Factors Associated with Patients' Understanding of their Preadmission Medication Regimen

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Importance of Patients' Understanding of their Regimen

- Patients' ability to accurately report their preadmission medication regimen is a vital basis for medication reconciliation in the hospital.
- Understanding of the medication regimen may also affect post-discharge adherence and medication safety.
- To our knowledge, no prior studies on patients' understanding of their medicines at hospital admission



Objective



 To examine the independent predictors of patients' understanding of their pre-admission medication regimen





- Pharmacist Intervention for Low Literacy in Cardiovascular Disease
- Randomized controlled trial of patients hospitalized for acute coronary syndromes or acute decompensated heart failure (N=860)
 - Vanderbilt University Hospital, Nashville, TN
 - Brigham and Women's Hospital, Boston, MA
- Aim: reduce serious medication errors after hospital discharge



Methods

- Major eligibility criteria:
 - ≥18 years
 - Managing their own meds
 - No severe dementia or delirium
 - Speak English or Spanish
- Typically enrolled within 24 hrs of admission
- In-person baseline interview
- Cross-sectional analysis
 - Eligible if taking ≥ 1 med.





Understanding of Pre-Admission Medications

- Medication Understanding Questionnaire (MUQ)
- Testing procedures:
 - Choose up to 5 prescription meds from preadmission regimen
 - Documented by treating physician upon admission
 - Selected meds using random number tables
 - Prompt patient with the name (brand and generic)
 - Ask patient to report the indication, dose, frequency
 - 3 possible points per med
 - Overall score is average of all meds tested
 - Range: 0-3
- All MUQs were scored by one clinical pharmacist, using pre-determined criteria
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Example of MUQ scoring

Furosemide 40mg BID			
Patient response	Scoring		
Indication: "water pill"	✓ Correct (1 point)		
Dose (Strength): 20mg	✓ Correct (½ point)		
Dose (Units): 2 pills	✓ Correct (½ point)		
Frequency: twice a day	✓ Correct (1 point)		





Example of MUQ scoring

Simvastatin 20mg QPM				
Patient response	Scoring			
Indication: blood pressure	Incorrect (0 points)			
Dose (Strength): 20mg	✓ Correct (½ point)			
Dose (Units): ½ pill	Incorrect (0 points)			
Frequency: every morning	Incorrect (0 points)			



Methods

- Other Baseline measures
 - Patient sociodemographic characteristics
 - Other measures
 - Health Literacy (s-TOFHLA)
 - Cognitive function (Mini-Cog)
 - Number of pre-admission prescription medications
- Characteristics summarized using frequencies, or median and interquartile range (IQR)
- Analysis: Proportional odds logistic regression
 - Covariates chosen a priori
 - Odds ratios





Results



Patient Characteristics, N=790 (92%)				
Site: Vanderbilt BWH	373 (47%) 417 (53%)			
Age, years	61 (IQR, 52 – 71)			
Gender, male	452 (57.2%)			
Race, white	610 (77.2%)			
No insurance	35 (4.4%)			
Marginal or Inadequate Health Literacy	158 (20%)			
Dementia	96 (12%)			
Median # medications	8 (IQR, 5 – 11)			
Median MUQ score	2.5 (IQR, 2.2 – 2.8)			



Results: Health Literacy





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Results: Cognitive Function



Results: Number of Medications





Multivariate Analysis

Adjusted Odds Ratio

11419515	0.5 1	2	3 4	
sTOFHLA Score, 1 Point Increase	•		1.04 (1.02, 1.06)	
sTOFHLA Score, 10 Point Increase		•	1.46 (1.21, 1.77)	
sTOFHLA Score, 20 Point Increase		•	2.14 (1.47, 3.12)	
Inadequate vs Adequate Health Literacy			0.49 (0.31, 0.78)	
Marginal vs Adequate Health Literacy	•		0.53 (0.34, 0.84)	
MINICOG, 1 Point Increase		•	1.24 (1.1, 1.4)	
Dementia, Yes vs No			0.57 (0.38, 0.86)	
Gender, Female vs Male		•	1.43 (1.1, 1.86)	
Race, Black vs White	•		0.65 (0.46, 0.92)	
Number of Pre-admission Medications, 6 vs 1	•		0.52 (0.36, 0.75)	
Number of Pre-admission Medications, 11 vs 6	-		0.76 (0.65, 0.89)	
Number of Pre-admission Medications, 16 vs 11		-	1.07 (0.83, 1.4)	
Age, 10 Years Older	•	I	0.96 (0.85, 1.09)	
Years of School, 5 Years More		•	1.11 (0.87, 1.41)	
Household Income			0.99 (0.91, 1.07)	
Lower medication Under	standing	Higher n	nedication Understanding	
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Discussion

- We used a novel MUQ instrument
 - Easy, fast to administer
 - Feasible to administer in hospital setting
- Limitations
 - Did not assess all aspects of medication understanding (e.g., pill appearance or side effects)
 - Patient may have influenced the physician's documented list: reference standard for scoring
 - Scoring challenges
- Identified important, significant predictors of medication understanding



Conclusions



- Low health literacy, poor cognitive function, and a higher number of medications were independently associated with poor medication understanding
- Providers should take these patient factors into account when taking a medication history
- Future directions:
 - Provide education on effective communication of medication information
 - Investigate the effect on medication reconciliation





What questions do you have?

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