Effective Medication Self-Management

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**Support for MN GWEP**

**Session Objectives**

- Describe the most common challenges individuals have in managing their medications
- List the gaps in person and family engagement research related to medication self-management
- Apply a systematic process to help individuals ensure that their medications have an intended purpose, are effective and safe, and can be taken
- Discuss strategies for enhanced collaboration to improve confidence in effective medication self-management
Agenda

A. Measures of our dysfunctional medication use “system”

B. Shortcomings of provider-oriented medication use research approaches

C. Patient as the expert – intelligent non-compliance

D. Lessons learned from successful patients/families

E. A systematic process to apply in your home

F. Looking the 10,000 lb. gorilla in the face – battling to improve access and reduce costs

Questions to Run On

A. How can we simplify the self-care process so that medications don’t manage our lives?

B. Why have individuals been left to figure out their own system for effectively managing medications?

C. How can we confidently manage our medications to make our lives more enjoyable?
But First – Instructions for Submitting a Question in the Q & A (not the Chat)

Please use the Q&A Function to submit a question. Due to the fact that there may be more questions than we have time to answer, our Moderator will summarize similar questions and pose those for discussion in the last 15 minutes.

Therefore, if you do have a pressing question related to the use of medications generally, please enter that in the Q&A.

Polling Question

I would like to stop for a moment and ask each of you to reflect on your current use of medications.

As you think about the medications you (or a loved one) take, would you be able to write down a list of the medical conditions for which you take meds?

Query: Would you please estimate the number of medical conditions for which you (or a loved one) take medications?

Response Categories: 0-2, 3-5, 6-8, 9-11, ≥12
This is Reality in Many Homes: We don’t need to let this run our lives!

The Unintended and Unfortunate Consequences of Medication Use

• Medication misadventures are errors & side effects, as well as drugs that don’t work or aren’t taken
• We spend over $500 billion annually to fix the ineffective & unfortunate effects of medications
• Most common cause for hospital readmissions
• It’s as though all of the bad things that can happen are a tolerable cost of doing business
• Root cause of why people avoid medications is because the don’t know the reason for use, how they are suppose to work, or fear of side effects
Reverse Mentoring: Lessons learned from people who have figured this out on their own

• Provider/insurance measures & approaches related to “non-compliance” have failed miserably
• Health literacy measures have provider bias, but AHRQ tools help meet patients at their level*
• Intelligent non-compliance are the rational decisions we make based on life-long experiences
• Before taking a drug, know the medical reason for each medication, how each one is supposed to work, and what to watch for in terms of safety

*https://www.ahrq.gov/health-literacy/improve/pharmacy/tools.html

Characteristics of Individuals who are Successfully Managing Medications*

• Establish habits to live orderly
• Adjust routines with flexibility in daily life
• Track their routine and habits
• Simplify how and when to take medications
• Value meds with confidence they will work
• Collaborate with providers to keep it simple
• Manage drug costs by all available means

Translating these Successful Themes into Common Sense Solutions

- Establish habits - its routine I do it automatically
- Adjust routines - when going out take my pills early
- Tracking - reminders/tricks to prevent forgetting
- Simplify - group tasks to reduce complexity
- Value meds - view my medicines as essential
- Collaborate - know when and how to engage providers to help me
- Manage costs - getting help for financial burdens

Listing the Medical Reason & Effectiveness for Each Medication

- Arrange all of our medications on a kitchen table according to organ systems – e.g. for the heart, lungs, hands, etc.
- Write down a little information about the intended use for each condition e.g. for the heart: help my heart beat more efficiently
- For the lungs: so I can walk around the block
- For the hands: so I can make marmalade again
Figuring out which Side Effects are Specific to Me

- The Medication Guide you get with prescriptions resembles more of a patient scare sheet
- The Internet is of questionable value
- Here’s where your health team can focus on the most common things they see in practice
- Sure, almost anything is possible so start low, go slow in dosage increases, and follow-up often
- And make sure to ask if a new medical condition might be from a new medication

Medication Access – How to “Shortstop” Hurdles to Getting your Medications

- Ask your health team to make sure a med is covered by insurance before prescribing
- Ask your pharmacist if your meds are in short supply (medication shortages)
- Video visits to see a prescriber for refills
- Uber rides to the clinic or pharmacy (paid for by insurance companies)
Medication Costs – Tips & Tricks to Avoid Sticker Shock at the Checkout Aisle

• If your health team can’t find your insurance plan formulary – get the link for them
• See if there is a different med in the same class that may work similarly, but cost less
• Patient Assistance Programs (needymeds)
• Patient support groups (diabetes, cancer)
• Compassionate use programs
• Medication repository programs (~30 States) (RoundtableRx.com in Minnesota)

Medication Cost Tips (that are a little trickier to use)

• Health savings accounts (https://perks.optum.com/blog/can-you-use-a-health-savings-account-for-prescriptions/)
• On line coupons (https://www.rxpharmacycoupons.com/)
• Discount cards (AARP)
• Extended expiration dates
• Search - Safe Online Pharmacies in Canada
Conclusions and Future Directions

- We have to stop and realize that the process of taking medications has become overly complex
- We haven’t designed a medication use “system” from the end-users perspective
- Measures of non-compliance stop short of seeking the reasons & concerns patients have
- We’re now learning from individuals who have mastered med self-management on their own
- Help individuals adjust routines, simplify schedules, manage costs, and understand the reasons for each medication

Geriatric Education Toolkits
resources for teaching introductory aging content
z.umn.edu/GWEPtoolkits
Reactor Panel Observations

- Before we move to our question and answer session, let’s hear reactions from voices in the field
- First is a patient and family caregiver perspective from Sherrie Pugh who is serving as Chair of the Governors Council on an Age-Friendly Minnesota and ex-officio member of the MN Board on Aging
- And second is a provider perspective from Dr. Jim Pacala who is a Geriatrician, Professor and Head of Family Medicine & Community Health in the Medical School, and Program Director of the Minnesota Northstar Geriatrics Workforce Enhancement Program

Discussion
MGS 46th Annual Conference: 
Emerging Voices
A two-day virtual interactive learning experience
Thursday-Friday, April 7-8, 2022
Visit the conference website at www.mgsconference.org

Questions or comments?
Contact info@mngero.org