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)
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)
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
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
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
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
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 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
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.
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.