

**SOS Rx**  
**Senior Outpatient Medication Safety**  
**Full Coalition Meeting, September 25, 2007**  
**Meeting Report**

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The 13th full coalition meeting of SOS Rx was held on September 25, 2007, and included more than 30 participants. All meeting documents, including the agenda and list of attendees, are now available at [www.sosrx.org](http://www.sosrx.org).

**Presentation**

John Rother, Director of Policy and Strategy at AARP, talked to the group about pharmaceutical cost, access, and safety in the United States. A questions-and-answer session followed Mr. Rother's comments. Highlights from his presentation and the discussion include:

- Even after the enactment of Medicare Part D, access to drugs continues to be an issue for AARP members. Drug costs have softened for those enrolled under Part D, but cost is still an issue for younger AARP members.
- AARP needs to start more face-to-face initiatives to help seniors realize that they are eligible for Part D and that the program would be beneficial to them. With regard to Part D, there are some populations that are hard to reach - seniors with low-incomes, those with low literacy, limited English proficient seniors, and those who are suspicious of the government.
- AARP plans to work with industry to change the Part D price structure that contributes to high prices (especially with regard to marketing).
- AARP is being drawn into the debate on quality, including issues of importation of drugs and safe practices. AARP has started initiatives in each of these areas.
- A great deal of patient safety is the responsibility of the patient – need to educate patients to be wiser users of prescription drugs. There are great resources online, but most of that is not reaching the target senior population.
- AARP supports e-prescribing – electronic personal health records need to be developed and populated on behalf of patients by healthcare providers.
- AARP supports the Medical Home project – fragmentation of healthcare remains an issue (e.g., multiple caregivers and lack of communication).

**Discussion**

After a review of the report of the last meeting, there was a discussion around the three priority areas for the coalition moving forward. Set forth below is a summary of each project and the discussions.

**1. Oral Anticoagulant Education Campaign - Targeting high-risk situations**

*Project Summary:*

*This education campaign targets patients taking oral anticoagulants in the outpatient setting, as well as those who prescribe and dispense these medications. The campaign, formally launched on May 31, 2006, informs patients and caregivers about the*

*interaction risks of oral anticoagulants with other medications and substances, and the importance of blood testing and diet. Educational materials, including summaries of the background research and surveys conducted, are on the campaign website – [www.mybloodthinner.org](http://www.mybloodthinner.org).*

*The coalition is now interested in increasing dissemination and engaging in follow up activity to expand the impact of the campaign. This would include website development, a possible pilot study, CME, and involvement in a project based on the intake of Vitamin K.*

#### Update on Recent Project Developments and Discussion

1) Website Development – The coalition continues to contact current SOS Rx partners and other organizations to ensure distribution and links with the [www.mybloodthinner.org](http://www.mybloodthinner.org) website. Since October 2006, the mybloodthinner.org website has received 35,000 unique visitors to the site (not just hits). This averages out to about 3,000 visitors per month. The vast majority go directly to the site, or through nclnet.org. These numbers indicate that we could do much more to promote the site through the websites of coalition partners. It is apparent that reporters are aware of the coalition and mybloodthinner.org because of the media inquiries NCL receives about issues related to blood thinners.

NCL will continue to update the mybloodthinner website as needed, as well as continue to contact current SOS Rx members about linking to mybloodthinner.org on their websites.

2) Vitamin K Database - This project, funded by NIH, would create a database that would specify forms and quantity of Vitamin K in selected dietary supplements. This is important because evidence shows that variations in daily vitamin intake may cause problems in oral anticoagulation therapy. The final product will be an electronically searchable database, which can be utilized by both health care providers and patients on oral anticoagulants to help them in estimating the daily intake of Vitamin K from commercially available dietary supplements. There are several ways SOS Rx could be involved in this project – review pilot database for useability, conduct consumer focus groups to review the database, include a tutorial on Vitamin K in any CME developed (see below), and link to the database through mybloodthinner.org.

There was discussion around the end purpose and use of the Vitamin K database, and what information it will provide for patients. Daniel Cobaugh, with ASHP, said they would be willing to review the completed database for usability. Resulting data may be used to inform physicians about performance and quality.

There was consensus that NCL should clarify with researchers working on Vitamin K Database how the database will be useful to patients. NCL will also discuss with researchers the following:

- If they are agreeable with NCL/SOS Rx reviewing the database.
- Possible funding of focus groups for testing of Vitamin K database.
- Option to include tutorial on Vitamin K based on NIH research in any CME eventually developed.

3) Pilot Test – The coalition is interested in partnering with the appropriate entity to design a study that would evaluate the impact of the intervention in a limited number of patients and providers. NCL has been in conversation with the Critical Path Institute at the University of Arizona, about working with them on a study that they may be conducting to reduce the number of out-of-range INRs.

There was consensus by the coalition that NCL should continue to work with partners on pilot test possibilities.

4) Continuing Medical Education (CME) – As discussed during the SOS Rx meeting in April, the key findings of our survey of physicians highlighted the areas where physicians and pharmacists could do better in managing patients taking oral anticoagulants. We believe that the materials developed for the SOS Rx oral anticoagulation project provide a strong basis for education to health care providers (e.g., physicians, nurses, nurse practitioners, pharmacists, and physician assistants) about the safe and effective use of oral anticoagulants. We would like to collaborate with health care provider professional groups (e.g., pharmacists, nurses, nurse practitioners, physicians, and physician assistants) to develop educational content for an online CME course. Possible areas for education include:

- Communicating to patients their blood test results and reminders to test.
- How best to provide patient education on diet, drug interactions, and side effects.
- Communication with patients – importance of asking patients about problems they are having with their medication.
- “Translating” blood test goals for patients – explaining results and desired “number.”
- Providing information to patients – oral counseling and other resources, including pharmacists, nurses, or other health care providers.

Recent activity around this project includes seeking out funding sources (i.e., Bristol-Myers Squibb and Novartis). Multiple funding sources are allowed. NCL contacted the Accreditation Council for Pharmacy Education (ACPE) about which pharmacy groups we can partner with. NCL also discussed with Edith Nutescu, University of Illinois at Chicago College of Pharmacy, options to help with the content of a CME course. And NCL contacted Mindy Fain, University of Arizona, who is involved in a project with Reynolds Foundation, to create a physician training program focusing on medications and older adults, incorporating issues of health literacy. They may focus on oral anticoagulants.

The coalition members discussed the following ways that SOS Rx should continue to develop the CME project:

- Work on multiple funding sources and partner with several health care provider professional groups.
- Be sensitive to the new movement in CME of tying together the value of CME activities and changing physician behavior and clinical outcomes.
- Focus on level 3 (process change) and level 4 (outcomes change).

- Focus on innovative opportunities to educate in medication management – interdisciplinary models for caring for patients on anticoagulation; veer away from theatre-style, intermittent, and static forms of education.
- Idea of working on developing a program of life coaches rather than CME.
- Explore creating a workgroup to discuss and develop CME – Coalition partners interested in participating in the workgroup should contact Rebecca or Ria.

In addition to the above, Michele Johnson, from American Health Quality Association (AHQA), reported that the Medicare Quality Improvement Organizations (QIOs) are engage in ambulatory drug therapy improvement activities. The QIOs are undertaking a variety of quality improvement projects addressing medication use by beneficiaries enrolled in Medicare Part D. There may be some links with SOS Rx activities.

### **Summary of Next Steps-**

- 1) Contact current SOS Rx members about linking to mybloodthinner.org on their websites.
- 2) Update mybloodthinner.org website as needed.
- 3) Check with researchers working on Vitamin K Database that they are agreeable with us reviewing it.
- 4) Pursue possible funding of focus groups for testing of Vitamin K Database.
- 5) Pursue option to include tutorial on Vitamin K in CME.
- 6) Work with partners where appropriate on pilot test opportunities.
- 7) With CME, confirm partners, develop content, and develop proposal.
- 8) Explore idea of creating a workgroup to discuss CME development.

## **2. Personal Medication Record**

### *Project Summary:*

*With a personal medication record (PMR), a patient is able to keep track of all prescription medications (regardless of the prescriber) and other over-the-counter products (non-prescription drugs, herbals, and vitamins). Recognizing the need for uniformity, SOS Rx convened an expert panel to develop inclusion criteria, or common data elements, to be in all PMRs. Two PMR templates were developed and reviewed by coalition partners. A number of different organizations are currently using or considering using the PMR with their constituencies.*

### *The Coalition will now work on:*

- 1) *Increasing dissemination of the PMR data elements developed by SOS Rx. We intend to focus dissemination of the PMR to high-risk populations – such as those who manage multiple medications, multiple chronic conditions, and low health literacy. With the assistance of Coalition partners, we hope to disseminate the PMR through less conventional settings, such as churches and barber shops, as well as standard settings such as pharmacies and medical offices.*
- 2) *In addition to dissemination, we plan to examine ways in which the PMR or other tools can be utilized in the broader medication reconciliation process. By integrating use of a medication management tool into likely scenarios in which medication errors may occur, we hope to promote consumer action to avoid errors. As the central figure in the care*

*process, we expect to emphasize the consumer's role and accountability. As a starting point, we plan to conduct focus groups with patients and caregivers to determine how they currently manage various medication reconciliation scenarios, such as change in care setting or physician.*

Recent activity around this project includes:

- Continuing to work with partners that are also working on the PMR, or similar tools.
- Participation in ASHP Foundation summit in June 2007 – Continuity of Care In Medication Use Summit.
- National Quality Forum – will speak at their annual conference on medication quality and PMRs; also involved in their Therapeutic Drug Management Committee.
- Pharmacy & Therapeutics Society – will speak at their annual conference on medication reconciliation and the PMR.
- Other related initiatives:
  - NCPIC released the report, “Enhancing Prescription Medicine Adherence: A National Action Plan” – available online at [www.talkaboutrx.org](http://www.talkaboutrx.org).
  - FDA and the Medicines in My Home program for middle schools.

Daniel Coughlin, ASHP Foundation, gave a brief report on the summit ASHP held in June. The goals of the summit were to reach a consensus on a minimum data set (using what SOS Rx and others have developed), discuss barriers to the use of a medication list, and to create a framework for a national social marketing campaign. A report will be published in early 2008.

Coalition member discussed various ways the PMR could be used and expressed support for the PMR project. There was discussion on how to get the message about the PMR out to the public – whether through the Ad Council or other means. AHRQ has collaborated with the Ad Council several times.

### **Next Steps-**

- 1) Continue to participate in related initiatives.

### **3. Information and Education Project**

#### *Project Summary:*

*The Information and Education Project focuses on developing a resource of information on oral anticoagulants. This consumer-friendly resource will be primarily for the patient, and the information will be added to the [mybloodthinner.org](http://mybloodthinner.org) website. The information included in the online resource will focus on providing patients with the tools to effectively manage a healthy lifestyle while receiving oral anticoagulant therapy.*

Recent activity around this project includes:

- Drafting a list of criteria to determine which online resources should be included.
- Developing an initial list of possible online resources to include.

The coalition members discussed the following ways to promote the information and education project:

- Creating a small advisory group to review the list of resources proposed to be added to the website. This group could consist of Coalition members and represent various stakeholder groups, such as industry, physicians, and patients.
- Organizing the information and resources on a new page on the mybloodthinner.org website and how the information should be organized (e.g., by sections, such as diet, interaction, general information on how to take oral anticoagulants safely, and relevant research articles).
- For resources we want to include, make a request to the creator of the resources to help foster relationships.
- Idea of getting the website accredited.
- Ensuring that resources linked to in the website are certified.
- Cross-linking to help the website become more prominent in Google searches.

#### **Next Steps-**

- 1) Convene small advisory group and set objectives of the group.
- 2) Confirm list of criteria.
- 3) Review initial set of websites to see if they meet the chosen list of criteria.
- 4) Confirm organization of resources on website.
- 5) Request permission of resources to add them to website.
- 6) Add resources to website.
- 7) Explore accreditation.

#### **Other**

- Members may access the members-only section of the SOS Rx Website ([www.sosrx.org](http://www.sosrx.org)) by using the following information – User name: *coalition*; Password: *seniorsafety04*.
- The date for the next full meeting of the coalition is now set for Wednesday, April 2, 2008, from 10 am– 2pm (EST) at the AFL-CIO Building in Washington, DC.