



COMPLETED GRANT SYNOPSIS

Co-managing medications for older adult patients and their informal caregivers during MTM

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Objectives

The objective of this study was to examine how community pharmacists communicate and include informal caregivers in patient's medication therapy management and counseling processes.

Methods

Design	In-depth interviews were conducted using grounded theory techniques to inform data analysis. Consistent with grounded theory, data collection and analysis were cyclic and concurrent. Community pharmacists practicing in long-term care, large retail, or independent pharmacy settings were purposefully and theoretically sampled across Wisconsin. After each interview, data were analyzed using a multidisciplinary team of clinicians and researchers, and subsequent interview questions were developed. Open, axial, and selective coding were employed during analysis until data saturation. Member checking was utilized to ensure participants' perceptions were appropriately represented, and maintenance of memos was used to maintain study rigor.
Study endpoints	Primary: Build a communication model of conditions influencing the inclusion of caregivers in patient's MTM and counseling processes. Secondary: Factors affecting medication reconciliation processes in community pharmacies.

Results

Community pharmacists (n=21) described conditions which influenced community pharmacist communication and inclusion of informal caregivers in the MTM and counseling process. Ten pharmacists perceived that HIPAA privacy acts prevented the pharmacist from involving the caregiver in the MTM, counseling, and medication pick up processes. All pharmacists perceived their software interfaces were deficient in the ability to incorporate caregiver information within the patient profile. A lack of time and issues in current workflow processes, as dependent on pharmacy size, further hindered pharmacist communication with patients and their caregivers. Long-term relationships with patients often prevented the pharmacist from identifying and involving caregivers; therefore, the pharmacist often used their own discretion rather than receiving input from the patient. As an example, pharmacists assumed patients they were familiar with and attended MTM sessions or picked up medications on their own were capable of managing their own medications while at home since the patient was able to get to their pharmacy. Further, cognition was not regularly assessed during MTM sessions with patients who arrived alone, and caregivers were rarely asked about their medication burden in addition to helping the caregivee with their medications. One pharmacist proactively asked the caregiving dyad to bring both of their medications to the MTM session to streamline both medication regimens despite being able to seek reimbursement for one patient.

Conclusion

Community pharmacists noted various barriers for communication and inclusion of informal caregivers in the MTM and medication counseling process. Findings illustrated significant gaps and opportunities for researchers and pharmacists to develop interventions that would include informal caregivers in the MTM and medication counseling processes in community pharmacies.