

MEDICATION MANAGEMENT FOR OLDER ADULTS

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MEET MRS. L.

The shelf in her kitchen that once held travel souvenirs now held bottles of prescription medicine—at last count, nine bottles sat on the shelf. Mrs. L, at 84 years old, was taking water pills, high blood pressure pills, a couple different heart prescriptions, two prescription strength vitamins and something for her arthritis pain. Plus baby aspirin and a mild antidepressant. Her son color-coded the bottles so she'd know which pills to take at night and which to take in the morning. At her last checkup, the cardiologist prescribed a new drug, but forgot to tell her internist and somehow, the medication never made it onto her chart. Days later, she was feeling dizzy, nauseous, and unsteady. Her son raced her back to the cardiologist, who finally consulted the internist—who discovered that the new drug interacted with something she was already taking. When Mrs. L. stopped the new drug, her symptoms disappeared.

ABOUT OLDER ADULTS' MEDICATION USE

- According to a 2006 report by the Slone Epidemiology Center at Boston University, 83% of men and 80% of women used at least one prescription drug in a given week.
- In the oldest age group, more than one in four patients were using five or more prescription drugs in a given week.
- Before the implementation of Medicare Part D in 2006, the average Medicare beneficiary filled anywhere from 21-36 prescriptions annually.

CONCERNS REGARDING POLYPHARMACY

- Polypharmacy means "many drugs" and refers to problems that can occur from taking multiple medications and supplements.
- Polypharmacy can occur when: different medical specialists write prescriptions for the same patient; older adults fill prescriptions at multiple pharmacies; older adults combine prescription medicine with the healing strategies of another culture; or there is a patient and caregiver misunderstanding of dosages, timing, and purpose of medications.
- Improper use of medication ranks fifth in terms of "preventable" health threats to older adults.
- As many as 28% of hospitalizations of older patients are related to the inappropriate use of medications.

WHY DO OLDER PATIENTS REQUIRE MORE MEDICAL MANAGEMENT?

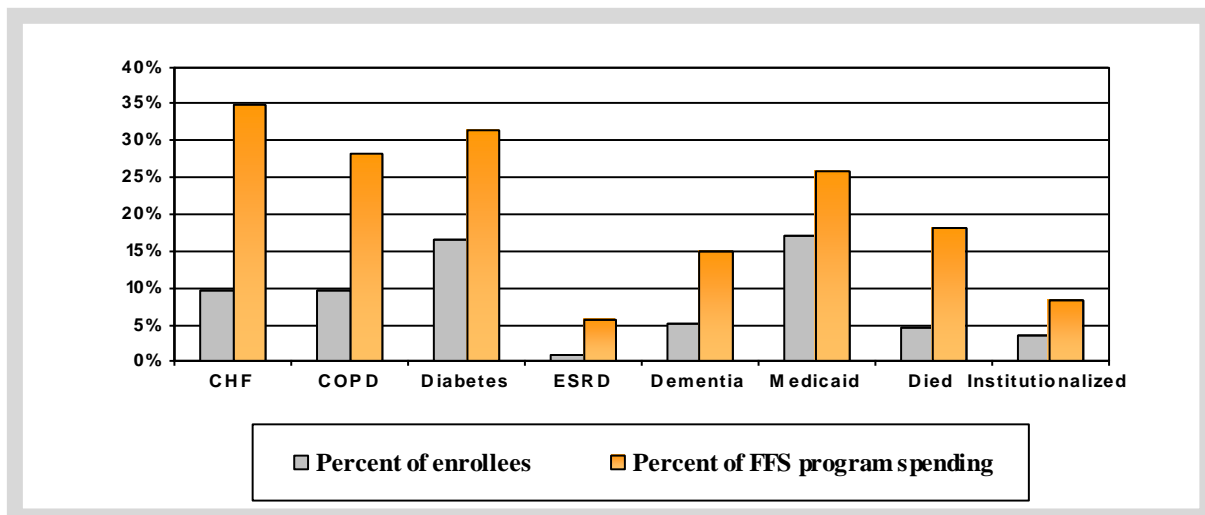
Factor	⇒	⇒	⇒	Impact
Prevalence of high-risk conditions				Greater burden of disease
Greater incidence of comorbidities				Increased need for medical care
Less identifiable symptoms				Greater need for surveillance
Greater potential for damage from injury or condition				Increased need for condition management
Reduced ability to recover from injury or condition				Greater need for preventive condition management
Less ability to follow a medical regimen				Greater intensity of medical management
Less family and social				Increased need for outside help

MOVING TOWARDS A SYSTEM THAT ADDRESSES MEDICATION MANAGEMENT

- All health care professionals should be trained in geriatrics and medication management to provide older adults with a uniform, effective and integrated strategy to address their unique care needs.
- Patients should receive a thorough health risk assessment and screening to enable the identification and concurrent management of all of their health conditions.
- Additionally, patients and caregivers should share their medication records with their health care providers during routine office visits. These records should also be shared with the EMS providers that care for them in the event of an emergency.
- Overall, an approach to medical management that is holistic and integrated will enable effective care of seniors with multiple conditions and reducing preventable hospital admissions.

HOW CAN WE EXPAND SUCCESSFUL MEDICATION MANAGEMENT TO MORE HIGH RISK AND VULNERABLE POPULATIONS?

- Projections by the Congressional Budget Office estimate that over the next ten years, federal taxpayers will subsidize \$558 billion in drug purchases for Medicare beneficiaries under the Part D drug program.
- A portion of our tax payers' money could be used to fund programs that would provide medication management across agency settings (e.g. palliative, end of life and institutionalized care settings that care for patients with dementia and or other degenerative diseases/chronic conditions).
- These programs would ensure that medication management is a component of the comprehensive care management of older adults.



Source: C. Hogan and R. Schmidt, MedPAC Public Meeting, Washington, DC, 18 March 2004. Based on a representative sample of Fee-for-Service enrollees and all their claims. Beneficiaries may be in multiple categories. Spending is for all claims costs, including treatment of beneficiaries' co-morbid conditions.