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MST Rebrand

It seemed the official word would never come down from on high. GeriJournal insiders had told us the Medication Safety Technology program would continue, but we had to hold our breath until Friday, June 21st (nearly 3 months post-MST expiry) for confirmation. MST has morphed into ITS, the Integrated Technology Solutions Program, and funding has increased.

Our qualifying programs: the *Scriberly* computerized ordering system and digital chart, the digital *Drug Record Book*, and the online *Incident and Hypoglycemic Event Reporting System* are still covered. Clinical Support Tools (CSTs) like PCC's Nursing Advantage, Med e-care's Care Management Solutions, as well as modules like IPAC, e-Health Connections, wound care, etc., are still covered. The \$10,000 limit on CST expenditures has been lifted giving broader access to these resident-centered tools.

The 98-cent MST per diem has been increased to \$1.13 under

ITS. Smaller homes (fewer than 73 beds) have access to as much as \$30,000 (up from \$16,667). Any unused funds may be spent on computers and programming for resident care, assessment, reporting, evaluation, and planning.

The ITS program is retroactive to April 1, 2024, and runs until March 31, 2026. Reporting requirements have been streamlined to reduce the administrative burden. Report formatting has not been finalized, but a submission of all costs under the plan must be sent to the ministry by January 31, 2025. ISMP's Medication Management Self-Assessment (MSSA) was not mentioned in the ITS document, but I expect it will still be a funding mainstay. I'm sure we will hear more in the coming weeks.

Ca & D – Good and Bad

Calcium and Vitamin D are studied frequently, but intake and supplementation guidelines are moving targets. The Women's Health Initiative (WHI) study in the 90s was best known for identifying stroke and cancer in postmenopausal women taking supplemental estrogen and progesterone. The calcium + vitamin D arm of the study received less attention, but continued review of those women is yielding interesting results.

The study group took Ca carbonate 1,000 mg with 400

IU of vitamin D daily for 7 years. Now, 22 years later, cancer mortality in the study group has been 7% lower. Unfortunately, cardiovascular (CV) mortality has been 6% higher. The hypothesis is that Ca + D increased arterial calcium deposition.

Much time has passed and if placebo group members added Ca & D supplements post-study these results may be less meaningful. Those with risk factors or a family history of CV disease may want to reconsider supplementing Ca or vitamin D, or at least limiting their dose of supplements. There is considerable evidence that increasing dietary Ca is a much safer approach than ingesting large doses of supplements.

Alzheimer Eyes

It looks like the new site of early Alzheimer's detection will be the optometrist's chair. That's what researchers from the University of Saskatchewan think.

Optical Coherence Tomography (OCT) allows non-invasive visualization of retinal and optic nerve thickness. The researchers are comparing OCT images of Alzheimer's (which show signs of retinal and optic nerve atrophy) and healthy patients from around Saskatchewan. By comparing the images, with a bit of help from AI, they believe that they can identify individuals who will develop Alzheimer's years in advance. Something to think about before your next eye exam...

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