

# Mobile Medication Services

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## What Are Mobile Medication Services?

Mobile Medication Services help people figure out how medications fit into their plans for recovery. Taking medications can be one important part of a person's recovery (see *Medication and Recovery* below). Many people have trouble taking medications, and as a result may be admitted to the hospital often and may also have difficulty with work, housing, and their relationships.

Mobile Medication Services teach consumers how to manage their medications. This includes many different skills, like learning names and doses of medications, and learning about medication side effects. Medication management also involves working with doctors to make a medication plan and learning how to take medications as prescribed.

Mobile Medication Services also help consumers learn how medications may support them in their recovery goals.

Currently in Allegheny County, a team of three nurses and a peer counselor at Western Psychiatric Institute and Clinic (WPIC) provide Mobile Medication Services. The staff visit consumers at their homes (or elsewhere in the community) — not in a clinic. The team can serve approximately 30 consumers at any given time.

The team visits consumers as often as they need to, from every day to weekly. The team believes building a trusting relationship and individual plan with each consumer is very important.

### The Mobile Medication team helps consumers:

1. **Learn medication management skills;**
2. **Take medication;**
3. **Work with doctors to find a medication plan that works best for him or her.**

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## Medication and Recovery

People may have a hard time taking their medications for different reasons. Medications may cause unpleasant side effects. Consumers may feel the medications don't work or see medications as an unwanted reminder of mental illness.

A consumer may also feel uncertain that he or she has a mental illness or needs medication. Consumers may also avoid medications because of stigma (see *Medication Management Research* on page 5).

Medication may be one tool a consumer uses in his or her recovery journey. But recovery is much more than "medication compliance" or controlling symptoms. Recovery is a process in which a consumer develops a personally meaningful, productive, and satisfying life.

In recovery terms, medication management means a consumer works with others as an active member of the treatment team.

When the consumer is an active member of the treatment team, medicine can become more than something prescribed by a doctor to control symptoms. It becomes a tool to help the consumer meet his or her goals.

**"It's my recovery.  
A medication can open a door but  
it takes a strong and courageous  
person to step over the threshold  
into recovery. That person is me."**

*From Compliance to Alliance  
by Pat Deegan, PhD*

## What Are Mobile Medication Services?

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Helping consumers with medications can mean different things for different people. For example:

### 1. Learning medication management skills

The team can help consumers learn:

- The names of their medicines
- What the medicines are treating
- What side effects to watch for
- How to take the right amount of medicine
- How to remember when to take medications
- How to keep medications organized

### 2. Taking medication

If consumers need help taking medications, the team can:

- Help with oral medication (pills)
- Provide injections
- Help obtain refills
- Help with other medication appointments

### 3. Teaching consumers to work with their doctors on a medication plan that works best

The team can help consumers:

- Identify symptoms to discuss with doctors
- Identify side effects to discuss with doctors
- Learn how to talk to a doctor about what medications work for them

Consumers and doctors should work together in developing medication plans. When consumers and doctors share information, they can learn more about a consumer's medication needs and preferences.

The Mobile Medication team can help consumers learn how to share information with doctors. If consumers choose, Mobile Medication staff can go with them to an appointment.

The Mobile Medication team can also call doctors to discuss a consumer's medications (with the consumer's permission). This can help the doctor learn more about a consumer's medication needs.

The team can help consumers with their mental health and physical health medications. They also work with other providers like case managers, and help coordinate appointments. The team also spends time with consumers' family members, providing medication education.

Over time, consumers get to know the three nurses and peer counselor that staff the team. The three nurses do assessments, administer and monitor medications, and provide education. They have each worked in different services, and are experts with mental and physical health medications.

The peer counselor has first-hand experience in dealing with mental illness and medication management. As Verna, the peer counselor, states, "I know what it's like. I can be there for them." Her understanding is very helpful in starting relationships with consumers new to the team. She meets with consumers throughout their time on the team and helps them with their skills and problem-solving.

**"The nurses are cool. I'd like to keep working with them. They help me take my medication faithfully. I don't want to be sick again. I want to stay out of the hospital."**

— A person who uses  
Mobile Medication Services

## "M." Stops Cycle of Homelessness, Hospitalizations

M. had a long history of inpatient admissions and homelessness. M. did not want to receive help from an Intensive Case Manager (ICM).

In 2006, she was asked to consider using Mobile Medication Services. Although the team met with M. during her inpatient stay, they had a hard time connecting with her after she left the hospital. The team did not give up. Instead of meeting M. at home, they met with her at a methadone maintenance facility. They also helped M. deal with other challenges she faced, including housing and clothing issues. By changing

their approach to meet her needs, the team won M.'s trust.

Today, the team helps M. with both mental and physical health medications. At M.'s request, the team also goes with her to physical health appointments for extra support.

Since she began receiving Mobile Medication Services, M. has been able to live in the community with her sister. She has not been back in the hospital since she began participating in Mobile Medication Services.

## RN Darla Uses a Holistic Approach to Help Consumers



Like the other nurses on the Mobile Medication team, Darla Halterlein believes a “human connection” with consumers is very important. Darla likes to learn more about a person than just his or her medication needs. During visits, Darla will discuss many things important to the individuals she serves.

On a recent day, Darla discussed child custody issues with one consumer. At her next appointment, she spent time talking about a consumer’s desire to return to work. During another visit, she spoke to a consumer’s mother about other mental health services.

“Consumers and family members are dealing with so much. I need to take the time to understand what they’re going through before I can help them.”

Consumers appreciate Darla’s approach. As one consumer stated, “She’s understanding and easy to talk to. We talk about my kids and we talk about my mental health... Everything is related.”

## How Do People Access Mobile Medication Services?

Consumers who are interested in receiving Mobile Medication Services should talk to their case manager or therapist.

Consumers must be HealthChoices members and meet certain guidelines to receive Mobile Medication Services. Case managers or therapists can help consumers find out if Mobile Medication Services are right for them.

Consumers generally start Mobile Medication Services when they are in the hospital. Community Care uses a set of guidelines (called medical necessity criteria) to approve all referrals for the service. Usually referrals come from an inpatient psychiatrist or social worker. Sometimes referrals come from an outpatient therapist or case manager.

While the consumer is in the hospital, each member of the Mobile Medication team tries to visit the consumer. During visits, they describe the service and get to know the consumer. They work out a plan with the consumer for services after the consumer leaves the hospital.

Many consumers will need more help managing their medications right after they leave the hospital. The nurses visit as often as needed — even daily visits — to help consumers take new medications or new doses of medications.

As consumers begin to learn more about their medication, they begin taking medications by themselves. Staff may also begin to work with consumers on other medication management skills (see page 2).

As consumers feel more confident with their medications, staff begin to check in with consumers at least weekly to discuss the consumer’s progress in managing his or her medications. This could include going over the consumer’s medication diary or doing a pill count.

As consumers prepare to graduate, the team helps to link consumers to more traditional treatment options, including filling their prescriptions at a community pharmacy or traveling to doctor or clinic offices to receive injectable medications.

# Use of Mobile Medication Services: November 2005 to June 2006

Between November 2005 and June 2006, the WPIC Mobile Medication team provided services and support to 53 consumers. Of these 53:

- 53% were men
- Most were 30 to 59 years old
- 64% were African-American
- Most had a primary diagnosis of schizophrenia
- Almost 45% had a drug and alcohol disorder diagnosis in the year prior to receiving Mobile Medication Services, indicating many consumers may also have or have had issues with substance use.

## Engagement

According to data from the program, of the 53 consumers who began receiving Mobile Medication Services between November 2005 and June 2006:

- 11 consumers (21%) are still being served by the team
- 16 consumers (30%) successfully graduated from the program
- 21 consumers (40%) chose to stop receiving services, moved, or were discharged by the team before graduating
- The team was not able to engage with 5 consumers (9%)

### With Mobile Med Team, “H.” Resumes Life in Personal Care Home

In 2005, H. had a long inpatient hospitalization. H. had been living at a Personal Care Home (PCH), but had not been taking his medications as prescribed and had been experiencing troubling symptoms. During his inpatient stay, he received a referral for Mobile Medication Services.

After learning more about H., the Mobile Medication team sought the assistance of the PCH staff. With their cooperation, the Mobile Medication team administered H.’s injectable medications at the PCH and helped him learn more about his medications.

As time went by, H. began to understand the importance of taking his medications. The team worked to transition H. away from Mobile Medication Services to clinic-based injections. H. has successfully graduated from the Mobile Medication program and has not been readmitted to the hospital.

## Intensity of Service

Overall, consumers receive intensive services from the team. On average, the Mobile Medication team visits with a consumer two or three times per week. Consumers receive an average of three and a half hours of service per week (travel time is included in this total).

## Length of Service

Consumers vary in how long they choose to receive the service. For the 42 consumers who are no longer receiving Mobile Medication Services, the median length of service was 78 days. This means that half the consumers received more than 78 days of service, and half received less than 78 days of service.

## Hospitalizations and Use of Other Services

Reducing the use of the hospital services was one of the primary goals outlined during the development of Mobile Medication Services. Overall, consumers have used less inpatient services after they began receiving Mobile Medication Services.

Almost all consumers (96%) used inpatient treatment in the three months before starting Mobile Medication Services. Fifteen consumers (28%) were readmitted to the hospital in the 3 months after starting Mobile Medication Services. See the table below for more information on hospital use.

	90 day period prior to Mobile Medication Services	90 day period following Mobile Medication Services
Inpatient treatment	96% of consumers	28% of consumers
	32 average days	14 average days
	\$922,001 paid claims	\$128,223 paid claims

Of the 16 Mobile Medication graduates, only one has had an inpatient admission between the date of their last Mobile Medication service and December 29, 2006.

Another key measure of the success of the service is the team’s ability to help consumers transition to other mental health services as they develop medication management skills. Data shows that more consumers utilized case management services and outpatient services after starting Mobile Medication Services.

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### Costs

In the HealthChoices program, some services are expected to result in a cost savings by reducing the use of other more restrictive services, such as inpatient treatment.

Mobile Medication Services are paid at the rate of \$26 per unit (15 minutes) of service.

Estimated payment from November 2005 to June 30, 2006 for Mobile Medication Services totaled \$188,292 (see below).

Payment for other HealthChoices services 90 days prior to Mobile Medication Services	\$977,707
Payment for Mobile Medication Services	-\$188,292
Payment for other HealthChoices services 90 days following Mobile Medication Services	-\$306,652
Cost decrease	\$482,763

The calculation above shows a cost decrease of over \$480,000, mostly due to the significant decrease in inpatient treatment costs. While the data covers less than a 12-month time period, the decrease in use of inpatient services and the overall cost decrease can be viewed as positive accomplishments for the WPIC Mobile Medication team.

**Without this service, I would be in the hospital.”**

– A person who uses Mobile Medication Services

#### Data Notes:

The article above includes the 53 consumers who started receiving Mobile Medication Services between November 2005 and June 2006. The periods prior to and following Mobile Medication Services include the 90 days before or after the inpatient discharge that coincided with the start of Mobile Medication Services.



### Dedicated Staff Make a Difference for Consumers

RN Susan Quinn has been a part of the Mobile Medication team since its beginning. She believes Mobile Medication Services help a number of people who might otherwise “fall through the cracks.” As Susan says, “We’re all willing to jump through hoops to get something done.”

## Research on Medication Management

Medication can help consumers have fewer symptoms and can help prevent relapse. However, research has shown that people may not take their medications as prescribed for a variety of reasons. Taking medications correctly is a challenge for everyone. Bedell et al. (2000) found that 76% of individuals with prescriptions for physical health medications did not take their medications correctly.

Consumers may face a number of challenges in managing medications. In a 2006 article, Deegan and Drake list some issues in medication management: undesirable side effects, stigma associated with medication use, belief that the medications are ineffective, medication is seen as an unwanted reminder of mental illness, or overall uncertainty from the consumer’s perspective that he or she is mentally ill.

Researchers have found that approaches in which the consumer and the treatment team

work as a partnership or alliance to address the unique medication management needs of the individual consumer tend to be the most effective (Fenton, et al., 1997). In a review of the literature, Zygmunt, et al. (2002) found that interventions which take place in the community and involve concrete problem-solving strategies, such as providing reminders and reinforcements to consumers, are among the most promising medication management interventions.

The WPIC Mobile Medication team’s approach to service delivery reflects many of the characteristics described as effective in the literature: individualized service, involving the consumer as an active member of the treatment team, delivering services in the community, and providing problem-solving assistance.

*Please contact AHCI for complete citations at [mutz@ahci.org](mailto:mutz@ahci.org) or 412-325-1100.*

## Mobile Medication Services: Looking Forward

Since November 2005, the Mobile Medication team has worked hard to connect with consumers who want help with their medications. The team has also tried to meet the unique needs of each consumer in a way that is convenient for him or her.

Several consumers were interviewed for this report. They had many good things to say about the Mobile Medication team. They feel the services have helped them in many ways.

Service use data is also positive. It shows that consumers had less hospital use in the 90 days after starting Mobile Medication Services than in the 90 days before Mobile Medication Services. While 28% of people had a hospital stay in the 90 days following the start of Mobile Medication Services, the overall number of inpatient days for people receiving Mobile Medication Services decreased 87%.

Since consumers have found the service valuable, Allegheny County and Community Care Behavioral Health are currently working to expand it to make it available to more consumers.

As with any new program, there are opportunities for improvement in the Mobile Medication Service program. For instance, data indicates many consumers have co-occurring mental illness and substance abuse diagnoses. However, the team has struggled to provide services to consumers with active addiction issues. To support the team in their efforts, opportunities for staff training in co-occurring disorders, motivational interviewing, and harm reduction strategies should be offered.

Engaging more consumers and keeping them engaged until they are ready to transition to other supports is another opportunity for improvement. The data indicates that 49% of people involved with mobile medication services chose to stop receiving services after the engagement period, did not successfully engage with the team during the initial stages of service, moved, or were discharged by the team before graduating.

It is also important for peer support to be available to consumers through the team's peer counselor. Working with someone who truly understands what consumers' are dealing with is invaluable. The team should ensure that consumers have access to a peer counselor's unique knowledge and skill set during all phases of service delivery. This would be easier to do with a full-time or equivalent part-time peer staff.

Finally, the team should continue to ensure that consumers are active members of their medication management team. This means that consumers, Mobile Medication staff, and doctors focus on the consumer's recovery goals and how medications fit with these goals, not on "medication compliance."

Data shows Mobile Medication Services result in an overall cost decrease for the Allegheny County HealthChoices system. However, data covers only a small number of individuals for a relatively short period of time. The hope is that the successes gained through the start of this service will continue as the service expands. Additional analysis will be important to determine long-term outcomes for consumers, and consumer satisfaction as service expands.

### "T." Now Manages Complicated Medication Schedule

In addition to psychiatric medications, T. has a number of medications for physical health conditions — a total of 11 different medications. While managing 11 medications would be challenging for anyone, T. faces an additional challenge; she is blind.

The Mobile Medication team has worked with T. to address her unique medication management needs (for example, supplying her with a Braille pillbox). While she is able to organize her pillbox, the nurses help to make sure the medications are organized correctly. They also provide medication education, accompany her to appointments, and help her refill prescriptions.

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