

Abstract

Objectives: This clinical research project will assess the effectiveness of a Geriatric Medication Review Clinic (MRC) based at the VA Greater Los Angeles Health Care System. The project will evaluate: (1) the accuracy of the patient medication lists in the Computerized Patient Record System (CPRS), (2) medication knowledge of the patients who participate in a new medication review clinic, the GRECC medication review clinic (MRC), (3) self-efficacy for medication management of the MRC clinic patients after participation in the MRC, (4) the potential cost savings to the patient and VA hospital and (5) compliance with medication guidelines in older VA patients.

Methods: Potential participants for the project will self-refer themselves to the MRC clinic. Flyers will be posted at all the Primary Ambulatory Care Clinics (PACC) and Geriatric Research Education and Clinical Center (GRECC) outpatient clinic waiting areas. The purpose of the study and the MRC will be described in detail. It will be explained that the MRC is a part of a research project to help Veterans with their medications. The MRC will be a one-time visit with a geriatric provider where the participants can bring all their medications from home to be reviewed. These may also include over-the-counter and herbal medications that the potential participant is using. The MRC will address medication concerns, review all medications brought to the clinic, and make recommendations to the participant's primary care provider regarding their medication regime. Discussions regarding medication appropriateness and recommendations will be forwarded to the participant's primary care provider. If the caller is still interested in participating in the study, they will be told that we will be verifying that they are taking at least 5 medications and have no medical conditions, i.e. a diagnosis of dementia, based on their chart review that might preclude them from participating in the study. If patients pass the initial eligibility screening they will be contacted to determine if they self-administer or take their own medications and to schedule a visit with one of the investigators of the research project during the participant's next visit to the VA. During this visit the potential participants will be assessed for further eligibility by having them read a medication bottle to determine vision and literacy ability, and screen their cognition by the Mini-Cog. If patients pass the second eligibility screening, they will be consented to participate in the MRC clinic. During the MRC visit, the provider will review each medication the patient brings with them to assess the patient's medication knowledge, compare the medications they brought to the MRC clinic to the medications listed in the patient's medical chart, assess the medications for appropriateness based on established guidelines for appropriate medications for the elderly, and make recommendations to the patient's primary care provider. Recommendations will be forwarded to the primary care provider in a medication review clinic note in the computerized medical record system. Within two weeks after the MRC clinic, the participants will be mailed a written updated medication list. One month after the MRC clinic visit, a trained research assistant will call the patient and perform a phone survey to assess changes in knowledge and self-efficacy after participation in the MRC program. Descriptive analysis will be performed on the data gathered.

Results: We believe that the results of this pilot project will demonstrate disparities between the CPRS medication list and what the patient is actually taking. Participation in the MRC will result in patients with improved knowledge regarding their medications and improved self-efficacy in their medication management. The project will produce potential significant cost savings to the patient and the VA GLAHS if recommendations of the MRC were processed, and will demonstrate that current compliance to medication guidelines for older patients is low.

Conclusion: Targeted health care that addresses the needs of older populations is needed. Prevention of potential adverse effects from medications or from non-adherence with medication regimes is a health care concern in the Veteran population.

Key words: polypharmacy, non-adherence, self-efficacy.