

ATTACHMENT D: FOCUS GROUP SUMMARY REPORT



Medication Safety Research Report November 2005

Background & Purpose

In coordination with the Agency for Healthcare Research and Quality (AHRQ) Grant Aurora Health Care implemented a patient partnership model as an intervention to improve safety in the outpatient setting. The partnership joins Aurora Health Care, patients, health care providers, and the community in a collaborative effort to develop and implement strategies to improve medication list accuracy in five AMG clinics in Walworth County. As part of this partnership a focus group with Aurora Health Care patients was held in Walworth County on October 26, 2005. There were three topics the discussion was centered around: current medication management, the people involved in managing patients' medication, and ideas that would help make managing patients' medications easier.

Methodology

- As part of the AHRQ Grant Project in Walworth *County* a focus group was held at the Aurora Lakeland Medical Center.
- Twelve Aurora Health Care patients were recruited and participated in the group.
- The respondents were paid a sum of \$75 for their participation.
- Qualifications to participate included:
 - Have a primary care physician at an Aurora Health Care site in Walworth County.
 - Had an appointment with their primary care physician in April, May or June 2005.
 - Age 55 or older.
 - Take 3 or more prescription medications daily.

Executive Summary

Observations

- Patients in the group were comfortable managing their medications overall.
- Safety issues expressed by patients were concerns about drug interactions and medication side effects.
- The group was comfortable sharing medication information with their doctor, pharmacist or caretaker.
- The cost of medication was seen as a concern. Patients are aware that some people have to skip doses to save money.
- The patients are aware of but did not fully understand Medicare Part D.

Suggestions

- Patients said to help ease problems they have with their medications the following could be done:
 - Easier to open prescription bottles
 - Larger pill cases
 - An easy way to keep a current list of medications.



- Communication between doctors seen at a hospital for inpatient care and primary care physicians should be improved to help with medication safety.

Detailed Findings

Topic 1: What is it like to manage your medications everyday?

The group began with an introduction by each of the respondents and an answer to the question “What first comes to your mind when you hear the words Medication Safety?” As a whole the group showed concern for drug interactions and side effects. They also cited examples of negative experiences friends or family members had while on a large number of prescriptions.

- *“I am on 6 medications for high blood pressure and 1 for migraines, I am often concerned with drug interactions.”*
- *“I am a diabetic and my wife takes a lot of medications, I am concerned with mixing my wife’s medications with mine.”*
- *“I take a migraine medication and a depression medication. I am concerned with interactions of being on many medications because of my mother’s experience. I use a lot of caution when receiving new medications from my doctors... I always ask what it is for and why I need it.”*
- *“I take 12 medications for various reasons, I try to check on interactions myself. My rheumatologist has been very helpful with varying times [during the day] I take the medications to help avoid interactions. I had a good experience with a pharmacist catching a new medication I was prescribed that could have caused a heart attack when combines with a different drug I was on. I always try to keep up on the interactions.”*
- *“With the help from my sister my mother is now taking less medication because she had been doubled up on some of them without knowing and having reactions.”*

When asked if it is easy or difficult to manage their medicines eleven of the respondents said it is easy to manage, while one said it was not ‘difficult but somewhere in between.’ Using pill cases and having their medications ready and at reach were the reasons given for those finding it easy. The respondent who found some difficulty in managing his medicines was taking an injection that had to be kept cold, warmed up before injection and put in a different arm each time. He found it was hard to remember which arm he had used last and difficult dealing with a refrigerated medication.

For the most part the group felt comfortable with the management of their medications. The group as a whole was on an average of 3 or 4 medications, this might have been the reason they felt comfortable managing medications themselves. They had different ways to help them remember to take their medicines. One respondent placed post-it notes asking him “did you remember to take your a.m. meds” on the door and “did you remember your p.m. meds” on his headboard. Others in the group use pill cases that are filled either once a week or every night. The pill box also serves as a memory tool, “sometimes I can’t remember if I took them or not, so I check the box and if it’s empty I must have taken them.”

There were concerns in relation to medication safety that the group discussed. There was a discussion about the containers prescriptions come in and how hard they are to open. Two easy to open containers were communicated. The “flip off top” as opposed to a twist off intrigued those with arthritic hands. Another top that has a small piece of plastic you hold



down with your thumb to easily twist off the top, and release to lock also sparked interest in the group. Some of the respondents were concerned that the easy to open pillboxes and containers are a safety issue when small children are around.

- *“My arthritis makes it hard to open the tops that lock. The ones that Aurora used to have, with the flip off top were easier. I use the ones from the Aurora pharmacy that you can turn the top upside down so it twists off now.”*
- *“...even the ones that are supposed to twist off are still too hard for my arthritic hands, the ones that flip off would be easier. I know that Pharmacy Station offers the flip off top.”*
- *“There is a kind with a small flap on the side you hold down with your thumb and it turns right off and then when you release the piece of plastic you can't turn the top to the left or right.”*
- *“I think the pillboxes are a good idea. But I have small grandchildren who could get into the pillboxes, so I stopped using them.”*

Generally the group did not have trouble managing their medicines. They were confident and comfortable with their current methods and organization. They offered a few suggestions for improvements to the current organizations options available.

- *“If the pillboxes were bigger it would help me organize, so that I could do the organization once a week. Right now I have a container for our night (mine and husbands) pills but morning pills just get set out on the counter every night.”*
- *“Something with a locking top that would also organize the medications would be nice.”*

Topic 2: Who is involved (friends, family, physicians and pharmacists) in helping you manage your medications and what is their role or what should it be?

All of the respondents manage all of their own medications. Some of them even managed their spouse's or another family member's medicines. One of the respondents said managing medication was “a little hairy” when his wife was alive.

- *“It is easier now than when my wife was alive. With 2 people in the house it got a little hairy. ...When my wife was alive, she had cancer, she had so many to take I had to get up in the middle of the night to give her some of her medications. I always woke up, my internal alarm clock would get me up.”*

Most of the respondents keep a current list of their medications with them at all times and bring them into their physician. The respondents were very comfortable with their physician and pharmacist being active in their medication management. They agreed that they tell their physician about all the supplements, vitamins or tonics they take in addition to their prescribed medications.

- *“The nurse always reviews the list of medications they have with me every time. The Doctor will then ask me how everything is working.”*
- *“I take a list to the doctor and we talk about all the different things I am on. I talk with him about the reactions that I have from the medicines I am on.”*
- *“We need to be aware of everything we are taking and how supplements work with them. I have found the pharmacist is very helpful for asking questions about*



- interactions and mixing with supplements. I've called [the pharmacist] when I don't have time to stop in."*
- *"As far as running out of medications, this pharmacy will call me and ask why I haven't refilled the prescription if I get down with in 2 or 3 pills. I appreciate that."*

When the respondent shared the example of the pharmacist calling to remind him to refill his prescription the group was amazed by the courtesy of the pharmacist and impressed that he took such initiative. No one felt their physician or pharmacist intruded into their business by being involved in their health care. The group felt it is their responsibility to know what they take and ask the physician or pharmacist when they need to. The group also agreed that patients should use one pharmacy to get their prescriptions so that the pharmacist is aware of everything they take. The pharmacist was seen as very knowledgeable (for some more than the doctor) about all medications. Some respondents use the Internet to find information on drug interactions and side effects (only 8 have access to the internet). They also use the Ask a Nurse line for questions and concerns.

- *"My pharmacist and the Internet have been very important in my desire to keep myself safe and avoiding interactions."*
- *"You need to go to one pharmacy. If you go to two doctors, you need to have them aware of each other and what each is prescribing. That is the safest way."*
- *"I think the pharmacists know more about the drugs than the doctors. The doctor (my wife's doctor in Madison) would call and ask the pharmacist what they should give her in addition to what she's on to help. He was great."*
- *"Ask a nurse has been very helpful with my family in finding out about medications and interactions."*
- *"The Internet is also helpful, I email my doctor when I have questions. Saves me time, and I usually get my answer within a day."*

Topic 3: What can be done to make managing your medications better?

The group agreed that a larger pillbox would be helpful in their management of medications. Many of them take a large quantity of different prescriptions and cannot fit all of their pills into the current pillboxes. One respondent stressed the ability to lock the pillboxes so that small children cannot get into them. Easier to open tops were stressed earlier in the discussion but also fit into the category of easier management. When talking about lists of the medications they made a suggestion to have the pharmacist print off an updated list of current medications once a month. They feel it is important for family, friends or medical personnel to have a current list of medications at all times.

- *"A deeper/bigger pillbox to hold more than 2 pills would be helpful."*
- *"If the pharmacist could make a list that you could copy and give to members of your family or doctors it would help."*

The group was very excited by the med cards that were handed out for evaluation. The med cards were shown in two sizes, wallet size and one a bit larger. They contain physician information, medication information, immunization information and other health information. The group really liked that they were available in two sizes, had immunization information on them and a list of questions to ask your doctor.

- *"I will ask my doctor at my next visit for a med card that I can carry in my wallet."*
- *"I like that it [med card] has room for vaccinations and other health information."*



- *“Those questions on the back [of the card] could be very helpful.”*

Having a sheet with all of their medications and a picture of each pill was important to them as well. They said that family members come over and don't know what they take, what they look like or what time they are dispensed. A sheet that shows all of that information that could be posted in the house would be very helpful and comforting.

- *“It would be nice if the prescriptions came with a sticker you could stick on the sheet to identify them.”*
- *“This [card with samples glued to it] would be helpful for family members who don't know what you are taking, or what they look like.”*

Specific Questions

Cost of Medication

The cost of medicine was seen to affect medication safety because the group thought patients do not take some of their meds everyday to save money. Or they felt patients might take less than they should to help cut cost. There was only one group member who stated skipping doses to save money. The rest of the group had a general knowledge about these types of incidents. Insurance companies that change medications they will pay for was also a concern.

- *“There was a time, when my wife was alive, that I would take one of my medications every other day. We just simply couldn't afford my prescriptions in addition to everything she was taking.”*
- *“People put off taking medications just for cost purpose, they can't afford them.”*
- *“People on heart medications are looking at either taking medication or buying food because it's so pricy.”*
- *“Our insurance company changed the drugs I could take so I had to make a special trip to the doctor, more cost.”*

Medicare Part D

The group agreed that the paper work associated with Medicare Part D is very confusing and none of them were able to explain it fully. The group in all was aware of the new Medicare Part D program, but no one was able to explain how it works. They plan to discuss the issue with social workers and insurance company representatives to find out more information.

- *“The paper work is so confusing. I'm waiting for my insurance company to inform me, when it [the deadline] gets closer.”*
- *“I made an appointment with a social worker to help me understand. I need to talk to someone; she answered my questions over the phone. It's very confusing, written in double talk.”*
- *“They should really make it easier to understand. It is designed for the elderly and it's so confusing, it should be easier for older people.”*



Transition from hospital stay to primary physician care

Responses to this topic were centered on communication. They feel it is important for their physicians in the hospital to communicate changes to their primary care physician. Communication with the patient and a family member before discharge is important as well. They want to feel comfortable with any new medications they will be taking and have another person there to help them remember what was said.

- *“There should be a social worker or transition person at the hospital to sit down either with the patient or care worker to explain in depth each medication change.”*
- *“More communication between the doctors in the hospital and your family doctor you return to. Sometimes they [family doctor] have questions about why changes were made, they [hospital doctor and family doctor] should talk more.”*

