



Pharmacist's visits help the medicine go down

By **WARREN WOLFE**, Star Tribune

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For an hour Wednesday afternoon, pharmacist Shannon Reidt knelt at the feet of June Mendoza in her south Minneapolis apartment and listened as Mendoza talked about living in constant pain and exhaustion.

By the time her patient finished speaking, Reidt had reached a diagnosis: Some of Mendoza's 22 prescription drugs aren't working.

It's a problem Reidt finds repeatedly as she makes her way from home to home across the Twin Cities on behalf of the Minnesota Visiting Nurse Agency, seeing clients who are mostly poor and older. In her first 93 home visits over the last 18 months, Reidt found -- and fixed -- 306 drug-interaction problems.

Making those fixes is keeping people healthier -- and saving the health care system thousands of dollars by cutting hospital and emergency room visits.

"If you're sick, drug-therapy problems make you sicker and weaker, make your life miserable -- maybe even kill you," Reidt said as she traveled between patients. "It happens more often than not when you have multiple meds, multiple doctors or multiple pharmacies."

The pilot project of the nonprofit home health agency, best known for giving flu shots, and the University of Minnesota began a year ago. It has been so successful that the agency made it permanent and hired Reidt, an assistant professor at the university.



It is believed to be the only such program in the nation, and it could have huge consequences. The number of Minnesotans 65 and older is expected to grow from about 650,000 now to more than 1 million in a decade, "so the issue of drug interactions is only going to grow," said Mary Ann Blade, CEO of the Visiting Nurse Agency. "As more older people want to stay in their homes, it should be a major focus area for home care."

Nationally, people over 65 account for about one-eighth of the population but one-third of the 3 million or so drug-interaction problems each year.

More drugs, more trouble

The average nursing home resident takes eight medications. Reidt's patients average 18 drugs and eight health conditions -- creating an average of 3.4 drug-therapy problems per patient.

"I get confused," admitted Thomas Tribble, 67, as Reidt sat beside his pile of 20 medications during a visit earlier Wednesday and went through them one by one. "There's so much. I depend on Nadine [his personal care attendant] to keep that stuff straight."

Reidt finds problems during nearly every visit. She gives her patients suggestions -- perhaps taking pills fewer times a day or using a calendar to keep track of medication schedules. She also recommends drug changes to doctors and makes suggestion to the agency's nurses and family caregivers.

"Sometimes they take the drug wrong or have bad side effects," she said. "And sometimes they just get the wrong drug for their condition."

As a graduate student two years ago, Reidt began a residency with the visiting nurses and developed the visiting pharmacist



program. She works one day a week at the university and four days at the agency, the program's \$100,000 annual cost split between them.

She developed protocols on how to work with doctors and home health nurses and how to choose among the agency's 300 patients for home visits -- essentially, anyone with nine or more medications. She's designing a program outline that other agencies can use.

So far, Reidt's research shows that of 70 patients on whom she had complete records, hospitalizations were cut from 32 to 16 and emergency room visits from 16 to eight.

"Some days I just want to sit and not move, not even think," said Mendoza 58, who has kidney, heart, liver and breathing problems, diabetes, depression and some forgetfulness. She lives with her husband and daughter and has custody of another daughter's two children.

She also has a persistent stomach infection that kills her appetite. But she's had trouble sticking with a 14-day antibiotic treatment -- the reason a nurse referred her to Reidt.

"In her home, where she feels safe, a patient will tell me about symptoms and problems she may not tell the doctor," Reidt said later. "I can work with her doctor and home-health nurse, and together we can catch problems before they lead to a health crisis."

Among her solutions this day: Alert Mendoza's doctor that her inhaler prescription has expired and that one pain drug may be ineffective; create a big calendar to track the most important of Mendoza's medications; and return next week for a follow-up visit.



"Oh, yes, come back," Mendoza said. "This is so hard, but you're helping."

"That," said Reidt as she left the apartment, "is why I love this work. I can help somebody feel better today."

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