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A Conversation with the National Quality Forum Action Team on Person-Centered Medication Safety Capstone Webinar

November 4, 2021

Welcome



National Quality Forum Welcome



Dana Gelb Safran, Sc.D President & CEO, National Quality Forum



NQF's Mission, Vision, and Values

MISSION To be the trusted voice driving measurable health improvements

VISION

Every person experiences high quality care and optimal health outcomes

VALUES Collaboration | Leadership | Passion | Excellence | Integrity



Action Team on Person-Centered Medication Safety

- The Action Team on Person-Centered Medication Safety launched in April 2021 and met through November 2021
- The Action Team included 26 diverse member organizations representing nearly every sector of healthcare, including patient and caregiver advocates

Action Team goal: Identify actionable strategies and practices that individuals and organizations can use to promote medication safety across the continuum of care



Action Team on Person-Centered Medication Safety Members

- American College of Medical Quality
- American Geriatrics Society
- American Occupational Therapy Association
- American Society of Health-System Pharmacists
- Children's Hospital Association
- Consumers Advancing Patient Safety
- Compassus
- CVS-Aetna
- Genentech, Inc.
- Greenway Health
- Health Resources and Services Administration
- Hospital for Special Surgery
- Humana

- Intermountain Healthcare
- Jefferson Health
- Memorial Sloan-Kettering Cancer Center
- Molina Healthcare
- Mothers Against Medical Error
- National Committee for Quality Assurance
- National Patient Advocate Foundation
- Partners Behavioral Health Management
- Patient & Family Centered Care Partners, Inc.
- Pharmacy Quality Alliance
- Teladoc Health, Inc.
- Telligen, Inc.
- Vizient, Inc.



Action Team Accomplishments Since June Sharing Best Practices



November 2021 Launch the Issue Brief

September 2021 Review of Action Brief

September 2021

Advancing health equity for patients and caregivers



Action Team on Person-Centered Medication Safety Issue Brief



National Quality Forum Action Team: Person-Centered Medication Safety

Today's healthcare system inadequately addresses the risks of complex medication regimens, resulting in a serious public health problem that poses a substantial threat to patient safety. Patients, families, and caregivers are often missing from key conversations and decisions around their medications.

substances.1 Suboptimal medication safety can have a profound effect on a person's health and quality of life. and its impact can range from no effect to severe injury or a diverse group of healthcare stakeholders, including death.² Each year in the United States (U.S.), adverse drug clinicians, administrators, and staff at health systems, events (ADEs) cause approximately 1.3 million emergency pharmacles, and health plans, can embrace these department visits and 350,000 hospitalizations 3. While the occurrence of an ADE does not necessarily indicate an error or poor quality of care, it is estimated that about half of ADEs are preventable.⁴ The cost of medication is a major barrier that creates safety risks, and certain racial and ethnic groups face additional obstacles to safe

medication use, such as cultural differences, systematic biases, and distrust in medical advice.⁵ Polypharmacy, inadequate medication reconciliation during transitions of care, and person-specific risk factors, such as limited English language proficiency and health literacy, are topics that, if properly addressed, can improve medication safety.

Person-Centered Medication Safety

Person-centered medication safety is a bottomup approach that focuses on actively empowering patients, family members, and caregivers as partners in understanding medicines, choosing the best treatment plan, identifying potential problems, and preventing ADEs. and to assist in implementing strategies. Technology It differs from traditional top-down approaches, which rely improvements, such as improved interoperability and on healthcare professionals to prevent medication errors automated workflows, should also be used to optimize and have shown limited effectiveness.3 While a bottomup approach does not diminish the responsibilities of healthcare professionals, it creates new opportunities to both engage the people who live with the medications on a daily basis and encourage them to become informed community health workers, payers, policy-makers, and advocates for their health. The goal of person-centered especially patients, families, and caregivers, to understand medication safety is to strengthen an individual's capacity the challenges of person-centered medication safety and to obtain, process, understand, and use basic health

Medications (also often referred to as medicines or drugs) information and services. This understanding can lead to are any substance that affects a person's health, including improved knowledge about medications, treatment aims, prescription, over-the-counter, homeopathic, and illegal and the reasons for taking medications as prescribed. Individuals have different needs, capacities, cultures, and values. By adopting a person-centered perspective. differences in ways that empower patients and caregivers to advocate for their safety.

To amplify the need to share best practices and recommendations to improve patient safety, the National Quality Forum (NQF) convened the Action Team on Person-Centered Medication Safety over a ninemonth period beginning in May 2021. The Action Team brought together 27 NQF member organizations that represent multistakeholder groups, including patients and caregivers, health systems, pharmacists, physicians, professional societies, research organizations, health plans, and federal agencies. The Action Team identified challenges and shared actionable strategies to improve

medication safety. Healthcare organizations and clinicians should work with their local patient population to understand which improvements would be most beneficial care and take burden off clinicians. While healthcare organizations and clinicians are the main audience for this issue Brief, it can also be used by stakeholders across disciplines, including health system administrators, opportunities for improving care

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 Discuss all medication information, including purpose, usage instructions, benefits, potential risks, patient experience, and cost/coverage information with patients and caregivers and document it in a comprehensive, clear, and personalized medication list that is available in customizable formats for the different users of the information

· Champion policies and procedures that promote information exchange between healthcare akeholders within and outside of your organization and advocate for practices that support timely exchange of information

 Integrate ongoing evaluation of medication lists to reconcile, simplify, and measure the success of prescribed treatment Incorporate pharmacists as part of the core care

team to help reconcile and optimize patients' drug 2 PROVIDE CLEAR, READABLE, AND UNDERSTANDABLE MEDICATION

INSTRUCTIONS · Ensure clinical staff have ongoing training and robust systems to provide medication information in a method that aligns with patients' goals, education

language, and culture Establish standard practices that ensure patients, particularly those who have complicated medication regimens, complex comorbidities, and multiple specialists, receive clear and useful educational materials and know whom to contact with medication

questions · Encourage regular and ongoing access to and communication with the care team to support patients' changing needs (e.g., ongoing discussions about medications with patients and caregivers

throughout a hospitalization instead of only during discharge) Incorporate health navigators (i.e., professionals who help patients and caregivers to understand confusing

issues related to clinical care or insurance coverage) to answer questions, provide guidance, and support patients as they navigate the healthcare system

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Partners Behavioral Health Management Jerry McKee

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· Incentivize and encourage change by advocating for payment mechanisms that promote quality and outcomes across all payment models, including feefor-service and value-based payment programs · Invest in and reimburse medication safety efforts, including medication reconciliation and transitions of care, that focus on patient safety and understanding;

incorporation of pharmacists as part of the core healthcare team; and availability of health system navigators · Collaborate with payers to build reimbursement

models that support effective medication management as part of delivering value, and incorporate diverse members of the healthcare team to better address patients' medication-related needs. including but not limited to clinical pharmacy services and social work resources Reduce barriers to person-centered medication

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safety by incorporating activities that foster health equity, such as access to language translation services at every point of contact (including medication education and pharmacy services)

ful partnerships with patients, families, and goals and facilitate optimal health outcomes. centered practices that put patients and caregivers es exist to educate and empower patients and apy plan and to support clinicians in maximizing dication safety has the potential to improve

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rug Events, https://www.cdc.gov/medicati

ast accessed September 202 for managed care pharmacy, J Manag Care Spec Pharm, 2020

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Pharmacy Quality Alliance Amanda Ryan



Key Challenges

The Action Team identified priority challenges for stakeholders to address:

- Complicated medication regimens can impede the ability of patients, caregivers, and clinicians to appropriately
 understand and manage medication, particularly for people with multiple complex medical conditions
- A lack of care coordination and communication between care teams at various institutions and sites of care results in potentially harmful medication regimens, inaccurate medication lists, and confused patients and caregivers
- Limited time and resources in clinical settings lead to insufficient discussion, education, and support for patients and caregivers on understanding and correctly using medication
- Lack of access to resources and/or contacts for questions and guidance limits the ability of patients and caregivers to ensure their needs, goals, and questions are adequately addressed
- Misaligned financial incentives do not typically reimburse for clinical pharmacist time, extensive education, care coordination, or other resource-intensive best practices that reduce ADEs, empower patients, decrease health disparities, and increase person-centered medication safety



Issue Brief Recommendations

To support the improvements of person-centered medication safety, the Action Team recommends that healthcare organizations, community stakeholders, and patients, families, and caregivers partner together to:

Build an Accurate, Beneficial, and Comprehensive Medication List

Provide Clear, Readable, and Understandable Medication Instructions

Educate and Empower Patients and Caregivers to Be Partners in Their Care

Prioritize and Invest in Person-Centered Medication Safety



Action Team Panel Discussion Action Team Panel



Bradly Winter

Advanced Clinical Pharmacist, Pharmacy Services, Intermountain Healthcare



Co-Moderated by Lisa Morrise Executive Director, Consumers Advancing Patient Safety; Action Team Chair



Helen Haskell President, Mothers Against Medical Error



Co-Moderated by Mary Ann Kliethermes

Director of Medication Safety and Quality, American Society of Health-System Pharmacists; Action Team Chair



Carol Siebert

President of The Home Remedy, Representing American Occupational Therapy Association



Action Team Panel Discussion Audience Q&A

Please add your questions for the Panel to the chat box



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Next Steps



Action Team on Person-Centered Medication Safety Issue Brief is Available Now!

 Download and share the Action Team Person-Centered Medication Safety Issue Brief on the <u>NQF Website</u>.





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