



Improving Medication Adherence in the Geriatric Population with Hypertension by Using a Teamlet Model With a Systematic Program of Medication Reconciliation in a Primary Setting



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Rational and Significance

- Medication adherence is a growing concern for clinicians, health care systems and other stakeholders.
- Poor medication adherence in the geriatrics is prevalent and is associated with adverse outcomes and higher costs of care.
- A teamlet approach has shown to improve patient and healthcare outcomes.



Purpose

- To improve medication adherence among geriatric patients diagnosed with hypertension
- To integrate a teamlet approach using a systematic reconciliation process
- To improve consistency in the delivery of care by the clinical staff

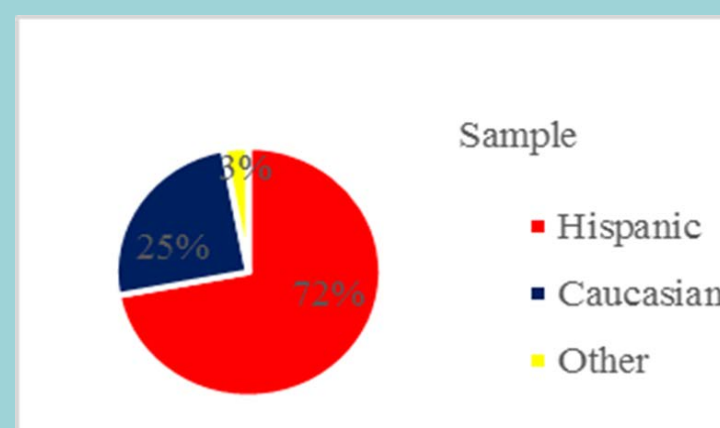
Design and Sample Plan

Design: Quasi-Experimental with Pre and Post Testing
Clinical Staff:

- Three Clinicians
- Six medical assistants were trained as health coaches

Sample and Participants:

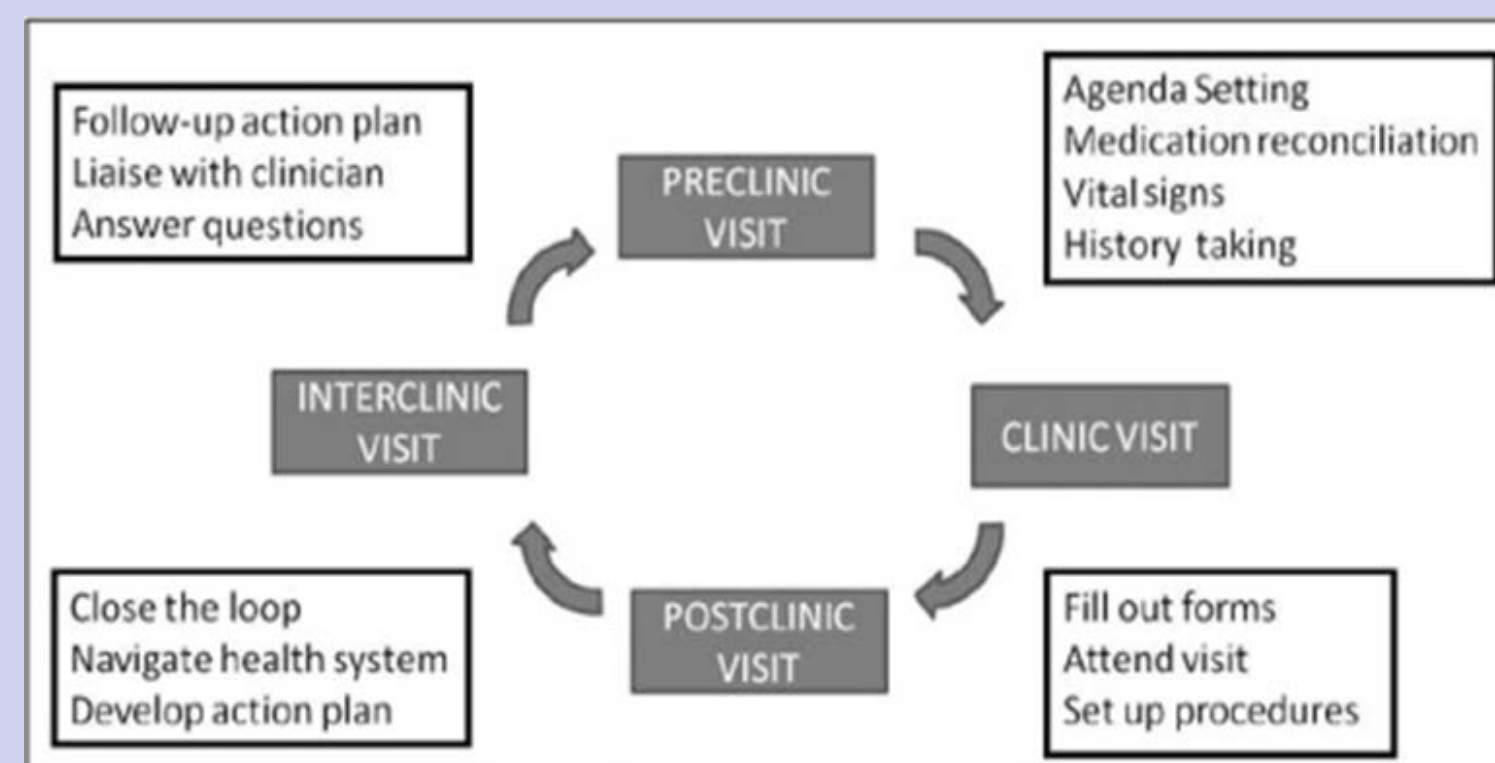
- Convenience sample (n = 60)
- Mean age 74
- 42 Females (70%)
- 18 males (30%)



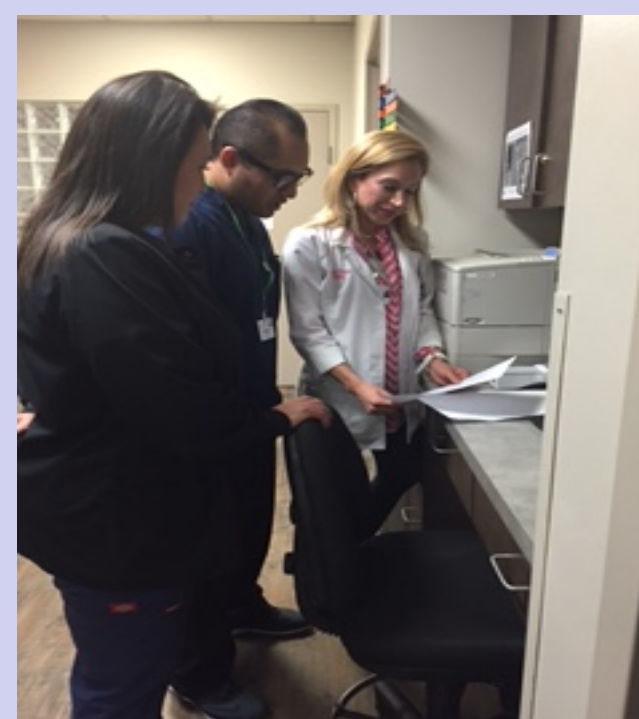
Process of Implementation

- Medical assistants were trained as health coaches using the Health Coach and Panel Management Training Program incorporating the teamlet model.

Teamlet Model



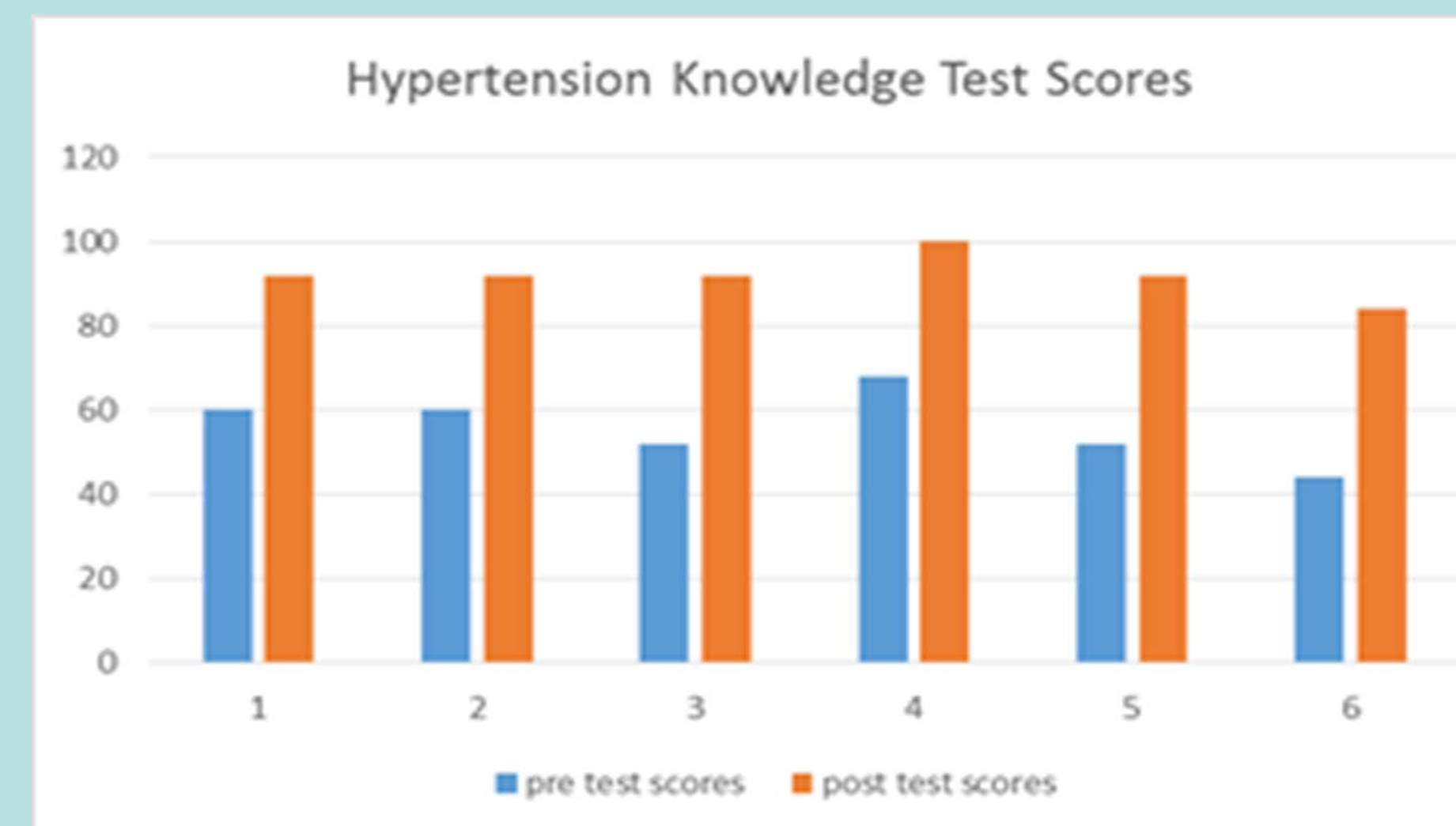
- Medical assistants completed a Hypertension Knowledge Test pre- and post training sessions.
- Mean pre- and post-test scores were evaluated and analyzed using a paired t-test.
- Two health coaches and one clinician were paired together in a designated area (POD) where a teamlet encounter was performed collaboratively.



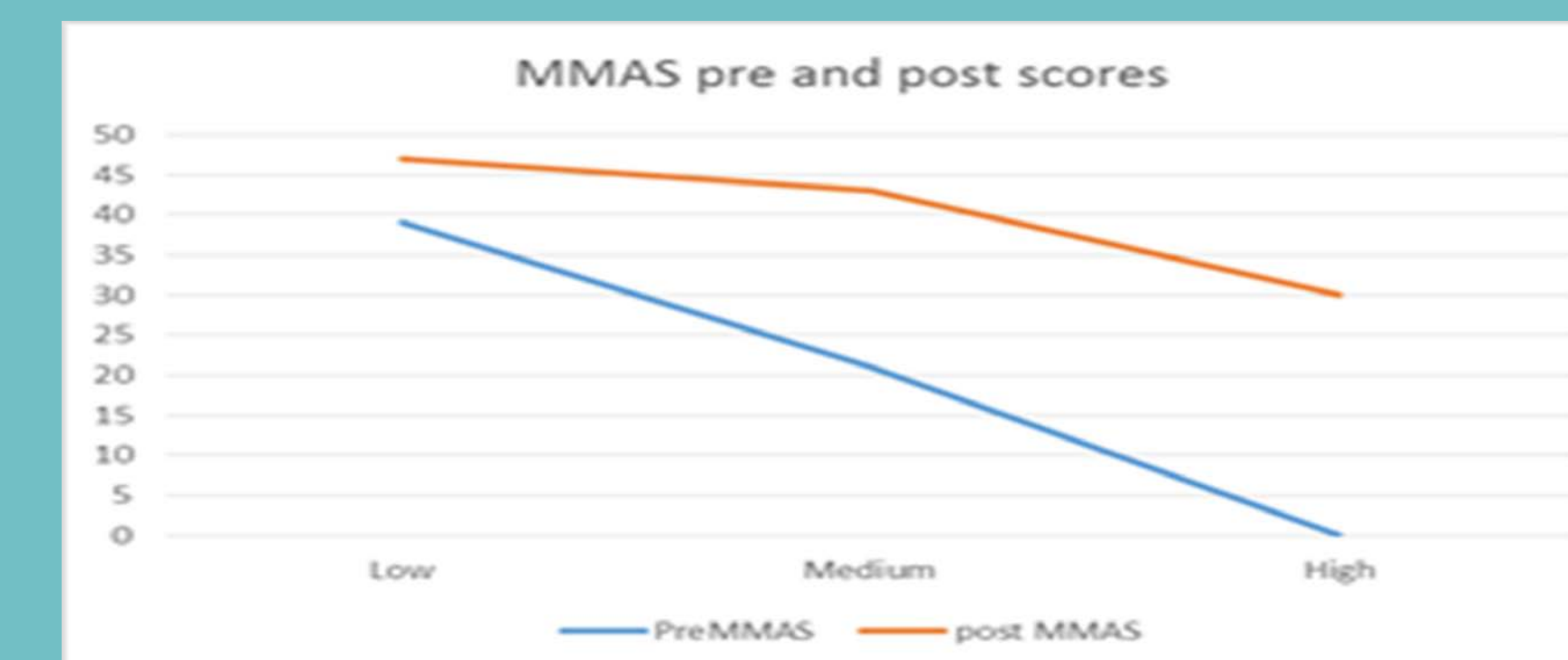
- The Eight-item Morisky Medication Adherence Scale (MMAS) was used to assess medication adherence behavior before and after the teamlet model intervention.
- Pre- and post-MMAS scores were evaluated and analyzed using a Wilcoxon Signed-Rank test.
- To track clinic staff's compliance and patient participation using the teamlet model intervention, descriptive statistics was used.
- The health coaches made weekly phone calls to patients in the study to assess medication adherence issues at home.

Results

- All six medical assistants completed the pre- and post-educational training test (100%).
- The health coach's pre-test mean score was 56 (SD = 8.39) and post-test mean score was 92 (SD = 5.060).



- Test scores significantly improved from pretest scores, (SD = 4.38; p < 0.001) following the educational training session.
- An increase in patient medication adherence scores was noted based on the eight-item MMAS pre- and post-scores.



- Post-MMAS scores improved significantly after the teamlet model intervention (z = -5.932; p < 0.001).
- Tracking of clinicians and clinical staff compliance using the teamlet model, improved from week eight to week twelve (63% versus 92%).

Conclusions

- Educating and training the medical assistants as health coaches on a teamlet intervention using a systematic medication reconciliation process did improve medication adherence.
- A team-based approach is influential in changing practice and improving patient outcomes.

