

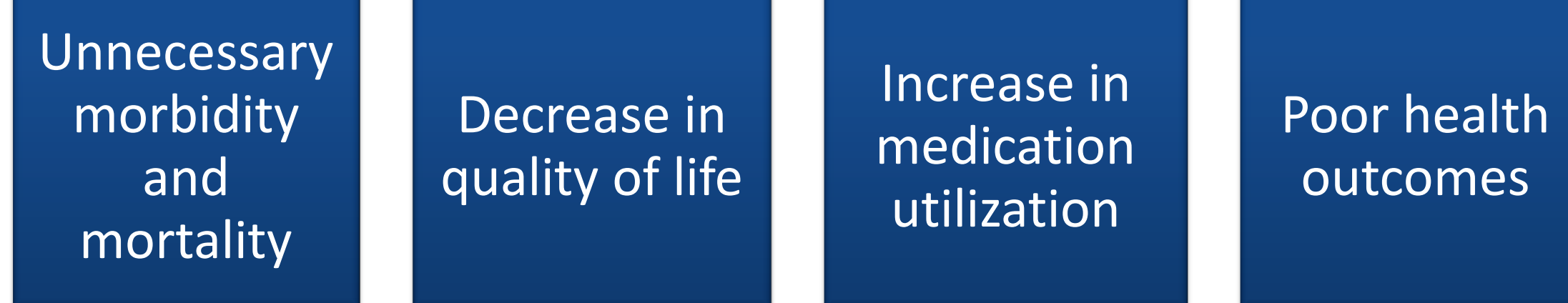
## BACKGROUND

High risk medication (HRM) use and medication non-adherence in the elderly continue to be problematic issues in the healthcare field.

- Adverse drug events (ADEs) in the elderly have been linked to<sup>1</sup>:



- Consequences of non-adherence to prescribed medications include<sup>2</sup>:



Centers for Medicare & Medicaid Services (CMS) use a star ratings system ranking from 1 to 5 to summarize the performance of contracted health and drug plans for individual performance<sup>4</sup>, measures and grouped measures as well as an overall rating.

- The HRMs and adherence for diabetes (excluding insulins), hypertension, and cholesterol medications measures are weighted 3 times higher than baseline.

To date there are no published studies showing pharmacist impact on high risk medication prescribing and patient adherence rates and their resulting effect on Star Ratings.

## OBJECTIVES

### Primary Objective:

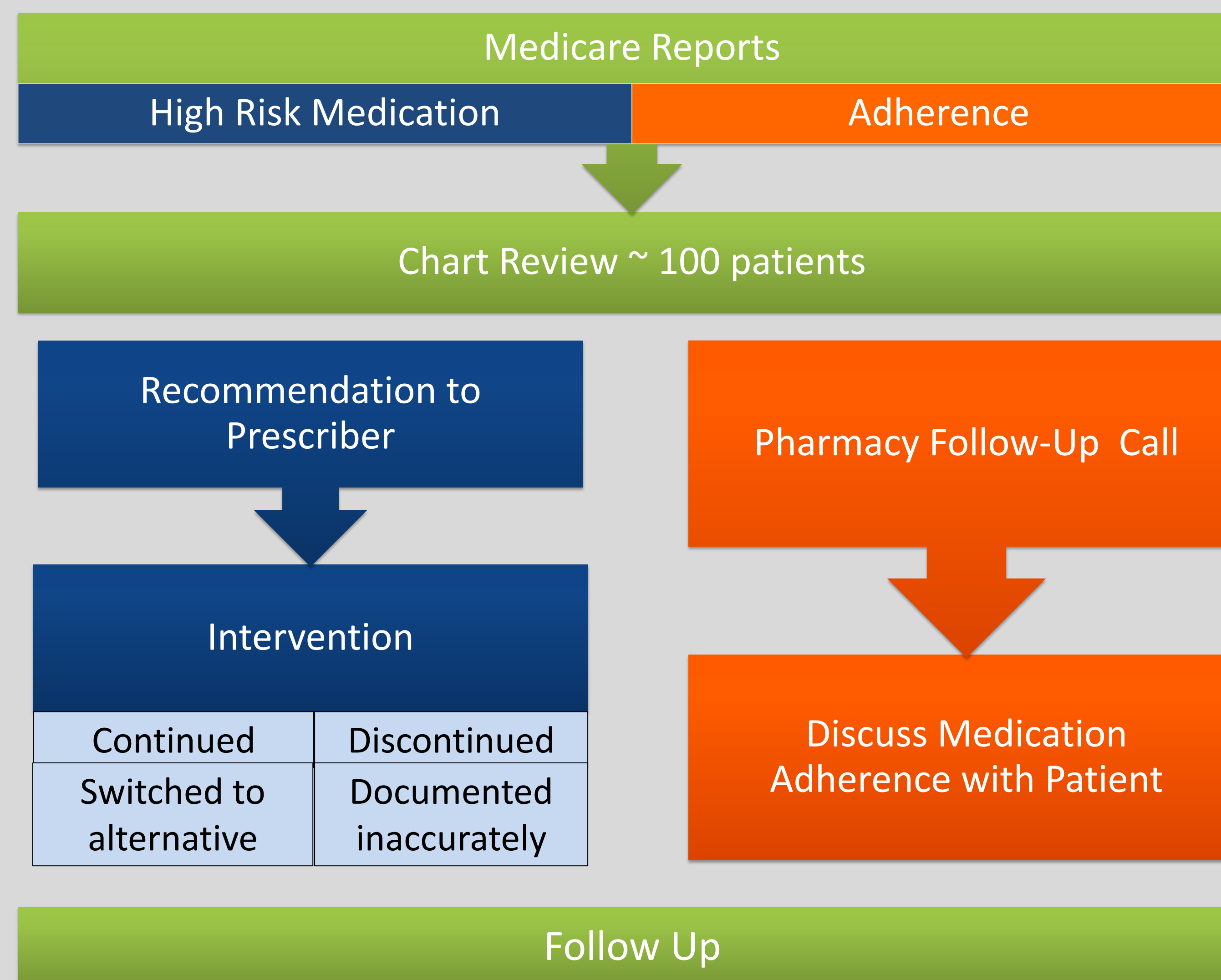
- To reduce the number of patients 65 years and older identified by Medicare Advantage plans contracted with CoxHealth as having high risk medications or non-adherence to prescribed medications for diabetes (excluding insulins), cholesterol, and blood pressure for patients of the Senior Health Center

### Secondary Objective:

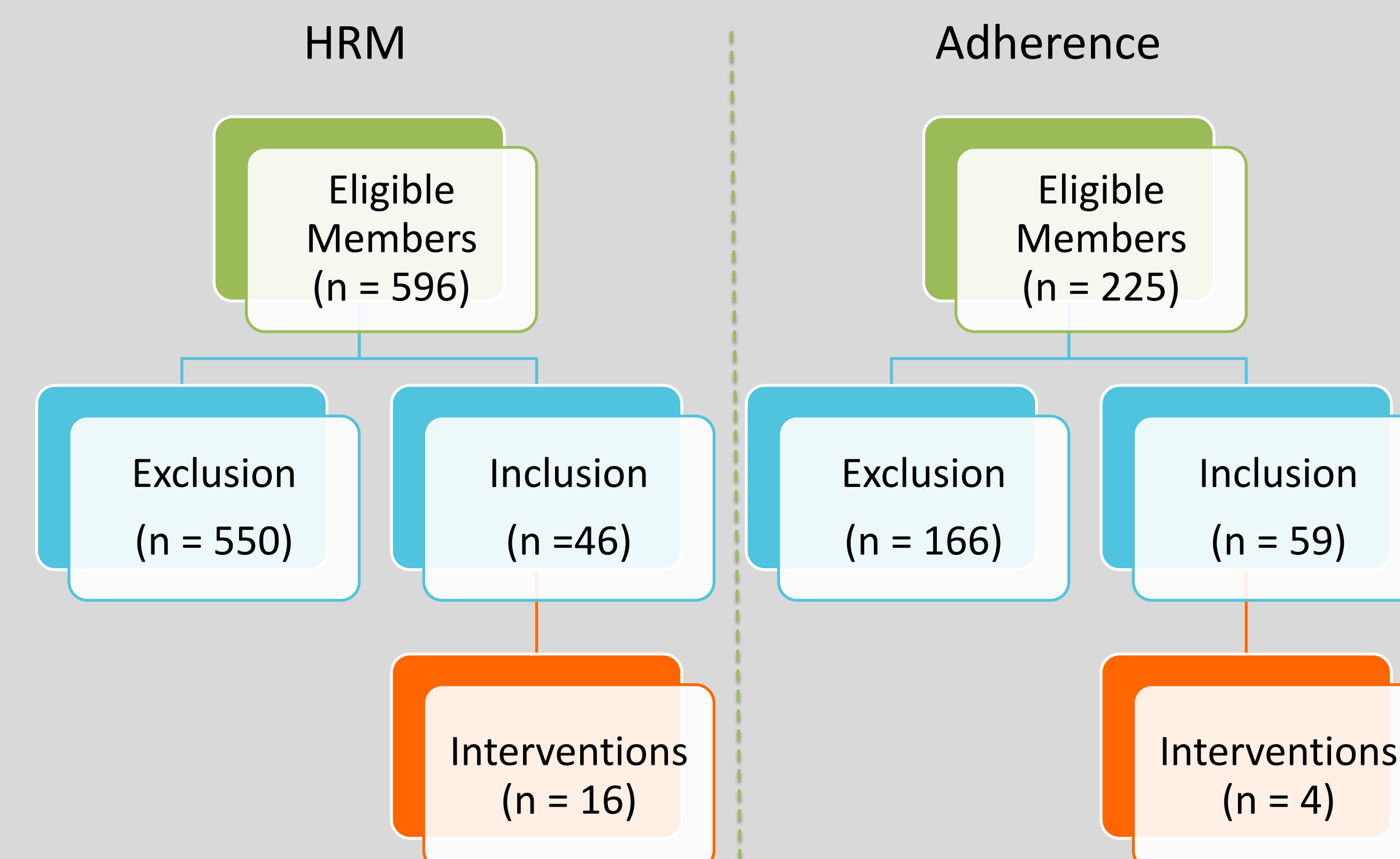
- To measure the percentage of medications continued, discontinued, switched to alternative therapy, or documented inaccurately following pharmacist intervention
- To determine provider acceptance rates of pharmacist recommendations
- To improve Star Ratings for contracted Medicare Advantage plans under the sub-category of Drug Safety

## METHODS

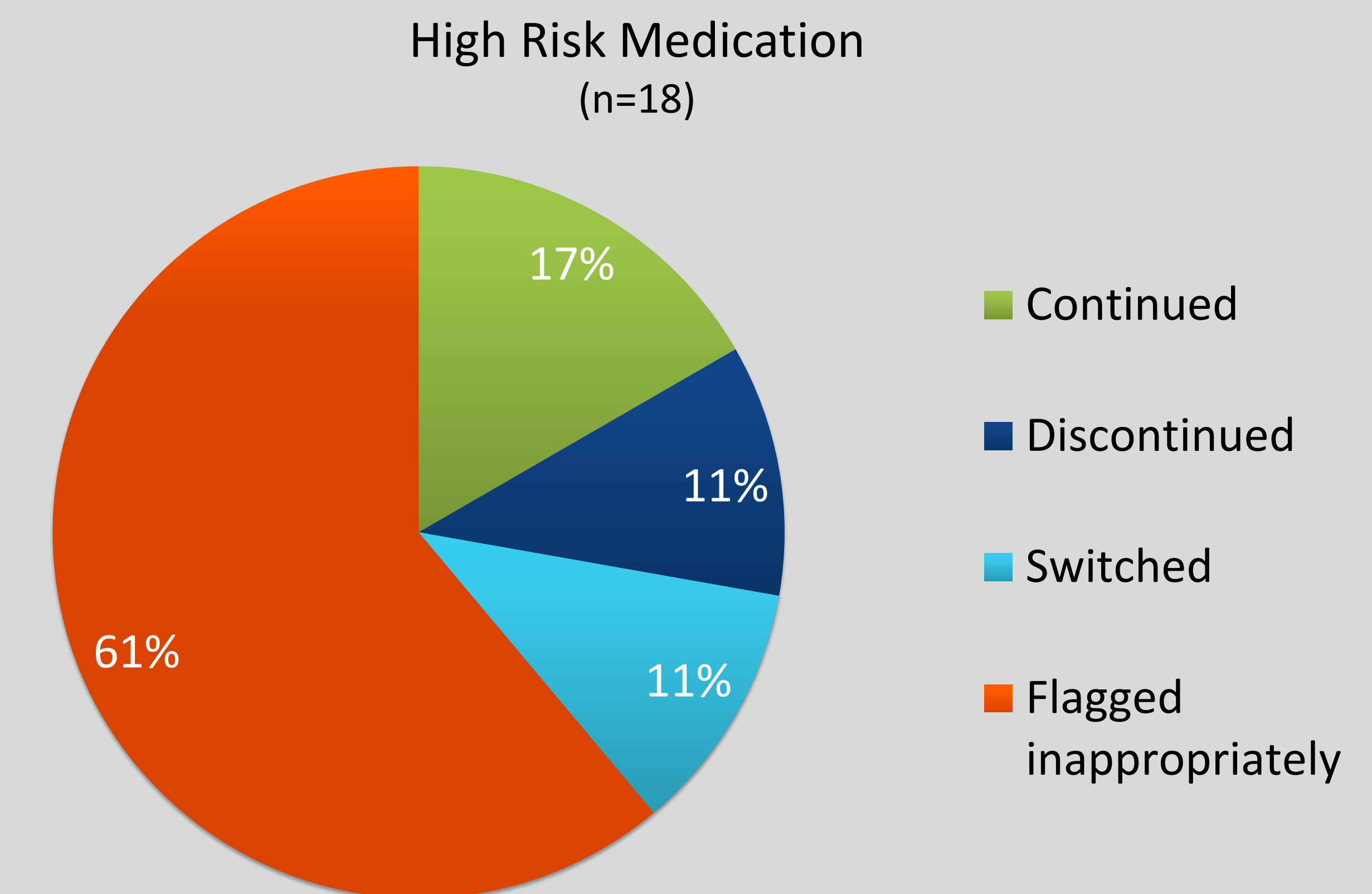
- This is a prospective study at the Cox Senior Health Center.
- Medicare Advantage plan patients are identified and reported by the plans to the CoxHealth Medicare office.
- Protocol was submitted to the Western Institutional Review Board.
- Inclusion Criteria
  - Patients  $\geq 65$  years old
  - Medicare Advantage Plan
  - Cox Senior Health Center Primary Physician
  - High risk medication and/or
  - Adherence issue



## RESULTS



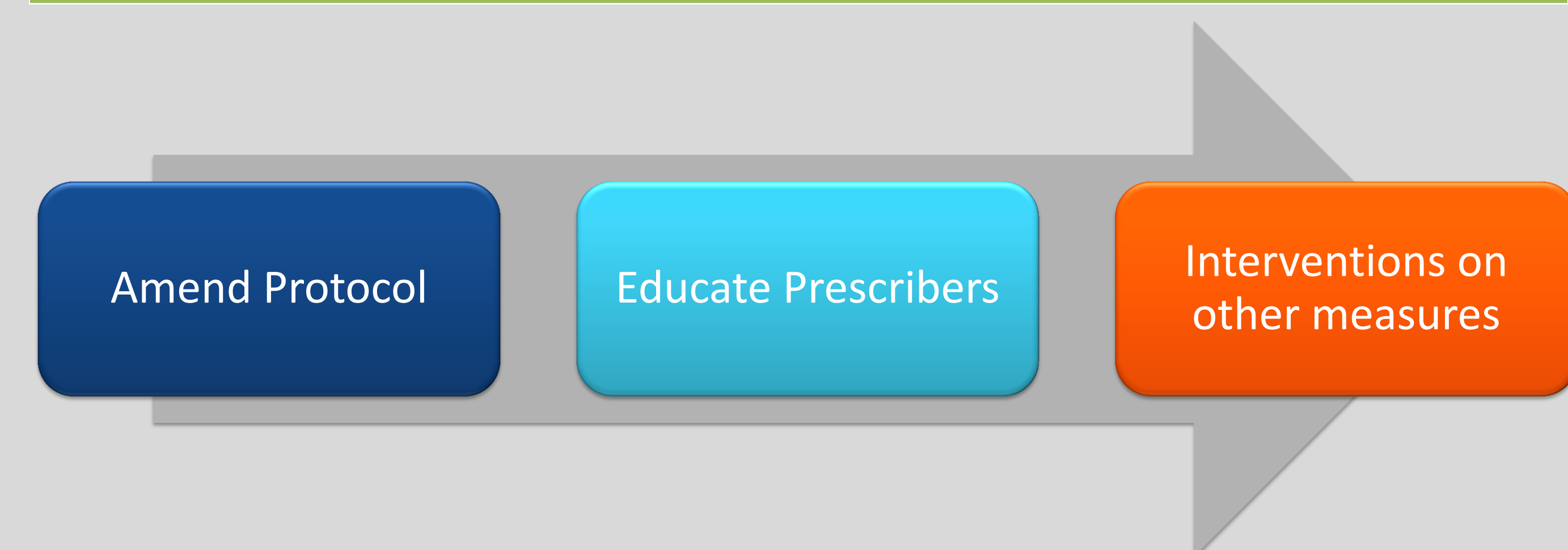
## RESULTS



## DISCUSSION

- Payer data was inconsistently reported and variable.
- Due to pharmacist workflow changes, data collection for this project was limited.
- Restrictiveness of study protocol limited the number of reported pharmacist interventions.
- There is a lag time for the CMS Star Ratings therefore no change will be seen in the ratings for two years.
- Providers have shown a positive response to a pharmacist interventions.

## FUTURE DIRECTION



## AUTHOR DISCLOSURES

Authors of this presentation have Nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

## REFERENCES

- Fick, D. M. "Updating the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults: Results of a US Consensus Panel of Experts." Archives of Internal Medicine (2003): 2716-724. Print.
- Raebel, Marsha A., Jeanya Charles, Jennifer Dugan, Nikki M. Carroll, Eli J. Korner, David W. Brand, and David J. Magid. "Randomized Trial to Improve Prescribing Safety in Ambulatory Elderly Patients." Journal of the American Geriatrics Society 55.7 (2007): 977-85. Web.
- Jimmy, Benna, and Jimmy Jose. "Patient Medication Adherence: Measures in Daily Practice." Oman Medical Journal Oman Med J 26.3 (2011): 155-59. Web.
- Erickson, Sara, R. Leslie, and Bimal Patel. "Is There an Association Between the High-Risk Medication Star Ratings and Member Experience CMS Star Ratings Measures?" Journal of Managed Care and Speciality Pharmacy 20.11 (2014): 1129-136. Web.