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Medication Management in PACE

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A System for Medication Management: Why important for PACE?

- PACE participants typically with diminished capabilities in medication independence (due to eg, dementia, arthritis, neurologic disorders)
- Med management system should include features that enhance access, adherence, safety in unique ways
- The system itself establishes new areas for error, reviews should reflect on these areas and address them

PACE Medication Management : System Domains

- Access: pharmacy location, hours, delivery
- Prescribing: EMR integration, formulary, protocols
- Dispensing/Delivery: unique packaging, pharmacy familiarity with PACE, delivery features
- Adherence choice of dispensing quantity and frequency, health aide reminders, med container reviews)
- Cohort reviews.management (eg, GERD medications, bisphosphonates, warfarin)

PACE Medication Management System Domains

- Specialty Medications: high cost and increasingly the “standard of care” (eg, Hepatitis C, cancer, pulmonary hypertension regimens, approval process)
- Education/Consultation (clinical pharmacy reviews, feedback, presentations)
- Continuous ADE analysis and system adjustments(at all levels of system, HPMS data)
- Part D processes (annual bid, diagnostic data,PDE submissions)

PACE Medication Management Access

Features of optimal access

- Pharmacy location
- Pharmacy hours
- Does pharmacy have a PACE business focus?
- Off hours access/emergency kits

PACE Medication Management Prescribing

- Open/closed formulary?
- Prescribing protocols (EMR workflows, dispensed amounts permitted, rules for time of delivery and start times, integration with national e-prescribing systems, conventions of prescription directions)
- Nursing as important intermediary for all medication order processing (Appendix 1)
- Real time pharmacy messaging regarding unclear or ambiguous prescriptions
- Transitions: (home to hospital to SNF to home)
Mechanisms for assuring accurate prescribing

PACE Medication Management Dispensing and Delivery

- Standard vials or specialized containers (“Medication On Time” MOT)
- Time restrictions for order processing
- Monthly cycle distribution of medication profile
- home delivery versus center distribution of meds
- MOT “swapping” when med orders change
- Special considerations with ALFs
- Feedback loops for failed delivery off hours
- Guidelines for controlled substance delivery

PACE Medication Management Adherence

Initiatives employed to optimize effective adherence

- Nursing involvement in all prescriptions (Appendix 1)
- Limiting frequency of dispensing to 28 day supply
- Adherence then monitored at return of med containers and during HHA reminders, all recorded as ADE
- Use of “hand over hand” protocol to for those with physical impairments (vision, arthritis)
- HHA visits for medication reminders

PACE Medication Management Adherence

Advanced interventions for participants with challenges to effective/safe therapy

- Weekly medication distribution and end of week review
- lockbox with HHA reminder visit
- nursing administration (insulin)

PACE Medication Management Cohort Review/Management

- Warfarin management
- Lengths of therapy for PPI, bisphosphonates, antipsychotics,
- Clinical pharmacy support helpful in reviewing cohorts and identifying regimens that can be reconsidered

PACE Medication Management Specialty Medications

- High cost but increasingly an important and standard component of care for several common illnesses (cancer, inflammatory arthritis, inflammatory bowel disease, pulmonary hypertension)
- How to judge “necessity” when specialist prescribes the medication?
- Importance of attention to purchasing details and Medicare Part D and B distinctions

PACE Medication Management Education, consultation

- Clinical pharmacist is a valuable resource for individual participant medication profile review
- Also valuable in providing presentations/reviews of current status of prescribing in certain disease states or classes. (eg, annual DM therapy changes, opioid prescribing, anticoagulant therapy)

PACE Medication Management Adverse Event Analysis

- HPMS ADE Review
- Broadening the ADE definition to include “almost” events, failed deliveries, participant refusal of medication (Appendix 2)
- Review for trends by Medication Safety Committee

PACE Medication Management Part D /Bid processing

- The PACE programs Part D bid is central to fiscal integrity, should reflect true costs incurred by program
- Workflows for efficient submission of all Prescription Drug Events (PDE) necessary
- Part D and Part B distinctions important relative to downstream recovery of high cost specialty medications

PACE Med Management Complex and Vital

A PACE system for providing safe, cost effective medication therapy for PACE participants is complex and warrants continued attention to detail, review for areas of improvement

- System is vital to optimizing access, adherence, and safety to a challenging population, while minimizing waste to the extent possible
- System should continually reflect on common and unusual areas of error, and implement improvements where indicated.

