

Monitoring for Patients on Persistent Medications

Impact of Medication Monitoring in Rural Northern California

- Patient safety is highly important, especially for patients at increased risk of adverse medication events from long-term use. This warrants monitoring and follow-up by the prescribing provider to assess for side-effects and adjust medications accordingly. These medications have more detrimental effects in the elderly.
- The costs of annual monitoring are offset by the reduction in health care costs associated with complications arising from lack of monitoring and follow-up of patients on long-term medications.
- According to the Agency for Healthcare Research and Quality, total costs of medication-related problems due to misuse of medications in the ambulatory setting has been estimated to exceed \$76 billion annually.
- Appropriate monitoring of medication therapy remains a significant issue to guide therapeutic decision-making and provides largely unmet opportunities for improvement in care for patients on persistent medications.

How Health Centers Provide the Necessary Care

Clinical Interventions

- Face-to-face provider education, to ensure understanding of the need for yearly blood testing for patients on medications such as angiotensin-converting enzyme inhibitors (ACE inhibitors) to monitor blood levels and organ functioning.
- Utilize clinical care guideline tools that are embedded within electronic health records systems to create provider alerts when an annual blood test is due for a patient.
- Educational interventions for providers should include prescribing products that simplify the medication regimen or the practice of sending refill reminders. Although these interventions are less effective than direct patient contact, they are often more cost-effective.

Community Interventions

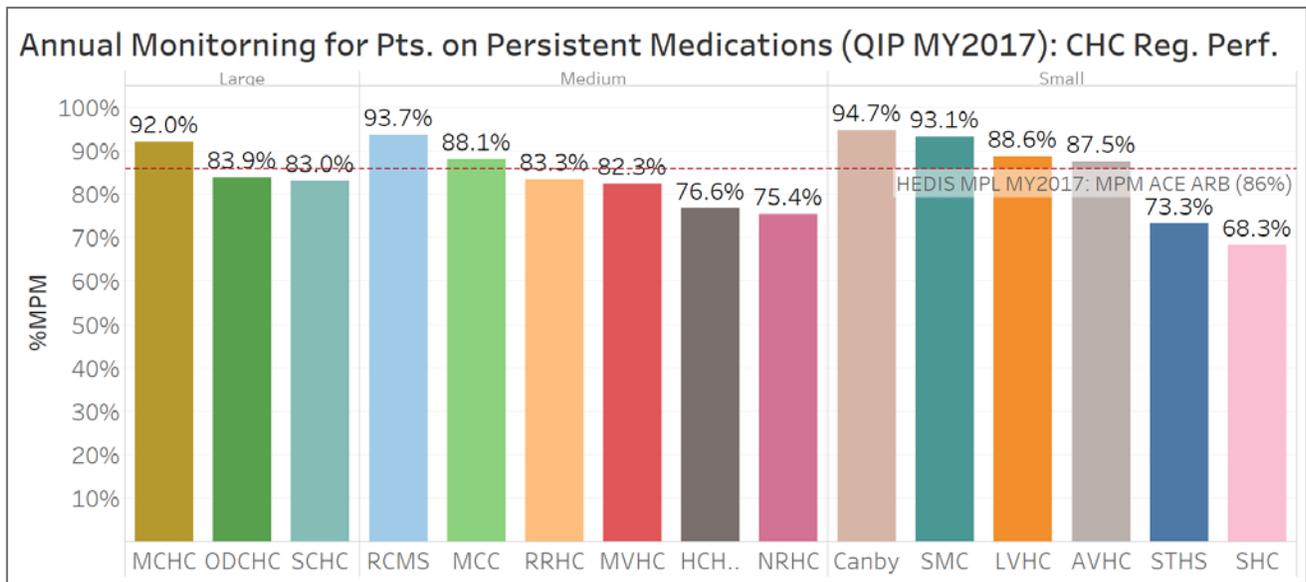
- Partner with local pharmacists to coordinate patient education efforts around the importance of completing annual lab tests that help monitor patients on persistent medications.

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Rural Northern California Health Center Data

Key Points

- This is a new measure for health centers in the region. Despite this many perform close to the minimum performance level.
- Best practices for ensuring annual monitoring of patients are being identified and shared throughout the Northern Region.



Measure Definition (QIP)

The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. Report as a total rate:

- Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB).
- Annual monitoring for members on diuretics.

National Quality Goals and Benchmarks

HEDIS 25th (MPL): HEDIS is a national data set, which measures the performance of health plans on quality of care. The Minimum Performance Level (MPL), or 25th percentile, for monitoring for patients on persistent medications for ACE/ARB is 85.93% and for Diuretics is 85.52%.