

# **Gateway Health Plan *Medicare Assured*<sup>®</sup> HMO SNP Provider Outreach: The Use of High-Risk Medications in the Elderly**

## **What is the Beers List?**

Mark H. Beers, MD first published explicit criteria for determining inappropriate medication use in nursing home residents in 1991. A United States Consensus Panel of Experts has updated the Beers criteria for potentially inappropriate medication use in older adults most recently in 2003. The medication list is now applicable to elderly adults in community settings as well. With no national guidelines established, this research functions as a guide for physicians when prescribing medication in the elderly.

The prevalence of the Beers Criteria has been recognized by the Healthcare Effectiveness Data Information Set (HEDIS). HEDIS is a tool used by 90 percent of America's health plans to measure performance on important dimensions of care and service. HEDIS will be measuring the percentage of Medicare members 65 years of age and older who received more than one high risk medication, some of which are identified in the supplement accompanying this informational sheet.

In accordance with this measure, HEDIS has also created a measure that assesses physician's medication review and reconciliation of older adult's medications. This measure is imperative. Reviewing all medications taken by a patient can help identify many adverse drug events, of which at least 27.6% are considered preventable. In addition, nearly two-thirds of all medication prescribed in the elderly were either not needed, unnecessarily unsafe, or the dose was too high. Now that HEDIS has established specific measurements in regards to prescribing medication in the elderly, it is necessary prescribers are aware of these measurements and what they entail.

## **What is the prevalence of Beers medications in *Medicare Assured*<sup>®</sup> members?**

In 2006, 26.71% of the *Medicare Assured*<sup>®</sup> population were prescribed a potentially inappropriate medication. In 2007, five medications accounted for 68.5% of the total Beers List medications prescribed in this population. These medications included Darvocet (propoxyphene), Flexeril (cyclobenzapril), Premarin (conjugated estrogens), Vistaril (hydroxyzine), and Bentyl (dicyclomine). These medications continued to be in the top five in 2008 as well.

## **What is Gateway Health Plan<sup>®</sup> doing about it?**

Gateway Health Plan<sup>®</sup> has created a quality improvement project to decrease the number of at risk members on Beers List medications. This project was initiated in 2006 and continuously qualifies *Medicare Assured*<sup>®</sup> members over the age of 65 who received at least one potentially inappropriate medication bi-annually. Physicians prescribing these medications will receive a letter to notify them their patient may be at risk due to the medication prescribed to them. Various other interventions are being performed at the member and pharmacist level as well.

## **How can you contribute to our efforts?**

*Awareness and Intervention.* *Medicare Assured*<sup>®</sup> is among the largest Medicare Special Needs Plan in the nation for the dually-eligible population with more than 24,000 members. Gateway Health Plan<sup>®</sup> prescribers are vital contributors to our member's safety. We ask that you

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continue to provide the highest quality of care to our members and remember the Beers Criteria and safe alternatives when thinking of the right medication for a patient 65 years of age or older. We ask that you review our member's medication list at every visit and take action when you see a potential problem.

There are equally efficacious alternative medications to those deemed potentially inappropriate which are identified on the accompanying spreadsheet. We realize some medications may be necessary for these individuals when the benefit may outweigh the potential risk, however, we ask you make the active decision with the awareness of the risks associated with the medication.

### **How can you reduce inappropriate prescribing in the elderly?**

1. Determine whether or not drug therapy is truly necessary.
  - The drug is not treating a side effect of another drug.
2. Review the patient's medications at every visit.
  - Many Medicare patients are seeing many different physicians for their multiple chronic conditions and using multiple pharmacies making continuity and coordination of care difficult.
3. Patient education.
  - Encourage patient reporting of side effects or unusual symptoms.
4. Avoid inappropriate medications listed on the accompanying spreadsheet.

### **Remember to be ALERT when prescribing medications to the elderly population:**

- **A**sk
  - Ask the patient if they are experiencing any side effects to their medication. Are they experiencing difficulty balancing, etc.
- **L**isten
  - Listen to the patient. Many side effects are treated as diagnosis rather than exploring their cause (which may be related to a medication).
- **E**valuate
  - Evaluate the necessity of the medication. Does the benefit outweigh the potential risk?
- **R**ealize
  - Realize the possible consequences of prescribing a medication on the Beers List to an elderly patient. For example, a decrease in cognitive function or loss of independence.
- **T**ake Action
  - Actively review patient's medication list to identify any potentially inappropriate medications for their age.