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# **The Service Coordinator's Role in Medication Management**

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# Doctor's Visit Checklist

Doctor's name: \_\_\_\_\_ Date/time of visit: \_\_\_\_\_

The reason why I am here today: \_\_\_\_\_

\_\_\_\_\_

What I want to talk to my doctor about today: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medicine	How much do I take?	When do I take it?	How should I take it? (pill, liquid)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Things I need to tell my doctor today:

- Any symptoms.
- Any side effects.
- If I am taking the medicine as my doctor ordered.
- How the medicine is working.
- Worries I have about the medicine.
- How I have been doing.
- How I have been feeling.
- If I saw any other doctors, even medical doctors.
- If I am on any medicine from other doctors.
- If I am taking any medicine I can just buy at the store.
- If I am drinking or taking other medicine or drugs.
- If there is something I don't understand.
- Ideas I have about managing my illness.

### Things I need from my doctor today:

- To not feel rushed.
- To learn about my illness. I may need it written down.
- To learn about my medicine. I may need it written down.
- My doctor's suggestions.
- A new prescription for my medicine.
- If changing my medicine in any way, please explain.
- If ordering new medicine, please explain why.
- If sending me to another doctor, please explain.
- That I understand what my doctor is saying.
- That I may need information repeated.
- That I may need information written down.
- Please use language that I can understand.
- Is there anything else I need to know?
- When should I come back?
- May I have an appointment card?

### During the visit:

- Make sure you understand what your doctor is saying.
- Make sure you have enough medicine.
- It is important to tell your doctor everything.
- Let your doctor know what is and what isn't working.
- Let your doctor know about your ideas to help you feel better.
- Ask your doctor or therapist for printed handouts or written instructions about medicines.
- Take notes during the appointment.

### After the visit:

- Look at your notes and any written information.
- If you have any questions, call your doctor for the answers.

### Notes:

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Date and time of next visit: \_\_\_\_\_

# Doctor's Visit Checklist

Doctor's name: \_\_\_\_\_ Date/time of visit: \_\_\_\_\_

The reason why I am here today: \_\_\_\_\_  
\_\_\_\_\_

What I want to talk to my child's doctor about today: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medicine	How much does my child take?	When does my child take it?	How should my child take it? (pill, liquid)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Things I need to tell the doctor about my child today:

- Any symptoms?
- Any side effects?
- Is my child taking the medicine as the doctor ordered?
- How the medicine is working.
- Worries I have about the medicine.
- How my child has been behaving and doing.
- How my child has been feeling.
- If my child saw any other doctors or therapists (if this is the first appointment with the doctor, bring your child's medicine bottles).
- If my child is on any other medicine from other doctors.
- If my child can take any medicine I can just buy at the store.
- If my child is taking non-prescribed drugs or medicine.
- That there is something about my child's treatment and medicine I don't understand.
- Ideas I have about managing my child's illness.
- Phone number of our pharmacy.

### What I need from my child's doctor appointment today:

- To not feel rushed.
- To learn about my child's illness. I may need it written down.
- To learn about my child's medicine. I may need it written down.
- The doctor's suggestions about my child's treatment.
- A new or change in the prescription for my child's medicine.
- If changing my child's medicine in any way, please explain.
- If ordering new medicine for my child, please explain why.
- If sending my child to another doctor or other treatment provider, please explain.
- That I understand what my doctor is saying.
- That I may need information repeated.
- That I may need information written down.
- Please use language that I can understand.
- Is there anything else I need to know that would be helpful for my child?
- When should I and my child come back?
- May I have an appointment card?

### During the visit:

- Make sure you understand what the doctor is saying.
- Make sure you have enough medicine.
- It is important to share any changes in your child's behavior or symptoms since the last visit with the doctor.
- Let the doctor and therapist know what you think is and what is not working in your child's treatment plan.
- Let the doctor know about your ideas to help your child feel better.
- Ask your doctor or therapist for printed handouts or written instructions about medicines.
- Take notes during the appointment.

### After the visit:

- Look at your notes and any written information.
- If you have any questions, call the doctor for the answers.

### Notes:

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Date and time of next visit: \_\_\_\_\_

## Psychiatric Medications: Classes, Common Uses, and Names

### **Antidepressants:** depression, anxiety, impulsiveness, eating disorders

Selective Serotonin Reuptake Inhibitors (common, safe): fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft), fluvoxamine (Luvox), citalopram (Celexa), escitalopram (Lexapro)

Other common antidepressants: venlafaxine (Effexor), duloxetine (Cymbalta), desvenlafaxine (Pristiq), bupropion (Wellbutrin), vilazodone (Viibryd), vortioxetine (Trintellix), milnacipran (Savella), levomilnacipran (Fetzima), nefazadone (Serzone), atomoxetine (Strattera; used primarily for ADHD), Trazodone (Desyrel; used primarily for sleep), buspirone (Buspar; used primarily for anxiety)

Cyclic antidepressants (older, more side effects): amitriptyline (Elavil), nortriptyline (Pamelor), desipramine (Norpramine), protriptyline (Vivactyl), clomipramine (Anafranil), doxepin (Sinequan), imipramine (Tofranil), mirtazapine (Remeron), maprotiline (Ludiomil), amoxapine (Asendin),

Monoamine Oxidase Inhibitors (older, underutilized, potentially dangerous drug-drug interactions): tranylcypromine (Parnate), phenelzine (Nardil), isocarboxazid (Marplan), selegeline (Emsam, Eldepryl)

### **Antipsychotics:** psychotic disorders, agitation, anxiety, mania, depression

Second generation antipsychotics (more likely to cause metabolic syndrome): risperidone (Risperdal), olanzapine (Zyprexa), clozapine (Clozaril), aripiprazole (Abilify), quetiapine (Seroquel), ziprasidone (Geodon), asenapine (Saphris), paliperidone (Invega), brexpiprazole (Rexulti), iloperidone (Fanapt), lurasidone (Latuda), cariprazine (Vraylar)

First generation antipsychotics (more likely to cause parkinsonism): haloperidol (Haldol), chlorpromazine (Thorazine), fluphenazine (Prolixin), perphenazine (Trilafon), thiothixene (Navane), pimozide (orap)

### **Mood Stabilizers:** bipolar disorders, schizoaffective disorders, impulse control, depression

Anticonvulsants: divalproex sodium (Depakote), valproic acid (Depakene), carbamazepine (Tegretol), lamotrigine (Lamictal), topiramate (Topamax), gabapentin (Neurontin)

Lithium: (Eskalith, Lithobid)

### **Anti-anxiety medicines:** anxiety, insomnia, alcohol withdrawal management

Benzodiazepines: lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), chlordiazepoxide (Librium), diazepam (Valium), oxazepam (Serax), temazepam (Restoril), triazolam (Halcion)

Benzodiazepine-like medications: zolpidem (Ambien), zaleplon (Sonata), eszopiclone (Lunesta)

Sympatholytics (block effects of epinephrine): prazosin (Minipress), clonidine (Catapres), guanfacine (Tenex), propranolol (Inderal)

### **Stimulants:** Attention Deficit Disorders, narcolepsy, depression

Amphetamine derivatives: amphetamine-dextroamphetamine (Adderall, Mydayis), amphetamine (Adzenys, Evekeo), dextroamphetamine (Dexedrine, Zenzedi), lisdexamphetamine (Vyvanse), methylphenidate (Ritalin, Concerta, Cotempla, Daytrana), dexamethylphenidate (Focalin)

Non-amphetamines: modafinil (Provigil), armodafinil (Nuvigil)

### **Medication Assisted Treatment:** Opioid Use Disorder, Alcohol Use Disorder, Nicotine Use Disorder

methadone (Dolophine), buprenorphine/naloxone (Suboxone, Zubsolv), buprenorphine (Subutex, Sublocade), naltrexone (ReVia, Naltrexone), naloxone (Narcan), acamprosate (Campral), disulfiram (Antabuse), varenicline (Chantix)



## Using Medicine for Your Recovery

Just as some people take medicine to treat problems like diabetes or heart disease, people who have mental health conditions use medicine to get relief from their symptoms. Medicine is one helpful tool among other tools, like therapy and peer support. Working together with your team can help you to recover, get well, and stay well.



### Be Part of the Decision about Medicine

Your doctor is an expert in medicine and other treatments, but you are also an expert—in you! Deciding together with your doctor helps you take an active role in your recovery and wellness. Ask questions so you know all about the medicine:

- What are my reasons for using this medicine?
- How do I want my medicine to help me?
- What is the best way to take this medicine?
- What should I do if I miss a dose?
- How will I know it is working?
- What side effects could happen?

Tell your doctor what is important to you and how you want the medicine to help, so that you can get the right medicine for you.

If you are taking several medicines, including over-the-counter or natural remedies, ask your doctor if they are safe to take together. Ask if there is a best time to take each one. You can use The Doctor's Visit Checklist to talk to your doctor. The Doctor's Visit Checklist is online at [members.ccbh.com/checklist](http://members.ccbh.com/checklist)



### Take Medicine as Planned

Write a list of your medicines and make a plan for when to take them. Make sure you know how much medicine to take, when to take it, and if you need to eat or drink before or after you take it. Using medicine as planned helps you to be safe and gives you the best chance for the medicine to work. If you have not used the medicine as planned, tell your doctor so that you can decide together what to do next. You may have to try a few options to find the medicine that works best for you. You can record your medicines on a wallet card, such as the "My Wellness Tools Wallet Card."



### Be Patient

Medicine can take time to work to help you feel better. It can take up to several weeks before you notice a change in the way you feel. Use a Medication Rationale Worksheet (from the Recovery Library) with your doctor to understand how a medicine will work for you.



### Refill Prescriptions

Giving medicine the time to work also means you should refill your prescriptions on time. Stick to your schedule and ask your doctor or pharmacist for tips to stay on track so that you can recover, get well, and stay well.



### For More Information

- Pharmacist: Your pharmacist can give you information about your medicines, side effects, and more.
- Explore health topics on [members.ccbh.com/health-topics](https://members.ccbh.com/health-topics)



### Community Care ePortal

As a Community Care member, you can sign up to the secure ePortal for free at [secure.ccbh.com](https://secure.ccbh.com). The ePortal has tools and tips, like:

- **Using Medicines Toolkit: I'm in Charge Self-Management Program for Using Medicines Effectively**
- **Recovery Library:** an online resource that was created for people in recovery, by people in recovery. It has solutions to real-life questions and many topics of information. Recovery Library is free for Community Care members. More resources on the Library include:
  - Medicine Fact Sheets: information about medicines and side effects that is easy to understand
  - Videos: personal stories from people who use medicine to support their recovery
  - Medicines and Me Worksheets: Exploring My Beliefs about Medicine, How to Take My Medicine, Medication Rationale Worksheets
  - Calendars: Medicine Trial, Medicine Change, and Are My Medicines Helpful?

County	Member Services
Adams	1.866.738.9849
Allegheny	1.800.553.7499
Berks	1.866.292.7886
Blair	1.855.520.9715
Bradford, Cameron, Centre, Clarion, Clearfield, Columbia, Elk, Forest, Huntingdon, Jefferson, Juniata, McKean, Mifflin, Montour, Northumberland, Potter, Schuylkill, Snyder, Sullivan, Tioga, Union, Warren, Wayne	1.866.878.6046
Carbon, Monroe, Pike	1.866.473.5862
Chester	1.866.622.4228
Erie	1.855.224.1777
Lackawanna, Luzerne, Susquehanna, Wyoming	1.866.668.4696
Lycoming, Clinton	1.855.520.9787
York	1.866.542.0299
TTY/TDD (Dial 711): request	1.833.545.9191
En español	1.866.229.3187



# Learning Objectives

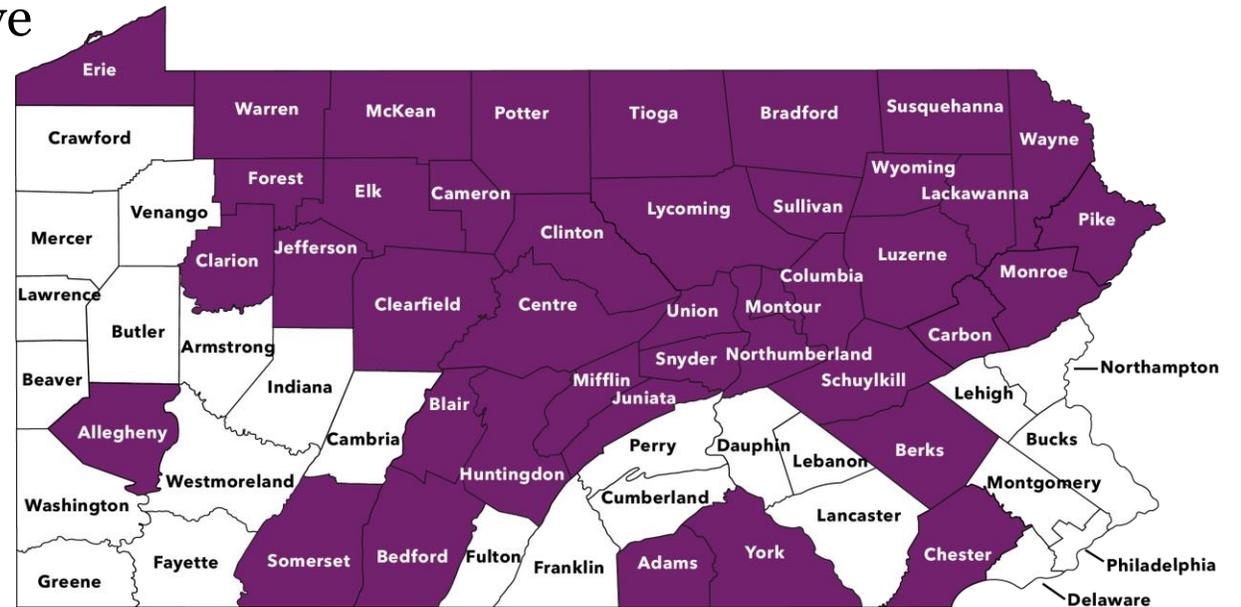
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- Identify your role as a Service Coordinator in medication adherence
- Identify barriers to medication adherence
- Have a general understanding of medication and their classification
- Identify free medication education resources
- Identify common side effects associated with medication and medications with specific considerations



# Community Care Membership

- Community Care is a Managed Care Organization (MCO) in the state of Pennsylvania. We cover 41 counties and have a membership of over 1,000,000 people.
- In Allegheny County, we have over 225,000 members
- Of that, 4,983 members receive Blended Service Coordination services (3,803 adults and 1,180 children and adolescents)



# Reasons Members do not Take Medication

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- Individuals want to take medication as prescribed but have barriers that get in the way (e.g., psychiatric symptoms, unable to afford medication, unable to read/understand medication directions)
- Individuals who choose not to take medication because of an underlying reason (e.g., side effects, stigma)
- Parental perspectives to managing medication



# Why You Should be Concerned

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- Taking medication as prescribed reduces psychiatric symptoms, improves role functioning, improves quality of life
- Not taking medication can lead to poor to lethal outcomes in both their medical and psychiatric diagnoses
- Having a stockpile of medication are risk factor for those individuals considering suicide
- Members with a Serious and Persistent Medical Illness (SPMI) have a shorter lifespan compared to their peers
  - Disparities include side effects due to medication; delayed, untreated or inadequately treated medical concerns; reduced access to quality nutrition; limited education about healthy dietary choices, etc.

# Typical Doctor Visit

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- 15 minute medication check
  - 5 minutes discussing current events
  - 5 minutes discussion medication
  - 5 minutes reviewing documentation



# Your Role as a Service Coordinator

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- Help individuals prepare for their appointment
  - [members.ccbh.com/checklist](https://members.ccbh.com/checklist)
- Coach members during the appointment and/or provide information unknown to the psychiatrist or medical doctor
- Serve as a liaison to Primary Care Doctors
- Provide linkage to resources to assist with medication adherence
- Advocate, advocate, advocate



# Addressing Barriers to Medication Adherence

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- What you can look for:
  - Unused medication
  - Expired medication
  - Medication all in one bottle
  - Medications belonging to someone else
  - Medications in unmarked bottles
  - Side effects that are both reported and not reported
  - Irregular timing of medication doses



# Addressing Barriers to Medication Adherence

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- Free Phone applications: epocrates (can assist with pill identification)
- Websites:
  - [www.uptodate.com](http://www.uptodate.com)
  - [www.micromedex.com](http://www.micromedex.com)
  - [www.nami.org](http://www.nami.org)
  - [www.wikipedia.com](http://www.wikipedia.com)
- Medication reminders: phone calendar reminder, pill box, bubble pack, pill dispensing machine, mobile medication referral, long-acting injectables



# Behavioral Health Medication

Medication Type	Side Effects and Signs of Toxicity	Withdrawal/Discontinuation Symptoms
Anticonvulsants	Weight gain, confusion, sedation, rash	Seizures, irritability, anxiety
Anxiolytics	Sedation, falls, confusion	Seizures, tremors, anxiety, fast HR
Stimulants	Fast HR, tremors, insomnia, low appetite	Fatigue, hypersomnia, depression
Antidepressants	Akathisia, agitation, insomnia, weight changes, mania, sexual side effects, cardiac arrhythmias	Flu-like symptoms, sensory disturbances, nausea, hyperarousal
Antipsychotics	High cholesterol, diabetes, sedation, movement disorders, dry mouth, constipation, gynecomastia/lactation, cardiac arrhythmias	Increased psychotic symptoms, movement disorders, insomnia, nausea, high BP, anxiety
Lithium	Vomiting/diarrhea, tremors, confusion, balance problems, kidney failure, neuropathy	Recurrence of mania

# Medications with Specific Considerations

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- Clozapine: missing more than a few doses requires restarting at a very small dose due to risk to white blood cells
- Lamotrigine: missing more than a few doses requires restarting at a very small dose due to risk of triggering autoimmune rash
- All benzodiazepines: tolerance is quickly developed, leading to patterns of overuse/abuse. Stopping suddenly can be life threatening, more so from high doses
- Effexor/Cymbalta: withdrawal symptoms can occur after missing 1-2 doses due to short half-life; other antidepressants may be preferred if this keeps happening
- Many antipsychotics become less effective if people are smoking cigarettes, so doses often need to be increased after discharge from the hospital
- Lithium is cleared by the kidneys and affected by hydration status. Lithium levels can also be increased significantly if people take with ibuprofen or naproxen



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# Questions?

# Contact Us

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## **Community Care Provider Line**

1-888-251-2224

[www.ccbh.com](http://www.ccbh.com)

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