 10mg in the morning. The rest were discontinued.

How would you monitor this patient?

- A. Check finger sticks three times a day
- B. Check HgA1C quarterly
- C. Check lipid panels every 3 months
- D. All of the Above
- E. None of the Above

Stopping medications is just as important as starting medications and stopping monitoring labs is just as important as starting them.

In the long run, the patient would not need finger sticks and HgA1c testing once glucose stabilizes, and lipid panels will not be needed since Simvastatin was stopped.



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The University of Maryland, School of Pharmacy has been leading an Assisted Living Facility Workgroup made up of stakeholders such as faculty, long term care pharmacists, Boards of Pharmacy and Nursing representation, Geriatrics and Gerontology Education and Research Program as well as Office of Healthcare Quality staff to advance education and research regarding medication management in ALFs. The University of Maryland, School of Pharmacy is interested in collecting data on what pharmacists are finding when they are conducting their medication reviews. In addition, a standardized checklist has been developed with an educational webinar to help pharmacists meet the regulations and provide adequate documentation. If you are interested in learning more, please feel to contact Dr. Brandt at nbrandt@rx.umaryland.edu as well as visit the <http://geri-ed.umaryland.edu> to have access to the educational tools under the Medication Management section.



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Keep in touch =).
Thank you!