"Clinical Interventions"™

Program Information Package

June 2008

SHCA-ga.org

FACT:

Approximately 1/5th of older Americans are given medications considered by experts to be unsuitable because of the high risk of unintended harm. It is estimated that 106,000 fatal adverse reactions occur annually. If adverse reactions to medications were classified as a distinct disease, it would rank as the 5th leading cause of death in the United States.

FACT:

28% of all hospitalizations among older adults result from adverse drug reactions. Adverse drug events have been linked to problems such as depression, constipation, immobility, confusion and falls.

Of the potential adverse events encountered within skilled-nursing facility residents, The Centers for Medicare and Medicaid Services have identified the top-10 drug interactions to promote awareness throughout the industry of potentially dangerous and -- in some cases -- life-threatening combinations of medications.

Of the top-10 listed in the regulatory guidelines, the blood-thinner Coumadin (warfarin) is cited on five occasions. Hemorrhage and necrosis have been reported to result in death or permanent disability if not monitored closely and effectively, especially in frail elderly patients.

FACT:

Coumadin is commonly prescribed after surgery, fractures leading to immobility, cardiac arrhythmia and due to a loss of mobility based on other disease states, such as malignancy, to prevent clots leading to lung failure, stroke and other serious cardiac consequences. Unfortunately, this drug has a narrow margin between safety and effectiveness -- and patient harm.

Since physicians do not typically practice daily within a nursing facility, they rely heavily on supportive staff, such as nurses, nurse practitioners and pharmacists to aid in managing this dangerous medication. To date, there are limited alternatives to this drug for long-term treatment and it is prescribed frequently for skilled-nursing facility residents.

FACT:

As many as 32,000 older adults suffer hip fractures each year because of falls caused by medication-related problems – 50% of which are preventable.

Many times, the sheer number of medications prescribed to elderly patients during a hospitalization, prior to admission to the nursing facility, increase the risk of falling. Numerous studies have shown that fall risk increases proportionately to the number of medications prescribed appropriately -- or inappropriately --to elderly patients.

FACT:

It has been shown that 40% of nursing facility residents are anemic, and anemia has been associated with 68% likelihood of contributing to a falling episode. Unfortunately, anemia is sometimes considered a normal part of aging and is inadequately treated.

Here are some additional alarming statistics related to falls:

- Resident falls are the greatest medical malpractice exposure.
- 40% of all nursing facility residents fall each year, many more than once.
- The greatest risk is during the first week after admission.
- There is a greater risk of falling if there is a history of falls.
- The most frequent location for falls is in the resident's room, likely while traveling to the bathroom. Many drugs can lead to urinary urgency (e.g. blood pressure drugs, fluid-relieving drugs and certain drugs used to treat Alzheimer's disease)
- According to the Center for Disease Control, accidents are the 5th leading cause of death for persons over 65, and two-thirds of these deaths are directly related to falls and their consequences.
- As many as 70% of nursing home residents die from complications within a year of breaking a hip.

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What is the
"Clinical Interventions"™
Program?

The "Clinical Interventions"™ program provides an immediate, upon admission consult to all new, re-admitted or identified residents.

Traditionally, consultant pharmacists (clinical reviewers mandated by CMS) visit skilled-nursing facilities monthly, typically around the same time each month. Unfortunately, several weeks may pass following an admission before a clinically-trained consultant pharmacist has the opportunity to review the patient's clinical record. It is imperative for consultant pharmacists to make recommendations aimed at reducing poly-pharmacy, fall risk and appropriate management of potentially dangerous drugs --such as blood-thinners -- shortly after a patient is admitted to the nursing facility.

Senior Health Consulting Alliance (**SHCA)** is proud to introduce an exciting new program that works in conjunction with the long-term care facility's pharmacy and consultant pharmacist to bring a comprehensive, complementary and efficient system of review to their current drug regimen process.

To date, there have been limited means for clinically-trained consultant pharmacists to meet this demand, and unfortunately, potential medication-related problems are not always apparent to pharmacists filling the large volume of prescriptions for skilled-nursing facility patients.

Senior Health Consulting Alliance

Our consultant pharmacists bring a unique perspective to the inter-disciplinary health care team, working with the facility's physicians upon admission to promote positive outcomes. The "Clinical Interventions"™ program also exceeds federal regulations and can help to reduce the scope and severity of regulatory citations.


INTER-DISCIPLINARY TEAM
Administrator
Doctor
Director of Nursing
MDS Coordinator
Admissions Coordinator/Social Worker
Clinical Interventions

Senior Health Consulting Alliance

What are the benefits of the "Clinical Interventions"™ Program?

Patient Benefits

- Immediate consult -- upon admission -- helps to reduce medication errors. Transcription errors in many cases result in duplications or unintended medications. The consultant pharmacist screens for indications, drug-drug interactions, drug-disease state interactions and duplications in therapy as well as any transcription errors and potential adverse drug events.
- Given the appropriate information, the consultant pharmacist can immediately and repetitively screen for appropriate pain management, depression and other co-morbidities that can delay or even stop rehabilitation.
- The consultant pharmacist can immediately help with medication administration problems that could result in poor compliance or in-effectiveness of each medication.
- All efforts help our resident reach their fullest potential for a positive outcome.

Facility Benefits

- Cost effective therapy [see Attachment A].
- Changes comply with Medicare D formularies eliminating the burden with coverage of medications upon the resident's transition from Medicare A to Medicare D.
- Patients improve which, in turn, improves the reputation of the facility.
- Federal regulation F428 is more than met.

- Helps reduce scope and severity of state regulatory findings.
- Since the doctor makes the final decision, there is less – if any – liability for cost savings efforts. The facility may even be able to reduce their premium at some point.

Doctor Benefits

- Changes comply with Medicare D formularies eliminating the burden with coverage of medications upon the resident's transition from Medicare A to Medicare D.
- The program encourages coordination of all information prior to calling the physician resulting in fewer phone calls from the facility.
- The physician is allowed to participate in all medication changes instead of being forced to change a medication by an insurance company.

How are the adjudications of the "Clinical Interventions"™ Program processed?

Palliative Drug Card (PDC) performs the adjudication process for the "Clinical Interventions"™ program. PDC provides the information to the consultant pharmacist for interim review. PDC also supplies a HIPPA compliant platform and system for the review to take place and be faxed back to the facility in a timely manner. PDC generates many of the calculations and reports reflecting the results of the "Clinical Interventions"™ program. PDC will post these reports on a HIPPA compliant website and provide the needed passwords to the facility for review.

PDC also facilitates collection of Medicare A bills and disbursement to the appropriate pharmacy. Instead of sending a bill directly to the facility, the pharmacy adjudicates all Medicare A requested meds thru PDC (as always, the pharmacy determines the cost). This does not place an additional burden on the pharmacy since most all other pay types go thru an adjudication process. However, a"Clinical Interventions"™ fee of $1.50 is added to each claim.

How do we implement the "Clinical Interventions"™ Program?

1. Complete the SHCA "New Client Setup Form" [see Attachment B] and fax to (478)745-3264 or call Curt Massey, RPh, CGP at (478)731-2185.

2. A SHCA representative will make your introduction to PDC for Client setup. PDC will initiate contact with your provider pharmacy for setup.

3. A SHCA representative will supply a "Patient Information Form" [see Attachment D], an "MD Letter" [see Attachment C] and any other information concerning the "Clinical Interventions"™ program.

4. You will notify your doctor(s) of your participation in the "Clinical Interventions"™ program [see Attachment C].

Now you are ready to begin!

5. For each patient needing a review, complete the SHCA "Information Form" [see Attachment D] and fax to (800)764-1184.

6. A SHCA consultant pharmacist will perform a review and immediately submit a response. Upon receipt, follow procedures #6, #7 and #8 on the SHCA "Information Form".

7. After completion of Step #6 above, fax all orders to your provider pharmacy as per normal procedures.

Who can I contact regarding the "Clinical Interventions"™ Program?

Feel free to contact us at Senior Health Consulting Alliance (**SHCA)** as follows:

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