Patient Medication Reviews:
Engaging Patients to Better Understand their Medications for
Better Adherence and Better Health Outcomes

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Many patients, especially those with chronic conditions, have to manage multiple prescription medications. Better medication management could be considered a core quality improvement practice to improve health outcomes through enhancements in patient understanding, adherence, care coordination, and resulting reductions in hospitalizations and ED visits. For patients with low health literacy, who disproportionately include the elderly and ethnic minorities, this management task is commonly not well executed. According to the AMA (click here to view the full report), 42% of participants in one study did not understand instructions to "…take medication on an empty stomach…" and up to 78% "…misinterpret…" or do not have a clear understanding of prescription labels. In fact, many patients are unable to name their medications, the conditions for which they are taking them, and when they are supposed to take them (page 12).

AHRQ's recently published Pharmacy Health Literacy Center report supports these findings by stating that "medication errors are likely higher with patients with limited health literacy, as they are more likely to misinterpret the prescription label information and auxiliary labels." In many cases, fear of appearing "stupid" prevents even patients with higher literacy skills from asking questions when they do not understand. To see how patients' inhibitions prevent crucial communication and lead to poorer health outcomes, watch the first four minutes of this video.

However, providers can create shame-free conditions to increase their patients' understanding and adherence to recommended medication therapy by implementing four tools from the Health Literacy Universal Precautions Toolkit. They are Brown Bag Medication Review (Tool 8), The Teach-Back Method (Tool 5), Encourage Questions (Tool 14), and Improve Medication Adherence and Accuracy (Tool 16). Applying health literacy universal precautions tools is based on the assumption that all patients are at risk for not understanding some aspect of their care, and health care providers don't always know which patients are low health literate. Click here to read more about health literacy and health literacy universal precautions.

The step-by-step process for implementing each tool also includes discussion of ways to measure progress. For example, Tool 5 (The Teach-Back Method) offers a Self-Evaluation and Tracking Log for staff members to document their experience in providing teach-backs and a log to count the number of staff members who use teach-backs.

At the DNCC, we strongly recommend using these tools in three steps to assist patients to better understand and manage their medications.

Step 1: **Tool 8, Brown Bag Medication Reviews** in medical practices improves communication about medications. Patients are encouraged to bring ***all medications*** (prescription, over-the-counter, and herbal) to their next medical

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appointment. A member of the clinical staff reviews each medication with the patient to assure that there is correspondence between what has been prescribed and what the patient is taking, as well as to ascertain that the patient understands how much and when to take each medication. This process assists patients to correctly take their medications and avoid errors. A medical practice in North Carolina found that "…out of 10-15 brown bag reviews, only 2 were accurate… " (Toolkit, p. 37). Medication reviews are extremely beneficial to all patients, especially low health literate and hesitant patients such as those in the video. During the process of reconciling medications with each patient, it is helpful for providers to use **Tool 5**, **The Teach-Back Method** as a way to confirm patients' understanding of what they need to know. It is a way for providers to make sure that they have explained things in a way that patients understand. In addition, since patients are usually reluctant to ask questions, all providers should encourage patients to ask the three questions in **Tool 14**, **Encourage Questions**. The questions , What is my main problem? What do I need to do? and Why is it important for me to do this?, demonstrate ways to engage patients to become more active participants in their own care.

Step 2: Once patients understand their medication regimens, providers can implement **Tool 16, Improve Medication Adherence and Accuracy**. Implementation of this tool supports patients' journeys toward good understanding of and adherence with their recommended drug therapies. In this tool, you learn that:

- Deaths due to medication *errors* have skyrocketed between 1983 (1,040) and 2004 (8,634).
- Low health literate patients have greater difficulty in understanding and adhering to complex medication regimens.
- Concrete approaches are available for practices to use with low health literate patients to increase their ability to better understand and manage their medications, thereby improving adherence and health outcomes. Again, use of Tools 5 and 14 can enhance communication between providers and patients.

In addition, the National Council on Patient Information and Education, recently published **a report** stating that poor adherence is very costly and that "multiple chronic conditions and poor medicine adherence represent the perfect storm" (pages 4,5).

Step 3: Lastly, according to the developers of the Health Literacy Universal Precautions Toolkit, medical practices can bill the patients' insurers for medication reviews using code ICD-9 V58.69 (Medicare has two pathways for reimbursement) which provides a more comprehensive form of medication review, medication therapy management (MTM) through Part D Drug Coverage, and Transitional Care Management Services (TCM). MTM is a distinct medical service that optimizes drug therapy with the goal of improving therapeutic outcomes for patients. Its five components include a medication review (as in Tool 8) plus a personal medication record, a medication-related action plan, intervention and/or referrals, and documentation and follow-up. For additional details, click here. Part D sponsors are required to include MTM services into their plans' benefit packages. Eligibility criteria include beneficiaries who have multiple chronic diseases, take multiple Part D drugs, and those likely to incur expenses of at least $3,144 for covered Part D drugs. Enrollment recently changed from an opt-in to an opt-out procedure. Click here to learn more. In addition, starting in 2013, the Affordable Care Act added improvements to the Part D MTM program, such as a requirement that all beneficiaries receive a comprehensive medication review along with a written summary in CMS' standardized format. For a more complete discussion of these features, click here.

TCM services are for beneficiaries transitioning from various types of inpatient settings to the community. TCM services must take place within a 30-day post discharge period and include "medication reconciliation and management" as part of required face-to-face visits. Two new Current Procedural Terminology (CPT) codes were created for this requirement. The first is CPT Code 99495 for moderate medical decision complexity in a face-to-face encounter within 14 days of discharge. The second is CPT Code 99496 for high medical decision complexity, again in a face-to-face encounter, but within seven days of discharge. More details can be found here.

If you have additional information to share on this topic, please contact Dr. Izione Silva at silvai@dfmc.org.