IMPROVE Clinic:
The Initiative to Minimize Pharmaceutical Risk in Older Veterans

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Objectives

- What is IMPROVE?
- Components, Expectations, and Tools:
  - Preparation
  - Lunch & Learn
  - Shared Medical Appointment
  - Individual Visit
  - Team Precepting
- Questions?
IMPROVE Clinic

Lunch & Learn
12:30-1:30pm

Shared Medical Appointment
1:30-2pm

Individual Appointment
2:00-~3:00pm

Team Precepting

IMPROVE Team (Pharmacist/Internist/Geriatrician) + Trainees
Identifying and Referring a Patient

• Polypharmacy Panel Management Tool
• Inviting Your Patient
• CPRS Consult order: “IMPROVE Polypharmacy Project”
• Scheduling: notify your team’s assigned scheduler
• Timeline: Immersion Block BEFORE you are assigned to IMPROVE
Polypharmacy Panel Management Tool
Who is the Ideal IMPROVE Patient?

• Eligibility:
  ✓ ≥65 years of age
  ✓ ≥10 medications
  ✓ Appropriate for a group visit (family invited)

• Based on Our Experience:
  – Many recent medication changes
  – Co-managed by private providers
  – Patient unsure about specifics of med regimen
  – Provider suspects non-adherence
  – Prescribed PIMs
Consult Order

Clinically indicated date:

- Let’s us know if you want pt seen ASAP by a colleague or during your next IMPROVE
Scheduling

- Notify your assigned clinic scheduler to book the appointment
- Notify Marcia Mecca or Danielle Wojtaszek
## Medication Review Worksheet

- **Tool for Preparation**

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### Medications

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1. Does every medication match an active medical problem or condition?
   a. Are there medications for which there is not an active condition or a clear indication?
   b. Are these medications with similar mechanisms of action or within similar drug categories?
   c. Are there active conditions for which a medication is indicated but not prescribed (STARR criteria)?

2. Are the dosages appropriate for the patient’s age (e.g., INR, ACC/AHA, liver, and renal function)?

3. Are there medications that could be eliminated due to disease remission or resolution (e.g., PPIs, supplements)?

4. Are these medications with high risk for adverse drug events?
   a. Anticoagulants - weight stroke risk (CHA2DS2-VASc) vs. bleeding risk (HAS-BLED)
   b. Insulin - hypoglycemia - intensity of glycemic control depends on patient’s health status (HbA1c, A1C)
   c. Diuretics - narrow therapeutic window in older patients, consider safer alternatives, do not exceed more than 125 mg/d

5. Are there potentially inappropriate medications that could be tapered/stopped (STOPP criteria, Beers)

6. Are there other medication-related concerns that need to be addressed (e.g., practicality/complexity of regimen, ability to administer safely, adherence, cost)

Plan for improving patient’s medication regimen:
Lunch and Learn 12:30-1:30 pm

• 15-20 min didactic
• Bring your lunch
• Present your patient to the group along with your ideas for reducing polypharmacy
• Discussion with IMPROVE faculty regarding potentially inappropriate medications
Shared Medical Appointment 1:30-2pm

• Trainees will rotate leading the group visit
• SMA Discussion Guide (IMPROVE Documents folder in Panel Management of Sharepoint)
• See Tips for Group Facilitation, by Lindsay Dorflinger, PhD
Individual Visit 2:00-~3:00pm

• Orthostatic vital signs (BP and pulse):
  – Lying, standing, standing at 3 minutes (+ if SBP drops 20 mmHg or DBP drops 10 mmHg)

• Weight if applicable (no recent weight, on diuretics?)
IMPROVE Questionnaire

1. Of your current medications, which one are you most eager to stop taking?

2. Of your current medications, which one is the most important to you?

3. Are you satisfied with your current medications list? [ ] yes [ ] no

4. How many times a week do you miss taking all your medications? ________

5. How many times have you fallen in the past 3 months?
   [ ] 2 or more times [ ] 1 time [ ] not at all

6. How many times have you been hospitalized in the past 3 months?
   [ ] 2 or more times [ ] 1 time [ ] not at all

7. Have you lost weight without trying over the past 3 months? [ ] yes [ ] no

8. In the past 3 months, have you often been bothered by feeling down, depressed, or hopeless? [ ] yes [ ] no

9. In the past 3 months, have you often been bothered by little interest or pleasure in doing things? [ ] yes [ ] no

10. Do you need help from another person with any of the following (check all that apply)?
    [ ] Bathing
    [ ] Dressing
    [ ] Toileting
    [ ] Getting up from a chair
    [ ] Grooming yourself
    [ ] Feeding yourself
    [ ] Preparing meals
    [ ] Shopping
    [ ] Cleaning the house
    [ ] Using a telephone
    [ ] Driving
    [ ] Taking medications as prescribed
    [ ] Paying bills
Completing the IMPROVE Consult

• New Note ➔
Note Template

• Gray CPRS Template box opens with the note (clunky)
• Once you open note, click cancel
• Populate with new IMPROVE Template (directions for making own template are at the top)
• Copy located on the Sharepoint in the “Forms and Flow” folder of the “IMPROVE Documents” folder within the COE Panel Management Sharepoint
Medication Reconciliation

• Gather all medications (prescription, OTC, and herbal supplements)

• For each medication clarify the following:
  – Name of the medication
  – Strength
  – Frequency
  – Indication

• Compare the patient’s list to the medication list in CPRS and identify and resolve any discrepancies
Cognitive Testing: Choose 1

**Mini COG**
- 3-item registration
- Clock drawing (executive function)
- 3-item recall (memory)
- Scoring: 0-5 points
- 1 point for each item recall; 2 points for normal clock, 0 points if bad spacing, wrong time, missing numbers, duplicate numbers, out of sequence...

**SLUMS**
- 11 items, multiple cognitive domains
- Scoring 0-30 points
- Correction for < high school education
Try them out!

• Pair up and try one of these tests
Shared Decision Making

- Health Psychology curriculum
- Trade offs (risk vs. benefit)
- Barriers to adherence (complexity, cognition, cost...)

Team Precepting

• Attending provider (geriatrician, primary care) and a pharmacist (resident or preceptors)
• Report important findings from questionnaire, orthostatics, cognitive screening, med rec discrepancies, your assessment and plan including follow up
IMPROVE Schedule

• 12:30-1:30 pm Lunch and Learn
  – Rogers Conference Room
  – 10-20 minute didactic on Age Related Changes in Pharmacokinetics and Pharmacodynamics
  – Patient Case Discussion (5-10 minutes each)
• 1:30-2:00 pm Shared Medical Appointment
  – Patient Education Room (Bldg 2 Main Hallway by ATM)
• 2:00 pm-~3:00 pm Individual Provider Visit
• 3:00 pm-5:00 pm Team precepting, Follow up, Documentation
Questions?

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• Website: www.improvepolypharmacy.org