



Medication Management: Overcoming Clinical Inertia

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Medication Management: Key Changes

- Routinely reconcile medications and prevent or address medication issues (Communication)
- Develop individualized medication plans
- Involve patient and team in titrating medications (Communication, Clear Roles)
- Manage chronic pain and opioids safely, effectively and humanely (Shared Goals)

Stepped Care

- Proven strategy in most chronic diseases
- Routine aspect of many RCT's
- Clinically difficult to follow (clinical inertia)





The Goal of Treatment Intensification

Achieving the Treatment Goal

- Symptom relief
- Longer-term morbidity reduction
- Risk factor minimization



TEAM Care Study

- Patients with depression, diabetes, and or CHD randomized to nurse care manager working with PCPs to improve diseases control.
- Controls received usual primary care.
- Improvements in depression, HbA1c, LDL, and BP significantly better among nurse group.
- Improvements largely due to 2 – 6 fold increase in medication adjustments in nurse group.



Clinical Inertia

- Patient has not reached treatment goal
- Patient is taking medications as prescribed
- Therapy (usually limited to drugs) has not been intensified

First described by Phillips L. et al Ann Int Med 2001



Magnitude of the problem

- Some studies have shown that less than one-half of patients not at goal (e.g., HbA1c < 8%) had evidence of drug intensification in chart.
- Somewhat more common among generalists than specialists, but differences not large.



Why is treatment so often not stepped up appropriately?

Clinician Factors	Rejection of “cookbook” medicine Unclear target and treatment plan Limited attention to self-mgt Satisfaction with effect Fear of adverse effects
Patient Factors	Non-adherence to drugs or self-mgt Unreliable follow-up Side effects Drug costs
System Factors	No recorded treatment plan No organized approach to stepping up therapy Inadequate adherence measurement Use of expensive options



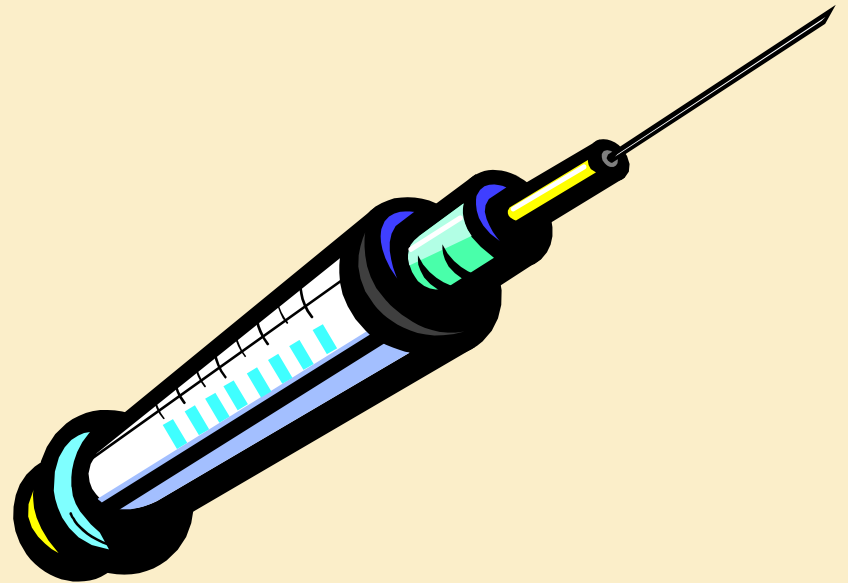
Questions when patient has not reached treatment goal

- Is the treatment goal still relevant and important?
- Has therapy had time to exert effect?
- Is the patient adherent to medications?
- Does the patient have self-management goals and a reasonable action plan?

If the answers are all YES, step up medication.

Is Inertia Only Related to Drugs?

- Most literature uses the term to describe failure to intensify drug treatment
- What about self-management support?





Inertia Interventions

- Treatment plans should indicate protocol for changes in dose or drug.
- Specialized medication adjustment visits (potential for RN in the core team)



Key changes

Routinely reconcile medications and prevent or address medication issues

Develop individualized medication plans to achieve treatment targets

Involve patient and practice team in titrating medications



Routinely reconcile medications and prevent or address medication issues

- MAs in many practices review med list as part of intake. Are they gathering useful information about med use and adherence?
- Patients on multiple drugs and/or not reaching treatment goals should have detailed med review initiated by RN or pharmacist.



Develop individualized medication plans to achieve treatment targets

A medication list is not a treatment plan because

- Treatment targets are generally not included.
- Should suggest plans for changes if targets not reached, or side effects occur.



Involve patient and practice team in titrating medications

- RNs use delegated order sets to titrate meds for diabetes, hypertension, anti-coagulation.



More Tools & Resources At:

improvingprimarycare.org

Thank You!