

## Illinois to launch demonstration program to help seniors manage complex medication regimens

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Demonstration to serve more than 1,000 seniors in Illinois

**Springfield** – The Illinois Department on Aging (IDoA) is preparing to launch a Medication Management demonstration program designed to help older adults with multiple chronic illnesses simplify their medication regimens and reduce the risk of admission or readmission into a hospital or other long-term care facility. The program will launch on December 1<sup>st</sup> and will run for one year.

IDoA is partnering with Bolingbrook-based company, APC, to work collaboratively with select Care Coordination Units (CCU's) to provide pharmacist-led in-home visits and conduct comprehensive medication reconciliation and review. This process will

combine information from many sources, including case manager records, patientreported information, clinical assessments and insurance review to develop a manageable, concise medication plan.

"Older adults in Illinois are especially susceptible to nursing home and emergency room admissions due to overly complicated medication plans," commented IDoA Director, Jean Bohnhoff. "With this demonstration, we have an opportunity to reduce those admissions and help improve the quality of life for our participants."

Data indicates that when individuals are prescribed multiple drugs and use complex dosing regimens, they are less likely to adhere to their medication regimen, resulting in adverse effects, increased hospitalizations and an increase in nursing home admissions.

APC President, Michele Arling, will oversee the implementation of the demonstration program. "We are thrilled to be working with the Department of Aging on this project. Under the Department's direction, we will work together to improve the overall care for participants served through pre-selected Care Coordination Units," said Arling. "We will be working closely with nurses, caregivers and physicians to enhance care coordination and ensure the individual's medication plan is clear and concise. We are confident this project will improve the quality of care for these patients."

The demonstration program aims to enroll a minimum of 1,000 participants, and enrollment will be capped at 2,000. The program will run for twelve months and include a six-month review. Outcomes and evaluation will focus on medication adherence; reduction in the number of medications taken; reduction in cost of medication error rates; reduction in readmission to long-term care facilities, hospitals and emergency rooms; participant satisfaction with services; and quality of life improvement.