Imagine if you sat atop an organization whose mission for more than a century and a half was to boldly send nurses, home health aides, physicians, and others into every neighborhood, rich and poor, throughout the greater New York City area. Now you know what the Visiting Nurse Service of New York (VNSNY) is all about, with its team of more than 10,000 employees who fan out across the five boroughs of the city to visit patients of all ages. I would like to reflect on some of the formulary challenges faced by such an organization.

I was particularly struck by a publication from VNSNY called Clinical Advisor.1 One issue from last year was devoted to pharmaceutical management, and it caught my eye. In this issue, consultant pharmacists and medical directors thoroughly reviewed some of the challenges involved in drug therapy for older adults.

I thought that the charts were excellent. They outlined various clinical conditions, such as hypertension, heart failure, and hypercholesterolemia, with specific recommendations—not just for individual drug products but for overall appropriate use—with evidence-based guidelines and special hints for dosing in the elderly. The section on nutrient-drug interactions and related issues for homebound patients maintaining limited diets was helpful and probably could not have been readily accessed elsewhere.

The medication-management case studies were challenging, and I found myself wondering how the consultant pharmacists, team managers, and visiting nurses actually handle such complex cases in a patient’s home without the benefit of all of the hospital-based technologies we have come to selfishly rely on.

VNSNY also has a contract with a pharmacy benefit manager—in this case, Eckerd Health Services. Nearly 2,000 retail Eckerd pharmacies in the metropolitan New York City area are frequented by patients within the VNSNY network. I was intrigued by the customized utilization reports created monthly, quarterly, and yearly by Eckerd Health Services to the leadership of VNSNY.

I also thought that Eckerd’s program called DURNow™ (Drug Utilization Review) was particularly relevant for such a challenging population. DURNow™ is a “retrospective” program that intervenes, if necessary, within 24 hours. When an intervention occurs, letters are generated to the plan member and the physician. These letters have a positive impact by functioning as an additional tool for physicians, and they educate members about their prescription medications. In my view, this sounds like a good backup system to enable the home health team to double-check on drug-related complications and interactions.

Because many of our readers are based in hospitals, we often forget where the real action is, namely, in the community. Many of our most vulnerable patients, especially the elderly who take multiple medications, never come to the hospital; they are cared for in their own homes. Getting good information into the hands of the army of individuals calling on these patients is a critical link in the process of good medical care. I think the VNSNY tagline, “We Bring The Caring Home,” is certainly an appropriate one.

I, for one, would like to hear from our readers about comparable organizations that bring medical care to the home with comparable scientific rigor and evidence-based practices. To learn more about VNSNY, you can visit its Web site, www.vnsny.org.

As usual, I am interested in your views. You can reach me at my e-mail address, david.nash@jefferson.edu.

REFERENCE