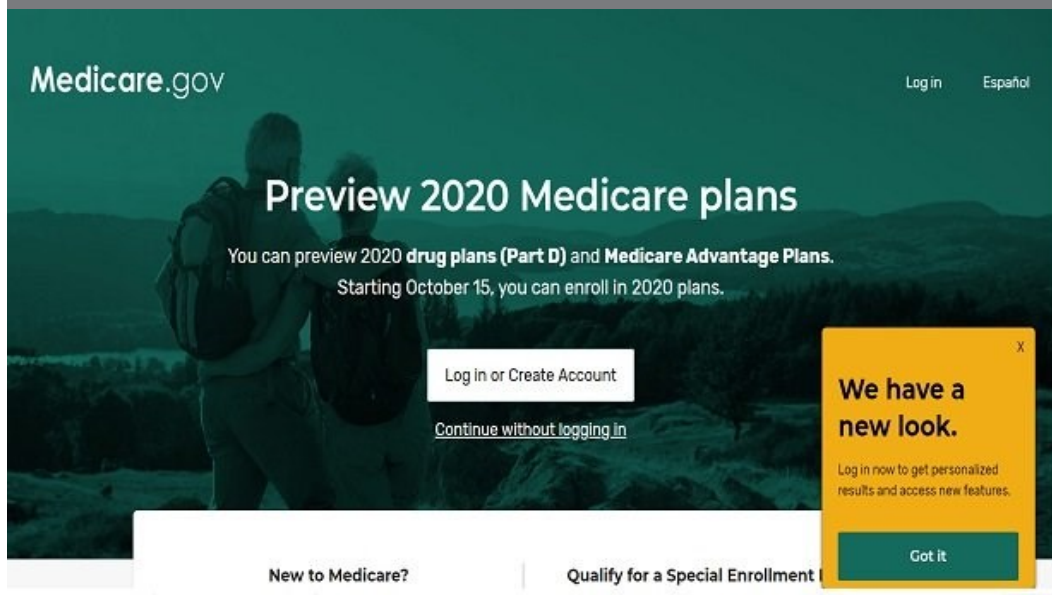


C.A.R.E.S. Pharmacy Network Newsletter

Issue 10



Please visit the C.A.R.E.S. Pharmacy Network webpage at: [https:// alpharmacycares.org/](https://alpharmacycares.org/)

Editor: Ritu Shah, MS

Hello C.A.R.E.S. Pharmacy Network members! We thank you for your continued participation in our growing network. As always, if you need more referral cards and/ or pre-stamped envelopes, please let us know!

In this issue, we would like to highlight our featured pharmacist member, Ms. Laura Brown at the Moultrie Pharmacy at Langtown who has recently completed the 3 hours C.A.R.E.S. training and, Mr. Nick Nyberg, from the Alabama

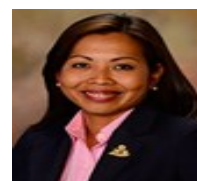
Department of Senior Services (ADSS) who is the Programs and Planning Division Chief at the Alabama Department of Senior Services (ADSS). You can learn more about these individuals on pages 4 and 5.

In this issue, we bring your attention to issues related to increase in emergency department visits due to medication adverse effects in elderly patients. The problem of polypharmacy in older adults has become more prevalent over time. We are highlighting this information because it is relevant to both the pharmacists and your patients. Pharmacists can utilize their unique skillset to reduce adverse drug events in older adults and help improve patient outcomes.

We also want to remind you to take advantage of the three one-

hour home-study CE articles, listed on the last page of this newsletter. We also have a three hour comprehensive online video training program *hosted on Canvas Catalog* that presents the same topics as in the written articles. If any of your patients might benefit from these services, we encourage you to review the articles or the video so that you can provide knowledgeable recommendations when the time comes.

Salisa Westrick, PhD
Sterling Professor
Health Outcomes
Research and Policy



INSIDE THIS ISSUE:

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Emergency Department (ED) Visits Due to Medication Adverse Effects in Elderly Patients.

Tinia Harris, PharmD Student

The World Health Organization reports that by 2020 the number of people aged 60 years and older will outnumber children younger than 5 years old. [1] It is well documented that older adults are more likely to live with multiple chronic conditions and take several prescription medications which may lead to polypharmacy. Polypharmacy, defined as taking five or more drugs, increases the risk of drug interactions, adverse drug events, nonadherence, and reduced functional capacity. [2] Drug interactions, adverse drug events, and nonadherence can lead to avoidable emergency department (ED) visits, hospitalizations, and in some cases even death.

The problem of polypharmacy among older adults, aged 65 and older, has become more prevalent over time. [2] In 2013-2014, older adults were responsible for an estimated 34.5% of ED visits due to adverse drug events; this is more than a 10% increase from the decade prior. Older adults were also 7 times more likely to be hospitalized from adverse drug events than those 65 years and younger.[3] The top 5 most common medications resulting in ED visits in older adults include: warfarin, insulin, clopidogrel, aspirin, and rivaroxaban. [3] In addition to these 5 medications, older adults may use inappropriate medications which lead to adverse effects. To help healthcare professionals avoid inappropriate medication utilization in this special population, the American Geriatrics Society publishes Beers Criteria, which consists a list of potentially inappropriate medications for older adults. Despite the criteria, the use of potentially inappropriate medications in older adults remains high. It is estimated that potentially inappropriate medications based on Beers Criteria were associated with 3.4% of ED visits and potentially inappropriate medications to always avoid were associated with 1.8% of ED visits. [3]

With a growing older adult population, it is important that pharmacists consider the unique needs and differences of this special population. As the medication expert, pharmacists have a key role in addressing polypharmacy in older adults. Older adults with polypharmacy could greatly benefit from Medication Therapy Management (MTM) services and patient counseling. It is important for pharmacists to utilize their unique skillset to reduce adverse drug events in older adults, improve patient outcomes, and thereby help reduce health care costs.

Notable statistics [4]:

- 5 million older adults sought medical attention for adverse drug events in 2018
- 42% of older adults take more than 5 prescription medications
- 750 hospitalizations every day due to adverse drug events in older adults



Be part of the solution:

1. Always counsel patient on their medications to ensure they understand what their medication is for, how to take their medication, and possible side effects, especially among those with warfarin, insulin, clopidogrel, aspirin, and rivaroxaban prescriptions.
2. Encourage patients to report all prescription and over the counter medication that they take to their prescribers and to you, their pharmacist.
3. Review medication profiles for safety and efficacy. Make sure indications are appropriate, look for duplicate therapies, look for possible drug-drug interactions and drug- disease interactions.
4. Become familiar with Beers Criteria and know which medications pose the biggest threat to older adults. https://qioprogram.org/sites/default/files/2019BeersCriteria_JAGS.pdf
5. Collaborate with the prescribers to voice safety concerns and offer safer recommendations

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Featured Pharmacist

Laura Brown, Pharmacist

Moultrie Pharmacy at Langtown



L-R : Ashley Thomas, Laura Brown – Pharmacist-In-Charge; Ben Moultrie – Pharmacist, Owner;

Ms. Laura Brown graduated with PharmD from Auburn University Harrison School of Pharmacy in 2007. Laura's cousin and friend, Benjamin Moultrie, opened the Moultrie Pharmacy at Langtown 2 years ago with Laura as the pharmacist-in-charge. They grew up about 2 miles down the road in this same community. Laura has enjoyed working for many years in independent community pharmacies, and she knew she would enjoy working at Moultrie Pharma-

cy. Regarding the C.A.R.E.S. training, Laura has completed the 3 hour video training in September, 2019. She found the C.E. through her Alma Mater, Auburn University Harrison School of Pharmacy. It looked like a program that would benefit their patients at the Moultrie Pharmacy. Her pharmacy is located in an area where there are low-income seniors who would benefit from receiving assistance with paying for their medications. In the past, her pharmacy staff has tried to help in any way they can to lower costs for their customers. Laura has researched about how to help a couple of Medicare patients pay for expensive diabetic medications after going into the coverage gap and having to stop taking the medications. Laura says, "This C.A.R.E.S. program is perfect because it makes it so much easier to guide our customers to much needed help. This C.A.R.E.S. program is aligned well with the pharmacy mission. The owner, Mr. Benjamin Moultrie, is always ready to help the citizens in the Langtown community and implements programs to help wherever he can. Moultrie Pharmacy is a place where you will be "treated like family."

ADRC Spotlight

Nick Nyberg



Nick Nyberg is the Programs and Planning Division Chief at the Alabama Department of Senior Services (ADSS) where his responsibilities include managing the development and coordination of the statewide Older Americans Act (OAA) Aging and Grants programs for senior citizens, people with disabilities and caregivers. He coordinates these grants and programs with the 13 Area Agencies on Aging (AAA) throughout the State of Alabama. Mr. Nyberg supervises the State Directors of the State Health Insurance Assistance Program (SHIP), Medicare Improvements for Patients and Providers Act (MIPPA), Senior Medicare Patrol (SMP), SenioRx, Aging and Disability Resource Centers (ADRC), Senior Community Service Employment Program (SCSEP), Alabama Cares, and Lifespan Respite programs.

Prior to joining ADSS, Mr. Nyberg worked in the field of aging and disabilities with the South Central Alabama Development Commission (SCADC) AAA for more than 15 years. In 2005, after working in other professional capacities at SCADC, he was chosen to implement, coordinate and pilot the new ADRC program for the state. Today the ADRCs are the backbone of all 13 AAAs as this valuable service is the entry point to resource/benefits counseling for senior citizens, people with disabilities and caregivers. The ADRCs provide those individuals with access to state aging/disabilities programs, national and state benefits, and other local resources. The goal of ADSS and the AAAs is to help those in need to live with independence and dignity in their own homes and communities.

Mr. Nyberg is a devoted advocate for senior citizens, people with disabilities and caregivers, and has had a passion for helping others since early in life. Over the years of dedicating his life to this mission of service he has found those who have difficulties paying for medical care and medications to be some of the greatest in need. He believes the collaboration and valuable partnership between ADSS' SHIP and SMP programs, the Auburn University Harrison School of Pharmacy, and the C.A.R.E.S. pharmacy network is of great importance as Pharmacists and pharmacy staff throughout the state are on the frontline to those we seek to serve. In his position at ADSS, Mr. Nyberg will be continuously working to uphold the vision of ADSS which is to help society and state government prepare for the aging demographics through effective leadership, advocacy, and stewardship.

Mr. Nyberg received his Bachelor of Science in Psychology from Troy University Montgomery with two concentrated Minors in Counseling and Social Sciences. He's received certifications in Case Management, Long-Term Care Ombudsman, Person-Centered Counseling, and the international Certification for Community Resource Specialist in Aging and Disabilities (CRS-A/D). He's a lifelong member of the Alpha Sigma Lambda Honor Society where he achieved and maintained outstanding scholastic standards and leadership characteristics while employed full-time and the Troy University Alumni Association.

MEDICARE FRAUD

WHAT IS MEDICARE?

Medicare is a far-reaching federal health insurance program for people who are 65 or older, certain younger people with disabilities, or people with end-stage renal disease, in the United States.¹ Approximately 59 million Americans are enrolled in Medicare.²

WHAT IS MEDICARE FRAUD?

Medicare Fraud typically includes knowingly submitting, or causing to be submitted, false claims or making representations of the fact to obtain a Federal healthcare payment for which no entitlement would otherwise exist. It includes knowingly soliciting, receiving, offering, or paying remuneration (e.g. kickbacks, bribes, or rebates) to induce or reward referrals for items or services reimbursed by Federal health care programs; making prohibited referrals for certain designated health services.

Some of the examples of Medicare fraud include:

- knowingly ordering medically unnecessary items or services for patients
- billing Medicare for patient appointments they fail to keep
- knowingly billing for services not furnished or supplies not provided
- knowingly billing for services at a level of complexity higher than services actually provided or documented in the health records
- or paying for referrals of Federal health care program beneficiaries.

During FY 2017, Medicare Fraud Strike Force filed fraud charges against 478 defendants for Medicare Fraud.³

LAW AGAINST MEDICARE FRAUD

The US Department of Health and Human Services (DHHS) and Department of Justice (DOJ) are working to combat the different types of health care fraud through the False Claims Act, Anti-Kickback statute, and the Stark Law.

- The False Claims Act of 1863 (FCA) imposes civil liability on any person who submits or causes to be submitted a false or fraudulent claim to the federal government for payment or approval, either knowingly or due to deliberate ignorance.^{5,6}
- The Anti-Kickback Statute of 1972 prohibits any person from knowingly or willfully offering, paying, soliciting, or receiving remuneration for making a referral to or inducing business from a federally reimbursed healthcare program, including Medicare and Medicaid.^{5,7}
- Lastly, the Physician Self-Referral Law of 1989 (Stark Law) prohibits physicians from making referrals to certain designated health services paid for by Medicare or Medicaid.^{5,8}

FRAUD ALERT

Protect Your Patients Against Medicare Fraud During Open Enrollment:

The risk for Medicare Fraud increases during the open enrollment period that runs from November 1, 2019 to December 15, 2019 for 2020. Medicare enrollment fraud can occur when a representative or a plan agent purposefully tricks the person into enrolling in their plan without the plan being right for the person.

Some of the ways of detecting fraud are by watching out for people:

- who pressure you with time limits to enroll in their plan,
- who ask for your Medicare number, Social Security Number, and/or bank information just to provide you with information,
- who threaten you with the loss of your Medicare benefits unless you sign up for their plan,
- who offer you gifts to enroll in their plan,
- or who say they represent Medicare.⁹

It is important to confirm everything that a plan agent tells your patient before making a final decision about a plan. Ask for everything in writing and call your doctors to make sure that they are in the provider network for the plan they want to join. Never give your Medicare information to anyone but your trusted health providers.⁹

If your patient feels a plan or agent has violated Medicare's marketing rules, they should save all documented proof, when available, such as an agent's business card, the plan's marketing materials, and their phone call records. Report the activity to 1-800-MEDICARE or to the local Senior Medicare Patrol (SMP). Also, if your patient thinks they were enrolled in a plan without their permission, contact 1-800-MEDICARE or the local SMP to report it and request assistance. They can also contact their State Health Insurance Program (SHIP) for help changing their plan. Medicare allows victims of enrollment fraud to make changes outside of Medicare's Open Enrollment Period.⁹

PROTECT YOUR PATIENTS FROM MEDICARE FRAUD!

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8. Sutton PA. The Stark Law in Retrospect. *Annals Health L*. 2011;20:15.
9. Alabama Department of Senior Services. Medicare Minute Script – September 2019 Protecting Yourself from Enrollment Fraud

News Flash

The deadline for Medicare beneficiaries to sign up for Medicare Advantage and Medicare Part D plans has ended as of December 7th. Members of Congress, healthcare advocates and insurance agents worry that decisions based on inaccurate information from the newly designed Medicare website will bring negative surprises. While the official statement has not been released, according to Kaiser Health News, the Centers for Medicare & Medicaid Services stated that Medicare beneficiaries would be able to change plans next year because of Plan Finder misinformation. After the 1st of the year, if some of your patients were unpleasantly surprised by the coverage of their Part D plans, please direct them to the local SHIP by calling 1-800-Age-Line". SHIP counselors have a priority line to contact CMS to help address the problem. It is also important to keep in mind that those who have a Medicare Advantage Plan can switch to another advantage plan or switch back to the original Medicare until March 31st.



CONTACT YOUR SHIP

State Health Insurance Assistance Program (SHIP)

Call	1-800-243-5463
Website	http://www.alabamaageline.gov/

Find another SHIP using the
button below:

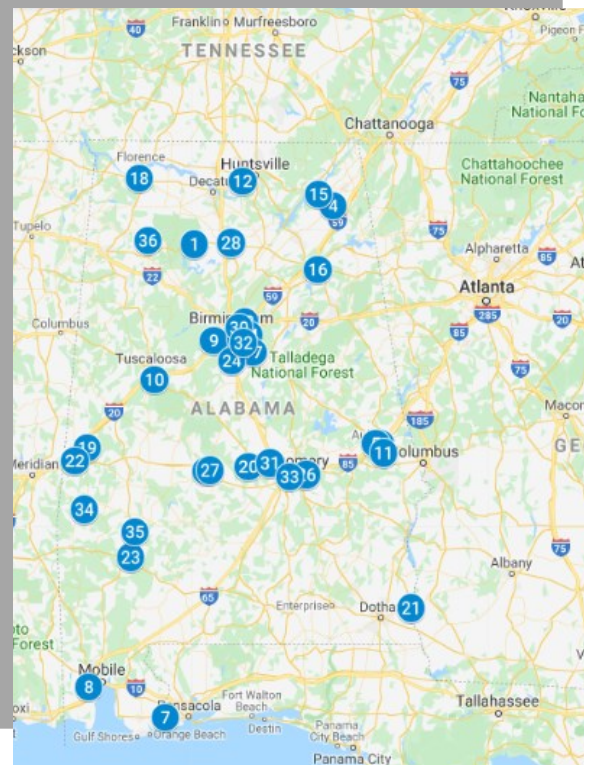
SHIP Locator

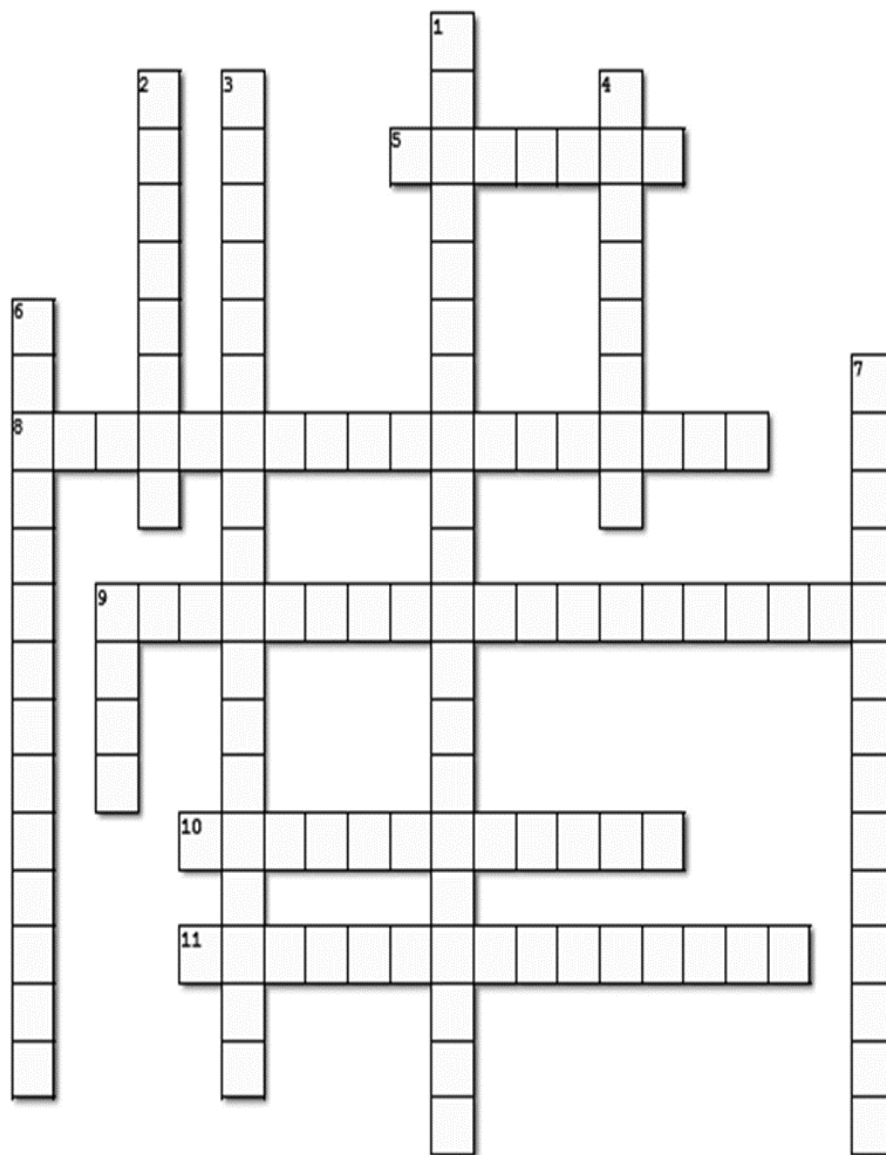
Activate Windows

Website: <https://www.shiptacenter.org/about-medicare/regional-ship-location/alabama>

C.A.R.E.S. Pharmacy Network Members

1. Addison Discount Pharmacy | Addison, AL
2. Kroger Pharmacy | Opelika, AL
3. Walgreens Pharmacy #6955 | Hueytown, AL
4. Rainsville Drugs | Rainsville, AL
5. Walmart Neighborhood Market | East University location, Auburn, AL
6. Walgreens Pharmacy #4589 | Pelham, AL
7. Lillian Pharmacy | Lillian, AL
8. Pharmacy Services of Mobile | Mobile, AL
9. Weldon Pharmacy | Hueytown, AL
10. Beauregard Drugs | Auburn, AL
11. Rite Aid Pharmacy #07054 | Madison, AL
12. Rite Aid Pharmacy #07013 | Birmingham, AL
13. Continuity of Care Internal Medicine Clinics- Brookwood Baptist Health | Birmingham, AL
14. Section Pharmacy | Section, AL
15. Gadsden City Pharmacy | Gadsden, AL
16. Fred's Pharmacy #3056 | Tuscumbia, AL
17. Walmart Pharmacy #4330 | Chelsea, AL
18. The Drug Store | Livingston, AL
19. Beasley Pharmacy | Columbia, AL
20. York Drug | York, AL
21. City Drugs | Grove Hill, AL
22. Walgreens Pharmacy #10525 | Tuscaloosa, AL
23. Walgreens Pharmacy #9427 | Pelham, AL
24. Winn-Dixie Pharmacy #0543 | Selma, AL
25. Autauga Pharmacy | Autaugaville, AL
26. Turenne PharMedCo | Montgomery, AL
27. Swift Drug Co. | Selma, AL
28. Borden Family Pharmacy | Cullman, AL
29. Walgreens #10333 | Birmingham, AL
30. Adams Drugs | Prattville, AL
31. Christ Health Center Pharmacy | Birmingham, AL
32. Walgreens Pharmacy #11651 | Birmingham, AL
33. Walgreens Pharmacy #9456 | Montgomery, AL
34. Willard's Medical Arts Pharmacy | Butler, AL
35. Family Medicine Pharmacy | Thomasville, AL
36. Haley's Pharmacy | Haleyville, AL





Created using the Crossword Maker on TheTeachersCorner.net

Across

5. Always _____ patients on their medications to ensure they understand what their medication is for.
8. Older adults with polypharmacy could greatly benefit from _____ Management services and patient counseling.
9. In 2013-2014, older adults were responsible for an estimated 34.5% of emergency department visits due to _____.
10. _____ is defined as taking five or more drugs, increases the risk of drug interactions, adverse drug events, non-adherence.
11. Mr. Nyberg received his Bachelors of Science in Psychology from _____ in Montgomery.

Down

1. Nick Nyberg _____ Division Chief at the Alabama Department of Senior Services (ADSS).
2. Ms. Laura Brown is the pharmacist-in-charge at _____ Pharmacy.
3. The name of our latest one-hour CE article is _____ Available for Older Adults.
4. Our three hour online video training program provides an overview of _____ and the role of ADRCs.
6. The name of our second one-hour home-study CE article is Pharmacist's Role in Assisting Medicare Patients with _____.
7. To help healthcare professionals avoid inappropriate medication utilization, the American Geriatrics Society publishes _____.
9. The goal of _____ and the AAA's is to help those in need to live with independence and dignity in their own homes.

REMINDER!

In partnership with Alabama Department of Senior Services (ADSS), the C.A.R.E.S. program is partnering with the Harrison School of Pharmacy to offer an online video-based training and three ACPE approved 1-credit hour articles at no cost to you and your pharmacy technician!

1. Online Video Training :

Three-hour comprehensive program providing an overview of Medicare, the roles of ADRCs, and how to identify and refer patients to ADRCs using 7 online modules hosted on Canvas Catalog .

2. Articles

Three one-hour home-study articles covering the following topics:

1. The Basics of Medicare for Pharmacy Personnel
2. Pharmacists' Role in Assisting Medicare Patients with Limited Income
3. Assistance Programs Available for Older Adults

ADRC Programs:	State Health Insurance Assistance Program (SHIP)
	SenioRx
	Elderly Nutrition Program
	Senior Employment
	Long Term Care Assistance Program
	Caregiver Support
	Legal Assistance
	Long Term Care Ombudsman
	Senior Medicare Patrol (SMP)

After learning about these programs and their respective eligibility criteria, pharmacists and pharmacy technicians will be able to identify potentially qualified patients and refer them to the local ADRC for comprehensive screenings for all available programs.

Access the CE article and complete the post-test and evaluation at:
<https://alpharmacycares.org/>

This publication has been created or produced by the local Aging and Disability Resource Center (ADRC) with financial assistance, in whole or in part, through a grant from the Administration for Community Living (ACL).

Across:
5. Counsel
8. Medication therapy
9. Adverse drug events
10. Polypharmacy
11. Troy University

Down:
1. Program and planning
2. Moultrie
3. Assistance Program
4. Medicare
6. Limited Income
7. Beers Criteria
9. ADSS