PROMOTING MEDICATION ADHERENCE among Older Adults at Home

Cindy Sun:
Hello everyone and welcome to HHQI's underserved population network quarterly webinar. I'm Cindy Sun, I'm one of the RN project coordinators for HHQI, and I'm filling in for Misty Kevech today. We also have the following HHQI team members on the call, we have Shanen Wright, the HHQI campaign director, Crystal Welch, and Sharon Miller, who are both RN project coordinators. We also have Misty Dyke and Andrea Lefkay who are our communication team.

Now a few housekeeping items before we get started with the presentation today, the slides are posted on the HHQI website, Misty will post the link in the chat box. Now if you do not see the chat box, you may need to click in the upper right hand corner of your screen to open it. All participants' phone lines are muted and we ask that you please use the chat box to send in any Q&As that you can prior or during the presentation, we will answer as many as we possibly can during today's presentation. We're very excited about today's webinar presentation, it's promoting medication adherence amongst older adults at home. Now I'll introduce you to our guest experts in just a few minutes.

Today's presentation is 1.25 hours of continuing education credits for HHQI University. You'll need to watch the live or recorded webinar, complete the reflective questions and the evaluation in the university in order to obtain these hours. We'll have detailed information at the end of this presentation. Nursing CEs are approved by the Alabama State Nurses Association through the American Nurses Credentialing Center’s Commission on Accreditation. Any questions related to the CEs we've asked that you please contact us through our information mailbox which is located at HHQI@qualityinsights.org. That email is going to be on the final screen of today's presentation as well. As a disclaimer, HHQI does not endorse any specific brands or products.

And now, please allow me to introduce you to today's guest experts. Dr. Martha Sanders is a professor of Occupational Therapy in the School of Health Sciences at Quinnipiac University in Connecticut. She teaches graduate students in administration, research, capstone projects, and she’s developed and has taught Pharmacology and Occupational Therapy for over 15 years. She published a community based research study on strategies that promote medication management in older adults. Dr. Sanders received her Bachelor’s degree in Occupational Therapy from Tufts University, a Master's Degree from the University of Southern California, a Master's degree in Occupational Safety Administration from the University of New Haven, and a doctorate in community health from Walden University in Minneapolis.
Dr. Tracy Van Oss is also a clinical professor in the occupational therapy department at Quinnipiac University. She has earned a doctorate of health science degree, a master's in public health degree, a bachelor's of science degree in corporate communication, and a degree in occupational therapy from QU. She is a community health education specialist and has an AOTA specialty certification in environmental modification. She serves as a board member for the Columbus House, a homeless shelter in New Haven, and is a fellow of the American Occupational Therapy Association. She has also earned a certificate in experiential education from the National Society for Experiential Education and works to engage her students in real world scenarios. She works as a professor, teaching occupational therapy and delivers home care to her patients in the community.

Dr. Sanders and Dr. Van Oss, with that I would like to turn the presentation over to you and say welcome.

Martha Sanders:  
Great, thank you so much. We’re thrilled to be here and we’re honored to be speaking at this conference. Hopefully we have a lot of different healthcare professionals including nursing, other occupational therapists and physical therapists as well.

So what we're talking about today is we're focusing on medication management with a bit of an occupational therapy flair. So we’re really excited to get going.

So Tracy and I wanted to provide a little bit of context relative to why, in fact, the talking about medication usage and medication adherence. And as most of you probably know, for older adults that are older than 65, believe it or not, more than half of these folks take three or more medications daily. When you look at this chart here, when we’re talking about folks who are 60 years and older, as you can see, we have over one third of these folks are taking five or more drugs. So this is certainly an important concept and one of the really important takeaways is the fact that the greater the number of the medications you're taking, A, the greater the risk for side effects, but also the greater the risk for noncompliance or non-adherence.

So that's kind of what we want to talk about today and the context that we wanted to provide.

So when we think about medication management, we know that there are many, many different challenges. Certainly we're not talking about all of those today. But I wanted to present to you just a few to keep in mind all the different things that we need to consider and our clients need to consider.

So clearly adhering to prescribed regimes we’re talking about today which is going to include how do you keep track of all of the pills and the different times and the different modes of administration? One thing that Tracy and I come across are really kind of the concrete challenges of even opening the containers. We find that child proof containers also are senior proof containers. So we're gonna talk to you about some of the different ways we can help our clients even get to the medications.
Filling medications is also a huge challenge, not just in terms of even getting to the pharmacy, but also in figuring out how do we organize medications for the entire week? Not to limit our conversation to really health literacy.

So this is obviously pretty fundamental and I know you have other courses addressing health literacy specifically, but it's really key that our clients understand why they're taking the medications, particularly when they don't feel a change. In other words, someone has arthritis, you take your medications, you feel better. If, in fact, you have high blood pressure, you take your medication, it doesn't feel that much different. So understanding the side effects, the reasons for taking it.

And finally cost of medications is certainly a thing that we need to consider. So with all that said, the point being is as you all know, there's a lot of challenges we have to helping our clients with medication management.

So Tracy and I were talking about almost the elephant in the room in terms of nursing professionals have and dealing with administrating medications for decades and why are occupational therapists concerned? As occupational therapists, we have always been concerned with medication management really as a self-care activity. So we think of, as an individual has to do all these health maintenance activities, truly taking their medication is part of it. The issue even becomes broader, however, with the baby boomer population. I am one of those so I can giggle to myself.

So we have the baby boomers are living longer, so living with chronic diseases, and are living with more complex situations. So it becomes even more important or as important that we make sure that we develop strategies to promote really very, very good medication adherence.

Okay, so with that in mind, sorry for me moving these slides around here. So with that thought in mind, as Tracy and I teach our occupational therapy students how to promote good medication management as a self-care routine, we conducted a study to make sure that we were aware of what are the best strategies that people are using right now?

So this was a study on older adults who are living independently in the community. So we recruited 149 adults. The purpose of this study was really to describe strategies to promote adherence to medications that were used by older adults who are now living independently in the community. So our point was really to understand the strategies, not necessarily to document what percentage were adherent.

So we recruit 149 folks, we interview those 149 folks about their routines, about the locations where they kept their medication, the types of equipment they use, any assistance they needed, and also their understanding of why they were taking the medications and the potential side effects. Of that population, of that sample, we also observed 84 older adults taking one full medication routine.
So we really looked at, they had interviewed and they had told us what they were doing, but we were able to also observe them to see if there were other things they hadn't told us, to see if the routines were similar in terms of what they said and what they did, but also to look and find out where there other strategies that they may have used that are so embedded or such a habit that they almost, that it was almost automatic.

So this really helped us to really understand a broader picture of what older adults really are doing.

Okay. So what was so interesting to us when we looked at all this information from this qualitative study was that the strategies that older adults use to adhere to the medications really centered around their daily routine.

So here were some of the comments that they gave to us. So one person was talking about taking her medications around meal time. "I take medications right after breakfast, lunch, and dinner." Pretty straightforward. Another person said, "I take my medications right after brushing my teeth, it's all the mouth." That makes sense. The person's morning hygiene was her preferred method for taking medications.

Another said, "I take my medications when I change after work and before I walk." So it's a little window of opportunity there. And the last one, our favorite, was, "I take medications after Bible Planet and before Guiding Light." You can't argue with that. So these are clearly TV shows for those of you who didn't know. So she had taken her medications embedded in one of her broader favorite things to do.

So today we're going to do for you is we're really going to break down what we mean by routine. We're gonna discuss strategies to support them. We're also going to discuss how OT's assess the functions related to taking medications and some of the other interventions that the other older adults in our study suggested and others that we suggested occupational therapists ourselves.

Tracy Van Oss:

So, as occupational therapists, we look at function. That's primarily what we do. We want to ensure that a person can complete their daily tasks. That can be anything they're entirely interested in. How do we find these things out? We start with taking an occupational profile, which many of you may consider an HPI. Just finding out information about our clients. We tag that in occupational therapy as an occupational profile. Basically that's just gathering information about daily activities and routines. The way we do this is to ask open ended questions. Most of the time I advise my students to say, "Tell me about a typical day."

Everyone has those things that they do each day and each morning as part of routines, but everyone might do them a little bit differently, in different type of sequences, and such. So that's not all we look at. We also look at all different types of assessments. So if you're working in a home healthcare agency and you have an occupational therapist in
that agency, you should be checking with them to see what is it that they do to assess these different types of functions? Do they observe?

Probably 99% of them have the skilled eye and they're able to observe some of those things that are occurring, but there are also performance based assessments and with that, the one that I like is the executive function performance test or the EFPT and there's another called the pillbox test. The reason why I like these is that one, that they're standardized, but two, it really breaks down the activity so that the occupational therapist can report back is the person able to initiate the task? How much attention do they have toward that task? Are they able to shift their attention between taking a medication and say, watching a commercial between their favorite television shows? What is their execution of the task? Are they able to sequence taking the pill out of the pill box, getting a glass of water, taking the pill, drinking the water?

So again, breaking down each of those steps involved in taking the medication. Super important always is judgment and safety. Does this person know what they're taking, what it means if they don't take it, and why it is that they shouldn't be splitting their pills in half for cost savings?

A big one that occupational therapy looks at is insight. Lots of patients who have cognitive challenges may lack insight. I often refer to lacking insight of person could go on American Idol and think that they can sing. They go there and they recognize when they're told that they're not going to be the next American Idol that they are not a good singer when they really, really thought that they were the best singer out there. They lack insight.

But sometimes people lack insight too that, "I'm not going to fall. I'll be fine once I go home. My balance is okay. There's no reason for me to be taking medication X." And then sure enough, they go home and they have a fall.

And the last is termination of a task. Are they able to stop once they're done completing the task? Persons with neurological disorders, as we know, sometimes have difficulty sometimes initiating a task and sometimes they have difficulty terminating a task. So we look at the actual, we observe or look at the actual performance of them taking their medications really from start to finish.

In addition, we break down a task into smaller activities for an analysis of all the client systems. So are they able to read the labels? This could be for visual acuity, do they need glasses to be able to wear them? I know that the letters seem to be getting smaller for me on the pill bottles these days. Or could it be linked to some type of health literacy and actual their ability to read. As you know, many times people don't forego and tell us that they have a third grade education, but again, as a part of our occupational profile, we do ask education related questions to find out what reading level they may have and then perhaps find out that information a little bit further down the road as we build rapport with those clients.
Next one is color discrimination. Are they able to identify that small red pill from the small red-orange-ish pill? Cognition, are they able to perform a multi-step activity? So again, many times people can follow a simple one-step command, but can they follow a two-step, three-step command? Do they need reminders? Can they take the correct number of pills at each encounter? If they happen to drop one on the floor, which I'm sure, as many of you do home care, you often find many of those small pills on the floors in the bathroom and the kitchen. Do they recognize that they don't have all of the pills in their hand to be taking them at that point in time?

When we look at fine motor skills, we might found out that a person has difficulty picking up, holding, or bringing that pill to their mouth. Again, the execution of being able to address a fine motor task has everything to do with medication management. They may also have difficulty opening and closing those very difficult pill containers.

And finally, OT also can look at the ability to swallow the pills as this is also in the skills of occupational therapy practice.

Other considerations that occupational therapists look at include the complexity of the diagnosis. This may include side effects. So we all know those side effects, right? They're out there with so many. My husband and I chuckle to each other every time a medication is on a commercial. You can take the pill for this, however, it might cause this and this and this and finally death. So we're like, "What's the point?" But they do say side effects such as pain, which is something that can occur, there are lots of things that occupational therapists can do for something such as pain. One of the major things occupational therapy practitioners rely on is engaging our clients in life activities.

When you say, I had a patient one time who was on very high pain medication but when he knew he was gonna be enjoying something leisurely and being able to participate socially, he was going on a cruise with his family, he didn’t have one ounce of pain that entire trip. So again, the power of engaging people in life activities is something that occupational therapists do.

Other things, just a side note on pain intervention, occupational therapists work on work station modification. So again, if you’re sitting at your computer like many of us for 12, 15, 24 hours a day, making sure that the work station is set up correctly, doing gentle active range of motion, working with thermal modality, simulation. Of course, work simplification, working smarter and not harder. And of course patient education which all professions do, but we want to make sure that we’re talking about self-managing pain so that they could maybe reduce the likelihood of pain.

The next area is health literacy. Here we would reinforce the purpose and the need for taking the medication. Now the nurses out there are probably saying, "Well that's what we do." But sometimes when you're told something once, you’re told something twice from a different perspective, and then maybe you’re told something again from a third perspective, it might sink in just a little bit better. So we, as occupational therapists, can
help to create an easy to understand visual of some type to explain at a reading level of understanding. It might be a poster, it might be a simple handout, it might be something colorful. Again, taking into consideration their ability to retain due to cognitive issues and/or visual issues so that they can really get a better understanding of what it is that they're taking.

And the last area here is the psychosocial and family support. Knowing the signs and symptoms of when there may be a reaction to a medication is super important. OTs can assist with this aspect. Case in point is diabetes. People know, "Oh, when my sugar goes up, I'm supposed to do something. I'm not quite sure what it is. My sugar goes down, I'm supposed to do something else." Again, figuring out a way to really simplify that so that they might have something laminated in their back pocket that they can pull out when they start to have some type of symptoms, what is it that I should do? But this is also super important for their family members.

We need to make sure that family members know what to do. Because I know my own aging parents, we want to make sure that if something were to occur with either of them that I would be able to assist when something’s happening.

And the last part here is psychosocial support. Occupational therapists, we provide psychosocial support and we work on coping skills or coping goals when taking on a new lifetime medication. I know that if I was told tomorrow that I need to start taking this medication for the rest of my life, I might have a little bit of a defense mechanism come on and say, "Well I don't want to. I'm too young to be taking that. Why is it that I have to take it?" So all of those things around coping and really helping the person understand that these are the reasons why, that's something that the occupational therapist can certainly assist with as well as a nurse.

Strategies for medication daily routines. So next we're going to talk about specifically about routines, which is what we love, and how occupational therapy embeds a medicine regime into a daily routine. Again, looking at it as an activity analysis, we're going to be looking at ways daily routines are really complimenting how to take these medications.

Martha Sanders:

So the first part or the first decision about developing or breaking down medication routine really, first focuses on time. Obviously, when do we decide when to take the medication?

So we're gonna give you some kind of broad generic kind of strategies and then we're going to actually tell you about what our study outcomes, what our sample had done.

So if you look back to the literature, there's generally two broad ways that people decide when to take their medication, which the temporal aspect. These are typically based around an activity or based around a specific time. So generally activity based tends to rule so if the literature says that most people tend to plan or time their
activities, their medications, excuse me, around an activity. And in fact, our study outcomes show that 91% of individuals took their medications around an activity, the most common one was mealtime.

So 70% took their meds around meal times, before, after, or some during. 50% took the medications around wake up time, bedtime routines, including a hygiene routine. What was pretty interesting was that only 9% really used a specific time or the specific hour to take the medication. So it really says to us that the degree to which, as Tracy said, we can understand the broader routine, particularly mealtimes, and then we can plan the timing of the medications around those activities really seems to work out for the majority of our sample.

The next decision that we need to make has to do with where are we going to take our medications and where are we going to store our medications. So some of the considerations when you're deciding this really has to do with where the storage location is but it also has to do with where is the routine activity occurring? Is it occurring in the kitchen? Is it occurring in the bathroom? Is it occurring in the living room?

Another consideration might be where do you spend the most amount of your time or your favorite area? So as these were, the majority were older adults, okay, living at home, everyone had their favorite chair or their favorite chair and their lamp where they like to read. In our study, however, the kitchen counter ruled. So we had 67% of the folks kept their medications and actually took the medications, stored them on the kitchen counter. 20% took the medications and stored the medications on the bathroom counter. Only about 10% on the nightstand and the drawers and other common areas.

Now we show this picture of a drawer which is absolutely what we don't want to see. Fine to store it in the drawer, but when you see it stored as such with many different types of pill bottles, it makes it obviously that much more difficult to adhere to your routine and figure out which one it is that you need to take.

So we talked about the timing of medications, how to determine when to take them. We talked about where you're going to store or take your medication, which in this case, the most common one tends to be the kitchen.

The other thing we need to think about all right, so still, what's going to remind me to take these medications? You know that even when everything seems to be set up, a person still has to remember to take them. So in our sample, the most common one was a visual reminder meaning that the medication was in plain sight.

So as you see in the photo here, we have a coffee pot and we have those medications which are lined up just to the left of that coffee pot. So as we're going to have our morning cup of coffee, boom, the medications are right there. So a visual reminder is really a great, great cue.
Another one might be just the activity area. So some people, while they're making their coffee, they might go to their kitchen cupboard, they might take out their filter or their coffee and the medications will be right there. So right near the activity area, even if it's not visual, was also a huge cue.

Other folks said to us that their medication was such an embedded habit. An embedded habit meaning that an embedded habit right after they brush their teeth or watching a certain TV show that it almost became automatic. So as long as taking the medication is so inherent and tied to something else they're doing, that was helpful.

Tracy Van Oss:
There is one thing to emphasize is here is the power of routines and how routines and habits can over play. Think about the last time you traveled and your daily routine and your environment and perhaps your cues were altered a bit. Taking the medication at the regularly scheduled time could be a challenge. So again, if it's connected to a habit such as grabbing a cup of coffee or brushing your teeth, it's more likely that the person may remember to do so when, especially when you're out of the time zone or you're traveling and you're getting that espresso, that special espresso coffee on vacation.

Martha Sanders:
And if that's even in our study, we did ask about adherence to what percentage of adherence, what were the challenges to adherence. Really traveling or going out to dinner was one of the challenges they had because it wasn't in the usual place or the usual routine.

So trying to keep adherence when you’re’ traveling is a huge challenge.

So just to kinda recap those routines, so as Tracy said, we start by asking people, "What's your typical schedule, okay?" So let's find out within your typical schedule, when are your meals, when do you get up? What do you typically do? So as an occupational therapist, we're going down to the granular level. Probably far more than you prefer to know. However, what this does is it allows us to be able to embed taking medications into the usual lifestyle. I'm sure you all know that if someone has to make a drastic change in lifestyle, it's that much harder to do and that is going to take your full 21 days to establish a new habit.

So some of those things that came up though is the interventions that people use just to support taking medications. We're using daily schedules and Tracy's going to go over these in just a second. Others were automated reminders, certain devices. As you can see another basket filled with medication that we really don't like to see.

We also find out that there were a lot of customized ways of figuring out which pill bottle was which. Some customized ways that people used were putting rubber bands around pill bottles, shot classes to hold medications, various baskets. I'm sure you all have seen a lot of really interesting kind of homemade approaches to managing their medication.
Tracy Van Oss: And just to make this a little interactive, if you do have some really customized, unique ways, feel free to share them over in the Q&A section and perhaps we can have them shared at the end. I'm sure you've seen it all.

All right, so next we were gonna look at devices specifically related to cognition. Now persons who might have a developmental disability, they might have acquired brain injury of some fashion. They might have early onset dementia or some other neurologically progressive disease might have impaired areas of cognition related to, as I mentioned before, being able to shift their attention. Recall something recent or in their long term memory. Problems with sequencing is definitely an issue for many. Problem solving, "Did I take this pill this morning? Am I supposed to take it with water? Am I supposed to take it with food?" There are so many directions that are given to everybody that when are you supposed to take it, at what time and how is usually a major problem solving issue.

As well as categorizing them. Often times we have more than one doctor and therefore you're getting a doctor for your acne, you're getting a doctor for your arthritis, you're getting doctor for your glaucoma. Sometimes all of these different doctors have different ways of describing them and sharing with how you're supposed to be taking those. How on earth is someone supposed to keep track of all of this if they have a cognitive challenge?

So some strategies that we have of course are charts and calendars. I'm sure your home health agencies provide you with something to actually provide to your clients. Others are phone reminders and pill boxes. We need to get into these for a little bit.

Sample calendars, you can find them anywhere. As I mentioned, probably some of your agencies hand you one that you can give to them just for scheduling, right? When's the OT coming, the nurse, the home health aide, the PT, the social worker. I know that each of our clients that we go see, every time I'm like where is the calendar? Let me make sure I'm not overlapping. Let me just keep track of the days that we will be there.

The same goes for meds. Sometimes the med tracker on the bottom just explains to the person what the med is, what it looks like, maybe for a family member. Maybe they have the little medication tracker right up on the refrigerator in case there's a 911 call so somebody would be able to identify that. This is old school with the paper copies. Of course, we've got all electronic health records these days where everything's in a system somewhere but there's nothing wrong with going back to paper and pencil. Some of our older folks would prefer it. A check off system of my to-do list is fabulous sometimes when I'm able to actually hold it and see it or use a lead pencil to do so.

So here are some sample calendars for clients to track and keep track of their daily meds.
Older adults may need help with setting up some type of an app. These are just sample apps. They’re not favorite apps of mine or have any reason I put them on this slide other than to recognize that there are so many apps out there. You need to find one that’s gonna work for your client. If you happen to live near a university if not a high school and/or middle school, probably even elementary school, you can look to see if you can have a connection with some students there to help the older adults set up an app that might be useful and beneficial for them to take and remind them of their meds. You can also go to local senior centers where they often have app night, appetizers plus apps. So that people can go there and, again, be shown how to set up their iPad, to set up their smart phone, or to just set up something as simple as a phone or a watch that would only be there just for the trigger of taking their meds.

Now of course, these probably look super familiar to all of us. The one on the right, particularly, the plain rolled letters that we all know, the S through the S right? But if you're asking your clients to use these or they are using them, maybe they can get a new one. There are some novel pill boxes that have color. They might find a new strategy too for taking them. By all means, if it's working, don't mess with it. But there are so many different styles and types. Maybe their vision is starting to become more impaired and they're not able to do it. But again, if they're in the routine and this is working for them, it's not always necessary to change them.

Martha Sanders: So those were low tech reminders. Another, a more high tech reminder is, one is called a med minder, in fact. As you can see here on the left, this is a pill box, but it is actually attached to sensors on the bottom. What happens is you can actually identify when exactly a person is supposed to take the medications by the date and also by the hour. What will happen is that the medication in this little box, it will light up, and it will allow that person to open that particular box. This sends all the information remotely back to a database which then loved ones such as adults, such as children of the older adults can actually monitor.

So although initially it might seem annoying, a bit intrusive, the bottom line is you're really able to get a sense for if a person's taking all of the medications that are required for the day, if they're taking them in the right sequence or order. Now, just so you know, you can actually rent these. They're not that much to rent. Not something you may want to buy, it's a little bit more expensive. But it really is helpful. We have these home ... actually it’s called system home technologies here in Connecticut. They rent these, and they also do research just to see how, in fact, they help with the adherence. From their perspective, they say that over 90% adherence happens from people who use these. I'm sure those who use them probably are very much on top of the medications they need to make, but it really is a really nice option for people who are living by themselves and may not have the cognitive ability, like Tracy said, just to keep on top if it's a very complex medication routine.

The other one, the white is also another kind of approach, very similar. The bottom line is that only the slot in which the time to take the medications is open. So that way,
you're sure that the person isn't taking an entire day's worth of medications at the same time. Good to know that these are available for your folks who may need them and have a more complex medication routine.

The next one here, and this is too fun. So if you can believe, I just saw this on Good morning America this morning. Lots of you said about synchronicity, and it was on sale. So this is called the Tricella Pillbox and again, in a similar fashion, it has sensors that can detect if your loved one hasn't taken their pills. This works through a wireless or Bluetooth system.

So again, you have all the seven different open containers. When a person has taken his or her medication, that will go back to your smartphone. So I think it's actually pretty exciting. I have not used this personally. I plan to buy this as a sample for our occupational therapy department, but it was kind of exciting to see this is becoming a bit more mainstream.

So low vision is a challenge, it's a particular challenge when taking medication. So if you can see in the middle, they have pill boxes that have flashing lights, and they have alarms. To you and I it might seem a little bit annoying. However, if, in fact, it signals when to take the medications, that's a good thing, and it's another approach. So these ones are very, very reasonable. You can see on the top that it's got the time and then you'll have the flasher, or the alarm go off with the box open. That really is good if the person has a lot of difficulty even seeing where to go for the medication.

Other things you might want to consider, particularly for folks that have diabetes, are a talking glucose monitor, so they can figure out in fact, all the other supports needed to monitor their glucose levels. And a lancing device which simply is a device that you can use to lance with having very low vision. One magazine or publication is called a maxi aid. This is a really, really great resource for us as healthcare professionals for really anything or any device needed for those with low vision aid.

Before I forget, three things to remember for those of you who are working with folks with low vision, to improve the function, we call the three B's. So bigger, bolder, and brighter. Meaning that make sure that you have plenty of light so that they can see what their medication is. Make sure that the medication, that the font is bigger. You can ask your pharmacist just for bigger font just to make sure that they're taking the right medications. Bigger, bolder, and brighter. We already said the light. Bolder meaning that there should be contrast. Whether the contrast is between your pill bottle, and the counter or whether the contrast is really between the font and the background on the pills. It's super, super important and much easier for someone to read if you have that contrast.

Tracy Van Oss: Next up were are looking at devices for person who may have impaired strength or coordination for their hands. This could be persons we have some type of a neurological deficit or limited fine motor ability. So think of a diagnosis of persons who have arthritis,
or they may have had a stroke so using that bilateral hand usage is difficult for them. Person might have neuropathy so they might have a type of diabetes and of course many others. So you see there are the fancy tops with timers, there's different types of grips. There's ones that are one handed, so you're able to open it with one hand.

So again, if you're out there looking for these types of things, contact your occupational therapist.

Martha Sanders:

So as we move towards the end, Tracy and I would like to think of you, think of medication management really in the broader environment of context. So we've been talking about how is it that we embed this medication habit into a broader routine. But we also want to think about other things that support this routine before and after you take your medication.

So think about the social support, clearly for helping to maybe organize the medications. What I've found with some of my clients, they've found that the best time to organize their medications is like on a Sunday afternoon. Put everything in the pill boxes, that way every single day when they take their pills, it's not really confusing and having to make choices about which pill and what time.

Super important to address mobility. So if a person is taking a certain diuretic, we really need to think of is there bathroom safety or do they have the mobility to go to the bathroom if they need to?

Tracy Van Oss:

Right, and so many times that we walk into client's home and you know, tell me about your typical day and they're like, "Oh, I'm up all night." I said, "Well why are you up all night?" "Well I have to go to the bathroom. I'm taking a diuretic. I've got this edema in my legs ..." So there's the common story.

So very often I have to, "Show me how you get to the bathroom. Show me how you get to the bathroom in the middle of the night." Is there a clear pathway? Are there some lights along the way? Are there supports? Might they need a bedside commode if they're going multiple, multiple times in the middle of the night? Can they sit and stand safely? Can they do their toilet hygiene? So again, these are all the OT related links to maybe something such as a diuretic that will trigger me to think more about mobility and their ADLs as it relates to taking a diuretic.

Martha Sanders:

I'm sure you all have addressed with your clients issues of storing the medications and storing them in the appropriate place. Clearly a bathroom with a high humidity may not be the best place to store certain medications and we talked about the challenges in filling medications. Maybe in determining if it would be best if medications are delivered to the home if that's the best option for them.

Tracy Van Oss:

And also think about the kitchen safety. I have a vivid memory of going into someone's home, and they pull out the basket, you all know the basket. And they've got all their
meds in there and there's meds in there from last year, this year, their brother's meds, their kids meds. Just really, I know the nurses are really good about going through each of those but really helping them to de-clutter and make sure it's more of a safety issue than telling them that they're a hoarder to say, "We need to kinda clean this basket out or find a method or find some place that's going to be part of a daily routine that you'll remember to take it." It might be the pill box. It might not be. It might be that they really want to keep them in the original containers for lots of different reasons.

So really figuring out with them, we're talking about getting an occupational therapist in there just to talk about you know, let's try to get this together and figure out what's gonna work best for this client based on their diagnosis and their health condition and everything else that goes with that.

Martha Sanders: So just to summarize, we were humbled and honored to be here today talking to you. Hopefully we've helped you think about one of the little bits in terms of your management of medications with your clients.

When you're able to, feel free to contact an occupational therapist or refer to them relative to medication management around the context of self-care. We talked about for us as occupational therapists, med management is the context of self-care and making and promoting their health so that they can participate in meaningful activity.

Contact us regarding environmental modifications so there isn't the danger of falling in the middle of the night when they take their medications.

And finally, we hope that you view us as a team and the entire team that will be helping our clients to maintain a satisfying and productive life. Thank you very much.

Tracy Van Oss: Thank you.

Cindy Sun: Thank you both for what an excellent presentation. Oh, that was fantastic. I want to encourage everybody if you have any questions or comments or ideas about what you've seen in the home regarding how patients decide when and where and how to take their medications, continue putting them in the chat and the Q&A box. We've gotten quite that have come through info, we appreciate that. I know that many of you are listening in your cars and don't have the luxury of having the webinar feature in front of you so thank you for those.

I do want to just take a minute and say that while we are taking questions, I'll mention a few of the ideas that have come in in regards to how we have seen patients take meds. Dot on the lid, I know that I've seen this one too where the pill bottles with the dots, maybe it's fingernail polish, maybe it's magic marker. That is the morning meds. The others are not. I wish I could talk to the person who sent this in because I've also seen the patients mix those lids up whenever they ... So that's always an issue.
Pills in the cabinet are for evening, pills on the table are the morning meds. And we had two or three that agreed with the shot glass pill reminder and I personally have seen that as well. I kinda thought that was my own little thing. The shot glass pill reminder. You know, I was in here laughing, I was glad I was on mute because you can clearly tell that you guys have been in the home. It’s a different scenario when you actually get in there and work with our patients. That was a great presentation.

Tracy Van Oss: That's reliving our youth with the shot glass.

Cindy Sun: Yeah, it's just, it's amazing. All of you out there that have commented on these, keep them coming because I had not heard personally about the rubber band and that's a great idea. Not a great idea, but I can see how it would happen. I can see how someone would come up with that.

The first question we have is in regards to ... Sorry, bubble packing. What are your thoughts on having the pharmacy bubble pack the medications for the patient to remind them?

Martha Sanders: Well some of the issue is I'm always concerned with is if people can open their medications. If they can actually access the medications. So I haven't worked with many folks who have them bubble packed, to tell you the truth. I have seen them and I have just seen the challenges in just betting to the bubbles, number one, and making sure that you can see them. If you have medications that were wrapped in bubble wrap and they're a clear medication, for someone with low vision, that can be a challenge. Do you see what I'm saying? If everything is clear.

Cindy Sun: Absolutely.

Tracy Van Oss: And same with fine motor. I have a hard time taking my dog's heart medicine out of the little package because it's just a tricky thing. So again, if someone has neuropathy or has limited fine motor in any way, it's gonna be tricky.

Martha Sanders: However if that works for the individual, certainly, we're all for anything that works, to tell you the truth.

Cindy Sun: I think we can all agree on that. Anything that is safe and is working. I liked your idea of if they've got something in place that's working and they're safe, don't mess with it. I think that's the mentality a lot of us have in the home. But I did appreciate you sharing all of the different and the newer techniques that are out there and what's available and the fact that some of these more expensive medication adherence pieces of equipment are up for rent. That's fantastic for, especially for our patient population because maybe somebody needs that now but they're not gonna need it three months from now once they have gotten over and improved in their health. So it's quite an investment, so thank you for sharing that.
Martha Sanders: Oh, you're welcome. I mean, as you mentioned, sometimes individuals have events that you might need a certain type of medication for, you know, three or four months, and then you don't need the strict regime. So it is a nice option out there. There are many other agencies that offer it.

Cindy Sun: And I'm just gonna share one final thought. I've jotted down all kinds of notes here but one thing I want to take into my patients is the reminder of even though most of our home health patients are not in the mode of traveling, when we're discharging them as they've improved their health, they are gonna start traveling and they're gonna continue on these medications and helping them remind them ahead of time or letting them know this is an area that may be an obstacle for you so helping them strategize prior to discharging them back into the community, what are some ways that you can adhere to this regime when you are traveling? I thought that was a really good point that you made and that you found in your studies. Thank you for sharing that.

Martha Sanders: You're welcome.

Cindy Sun: I wanted to just take a moment and share a few resources for everybody's that's out on here. As you are starting to implement this and you're moving forward, a few resources that are available on the HHQI website, they include the medication management focused best practice intervention package or the BPIP. This particular BPIP has all of these tools listed here that will help you, help your staff, and assist the patients in adhering to their medication.

And don't forget, Dr. Morisky's medication adherence self-assessment and tip sheet is also included in this particular BPIP that is available for download and use.

The patient self-management BPIP are presented to you today was a whole lot of patient self-management. That is the beauty of what we're all moving towards in home health. There's an entire BPIP focusing on different tips, strategies, and tools to help the patients gain more of the self-management.

There are additional webinars that are listed here on this slide that will help in utilizing the skillsets, not only of your occupational therapist, but of your physical therapist as well. I think that our presenters today have given us the highlights of how important and how much of an appreciation we should all have for the skillset of the occupational therapist in our home health team. These webinars are available to you as well.

There's also a few additional university courses as those of you who have participated in the university in the past as well are aware, there's 50 plus courses out there that have, to date, awarded over 750,000 contact hours. So there's many courses but these particular ones we picked out that kind of aligned with what we're talking about today and it's the basics of chronic disease management.
Also, the wonderful presentation that was partnering with patients to make noncompliance a thing of the past, the five conversational skills that can make this happen, that aligned beautifully with today's content.

Our next up webinar is going to be focusing on health literacy with patients with dementia. And that's gonna be on January 17th from 2-3pm Eastern. If you're not already on it, you may ... And we'd like to encourage you to subscribe to the HHQI mailing list so that you'll be in the know of all of these different events as they come about. You'll be one of the first to be there and be able to subscribe and to register to save your seat.

As for today's continuing education, upon conclusion of this webinar, all of the links will open in the university. You will be diverted to the university page so that you can go ahead and get your CE for today's event. In step three, as it says here on the slide, you'll want to select the underserved population course catalog. That's how you're going to find this course and be able to take it.

One more thing before we close is to remind you that if you have any problems with your username or any question at all about using the university, make sure to contact us at HHQI@qualityinsights.org and we'll be happy to help you locate your username and get logged in.

So again we want to thank Dr. Sanders and Dr. Van Oss for taking their time to share not only their experience and their expertise and their study results. We're very privileged to have you here today. I want to thank all of the rest of you for attending today. Taking the time out of your day is pretty important and we hope that by attending this UP webinar, you'll leave with some new and revitalized ideas and ways to utilize your occupational therapist skillsets not only for med management, but for the general care of the patient.

With that, we will say thank you everyone. Have a great day.

Martha Sanders: Thank you.

Tracy Van Oss: Thank you.