ASSESSING MEDICATION MANAGEMENT SKILLS; A COLLABORATIVE EFFORT

CHRIS NOREN, OTR/L PAUL ARNOLD, OTR/L, SHANTEL MULLIN, PHARMD
HISTORICAL BACKGROUND

- Clinical teams built around diagnostic areas
- Home departments located off units
- Various rounding models for team communication
- Different EMR views for each discipline
- Limited interdisciplinary treatment planning
AFHS OPPORTUNITY  M=MEDICATIONS

Create a new collaborative effort with Pharmacy and Occupational Therapy

• Occupational Therapy assesses functional cognition and self care skills (AMPAC and Med Management Screen)

• Pharmacy involved in medication planning and reconciliation

• Opportunity to share information to improve planning and success with medication management
EXISTING DATA COLLECTION

- Integrated into EPIC
- Score range from 6 to 24
- 6 = limited ability for applied cognitive skills
- 24 = independent with multi-step activities
- Scored by occupational therapist for each patient visit for cognition and self care
- 2018 collected 43,131 cog scores on 10,775 patients
Question: Could we identify a way to screen medication management skills?

Answer: Yes, it is part of OT practice
OCCUPATIONAL THERAPY IN ACUTE CARE

• To optimize the patient’s function, independence and safety during daily activities

• This is done by considering the following:
  – Physical impairments
  – Impaired cognition as it relates to applied activities
  – The patient social and physical environment
INTRODUCTION TO THE MEDI-COG

• Mini Cog
  – Three Word Registration
  – Clock Drawing
  – Three Word Recall

• Medication Transfer screening

• A score of 8/10 is passing

TRANSFERERING MEDICATION TO A PILLBOX

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

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

• The Mini-Cog is a validated cognitive tool

• Medi-Cog has not been validated

• Briefly screens for cognitive impairment, patient literacy, and the patients ability to distribute medications into a pillbox
WHAT PATIENT RESPONSES MAY LOOK LIKE

PASSING

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

MINI COG = 10 / 10

INCORRECT RESPONSES

FAILING

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

MINI COG = 4 / 10

MINI COG = ¾
WHICH PATIENTS ARE GIVEN THE MEDI-COG

- Occupational Therapy Consult is received
  - Alert & oriented
    - Yes
      - Community Dwelling
        - Yes: Manages their own medications
          - Yes: Medi-Cog is administered
          - No: LTAC, Memory Care, Prison, Etc.
        - No: Hold until appropriate
    - No: Hold until appropriate
  - No: LTAC, Memory Care, Prison, Etc.
    - Confirm details with caregiver
### IMPLEMENTATION DURING EVALUATION

<table>
<thead>
<tr>
<th>Precautions (OT)</th>
<th>Functional Status (OT)</th>
<th>AMPAC Activity (IP)</th>
<th>Med Management Score</th>
<th>AMPAC Mobility (IP)</th>
<th>AMPAC Cognitive (IP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FALL, confused, NYPUE, WBAT RLE (per daugther), HR</td>
<td>3/25 hold until after cardioversion 3/25, follow up in PM or tomorrow at elevated HR 3/24 Asked to do in bed activity d/t inc HR - min-med a/ g/h - dressing not untied - patient with POOR cog (baseline)</td>
<td>10</td>
<td>N/A</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>fall, LUE painful +++MED+++</td>
<td>Mod in room mob silly - rel es heavily on walker - may be having pace replaced (?) - max/k dressing - mod A adf's at tank</td>
<td>15</td>
<td>FAIL - vision</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td><strong>med-low</strong> falls, sternal</td>
<td>3/26 Min A for bed mob, CGA/Min A for STS, Min A for room mob, Min A for toileting, SLA for LB dressing, 3/22 - Passed medication but had 2 mistakes on the medication transfer. Toileting with Min A, good recall of sternal and was 5/10 RPE after doing ADLS and a brief walk; educated on using RPE to rate exertion; 3/21 BLS 92% accuracy mainly diff UE fatigue and need A for endurance; weight bar for biceps/L band for triceps; ACG&amp; treatment: standing ADLS high level cog treatments, energy, conservation, dressing, balance, coordination</td>
<td>22</td>
<td>PASS</td>
<td>18</td>
<td>22</td>
</tr>
<tr>
<td><strong>HIGH</strong> Foley, CT, Sternal potential LUE clot</td>
<td>3/27 Mod Min A for STS, standing ADLS w/ Min and cues for alignment; 3/10 on medication, poor attention, poor problem solving, edu provided on environmental modification and auditory rehearsal; TREATMENT</td>
<td>15</td>
<td>Fall - cog</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td><strong>HIGH</strong> Sternal, CT, Cog</td>
<td>3/26 Max A for scooting EOB, Min A for STS, Min A/CGA for side steps to DCC. Attention significantly limited today, diet pain 3/25 3/10 on medicoq. pt's wife fills pillow container, pt</td>
<td>11</td>
<td>N/A</td>
<td>15</td>
<td>9</td>
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</table>
IF THE PATIENT DOES NOT PASS, WHAT DO WE DO NEXT?

• The results of Medi-Cog are placed in a shared work column with pharmacy
• The results inform OT discharge recommendations
• Follow up is performed using a pillbox test
• Future OT treatment sessions are designed to improve the patient’s ability to manage medication
PHARMACY SERVICES

- Acute care stay
- Transitions of care
  - Discharge
  - Med calls
USING MEDI-COG RESULTS

• Inpatient PharmD
  – Identify home med issues early
  – Discuss options with team
• Discharge PharmD
  – Consider self-medication aids
  – Educate designated caregiver
LOW MEDI-COG SCORE

Cognitive
• Simplify regimen
• Identify a caregiver
• Home health/case management
• Pill organizers
• Grid with meds & times
• Reminders

Physical/Visual
• Pill organizers
• Select med with easiest self-administration
• Large print instructions
FUTURE OPPORTUNITIES AT U OF U HEALTH

• Streamline process for Medi-Cog response
• Transitions of care calls
  – Use Medi-Cog when calling patients
  – Assess need for med interventions
• Prescription synchronization
• Blister pack weekly med fills
MEDICATION PROJECT: POTENTIAL OUTCOMES

• Accurate med use at home
• Streamlined med lists
• Reduce med-related readmissions
• Improve satisfaction with care coordination
LESSONS LEARNED FOR M=MEDICATION

• Collaborate: OT, Pharmacy, Medicine, Informatics, Project Administrator
• Start small and meet often
• Adjust as you go
• Keep the focus on patient needs
THANK YOU!