

SOS Rx
Senior Outpatient Medication Safety
Full Coalition Meeting, April 12, 2007
Meeting Report

The 12th full coalition meeting of SOS Rx was held on April 12, 2007, and included more than 25 participants. All meeting documents, including the agenda and list of attendees, are now available at www.sosrx.org.

Presentation

Ray Woosley, Critical Path Institute, talked to the group about the Institute's work on creating innovative collaborations in research and education that enable the safe acceleration of the process for developing new medical products. A question-and-answer session followed Dr. Woosley's comments. Highlights from his presentation and the discussion are listed below.

- A new model is needed for accelerating new drug development by including a neutral third party to negotiate with pharmaceutical companies and the FDA
- The Critical Path Institute (C-Path) was formed by the FDA to accelerate the development of safe innovative medicines. C-Path Funding sources include public funding but no direct funding from FDA-regulated companies.
- In order to accelerate drug development, we must have better tools to reduce risk and verify drug safety.
- C-Path safety projects include – predictive safety testing consortium, genomic-based dosing of warfarin, QTdrugs adverse drug event registry, and drug interaction prevention.
- The Critical Path Initiative is transformative and breaking down the barriers to innovation.

Discussion

After review of the report from the SOS Rx Priorities Meeting last September, there was 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 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).

Disseminating information - The coalition is now interested in increasing dissemination and engaging in follow up activity to expand the impact of the campaign. This would include contacting current SOS Rx partners and other organizations to ensure distribution and links with the mybloodthinner.org website.

Pilot test - The coalition also hopes to evaluate the campaign in a constrained setting through a pilot test with a care provider institution. We plan to partner with an appropriate entity to design a study that would evaluate the impact of the intervention in a limited number of patients and providers. If this intervention is successful, we would consider duplication of the education campaign model for another class of drugs.

CME - In addition, 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 (including physicians, nurses, nurse practitioners, pharmacists, and physician assistants) about the safe and effective use of oral anticoagulants. By building on the information we have developed, we believe we can provide much needed education and help support providers who are using these necessary, but challenging, medications to manage their patients' health.

The coalition members discussed the following ways to promote the oral anticoagulant education campaign:

- Webstite and materials:
 - Target patients in long term nursing home care (older patients). AARP has contacts.
 - Vitamin K Fact sheet – NIH project.
 - The Joint Commission – should contact about use of our educational material.
- CME:
 - Medscape as a possibility.
 - Contact Mindy Fain, University of Arizona, (suggested by Ray Woosley) who is involved in projects providing educational tools for health care providers of the elderly.
 - Must be inter-professional in approach.
 - Pursue grant submission with Bristol-Myers Squibb.
- Pilot test - Mary Brown, University of Arizona CERTS, talked about collaborating with SOS Rx later this year on an educational intervention to reduce the number of out of range INRs for those taking oral anticoagulants.
- Other - Benefits of staying on the same brand of warfarin (whether generic or brand). Genetic testing was also discussed.

Next steps-

- 1) Contact current SOS Rx members about linking to mybloodthinner.org on their websites. Follow up with The Joint Commission and NIH.

- 2) CME - Follow up with Bristol Myers Squibb on grant submission for development of CME course, and develop CME grant proposal. Make contact with other possible collaborators.
- 3) Pilot test – pursue opportunities.

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, vitamins). While there are various initiatives ongoing, standards and uniformity are needed to ensure that PMRs are consumer-friendly, useful, and easily incorporated into the health care experience. After reviewing some current PMR initiatives, an expert panel developed inclusion criteria for all PMRs. Based on this list of criteria, two PMR templates were developed and reviewed by coalition partners. The coalition plans for both templates to be subject to formal consumer testing and evaluation. These templates have been circulated to a number of different organizations that are currently using or considering using the PMR with their constituencies.

The Coalition will now work on increasing dissemination of the PMR data elements developed by SOS Rx, and further examine the medication reconciliation process. We hope to explore how use of a PMR or other tools (such as a personal health record) can help patients avoid medication errors. 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. This enhanced PMR will include key questions to ask your health care provider, as well as information on medication therapy management.

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.

The coalition members discussed the following regarding the PMR project:

- Daniel Cobaugh, ASHP Foundation, talked about the summit meeting they are convening on continuity of care and the PMR in early June. The goal is to reach a consensus on a minimum data set (using what SOS Rx and others have developed). A social marketing campaign is also envisioned.
- The importance of consumer involvement and engagement.
- A PMR developed by FDA and the Medicines in My Home program for middle schools.

- Privacy concerns.
- Possible collaborations with Google and others.

Next Steps:

- 1) Participate in ASHP summit on continuity of care.
- 2) Continue to explore other possible collaborations.

3. Clearinghouse of consumer health information

The coalition agreed that this clearinghouse should focus on information on oral anticoagulants. This information could be added to the mybloodthinner.org website. The clearinghouse could be expanded to information on other medications.

Next steps – NCL will gather information, and establish how materials should be screened.

Other:

- Members may access the members-only section of the SOS Rx Website (www.sosrx.org) by using the following. User name: *coalition* Password: *seniorsafety04*.
- The tentative date for the next full meeting of the coalition is September 25, 2007, from 10 am–1 pm (EST) at a location to be determined in Washington, DC.