



The long-term care setting offers a variety of adherence service options when you understand the patient population

By Patricia Crawford



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ADHERENCE

THE LONG-TERM CARE ENVIRONMENT presents a number of unique challenges when it comes to medication adherence, many of which are the result of today's changing definition of LTC. As hospital stays become shorter, nursing facilities are admitting patients to complete their rehabilitation. Once admitted, 80 percent of individuals entering a skilled nursing facility are discharged within 45 days. These individuals are transitioning back into

home care or one of several residential and/or alternative care sites, including independent living, congregate care, assisted living, and skilled nursing facilities. These transitions create vulnerabilities and potential gaps in the patient's care, which is why pharmacist involvement (particularly with regard to adherence) is especially important in these transitions and throughout the patient's movement through the continuum of care.



Transitioning From Hospital to LTC

For most patients, getting a good start on medication during a skilled nursing stay depends on two things. The first is a complete reconciliation of the medication profile on transition from the hospital, and the second is an accurate transcription of that medication profile on admission to the nursing facility. Unfortunately, the system is prone to break down at certain points, and the pharmacist should be aware of where this can occur. Many times patients are moved to the nursing facility prior to the completion of the medication reconciliation, thereby rendering the provided information potentially inaccurate and incomplete. Furthermore, nurses are frequently pressed with more than one new admission at the same time. Rushed recording of medications can lead to transcription errors that, in turn, affect proper medication adherence at the facility level. These errors are frequently carried through the stay in the nursing facility and on to discharge to the next level of care. Whenever possible, pharmacists should review all records available and be cognizant that transcription errors can occur during the transition process from hospital to nursing facility.

Addressing Administration Barriers

One type of medication non-adherence in the senior population can be related to dosage form. Older people are particularly prone to experience dysphagia for several reasons. The prevalence of several diseases linked to dysphagia, such as advanced Alzheimer's disease and stroke, is higher among the elderly than in younger people. The contractile reflex and salivary gland function, which contribute to swallowing, can

deteriorate with advancing age. Additionally, several incontinence drugs can induce dry mouth, including opioids, NSAIDs, corticosteroids, and diuretics.

Many medications prescribed to patients who experience dysphagia are too large for them to swallow. During the skilled nursing stay, the consultant pharmacist should assess the patient's ability to swallow, recommend medication adjustments as needed, and recommend swallowing aids such as a flavored lubricant mouth spray. Some patients require two tablets of a lower strength (smaller tablet) to equal the prescribed strength required to manage the patient's disease state.

In other cases, some patients need medications in alternative forms for psychological reasons. Patients with Alzheimer's disease, dementia, or psychosis may have difficulty with one medication form, psychologically, while the same medication compounded into a different form is well accepted and the patient remains adherent on the compounded/flavored form of the medication.

Timing Can Be Everything

Medication adherence for patients residing in a skilled nursing facility is not only a problem of whether or not they are taking their medication. Adherence issues for the senior patient are also related to taking medication at the proper time. Medication that is not taken at the correct time, in some cases, is as impactful to adverse health events as not taking it at all.

Many times when a patient is admitted to a skilled nursing facility, assisted living, or group home, their medications are scheduled at the same time of day. It is not unusual to see patients on 10 medications all taken at 8 a.m. Add a few OTC products to that, and you may find

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patients are taking so much medication at one time that they are not eating their meal or they are experiencing interactions due to the sheer amount of medication being ingested at one time. Patients in this situation will begin to refuse medications or complain that they do not feel well when they are taking their medication.

This is an opportunity for the consultant pharmacist to perform an intermediate medication review or comprehensive medication review (CMR), depending on the care setting, to identify medications that can be moved to other administration times during the day. If the patient is in a skilled nursing facility, it is important to be sure that the time changes made during the patient's stay are carried over at the time of discharge to his/her home or community-based residence.

Pharmacists should also focus on making sure that drugs that are taken on alternating days (or on a specific schedule that is not daily) are identified with the date that the medication was started. For example, if a patient takes one dose one day and alternates with a higher dose the next day, the dispensing pharmacy on discharge will need to know exactly which day the drug was started for each alternating dose.

Transitioning Back to the Community

The most frequent breakdown in patient adherence is when a patient has been discharged from the skilled nursing facility back to the community in which they live. There are many reasons for this breakdown.

Patients who received medications prior to hospitalization and the skilled nursing stay are often turned away from the pharmacy when trying to fill their discharge medications due to a denial for refill too soon. Pharmacies can use the transitional override code for change in level of care; however, when that fails patients may end up at home without medications. Without their new prescriptions, patients will often take medications they had been prescribed prior to admission to the hospital, even though the medication dose may have changed, the form of the medication changed, or the medication was discontinued. Potentially, this scenario can lead to emergency room visits and re-hospitalizations.

The community pharmacist has a perfect opportunity to collaborate with the patient's physician and prescription drug processor to obtain payment for the needed medications, to deliver the medications to

the patient prior to discharge from the skilled nursing facility, and to notify the prescriber that the patient's medications will be provided by that pharmacy home. The physician should be reminded monthly via fax, letter, or telephone call of the community pharmacy's status as the pharmacy home to the patients who have entered into this transitional program.

Medications at Home

Another challenge that nursing home patients face is stockpiling of medications in their home. Stockpiling often occurs when a patient has mail order medications that do not stop when the patient has been admitted to the hospital or to a nursing home.

Stockpiling is also a social cultural issue. When patients leave a skilled nursing facility to move back to their community-based home (assisted living, group home, or independent living), they sometimes have years of medications in drawers, cabinets, and refrigerators. Many of the stockpiled medications are expired or not even prescribed for the patient who possesses them.

There are a number of medication take-back programs being conducted throughout the nation, including NCPA's Dispose My Meds program. Too often,

TIPS FOR ADHERENCE SERVICES IN LONG-TERM CARE PHARMACY

- Market your pharmacy as the adherence specialist to all the area nursing facilities, assisted living facilities, and group homes.
- Spend time with facilities near your pharmacy. Work with their nursing staff and perform in-services and educational programs that assist in raising the senior patient's health care literacy.
- Health care literacy empowers the patient to make good health care choices and captures a customer for your community pharmacy for life. Never assume that the patient understands the reason a medication has been prescribed for them or how this medication works with or against other medications they are taking.
- Take every opportunity to provide assistance to caregivers of your senior patients. These services not only will assist in capturing the senior patient, but they will help you capture the family members of that senior as well.



these programs do not reach the assisted living and/or independent living patient. Think about advertising your take-back program to this patient population specifically.

Alternatively, simple programs such as a brown paper bag with a stop sign provided at discharge from the hospital or skilled nursing facility work extremely well. Patients should be educated to put all the medications that they have in their home in the bag and seal it with the stop sign sticker. They should also understand that the term “medication” includes OTC and prescription medications. The pharmacist should then either pick up the brown bags that have been sealed with the stop sign sticker or have the patient or caregiver bring the bag to the pharmacy. For this program to be most effective, the pharmacist must gain the patient’s trust that the pharmacist will review these medications and return back to the patient those medications that are safe for the patient to continue taking. Providing medications that are still active back to the patient in an adherence package will assist the patient to remain adherent and reduce waste.

Importance of Health Care Literacy

Medication adherence starts with health care literacy. Patients must be educated about their prescribed medications during their skilled nursing stay. Such education should be provided by the consultant pharmacist at the end of each patient’s skilled nursing

stay. Health care literacy leads to medication adherence when the patient is discharged back to the community.

Simple tools that assist with health care literacy, such as medication calendars, specialized medication packaging, and education help empower the patient to take the right medication at the right time. The pharmacist should use teaching tools that assist the patient in administering eye drops, inhalers, nebulizer treatments, and injectables. These tools are important and potentially reimbursable through medication therapy management (MTM) or CMR. Patient teaching tools are available for purchase or the pharmacy can make their own. In addition, simple medication calendars using icons that help patients understand what disease state they take their medication for, what the medications looks like, what time they should take their medication, and a simple set of instructions are extremely helpful to patients. For example, medication X is taken before you eat your breakfast, it is a tan and white capsule, and helps your stomach feel better.

Differentiate Your Pharmacy

The community pharmacist should market these types of services to close by facilities and take every opportunity to prove the value of this service. A community pharmacist does not have to be the contracted provider of medications to the skilled nursing facility to provide this service. Nursing facilities are searching for tools and programs to assist in successful discharge without readmission. The community pharmacy can seek payment for this service via MTM through the patient’s Medicare Part D plan. Programs such as this also allow the community pharmacy to capture these discharging patients’ medications in their pharmacy practice. Pharmacies that are participating in similar programs are seeing a 75 percent patient retention rate.

The community pharmacist is the best advocate, educator, and practitioner to assist seniors, in all levels of care, to help manage their medications. **ap**

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