

Medication therapy management works for some but not all home health patients

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Low-risk Medicare patients entering home health care who received medication therapy management by phone were three times less likely to be hospitalized within the next two months, while those at greater risk saw no benefit, according to a study led by Purdue University.

The study helped determine which [patients](#) benefit most from [medication therapy](#) management by phone and a way to identify them through a standardized risk score, said Alan Zillich, associate professor of pharmacy practice at Purdue, who led the research.

"Hopefully, this study will help [home health care](#) providers target the intervention to those who it will help and improve patient health," he said. "It also tells us there are some patients for whom medication therapy management by phone doesn't work and that we need a different strategy to help these patients."

In medication therapy management a pharmacist evaluates the medications prescribed and how a patient is feeling to identify and resolve issues, including untreated conditions, drug interactions, adverse drug reactions, inappropriate drugs or doses and whether a patient is taking the medications as prescribed.

"We know that medication therapy management (MTM) improves adherence, improves outcomes and improves lives," said Patrick Dunham, CEO of Curant Health, which provided the medication therapy management interventions. "Reducing hospital admissions for the lowest-

risk patients in this study by 86 percent is another powerful proof point for the value of MTM and its capability to simultaneously reduce costs and improve care across the [health care](#) continuum."

As Medicare may add incentives or penalties for home health care providers based on hospitalization rates, studies of medication management models could influence policy, Zillich said.

"Enhancing the quality of care for patients has always been the goal of health care providers, but the growing costs of Medicare and health care in general have put an even brighter spotlight on strategies to improve patient outcomes and reduce unnecessary costs," he said. "Medication therapy management is considered a valuable tool in this effort, but the best way to deliver it and the patients whom it will most benefit have not been well studied."

Zillich led a team of researchers who collaborated with the home health care organization Amedisys Inc., and pharmacists from Curant Health (formerly HealthStat Rx), who provided the medication therapy management intervention. A paper detailing the research was published in the journal *Health Services Research* and is available online. Amedisys Inc. funded the research.

"Just as we hypothesized, post-acute care interventions can make a positive impact on preventing issues the elderly may have with their complicated medication regimes: ultimately resulting in lower admissions," said Dr. Michael Fleming, chief medical officer for Amedisys.

The study followed 895 patients from 40 Amedisys home health care centers throughout the United States, with 415 receiving the intervention.

The intervention consisted of an initial phone call by a pharmacy technician to verify active medications, a pharmacist-provided medication regimen review and follow-up phone calls from a pharmacist one week later and as needed for 30 days.

The most common types of medication-related errors are identified soon after transitions of care take place and the first days are the most critical, Zillich said.

"Time is of the essence," he said. "The transition to home-based care - as with any type of transitions in care - is a vulnerable time for patients. It involves a switch in [health care providers](#) and sometimes a delay in the handoff of medical records. The patients likely have had significant changes or additions to their medications, and sometimes medication-related problems are just starting to appear."

The results showed no overall significant difference in the 60-day probability of hospitalization for those who received medication management therapy by phone versus those who did not. However, when the patients were evaluated based on their risk profiles, those in the lowest-risk group who received the service were three times more likely to remain out of the hospital 60 days after entering into home health care.

A patient's risk of hospitalization was determined through a standard set of nursing assessment items used by all Medicare-certified home health agencies called the "Outcome and Assessment Information Set" or OASIS-C, and the patients were divided into four risk categories.

"Most elderly patients requiring home health care are dealing with multiple chronic conditions and taking multiple medications," Zillich said. "When we say 'low-risk' patients in this context, we are talking about the least sick of a very sick group of patients. I'm not sure why

they benefited so much from this intervention while the other groups did not. One theory is that they are better able to receive and retain guidance from a pharmacist over the phone and perhaps face-to-face medication [therapy management](#) would better help the higher-risk patients."

The team plans to further explore intervention models that would be more effective for the higher-risk Medicare patients entering into [home health](#) care.

More information: A randomized, controlled pragmatic trial of telephonic medication therapy management to reduce hospitalization in home health patients, *Health Services Research*, 2014.
[onlinelibrary.wiley.com/doi/10...-6773.12176/abstract](https://onlinelibrary.wiley.com/doi/10.1111/hlir.12176/abstract)

Provided by Purdue University

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