

## Annual Planned Visit and Medication Planner

The **Annual Planned Visit** provides an opportunity to discuss medications with your patients and to “Get the Medications Right.” The appropriate use and coordination of medication therapy is a critical factor to improving patient health, improving quality and decreasing costs.

An accurate medication list that reflects what has been prescribed and what the patient is actually taking is fundamental to optimizing medication use. Providers need to know exactly what a patient is taking when evaluating treatment plans. We can improve population health and outcomes by focusing on medications beginning with gathering and organizing an accurate medication list followed by comprehensively assessing a patient's medications for appropriateness, effectiveness, safety and adherence.

The **Medication Planner** is a tool designed to highlight some of the key elements when reviewing medications with patients. Having conversations with patients allows the opportunity to understand the patient's beliefs, preferences and values around taking medications. Completing medication reconciliation is important for improving patient safety and ensuring patients and providers are working from the same medication list. Evaluating the medication regimen provides the opportunity to identify potential medication related problems and facilitates closure of medication gaps in care such as non-adherence, polypharmacy and patients taking medications that can cause harm.

# The Medication Planner

## Key elements to include in the medication review process

### Pre-visit Planning: Be prepared for the visit

- Prior to appointment, review medications in the chart, prescription claims or other available prescription information
- Are there medications that require lab monitoring, any adherence concerns or use of high-risk medications?
- Remind patient to bring all of their medications and home medication list to the appointment
- Consider time constraints for complex medication regimens

### Conducting the Medication Review

- Understand the patient's medication experience, preferences and values
- Gather all sources of medication information in order to reconcile the medications with the patient
- Use probing questions to obtain the medication list:
  - Tell me what medications you are currently taking or stopped taking since we saw you last?
  - What inhalers/nebulizers do you have for your COPD, and when do you use all of them?
  - What over-the-counter medications do you take for headache, backache, sleep, allergies, or heartburn?
- Assess a patient's medication knowledge: Can the patient manage their medications effectively; read labels, comprehend drug information and administer medications correctly, or any concerns for cognitive impairment?
- Be mindful that a comprehensive medication review includes reviewing each medication for appropriateness, effectiveness, safety and adherence followed by creating a care plan with follow up and monitoring

### Complete Medication Reconciliation

- Improve patient safety by establishing an accurate medication list
- Obtain complete dosing information (drug name, strength, dose, frequency and indication for use)
- Compare sources of medication information looking for a "one to one" match
  - Changes in strength (12.5mg vs 25mg), dose (1 tablet vs ½ tablet), and frequency (once a day vs twice a day)
  - Validate the quantity and corresponding day supply
  - Look for missing drugs (omissions) and drug additions
  - Therapeutic duplications (e.g., two meds in the same drug class)
  - Difference between what is prescribed and patient's actual pattern of use
  - Drug-drug and drug-disease interactions and contraindications
- Identify discrepancies and discuss with provider for resolution

### Assess Medication Adherence (Star Ratings Measure)

- Assess patient's actual pattern of use compared to what has been prescribed when talking to the patient
- Use open-ended questions:
  - Some patients have difficulty taking their medications as directed. What gets in the way of taking your medications?
  - Of all the medications prescribed to you, which ones are you taking?
  - How many times do you think you missed taking your medications in the past week, month?
  - How often do you take this medication?
  - What adverse effects are you experiencing from your medications?
- Use prescription claims data and read prescription labels to objectively validate refill patterns
- Use non-adherence reports to focus on potential outstanding gaps in care

### Minimize Polypharmacy

- When reviewing the medications, identify unnecessary drug use (patients taking more medications than what is clinically indicated)
- Justify the medications:
  - Each medication should have an indication for use
  - Identify medications being used to treat side effects
  - Educate patients: know your medications, use one pharmacy, share all Rx and non-Rx information with providers

## ☐ Identify Medications that can Increase Risk for adverse events

- High alert medications have increased risk for harm if not taken correctly such as insulin, sulfonylureas, warfarin and other anticoagulants
- Potentially Inappropriate Medications in the elderly (PIMS) are medications that have the potential to cause harm in the elderly
  - The High-Risk Medications (HRM) is a Star Ratings Measure which includes specific medications with a high-risk for serious side effects. The measure calculates the percentage of Medicare patients getting these meds

## ☐ High-Risk Medications (Star Ratings Measure)

- To Improve patient safety:
  - Review and identify High-Risk Medications your patients are taking and consider safer drug choices
  - Use the High-Risk Medication report to facilitate gap closure
  - Be familiar with medications that are high-risk medications to decrease drug initiation
  - Monitor for adverse effects such as confusion, sedation, and falls in patients when taking these medications

## ☐ Drug Monitoring and follow-up

- Are labs needed to monitor for drug safety and effectiveness?
- Are dose adjustments needed to reach treatment goals or eliminate risk for side effects?
- Follow-up and monitor patients with a history of non-adherence
- Follow-up and monitor patients starting new chronic medications

## ☐ Patient Education

- Self-Management Support:
  - Can the patient demonstrate proper insulin administration?
  - Can the patient demonstrate proper inhaler/device technique?
  - Can the patient provide details of medications: What, Why, When, How?
  - Teach patient to monitor for signs and symptoms of adverse effects
  - Empower patient to maintain an up-to-date medication list, and bring the list and medications to all appointments. Consider a Personal Health Record
- Provide patient accurate medication list prior to leaving appointment
- Instruct patients on proper disposal of medications they are no longer taking

## ☐ Comprehensive Medication Management (CMM)

- Leverage the clinical skills of a pharmacist to address medication related concerns with your high-risk patients
- Pharmacist, as part of the health care team, can evaluate each medication for appropriateness, effectiveness, safety and adherence, and develop care plan goals with patients and providers and provide follow-up and monitoring
- Patients who may benefit from CMM service:
  - Patients who are not reaching treatment goals
  - Patients experiencing adverse effects
  - Patients having difficulty understanding and following medication regimen
  - Patients frequently admitted to the hospital
  - Patients taking multiple medications and have multiple providers in need of care coordination of medications

# Tools and Resources

Gleason KM, Brake H, Agramonte V, Perfetti C.; Medications at Transitions and Clinical Handoffs (MATCH) Toolkit for Medication Reconciliation. Agency for Healthcare Research and Quality. Revised August 2012. [www.ahrq.gov/qual/match/match.pdf](http://www.ahrq.gov/qual/match/match.pdf)

How-to-Guide: Prevent Adverse Drug Events by Implementing Medication Reconciliation. Cambridge, MA: Institute for Healthcare Improvement, 2011. [www.ih.org](http://www.ih.org)

Medication Knowledge Assessment Form. [www.adultmeducation.com/AssessmentTools.html](http://www.adultmeducation.com/AssessmentTools.html)

Medicare 2016 Part C and D Star Ratings Technical Notes [www.cms.gov/Medicare/Medicare.html](http://www.cms.gov/Medicare/Medicare.html)

Patient-Centered Primary Care Collaborative. Integrating Comprehensive Medication Management to Optimize Patient Outcomes: A Resource Guide. 2012. [www.pcpcc.org/sites/default/files/media/medmanagement.pdf](http://www.pcpcc.org/sites/default/files/media/medmanagement.pdf)

American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. *J Am Geriatr Soc* 63: 2227-2246, 2015

Adherence Estimator® (Merck) is a registered trademark of Merck Sharp & Dohme. Adherence Estimator is used to help identify patients who have recently received a prescription for a new medication and who may be at risk for medication non-adherence for a chronic, asymptomatic conditions.