

Improving Patient **A**ccess to Medication Information

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FRAMING THE PROBLEM

- **Beyond content, available evidence suggests**
 - pharmacies do not regularly distribute Med Guides
 - patients do not attend to Med Guides, leaflets, CMI

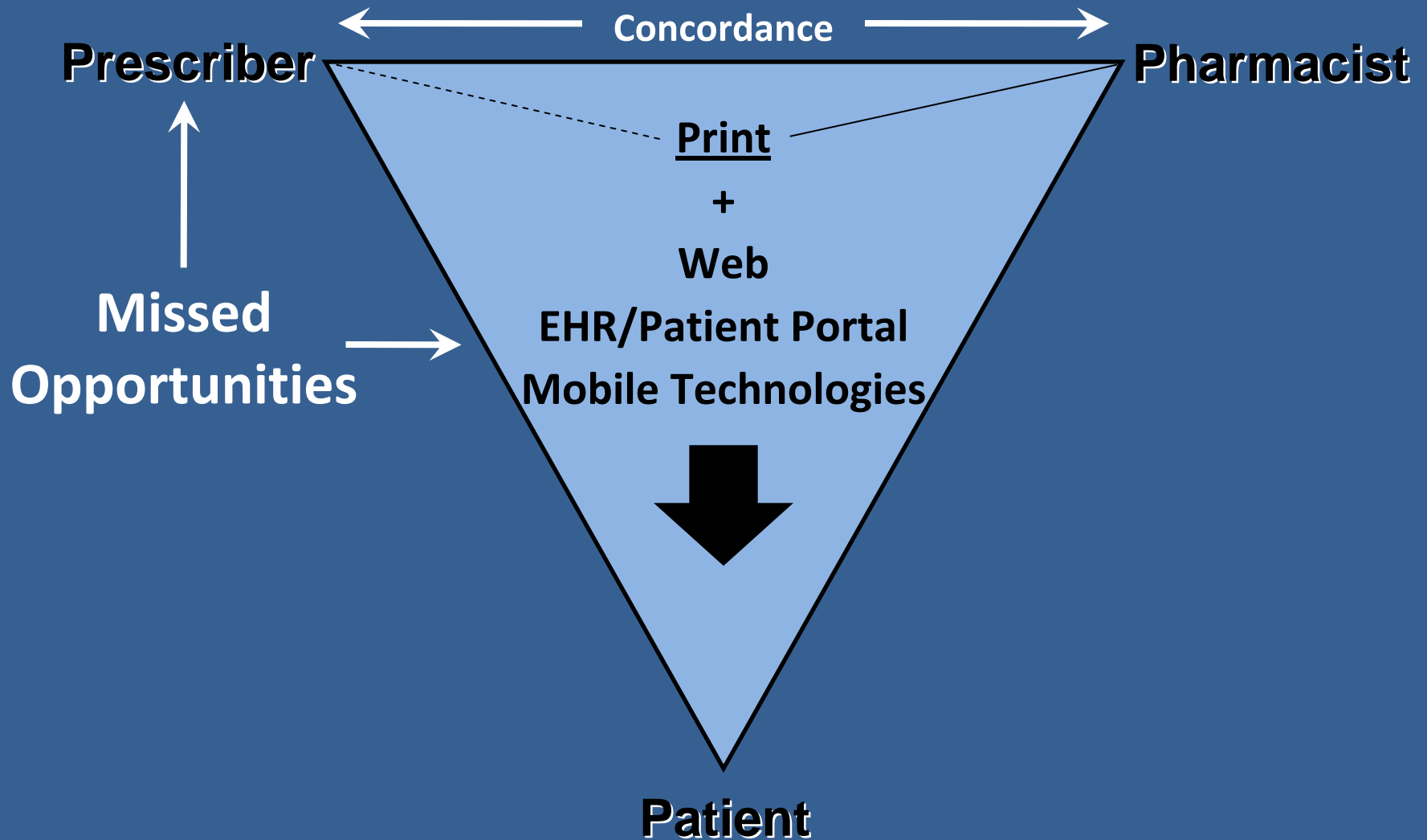
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- **Adverse outcome = uninformed patients**
- **Root causes include**
 - current CMI- not valued (?s of accuracy, usefulness)
 - linkages with pharmacy software
 - possibly wrong point of contact?

DISTRIBUTION OPPORTUNITIES



AHRQ Trial: PMI at PRESCRIBING

- 500 most prescribed medicines redesigned
- Field test at 1 GIM practice (N=600)
- 1 page, plain language PMI linked to physician 'sigs' in Epic EHR
- Automatically printed when ordered,
- 2 pilot tests - 100% distribution success

You Have a New Medication				
Date:	August 1, 2008			
Name:	John Doe			
Doctor:	David Baker, MD			
Please read the information below. This tells you how to take your medicine.				
Drug Name	Lipitor®			
Generic Name	Atorvasatin (a TORE va sta tin)			
Purpose	This medication can lower "bad" cholesterol.			
Benefit	It can help prevent a heart attack or stroke.			
How to Take	Take 1 tablet by mouth at bedtime.	Morning 6:00-8:00	Noon 11:30-1:00	Evening 4:30-8:00
For How Long	You may need to be on this medication for the rest of your life.			
Call Your Doctor	If you have any of these symptoms for more than <u>1 week</u> : <ul style="list-style-type: none">• Headaches• Stomach pain• Diarrhea			
Stop Taking and Call Your Doctor	If you ever have: <ul style="list-style-type: none">• Muscle pain• Muscle weakness• Joint pain			
Important!	 Tell your doctor or pharmacist if you are pregnant, think you are pregnant, or breastfeeding. You should not take this medicine. <ul style="list-style-type: none">• If you take over-the-counter medicines every day, tell your doctor.• Limit how much grapefruit juice you drink every day.			
Please call NoVA ScriptsCentral Pharmacy at (123) 456-7890 if you have questions or concerns.				
These websites can tell you more about your medicine: www.ahrq.gov/consumer and www.nlm.nih.gov/medlineplus				

Outcomes: receipt, understanding, satisfaction, preference, adherence

POTENTIAL CONSTRAINTS OF WEB, MOBILE HEALTH IT

- Access to IT (patient AND provider)
- Patient skills required to interface with IT
- Adaptability of technology to meet user needs
- Limitations of clinical and/or patient environment
- Readiness to accept IT/cultural transformation
- Skills required of relevant staff to interface w/ IT*

*Bailey, et al. Med Care 2009

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http://www....

- 131 Adults w/ limited literacy self-reported less internet access and use (Jensen, et al J Aging Health May 21 2010)
- Anxiety reported with adoption of technologies (N=1204; CREATE Study; Czaja et al Psych Aging 2006)
- Most older adults struggle with basic web navigation and decision making tasks (Czaja, Sharit, Nair, JAMA 2008)

**USER TESTING NEEDED
FOR ALL MODALITIES**



Front Line Obstacles

1. Lack of Meaningful Standards/Guidance for Content/Format
2. Incentive(s) for Industry?
3. Multiple Documents & Redundancy
4. Lack of Patient Orientation
5. No Linkage in Software = Human Factors Problem

*Shrank, et al. Arch Intern Med 2008

Northwestern-Emory Study

- Funder: Abbott Labs [01/10 – 7/12]
- Objective: (a) To examine the prevalence and nature of misunderstanding current Med Guides
(b) to develop and test the effectiveness of an enhanced prototype's ability to improve functional understanding
- 3 Studies: 1. Prevalence of Problem completed
2. Re-design of Med Guides in process
3. Clinical Trial June 2011

Northwestern-Emory Study

STUDY 1 Findings

- Sample: 434 (2 sites in Chicago)
- Methods: Face-to-face, structured interviews
- Outcomes: Comprehension (retrieval, inference) of 3 Med Guides – Aranesp, Morphine Sulfate, Ritalin
- Findings: 35% had heard of a Med Guide

Mean Knowledge Scores for Each Guide (n=434)

Medication	Points Possible	Mean Points Received (% correct)
Pill Form	33	17 (51.5)
Oral Solution	32	20 (62.5)
Injectable	34	17 (50.0)
All Guides Combined	99	54 (54.5)

Northwestern-Emory Study

STUDY 2: Development of Enhanced Prototype

- Methods: Graphic Design, Eye Tracking
- Outcome: attentiveness/review of content, sequencing

STUDY 3: Controlled Trial of Enhanced MedGuide

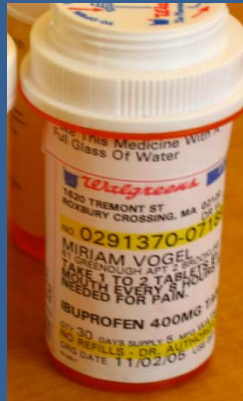
- Methods: Cross-Sectional, Randomized Evaluation
- Outcome: functional understanding, recall

Guiding Principles from Patient-Centered View

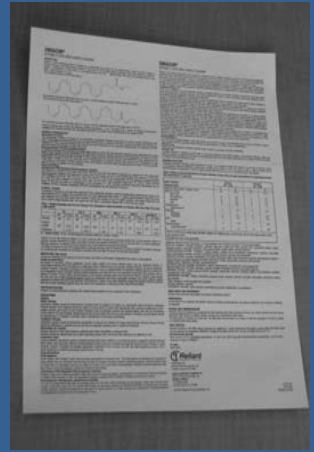
- Current redundancy, inaccuracy, lack of standardization, and unregulated use
- PMI purpose --to inform and educate NOT advertise. Transparency essential.
- PMI must NOT increase patient's cost of Rx
- Single, uniform document that is standardized and routinely obtained in seamless process needed

What Constitutes the Label?

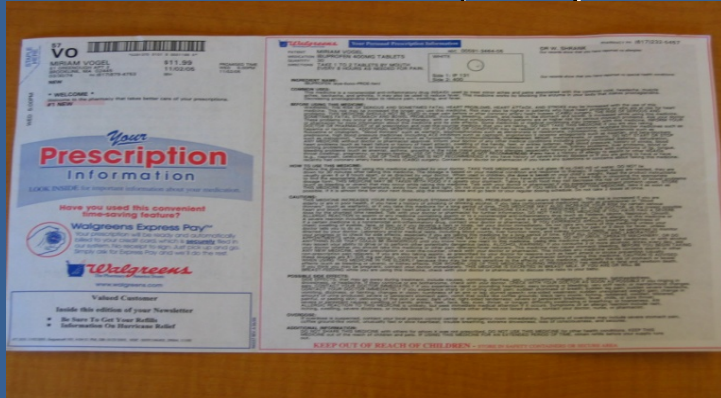
1) Container Label



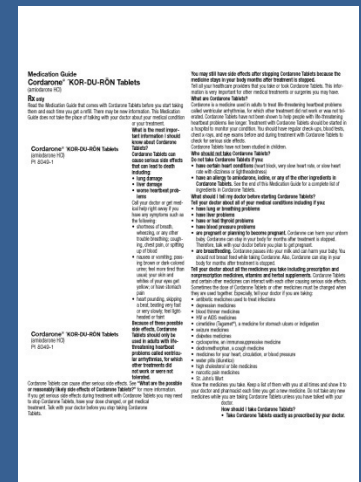
3) Package Insert



2) Consumer Medication Information (CMI)



4) Medication Guide



New PMI????

“Ideal” pilots...

- Specified outcomes:
 - single document delivered with all Rx meds
 - no other CMI delivered with new PMI
 - costs identified (development, revision)
 - define patient preference for mode of delivery
 - define process for seamless use of PMI
- Biggest challenge: content of the PMI and standardization, need for regulation