

NCOA Readiness Assessment Tool

For so many reasons, especially client safety, Medicaid waiver programs need to take a more proactive role in helping clients avoid potentially dangerous medication problems. Partners in Care Foundation is seeking national demonstration sites for its Medication Management Improvement System (MMIS) – a US Administration on Aging (AoA) recommended evidence-based program to decrease medication errors and problems among clients in Medicaid waiver programs for older adults. Please read on if you represent a Medicaid waiver site and would like to help your clients avoid some of the most common medication problems.

What does the Medication Management Improvement System offer?

The Partners in Care Foundation (Partners) Medication Management Improvement System (MMIS) is specifically designed to enable social worker and nurse care managers to identify and resolve certain medication problems common among frail elders living in the community:

1. Unnecessary duplication of drugs, often a generic and brand name version of the same drug or two similar medications from a single class prescribed by different doctors;
2. Experience of falls, dizziness, or uncharacteristic confusion related to use of psychotropic medications and sleep aids.
3. Use of non-steroidal anti-inflammatory drugs in those prone to gastric bleeding and ulcers.
4. Poorly controlled cardiac symptoms possibly related to medication use, such as high or low blood pressure, low blood pressure, a sudden drop in blood pressure upon standing, or low pulse.

How does the MMIS work?

The Medication Management Improvement System (MMIS) collects client medication information along with three symptom-related questions (regarding falls, dizziness, and confusion), and vital signs (pulse and blood pressure). When the care manager enters the client's list of medications into a computerized database, a programmed algorithm analyzes the data for potential medication problems. If a medication problem alert is seen, the care manager informs the consulting specialist (e.g. pharmacist or physician) who advises on whether it is a confirmed problem that requires corrective action. The care manager then follows up with the client and/or family and the client's physician and assists with medication changes and adherence issues.

What is the evidence that MMIS works?

This evidence-based effort began in 1993 as a successfully tested intervention in home health agencies whereby nurses collaborated with a pharmacist, using structured protocols to review older patients' medications in light of their vital signs and events such as falling or dizziness. Nurses then worked with clients and physicians to change medications or dosage as recommended by the pharmacist. The randomized controlled trial revealed that up to 30% of 6700 clients screened had medication errors using the Beers criteria and Home Health criteria developed for the study and medication use improved in 50% of intervention patients, compared to 38% of controls (p=.05).

What results did the California Pilot show?

This intervention has been successfully piloted in three Southern California waiver sites (known as MSSP). The results have been impressive – 49% of clients screened in with at least one potential problem, pharmacist review confirmed that 29% of clients had problems that warranted consulting the physician about a change in medication or dose. Three months later, 60% of the medications identified as problematic had been changed. Now we are disseminating the intervention among additional California sites using enhanced MSSPCare software for assessment and client records.

Partners in Care Foundation current focus is to assist organizations in applying the model in care management programs within Medicaid waiver sites. Thanks to generous funding from The John A. Hartford Foundation, our next step is to begin to make this a national standard of practice in care management programs for frail elders. We will select at least four “early adopter” organizations to help us bring this innovative and effective program to other states.

Who can participate in our demonstration project?

At this time there are two absolute prerequisites for implementing the MMIS as part of our demonstration project: (1) you must be a Medicaid waiver program for elders, and (2) your care managers must be using a computerized client assessment system.

What are the benefits to becoming a demonstration site?

Beyond the obvious benefits to clients and improved regulatory compliance on client safety, our demonstration sites will receive the following benefits:

1. Practical manuals, protocols, and handouts on medication management;
2. Use of a modestly-priced, secure on-line medication management tool;
3. Personalized consultation to adapt the intervention for your agency’s needs;
4. Site support resources to help defray initial costs;
5. Enhanced education and training for staff on medication use and problems among older adults; and
6. National prominence as part of the vanguard in bringing this AoA evidence-based disease prevention program from its pilot phase in California to new states.

What does it take to succeed with Partners’ Medication Management Improvement System?

Although this intervention can succeed in any waiver program with dedicated leadership and care managers who put client well-being first, we have identified a number of organizational characteristics that will make the road to implementation easier.

- An organization dedicated at every level to providing high-quality health care for waiver clients.
- Care managers and supervisors who are open to enhancing their standards or scope of practice for the benefit of client health and safety.
- A culture that values continuous quality improvement and evidence-based practice
- Staff who use computerized client assessment system with relative ease.
- Working relationships with health care consultants capable of advising on medication safety (pharmacist, physician, nurse practitioner).
- Ability to work with clients, families, and physicians to resolve medication problems

- Able to spend \$100/month for online medication screening tool.
- Able to arrange for an average of 15 minutes of pharmacist time per client screened (through local community pharmacy, university, etc.).

Are you ready to determine if your organization is a good fit for MMIS?

If you are interested in finding out if your organization is ready to try implementing the Medication Management Improvement System, complete the 15-minute survey that will help determine if your care management program might be a good candidate for a national demonstration site. You will get a comprehensive report on your organization's readiness for this change and we will receive a similar report. After reviewing your survey results we will contact you to discuss the project. Please feel free to contact us if you require more information. INSERT LINK or PHONE NUMBER

CLICK HERE TO TAKE A 15-MINUTE SURVEY TO HELP DETERMINE YOUR READINESS TO PARTICIPATE AS A PARTNERS IN CARE MMIS DEMONSTRATION SITE

The above is the introduction to the online readiness assessment tool. For more information please contact Sandy Atkins at (818) 837-3775 ext. 111.