UNIVERSITY OF MIAMI
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A Medication Possession Intervention to Improve Adherence and Outcomes of Heart Failure Patients After Hospitalization

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Purpose

Adherence is crucial for heart failure patients to receive benefit from medication regimens. However, patients face multiple barriers to adherence. To date, there are no published studies of medication possession interventions for heart failure patients at hospital discharge. This study will pilot test among heart failure patients a novel medication possession adherence intervention, Meds to Beds, in which prescriptions are delivered bedside before discharge. It is hypothesized that intervention participants will have higher medication adherence and better health outcomes than controls, and that Meds to Beds will have high levels of feasibility and acceptability.

Methods

This pilot randomized control trial enrolled 40 heart failure patients from a large public hospital. Inclusion criteria required participants be adults (18 or older), speak English or Spanish, and be diagnosed with Class II or Class III heart failure with an ejection fraction of 45% or lower. Participants in the control condition received usual care. Participants in Meds to Beds were randomized to receive medications delivered at the hospital prior to discharge. Patient records were monitored for 60 days after discharge, with a telephone or in-person follow-up approximately 30 days after discharge.

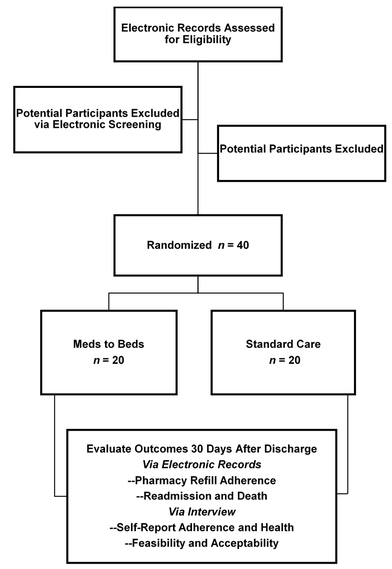

Figure 1. HFMA Research Protocol

Data Analysis

Adherence was assessed with electronic pharmacy records and the Adherence to Refills and Medications Scale (Kripalani, Risser, Gatti, & Jacobson, 2009). Self-reported physical health was evaluated with the PROMIS 10-item scale (Hays, Bjorner, Revicki, Spritzer, & Cella, 2009). Hospital readmissions and deaths were evaluated with electronic medical records using a chi-square test. Feasibility and acceptability of Meds to Beds were assessed with successful medication delivery and a self-report measure.

Results

Data collection was completed in Spring 2019.

Conclusions

By providing participants medication at hospital discharge, results will indicate whether Meds to Beds has promising effects on patient outcomes compared to usual care. Specifically, results will show if patients possess prescribed medication before they leave the hospital, they may reduce non-adherence, improve health and reduce hospital readmissions by overcoming adherence barriers. Thus, if Meds to Beds is feasible and satisfactory to patients, the intervention could be implemented and tested on a larger scale in other hospital settings.

References

Kripalani, S., Risser, J., Gatti, M. E., & Jacobson, T. A. (2009). Development and evaluation of the Adherence to Refills and Medications Scale (ARMS) among low-literacy patients with chronic disease. *Value in Health*, 12(1), 118-123

Hays, R., Bjorner, D., Revicki, J., Spritzer, K., & Cella, D. (2009). Development of physical and mental health summary scores from the patient-reported outcomes measurement information system (PROMIS) global items. Quality of Life Research, 18(7), 873-880.

Disclosure

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