

# 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

Primary Care - VACT > Primary Care Center of Excellence

## Primary Care Center of Excellence

Primary Care Center of Excellence

Primary Care Center of Excellence > Panel Management\_COE

### Panel Management\_COE

New | Upload | Actions

Type	Name
Folder	COE_Female Panel Trackers
Folder	DM_Lipids and A1cs
Folder	IMPROVE documents
Folder	Opiate Panel List
Excel	COE 5 meds or more_original
Excel	COE BP report Oct2014
Word	Developing a toolkit for panel management by improving hypertension and smoking cessation outcomes in primary care at the VA
Excel	HTN Project Running data trend
Word	Improving Population Health Through Team-Based Panel Management
Word	Panel management curriculum
Word	Panel management registry activity
Word	Panel management Trainee Session 2
Word	Panel Management Trainees Session 1
Excel	<b>Polypharmacy Panel Management ! NEW</b>

View All Site Content

#### Discussions

- Team Discussion

#### Documents

- Panel Management\_COE
- Shared Documents
- Post-Deployment Resources - Burgo
- Quality Improvement
- Sign out tool
- Shared Decision Making

#### Lists

- Calendar
- Tasks

#### People and Groups

#### Pictures

- CoE Pics

File Home Insert Page Layout Formulas Data Review View

Clipboard Font Alignment Number Styles Cells Editing

Calibri 11 Bold Italic Underline Text Color Background Color

Wrap Text Merge & Center

General \$ % .0 .00

Conditional Formatting Format as Table Cell Styles

Insert Delete Format

Sort & Find & Filter Select

**Server Read-Only** This workbook was opened from a server in read-only mode. [Edit Workbook](#)

**Security Warning** Some active content has been disabled. Click for more details. [Enable Content](#)

G1 fx

	A	B	C	D	E	F	G	H	I
1	PatientName	PatientSSN	PCMM Provider	Associate Provider	age	RX Count			

Workbook Instructions Polypharm

Ready 100%


# Who is the Ideal IMPROVE Patient?

- Eligibility:
  - ✓  $\geq 65$  years of age
  - ✓  $\geq 10$  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

CONSULT MENU Done

For questions contact CON INFORMATICS or call 51

CLINICAL CONSULTS	CLINICAL CONSULTS	ADMINISTRATIVE CONSULTS
<b>A through M</b>	<b>N through Z</b>	Administrative Consults
Allergy	Neurology	<b>FUTURE CARE CONSULTS</b>
Anesthesia	Neurosurgery	Future Care Colonoscopy/EGD/PEG/SIG/EUS/ECRF
Anti Coagulation	Non Formulary/ Pharmacy	Echo Greater Than 90 Days Whav Output
APU	Nutrition	Echo Greater Than 90days Newt Output
Arthroscopic Image	Occupational and Environmental Medicine	Echo West Haven Output
ATU	Occupational Therapy	PFT Greater Than 90Days Newt Output
Audiology	DEF OIF OND	PFT Greater Than 90Days Whav Output
Bone and Joint Center	Ophthalmology	FC Non Invasive Vascular Lab Greater than 90 Days
Blind Rehab	Optometry	FC MH PTSD ANX Psychotherapy Whav Output
Brace Clinic	Orthopedic	Neuropsych Testing Whav Greater Than 90 Days
Buprenorphine	Ostomy	Pulmonary Rehab Greater Than 90 Days
Cardiology	Other	<b>IFC CONSULTS</b>
Cardiothoracic	Pain	IFC Consults
Caregiver Support Consult	Palliative	<b>NVCC CONSULTS</b>
Carotid	Pathology and Lab	NVCC Consults
Case Management/Home Telehealth	Pharmacy	<b>VETERANS CHOICE FIRST CONSULT</b>
Chaplain	Physiatry	Veterans Choice First Consults
CLC	Physical Therapy	<b>CHOICE UNUSUAL/EXCESSIVE BURDEN CONSUL</b>
Colonoscopy	Plastic Surgery	Choice Unusual/Excessive Burden Consults
Chiropractic	Polytrauma/TBI	<b>TELEHEALTH CONSULTS</b>
Comp and Pen	Podiatry	Clinical Video Telehealth
Dental	<a href="#">Primary Care</a> 	Telemed Seizure Stroke WHAV Output
Dermatology	Prosthetics	Store and Forward
Endoscopy	Pulmonary	Scan Echo
EEG	Radiology	
EMG	RCATS	
Endocrine	Renal	
ENT	Research	
EPO	Rheumatology	
General Surgery	Respiratory	
Geriatrics	Spinal Cord	
GI	Sleep Disorders	
Hematology/Oncology	Smoking Cessation	
Home Oxygen	Social Work	
HTN	Speech Pathology	
Infectious Disease	Substance Abuse	



# Consult Order

PRIMARY CARE CONSULTS Done

**WEST HAVEN**

- HBPC Referral Consult
- Improve Polypharmacy Project Whav
- Opiod Reassessment Clinic Whav Outpt
- Primary Care Homeless H Pact Outpt
- PC Integrative Health Whav Outpt
- Primary Care Practice Clinic Whav Outpt

**NEWINGTON**

- PC Integrative Health Newt Outpt
- Primary Care Practice Clinic Newt Outpt
- CBC Danbury Outpt
- CBC New London Outpt
- CBC Stamford Outpt
- CBC Waterbury Outpt
- CBC Willimantic Outpt
- CBC Winsted Outpt

Order a Consult

Consult to Service/Specialty  
IMPROVE POLYPHARMACY PROJECT (WHAV) OUTP  
IMPROVE POLYPHARMACY PROJECT (WHAV) OUTP

Urgency: ROUTINE  
Attention: [Dropdown]

Clinically indicated date: Jul 26, 2016

Patient will be seen as an:  
 Inpatient  Outpatient

Place of Consultation: CONSULTANT'S CHOICE

Provisional Diagnosis: [Text] Lexicon

Reason for Request  
Please indicate one of the following: consult and treat

IMPROVE POLYPHARMACY PROJECT (WHAV) OUTPT Cons CONSULTANT'S CHOICE

Accept Order Cancel

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

**Medication Review Worksheet**  
M Meese, MD, K Nisho H, PharmD, M Grammas, MD

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Liver disease? Y/N \_\_\_\_\_ Serum Cr: \_\_\_\_\_  
 How many pharmacies and providers? \_\_\_\_\_ Calculated CrCl ([Calculator](#)): \_\_\_\_\_  
 Is refill history up to date/pt taking meds? Y/N \_\_\_\_\_ Vit D: \_\_\_\_\_ B12: \_\_\_\_\_  
 Strategies for med management (pill box?): \_\_\_\_\_ A1C: \_\_\_\_\_ TSH: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Other pertinent labs (INR if on warfarin, etc.): \_\_\_\_\_  
 BP ranges: \_\_\_\_\_ Pulse ranges: \_\_\_\_\_ Allergies/Adverse drug reactions: \_\_\_\_\_

Complete table by including full list of current problems and medications (VA, non-VA, OTC), matching line by line each problem with a medication. Place an "x" next to medications that do not have an active problem.

Problem/PMH:	Medications:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.
17.	17.
18.	18.
19.	19.
20.	20.

- Does every medication match an active medical problem or condition?
  - Are there medications for which there is not an active condition or a clear indication?
  - Are there medications with similar mechanisms of action or within similar drug categories?
  - Are there active conditions for which a medication is indicated but not prescribed ([START criteria](#))?
- Are the dosages appropriate for the patient's age (e.g., [JNC 8](#), [ACC/AHA](#)), liver, and renal function?
- Are there medications that could be eliminated due to disease remission or resolution? (e.g., PPIs, supplements)
- Which of the patient's current symptoms could be medication related?
- Are there medications with high risk for adverse drug events?
  - Anticoagulants – weigh stroke risk ([CHA2DS2-VASc](#)) vs. bleeding risk ([HAS-BLED](#))
  - Insulin/oral hypoglycemics – intensity of glycemic control depends on patient's health status ([ADA](#), [AGS](#))
  - Digoxin – narrow therapeutic window in older patients, consider safer alternative, do not exceed more than 125 mcg/d
- Are there potentially inappropriate medications that could be tapered/stopped? ([STOPP criteria](#), [Beers](#))
- 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

Name: \_\_\_\_\_

Last 4: \_\_\_\_\_

## IMPROVE: Quality Improvement Project

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)?

<input type="checkbox"/> Bathing	<input type="checkbox"/> Preparing meals
<input type="checkbox"/> Dressing	<input type="checkbox"/> Shopping
<input type="checkbox"/> Toileting	<input type="checkbox"/> Cleaning the house
<input type="checkbox"/> Getting up from a chair	<input type="checkbox"/> Using a telephone
<input type="checkbox"/> Grooming yourself	<input type="checkbox"/> Driving
<input type="checkbox"/> Feeding yourself	<input type="checkbox"/> Taking medications as prescribed
	<input type="checkbox"/> Paying bills

# Completing the IMPROVE Consult

- New Note →

**Progress Note Properties**

Progress Note Title:

- IMPROVE <HTN IMPROVE CM TELEPHONE NOTE>
- IMPROVE <HTN IMPROVE CONSULT NOTE>
- IMPROVE <IMPROVE POLYPHARMACY PROJECT CONSULT>**
- IMPROVE <IMPROVE POLYPHARMACY PROJECT>
- IMPROVE POLYPHARMACY PROJECT
- IMPROVE POLYPHARMACY PROJECT CONSULT
- INCIDENT <DISRUPTIVE BEHAVIOR INCIDENT REPORT>

Date/Time of Note:

Author:

This progress note title must be associated with a consult request.  
The following consults are currently awaiting resolution:

Consult Request Date	Service	Proced...	Status	Notes
Jul 15, 16 11:16	IMPROVE POLYPHARMACY PROJECT (WHAV) OUTPT		PENDING	0



# 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?

- [Marcia.Mecca2@va.gov](mailto:Marcia.Mecca2@va.gov)
- [Danielle.Wojtaszek@va.gov](mailto:Danielle.Wojtaszek@va.gov)
- Website: [www.improvepolypharmacy.org](http://www.improvepolypharmacy.org)