

# OMCMG

OREGON MEDICAL CASE MANAGEMENT GROUP

833 SW 11th Ave., Suite 507, Portland, OR 97205

OMCMG is committed to advancing the practice of case management by providing members with educational opportunities and a network of collaborative support.

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## Message From The President



*Cristie D. Wiggs,  
RN, BSN, CCM*

Happy Summer to all members and associates of Oregon Medical Case Management Group (OMCMG). Isn't it wonderful to look around our beautiful area and see the flowers in bloom again? I am sure that all of you are looking forward to the warmer weather and being outdoors. The year is flying by and I know that the leaves will be falling before any of us are ready, but your OMCMG Board is working hard to have activities and events for you to enjoy.

Our speakers this year have been informative and have brought us the newest information and developments in medical science. The remainder of the year is filled

with more information that will keep us at the cutting edge of our professions.

Our Fall Conference theme is based on pain management. Those of us who are nurses will receive double benefit from this conference, as it will provide us with continuing education credits now required by the Oregon Board of Nursing. Please share this great news with all of your co-workers and friends who may need these credits for their licenses. We have fabulous speakers lined up who will teach the newest and most innovative techniques in pain management. What an easy and reasonably priced way to earn those credits! **Be sure to mark your calendars for the Fall Conference November 3<sup>rd</sup> and 4<sup>th</sup> at the Shilo Inn near Portland International Airport.**

We are also working on a new project that will allow each of us to volunteer our time and talents to benefit seniors and those with disabilities. We are planning a Case Management Day to assist those needing information and assistance with topics that we, as case managers, work with everyday. This is planned for October's Case Management Week. I know there are many OMCMG members who volunteer on a regular basis; but if you have not done volunteer work, you will love the way it makes you feel. There is no better feeling than in helping those who need our expertise. Wherever your talents lie in case management, we value your help, as do those we serve. Please contact Leslie Conner from the OMCMG Board with questions about this great opportunity. It will make you feel fantastic while you help others.

Our annual Holiday meeting this year has been moved to our regular meeting place at the Oregon Medical Association Building. We're planning new, fun event that will help raise money for OMCMG to provide nursing scholarships and assistance to those needing help attending conferences. We will be selling \$10 balloons, which will be numbered and redeemable for fantastic prizes valued at \$10 or more. Some of the prizes could include trips, dinners and fun activities. If you or someone you know wish to contribute to this fun event, please contact a board member for further information. We welcome contributions valued at \$10.00 or more.

As you can see, your OMCMG Board is working hard to come up with new and exciting projects for those of us in case management. We hope to assist in increasing your knowledge, which in turn makes all of our jobs easier and more productive.

# The Art of Geriatric Care Management

by Jennifer Wright

Geriatric care management (GCM) has existed for more than 25 years. What started out to be an addition to case management has rapidly evolved into the mainstream of health care. Geriatric care managers often deal with issues that cross over into other domains, such as elder law, finance and accounting, trusts and some managed care plans. It is often found as a benefit in the portfolios of large healthcare companies. As the population ages, the field of geriatric care management will continue to explode. The latest statistics show that baby boomers have more parents than children, live farther away from their parents, and often are dual career people with precious little time left for providing care. Even though their time is limited, they still have a desire to make sure that elderly parents are provided for.

So just exactly what is the definition of geriatric care management? There is any number of definitions; however, the one that I prefer is quite simply “a series of steps that is taken to help solve older peoples’ problems”. While this definition may appear to be overly simplistic, the issues involved can and usually are quite complicated. Dealing with the issues of family dynamics, health care decision-making, housing options, financial decisions, competency, end of life, and personal interests are not only complicated but highly emotional. Geriatric care managers, use all the classic tools of case management, but unlike other case managers, they specialize in serving elderly adults and people with disabilities and offer very personalized services. Generally GCMs, are available 24 hours a day, 7 days a week and 365 days a year. They respond to the clients’ needs at the convenience of the client. The main product

of a GCM is service, and for service to be useful to an elderly client it must be available at all times. Families as well as third party payers expect that these services will be available upon demand.

Geriatric care managers are not some anonymous voice on the phone. Quite often, they are a surrogate for absent family members. GCMs deliver the kind of “old-fashioned” service that elderly people remember. Adult children are from the era where purchasing services is commonplace (housecleaning, tax assistance, day care) so purchasing geriatric care management services seems logical for them. The GCM provides time and expertise that the adult children do not have, giving them the peace of mind that their parents are receiving appropriate care.

Often a Geriatric care manager is contacted when there has been a crisis or a family member is experiencing “burn out”. During these situations, the GCM will assist the adult children in managing the overwhelming demands of care giving in the following ways: helping family members set realistic expectations for themselves; access community resources for respite care; assist families in developing solutions for their needs; help families develop effective communication and diffuse conflicts. All GCMs know an array of experts and work within a team to provide the appropriate care as well as continually monitoring and adjusting the care plan.

In essence, the geriatric care manager is a problem solver who works with clients and their families to optimize resources and ensure their quality of life, keeping in mind that the client is the elderly person (not the person who pays the bill). ■

## Calendar of Events

**August 4:** ASTYM, Aimee Jackson, MS, PT, Co-Director, TAI Cedar Hills Physical Therapy. [ajackson@taiweb.com](mailto:ajackson@taiweb.com). For information, contact Jana Caldwell, Therapeutic Associates, 503-639-9699, [jcaldwell@taiweb.com](mailto:jcaldwell@taiweb.com).

**September 20:** “Confusing, Complex, and Costly: A Look At Our health Care System,” Oregon Convention Center, 8am - 4pm.

**October 6:** “Considerations in the Transplant Recipient,” JoAnn Brown, Option Care, 503-777-3834, [jbrown@optioncare.net](mailto:jbrown@optioncare.net)

**November 3-4:** CONFERENCE. Many opportunities.

**December 1:** Annual Holiday Party & Fundraiser, Portland Ornament sales, Pianist Michael Harrison, Special thanks to Therapeutic Associates for their annual co-sponsorship.

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# Medication Compliance

by Judy Kelley

It kills more seniors each year than accidents, influenza and pneumonia combined. It is among the leading causes of death for seniors. It costs society more than \$175 billion each year. Wow! Is this a new virus, antibiotic-resistant bacteria or cancer? No, it is medication non-compliance, defined as forgetting to take medication, overuse of a medication, or altering dosing schedules of the medication. Medication non-adherence has been referred to as “America’s other drug problem” and was responsible for 198,000 deaths in 1995, 218,000 deaths in 2000, and 2,000,000 unnecessary hospital and long term care admissions.

What is so hard about taking medication properly? To paraphrase Mary Engelbreit, “Medicine... it’s just so *daily*.” Consistently taking medication according to directions can be interfered with by basic forgetfulness, a fear of medications or of becoming addicted, denial of illness, the high cost of medication or a misunderstanding of the directions (“*Is one tablet twice a day the same as two tablets once a day? Because that would be easier for me to remember and does it make a difference?*”) Basically, life can get in the way. Any change in the usual routine can throw patients off: family illness, a trip to the beach, etc. Seniors also experience adverse reactions to medications three times as often as patients under 6. One bad reaction may be enough to make a patient stop taking the medication. Although seniors represent 13% of the U.S. population, they account for 50% of the deaths and 40% of the hospitalizations due to adverse drug reactions. This is because seniors take more medications overall. Sensitivity to medications increases with age, and certain classes of drugs increase the risk of adverse reactions — including medications for pain, anxiety, insomnia and depression.

What else is so hard about taking medication properly? We all tend to underestimate the size of the problem. I speak with seniors and their families every day about the importance of medication compliance. About 90% of the time the response I get is “Oh, she is still really sharp. She doesn’t need that kind of help.” According to the American Medical Association, only one-third of *all* patients take medication properly, one-third take some of the medication, and one-third do not take it at all (including patients who do not even have the prescription filled, called non-acceptance). We *all* need that kind of help. Can anyone reading this honestly say that they have not stopped taking a medication because they felt better? Come on, 10 or 14 days of an antibiotic is a long time. Am I the only one who stopped after 5 or 6 days? What about that multivitamin and fish oil supplement I can only remember to take 3 or 4 days a week? Physicians underestimate the problem. Physicians assume compliance and when they do ask, patients tend to exaggerate their compliance. In fact, physicians are unable to predict patients’ non-adherence at rates any better than chance.

What is the harm in not taking the medications properly? Patients may experience a decreased ability to perform activities of daily living, increased hospitalizations by number and duration, mental and physical destabilization, increased likelihood of falls or other serious injuries, premature advancement of chronic illnesses, increased likelihood of

death, and/or decreased quality of life because they just do not feel good. Medication non-adherence is the number one reason for seniors moving in to assisted living facilities. Forty percent of hospital admissions of senior patients are due to medication-related problems and non-adherence is the largest single cause for readmission to hospitals. The mean cost of each medication-related hospital admission is estimated to be \$2,150 per day.

So, how can we help patients take their medications properly?

1. Emphasize the issue; including pointing out how common a problem it is and stressing that even mentally alert adults have problems with medication compliance.
2. Suggest tools to improve adherence, including keeping an updated list of all medications and over the counter drugs and herbal supplements.
3. Educate the patient as to the purpose of each medication or supplement.
4. Instruct patients on the common side effects of the medications,
5. Suggest using a pill dispenser box B some have six compartments for each day.
6. Suggest setting a timer to remind when to take the medication, use a medication reminder timer such as Did-U-Med-a-cap for pharmacy containers that has a 24-hour count down clock, have a friend or family member call each day or pay for a medication reminder service.
7. Suggest associating taking medication with a daily activity, such as brushing teeth in the evening or talking with a friend each day.
8. Suggest that the patient review medications with the healthcare provider at each visit.
9. Suggest that the patient ask the healthcare provider to create a schedule of when to take medications, review it at each visit.
10. Suggest the patient record reactions to new medications. Record falls, near-falls and/or other unusual incidents and shares the information with the healthcare provider.
11. Suggest that the patient always use that consult the pharmacist offers B ask about the new medication and common side effects to watch for.

The entire healthcare team must work to increase medication compliance: the patient, the physician, the pharmacist, the family or professional caregiver, case manager and all the other healthcare professionals involved with the patient.

Medication non-compliance is costly — in lost lives, in reduced quality of life, and in lost dollars and cents. Anything we can do to increase awareness of the issue and address the problem of non-compliance will benefit all of us. ■

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Please visit [www.OMCMG.org](http://www.OMCMG.org)

## SUMMER 2005 ISSUE




**Confusing, Complex,  
and Costly:**

**A Look at Our  
Health Care System**

Date: September 20, 2005  
Time: 8 am – 4 pm  
Location: Oregon Convention Center

Our health care system is so complex and confusing, it makes the Sunday *New York Times* crossword puzzle look like an elementary school math lesson. Not to mention, it's become a black hole that absorbs 15 cents of every dollar. Join us as we spend a day untying the knots and constructing a vision for a more sustainable future. Be part of the solution.



**OREGON HEALTH  
FORUM**

### CE Lecture Series

Amgen is a leading human therapeutics company in the biotechnology industry. For 25 years, the company has tapped the power of scientific discovery and innovation to dramatically improve people's lives.

Amgen was OMCMG's most generous sponsor for 2004. Amgen's financial gifts provided OMCMG with superior event speakers and invaluable educational support.

Amgen provides an important lecture series that have been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Educational Review Systems (ERS) and Innovative Medical Communications.

#### **Clinical Pharmacist & Case Manager Education Series for Payors: Opportunities for Treatment and Disease Management Strategies**

- Neutropenia in the Oncology Patient
- Anemia in the Oncology Patient
- Anemia in Chronic Kidney Disease
- Rheumatoid Arthritis

For additional information about this lecture series, please go to [www.cmesignup.com](http://www.cmesignup.com).