



## Program Guidance Document



CANADIAN  
PHARMACISTS  
ASSOCIATION

ASSOCIATION DES  
PHARMACIENS  
DU CANADA



New Brunswick  
Pharmacists' Association  
Association des Pharmaciens  
du Nouveau-Brunswick

## **Thank you for participating!**

The NB Department of Health, the New Brunswick Pharmacists' Association, and the Canadian Pharmacists Association wish to thank you for your participation as we move forward together in our mutual quest to deliver optimal patient care. We hope you find that the guidance document prepares you for the challenges and opportunities associated with this new program. We encourage you to provide feedback as we strive to make this program highly relevant and useful to your practice.

## **Acknowledgment:**

The NB Department of Health and the NB Pharmacists' Association in collaboration with the Canadian Pharmacists Association have adapted the PharmaCheck™ program to meet the needs of New Brunswick seniors.

PharmaCheck™ and the PharmaCheck™ logo are trademarks of the Canadian Pharmacists Association and are used under license.

The *NB PharmaCheck* documents contain information representing the opinions and experience of the individuals involved in program development. Every effort has been made to provide useful and accurate information. However, the NB Department of Health, the Canadian Pharmacists Association, the New Brunswick Pharmacists' Association and others involved in its development and review are not responsible for the use or the consequences of the use of the information in this program. Users are advised that the information presented is not intended to be all inclusive. Consequently, pharmacists and other users of the program are encouraged to seek additional and confirmatory information to meet their practice requirements as well as the information needs of their patients.

## Introduction

This document has been designed to help you engage successfully in the *NB PharmaCheck*<sup>™</sup> program in a number of ways:

- To provide you with a comprehensive step-by-step description of the program activities.
- To help you appreciate the potential patient benefits derived from activities associated with the *NB PharmaCheck* program.
- To provide tips for encouraging patients to engage in the program and for interacting with local physicians
- To help you navigate seamlessly through the various steps of the program while providing the best possible service to your patients.
- To enable appropriate documentation.

### What are the goals and objectives of the program?

The overall goal of the *NB PharmaCheck* program is to provide a professional pharmacy service focused on the appropriate utilization of chronic medications to improve patient outcomes.

The objectives of the program include the following:

- Improve a patient's knowledge of and adherence with their medications
- Enhance the potential benefits associated with a patient's medications
- Reduce the potential risks associated with a patient's medications

**By the end of the patient interview the pharmacist must provide the patient with a current and accurate medication list signed by both the patient and pharmacist.**

### How will these goals and objectives be accomplished?

Seniors taking three or more chronic prescription medications will be invited to participate in the program by personal invitation of the pharmacy team or through referral from another healthcare provider. Additional forms of communication will be utilized to create awareness about the project so that patients may request involvement.

Patients will make an appointment for a one-to-one interview with the pharmacist which will last approximately 20-30 minutes. During this time the pharmacist will review each of the patients medications with them. After the pharmacist-patient interview, patients will:

- Understand drug names, strengths, reason for use, adverse effects, storage instructions, the best ways to take their medications and any special instructions that may be associated with proper use of their medications.
- Take medications in a manner that fosters optimal benefits in terms of efficacy and safety.
- Carry with them an accurate, complete and current medication list and show this document to any other healthcare providers they encounter in the course of their care.

In order to achieve the interview goals and objectives in an efficient manner the pharmacist (with the aid of pharmacy staff) will ensure that all documentation (e.g., patient's current medication list from pharmacy records) and background information is prepared for the interview before the patient arrives. Pharmacists will review each of the patient's medications one by one in order that the goals of the interview are fulfilled. If drug-related problems are identified during this process they can be addressed according to the suggested approach outlined in the appropriate sections of this guide. The table below outlines the suggested process for the *NB PharmaCheck* program.

<b><i>NB PharmaCheck</i> program – The Big Picture</b>	
<b>Promote the program</b> to patients, physicians & the community	See Section 1 (p.5)
<b>Prepare for the interview</b>	
<ul style="list-style-type: none"> <li>• Schedule patient interviews</li> <li>• Patient to fill out <i>NB PharmaCheck</i> Medication Check-up form and “Am I getting the most from my Medications” (if possible) before interview.</li> <li>• Pharmacy team member to ensure that patient’s current medication list (on file at the pharmacy) and patient documents are ready for pharmacist review before interview.</li> <li>• Pharmacist reviews patient's listed medications and issues before entering interview.</li> </ul>	See Section 2 (p.13)
<b>The interview</b>	
<ul style="list-style-type: none"> <li>• Pharmacist greets patient and ensures they understand objectives and time allotment for interview.</li> <li>• Pharmacist reviews all medications one by one with patient.</li> <li>• Pharmacist documents all medication-related issues and collaborates with physician for resolution where appropriate.</li> <li>• Pharmacist ensures patient leaves with comprehensive, accurate and up-to-date medication list.</li> </ul>	See Section 3 (p.25) for process  See Section 4 (p.35) for Medication Issue Response Tips  See Section 5 (p.49) for Physician Communication Tool
<b>Claims submission and documentation requirements</b>	See Section 6 (p.53)
<b>Operational and communication implementation strategies</b>	See Section 7 (p.57)



**Section 1:**  
**Preparing for Program  
Delivery**



## Introducing the *NB PharmaCheck* Program

Many studies have revealed that there is a high incidence of unintended medication misadventure among patients. The Seniors Medications Assessment Research Trial (SMART) which included the participation of 889 seniors taking five or more medications in Ontario found that 87.7% of seniors had at least one drug-related problem. On average, three drug-related problems were uncovered for each senior interviewed. Recommendations to address the drug-related problems were accepted 84.2% of the time by physicians.

According to the American Society of Consultant Pharmacists (ASCP), adverse drug reactions are among the top five greatest threats to the health of seniors. In a Canadian study where patients were discharged from a hospital general internal medicine service (average age 71 years), 23 percent experienced an adverse event after returning to their place of residence. Almost three-quarters (73%) were drug-related.

The implementation of programs such as the *NB PharmaCheck* acknowledges that quality of drug management is an important contributor to total healthcare system costs. In other words such programs signal a move away from the traditional 'silo' mentality of publicly funded healthcare systems.

The successful implementation of a medication reconciliation achieves a number of objectives:

1. Pharmacists will be able to utilize and be reimbursed for their patient services skills. This level of service will prepare pharmacists for potential extensions of this program which will expand into medication-related problem identification and resolution.
2. Patients are empowered to self-manage their medications through education. This improves knowledge of their medications and creates awareness around the importance of sharing their current medication regimens with every health professional encountered.
3. The potential for drug misadventure resulting from lack of knowledge of a patient's comprehensive medication regimen is reduced.

1 <http://www.ascp.com/consumers/what/seniorcarepharmacyfacts.cfm>

2 Forster AJ, et al. CMAJ 2004

## Case Study

In order to illustrate how to implement the protocol and implement the tools associated with this program we will follow a patient throughout the process.

### Let's Meet Mrs. Florence Smith!

Mrs. Florence Smith is a 69 year old retired schoolteacher who is married to husband Jim. Florence and Jim have two children and five grandchildren of whom they are very proud. She often tells you about them when she comes into the pharmacy for refills of her prescriptions or when she is doing other shopping.

Florence is taking medication for hypertension, dyslipidemia, cardiovascular protection, GERD, pain of osteoarthritis and diabetes. Following is a list of her prescribed medications:

- Atorvastatin 20 mg once daily
- Hydrochlorothiazide 25 mg once daily
- Ramipril 10 mg once daily
- EC ASA 81 mg once daily
- Metformin 500 mg QID
- Omeprazole 20 mg once daily
- Acetaminophen 500 mg QID prn pain
- Florence is also taking elemental calcium 500 mg twice daily (as calcium carbonate) and vitamin D 400 IU once daily as recommended by her doctor a number of years ago.
- She is also taking glucosamine 500 mg TID because her neighbor said it would be good for the pain in her knees.
- Florence has been taking vitamin E 800 IU daily for two years because a friend told her it was beneficial in a number of ways, including protecting her heart.





## Promote the *NB PharmaCheck* Program

### To the Pharmacy Team

Your entire pharmacy team (i.e., both front store and pharmacy staff) will be critical to the promotion of the *NB PharmaCheck* program.

Following are some strategies for enhancing promotion of the program through the pharmacy team:

- Hold a staff meeting to create enthusiasm among the team by informing them of the benefits of the program to patient care and to patient loyalty. It is extremely important that you deliver the message enthusiastically as well!
- Develop a standard approach to seniors to invite their participation in the program (see below).
- Celebrate the kick-off day with in-store specials and/or refreshments.
- Develop a standard approach for team members in the pharmacy to identify patients who would be eligible for the service (i.e., taking 3 or more medications, 65 years of age or older, and who are NBPDP Plan A beneficiaries) and discuss benefits with them.
- Discuss a 'trigger' that will remind people working in the front of the pharmacy to inform senior shoppers of the service and give them a brochure.

### The following is an approach to communication for use by pharmacy staff:

The main points to remember are:

- Eligible patients include NBPDP Plan A beneficiaries (seniors) taking 3 or more chronic prescription medications
- Patients are to bring to their appointment all of their prescription medications and non-prescription medications including over the counter medications, vitamins and herbal supplements.
- The pharmacist will ensure that patients are getting the most out of their medication by going over them one by one.
- The pharmacist will make an assessment to determine if all the combined medications are working well together and not causing possible drug interactions.
- At the end of the appointment, the pharmacist will provide the patient with a current best possible medication record which the patient should carry with them at all times and share with all health care providers involved in their care – including the dentist.

## Case Study (continued)

The following is a typical discussion that might take place between Michelle (a pharmacy team member) and our patient Mrs. Florence Smith. Michelle has just finished helping Mrs. Smith find a particular brand of hand cream she was looking for...

### Mrs. Florence Smith

**Michelle:** ... I'm glad I could help! By the way Mrs. Smith I would also like to let you know about a new program that is being offered by the NB Prescription Drug Program. If you take three or more chronic prescription medications you are eligible to make a private appointment with our pharmacist to discuss your medications in detail.

**Mrs. Smith:** What does it involve?

**Michelle:** Our pharmacist will sit down with you for 20 minutes or so and go over each of your medications to ensure that you are getting the most benefit from them. He or she will also make sure that all of your drugs get along with each other, including those that you might be taking that don't require a prescription. Before you leave you will receive a list of all the medications you are taking so that you can show it to any health care professional you might come in contact with.

**Mrs. Smith:** That does sound pretty important! And I really like the pharmacists here! But I don't have time right now.

**Michelle:** That's fine. We can book an appointment time that is more convenient for you. This way you can bring in all of your prescription and non-prescription drugs – like vitamins and herbal supplements for the pharmacist to have a look at. Why don't we have a look at the appointment schedule and see what's available?

**Mrs. Smith:** OK, that sounds like a good idea. I do have some questions about some of my medications. I think my husband would benefit from this too!

You can see from this exchange that the pharmacy team member informed the patient of the service and explained a bit about it. The approach is very important to the uptake of the program. If team members are excited about the program and promote the benefits then the patient is more likely to believe that the program is worthwhile. If the team member 'goes through the motions', uptake is less likely. Another approach is to have the pharmacy team member say "The pharmacist would like you to set up an appointment to speak with him/her about your medications". This approach would be used when the team member knows for sure that the patient is eligible for the service (i.e., is taking 3 or more chronic prescription medications and is an NBPDP senior). Pharmacy team members can try both approaches to see which they are most comfortable with and/or which seems to be most successful.

## Promote the *NB PharmaCheck* Program

### To Local Physicians and Other Healthcare Providers

It is important that a patient's doctor isn't "surprised" when they come into an appointment and share that they've had a *NB PharmaCheck* Medication Check-up with their pharmacist.

The following are some approaches you can take to ensure that physicians are aware and understand the goals of the program.

- Ideally, you could call a meeting of local physicians and other healthcare providers to discuss the program, its goals and the potential benefits to patient care through enhanced communication.
- Ask for a 10-15 minute time slot at a local physicians' meeting (e.g. educational meeting).
- Send out faxes/letters to describe the program. Follow-up with a call to the doctor's office asking them if they received the literature and welcome any calls by the physician to discuss. Set up brief appointments with 5-6 of the higher prescribing physicians to discuss the program in person. This may take a half-day but will likely boost participation and promote better communication with the physicians throughout the program.
- Provide examples of how this service would be helpful and relevant to the physician's practice. Example: When a patient books an appointment for an annual physical, they can be referred to have a *NB PharmaCheck* appointment prior to the physical. When the patient attends, they can bring the *NB PharmaCheck* Medication list and pharmacist's report with them for the physician to review. Alternatively, these documents can be sent by fax to the physician prior to the annual physical.

A strong healthcare community communication strategy will enhance referral to the program. Patients are more likely to participate in the *NB PharmaCheck* program if they have been specifically requested to do so by a health professional such as their doctor.

Physicians should be made aware of evidence that any NBPDP senior taking three or more medications is likely to benefit from this program, not just those with obvious medication-related issues. In other words, the trigger for referral to the program should be any NBPDP senior taking three or more medications, not just those with medication problems.

As the provision of healthcare becomes more interdisciplinary, collaborative and team based, it is important to make all team members aware of this important new service. They too, can identify patients who may benefit and refer them to a *NB PharmaCheck* appointment.

### Suggested Interdisciplinary Healthcare Providers

- Gerontologists
- Nurses – deliver a presentation at their local association meeting. They work in varied areas of healthcare and can be invaluable in raising awareness to patients.
- Dietitians – they often assess vitamin and mineral intake and can determine if a patient could benefit from an appointment with their pharmacist to discuss their medications.
- Chiropractors – they often must assess gait and stability for falls prevention. They often see older patients on multiple medications who could benefit from this service.

## Suggested Interdisciplinary Healthcare Providers (continued)

- Hospital Admission Units – Have patients attend an *NB PharmaCheck* appointment prior to their admission appointment. The documentation received will be helpful in their own medication reconciliation process.
- Hospital Pharmacists – They can refer patients for a post - discharge appointment
- Personal Support Workers (PSW) – through their patient care activities in the patient’s own home, they may identify need and advise patients of this service.

**All health professionals can be made aware that a *NB PharmaCheck* Medication Check-Up may be especially important in the following circumstances:**

- When a patient is being admitted to or being discharged from the hospital.
- When a change in medications has occurred for any reason.
- When a patient’s health status has changed clinically to include new co-morbidities involving new and additional prescription medication.
- When a person is about to travel (e.g., extended periods of time in southern climates during the winter).

## Promote the *NB PharmaCheck* Program

### To the Community

Awareness of the *NB PharmaCheck* Medication Check-Up can be promoted through communication and collaboration with senior’s programs such as:

- Falls prevention programs
- Senior’s Health Fairs
- Retired person’s associations (e.g., CARP)
- The local Public Health Unit may be happy to promote the program as many synergies exist between medication issues and seniors’ concerns such as Falls prevention.
- A brief description of the program in a local newspaper may help spread the word.
- Any organization that has members in the “Sandwich Generation” or “Zoomers” would be interested in the benefits of this service to their aging parents.

### Community Forum

Ideally, your team could host a community forum on medication safety to introduce the program. This could be as simple as acquiring the use of a local church hall and sending out flyers to local seniors centres and advertising in the pharmacy. Often the local newspaper will announce such non-profit ventures free of charge. Staff could help by offering baked goods and refreshments. At the conclusion of the evening, appointments could be booked for future *NB PharmaCheck* Medication Check-Ups.



## Section 2:

# Preparing for the *NB PharmaCheck* Medication Check-up



## Scheduling *NB PharmaCheck* Medication Check-ups

You will need to set up a system that is dependable, accurate and accessible to all team members for scheduling of the *NB PharmaCheck* Medication Check-Ups.

Following are two suggestions. Choose the one that will best work for your circumstances. You may want to collect input from a staff meeting before making the final decision.

### Paper based appointment book

- This book must be kept in a location where it is accessible to all team members (a sample scheduler can be found on the next page).
- The team must be reminded to ALWAYS return the appointment book to its appointed location after it has been used.
- The book should have blocks of one-half hour with times indicated when a pharmacist would be available to conduct a Medication Check-Up.

### Computer-based appointment log

- In this circumstance any patient wishing to book an interview time in person will most likely need to report to the pharmacy to have their appointment time entered. Patients will be able to phone in for an interview time which then can be entered directly into the computer.
- Your computer software may have appointment capabilities, or you could create a log on your Desktop using Microsoft Word. Again, times would need to be clearly indicated when a pharmacist would be available to conduct the Medication Check-Up.

### In all cases:

- The patient should be given a *NB PharmaCheck* Medication Check-Up reminder note. If the appointment is booked over the telephone, the reminder note and documents for completion by the patient prior to interview (i.e., Medication Check-up form and "Am I getting the Most from My Medication?" document) can be emailed, mailed or delivered in advance. This will allow the patient to complete the documentation where possible. If this cannot occur, then ask the patient to arrive at the pharmacy at least 5-10 minutes ahead of schedule so that they may complete the required documentation prior to their interview.
- A staff member should phone the patient to remind them of their appointment on the day before it is to occur. They should remind the patient to bring in all of their prescription and non-prescription medications and their completed documentation forms (see case next page).

## Case Study (continued)

Jane, a pharmacy technician, has been tasked with looking at the appointment log once a day and calling patients to remind them of their appointment time. Mrs. Smith has just answered the phone...

### Mrs. Florence Smith

**Jane:** Hello Mrs. Smith, this is Jane from the drugstore calling.

**Mrs. Smith:** Oh yes Jane, how are you doing?

**Jane:** I am very well thanks... I'm just calling to remind you and your husband of your appointments to see our pharmacist tomorrow at 1 pm. Is that time still convenient for you?

**Mrs. Smith:** Yes it is Jane, and thanks so much for the reminder. I have it on the calendar but don't look at it as much as I should!

**Jane:** Just a little reminder to make sure you bring any type of medication that you might use including those you don't need a prescription for.

**Mrs. Smith:** Yes, I have started gathering everything up that Jim and I use. I should probably get rid of some of these, but I'll ask the pharmacist first.

**Jane:** That sounds like a great idea Mrs. Smith. I also want to thank you for filling out the forms we gave you. The "*NB PharmaCheck* Medication Check-up" and the questionnaire entitled "Am I Getting the Most from my Medication?"

**Mrs. Smith:** Yes, Jim and I both filled those out together and brought them in a couple of days ago when we were in. It's great to know that you want to know about some of the small problems I didn't want to bother the pharmacist about!

**Jane:** That's right Mrs. Smith, we just want to make sure that there are no barriers to you taking your medication in a manner that works best for you. Our pharmacist will talk to you about the issues you have identified when you are in. We will look forward to seeing you tomorrow.

**Mrs. Smith:** That's wonderful. Thanks again for calling!



**NB PharmaCheck Appointments****Date:**

Time	Name	Phone	Reminded? (24 hrs ahead)	Pharmacist Availability
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				



## Tips on Conducting a Medication Check-Up

A goal of the *NB PharmaCheck* Medication Check-Up is to ensure patients understand how to take their medications safely and appropriately. A second goal is to educate patients to share their comprehensive, accurate and up-to-date medication list which has been supplied by your pharmacy with all health professionals they come in contact with. The intention of the program is to identify and address any knowledge gaps by discussing each of the patient's medications with them.

The process by which the medications that a patient is taking is verified against what they 'should' be taking is called medication reconciliation (as opposed to a medication review or consultation where more in depth inquiry is involved). Although the overall goal of the *NB PharmaCheck* program is to successfully complete a medication reconciliation, it is likely in the course of the discussion that drug-related problems will be identified (see Figure 2. next page).

Patients who have multiple medical conditions and are taking multiple medications are at a higher risk for medication-related problems. Section 3 (Patient Interview) contains a *NB PharmaCheck* Interview Worksheet which acts as a medication reconciliation checklist to ensure you haven't missed any important issues regarding individual medications. In addition to ensuring the patient is taking their medications appropriately, the overall medication list should also be reviewed to ensure that there are no issues of drug duplication or interaction or drug-disease interaction. In addition, each medication should have a valid indication. The *NB PharmaCheck* Interview Worksheet contains a section for listing and making recommendations to address identified medication related issues.

As per discussion above, in addition to the medication reconciliation process the following five basic checks should be conducted on the medication list as a whole (see figure next page):

- Check for drug duplication.
- Check for drug-drug interaction.
- Check for drug-disease interaction.
- Check that medications and diseases correspond. There should be no medication without a corresponding condition.
- Check that patient has been renewing prescriptions and that they have been taking their medications according to prescription.

## ***NB PharmaCheck* Medication Check-Up**

### **Medication Reconciliation Process**

- Check that patient's list matches what they should be taking according to doctor's orders and that they are indeed taking the medications.
- Ensure patient understands the indication and how to take each medication safely and appropriately for their circumstances.
- **Ensure patient is given a comprehensive, accurate and up- to-date medication list.**

### **Medication Check List**

- Check for drug duplication.
- Check for drug-drug interaction.
- Check for drug-disease interaction.
- Check that medications and diseases correspond.
- Check that patient has been renewing prescriptions and that they have been taking their medications according to prescription.

### **Identification of Drug-Related Problems**

- The patient is taking/receiving a drug for which there is no valid indication.
- The patient requires drug therapy for an indication and is not receiving/taking this therapy.
- The patient is taking/receiving the wrong drug or drug product.
- The patient is taking/receiving too little drug.
- The patient is taking/receiving too much drug.
- The patient is not taking/receiving the prescribed drug appropriately.
- The patient is experiencing an adverse drug reaction (defined as not dose-related).
- The patient is experiencing a drug-drug, drug-food, or drug-medical condition/laboratory interaction.

### **Collaborative Resolution of Drug-Related Problems**

If physician interaction required, report DRP to patient's physician using the *NB PharmaCheck* Physician's Letter for collaborative resolution. Inform Patient of outcome when response received. Medication List is then updated to reflect the new changes

## A Process for Identifying Drug-Related Problems

The following process can be used to develop a systematic and comprehensive thought process for identifying medication-related problems.

**Please note that these problems can be complex and may require contacting or referral to the patient's family physician.**

*Reprinted with permission from Pharmacy Practice 1998;14(5):71. Grymonpré R., Geriatric Care. How pharmacists can optimize medication use by elderly patients.*

1. Is there a documented indication for each drug?
  - Are all medications still necessary?
2. Is there an indication for pharmacotherapy of a condition which is currently untreated?
3. For each medical condition or symptom:
  - Is the condition or symptom being induced or aggravated by pharmacotherapy?
  - Have non-pharmacologic strategies been attempted?
  - Is the chosen therapy optimal for this patient? (Consider: drug, dosing regimen, dosage form).
  - Is the patient receiving maximum benefit from each medicine? (Consider: efficacy, toxicity, drug interactions).
4. How is the patient's drug-taking behaviour? (Consider: attitude; knowledge; physical/sensory/cognitive limitations; adherence to therapy; daily routine; social situation).
5. Are there any other issues that affect medication use in this client? (Consider: outdated label; caffeine/alcohol/nicotine use; degree of communication with health care professionals; multiple physicians/pharmacies; primary prevention strategies, e.g., osteoporosis, immunization, tobacco cessation; drug storage; drug cost; drug hoarding; limited finances).

# Mrs. Smith's completed NB PharmaCheck forms

Do I have...

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Arthritis | <input type="checkbox"/> Heart problems                      |
| <input type="checkbox"/> Bladder problems     | <input checked="" type="checkbox"/> High blood pressure      |
| <input type="checkbox"/> Breathing problems   | <input type="checkbox"/> Low iron in my blood (anemia)       |
| <input type="checkbox"/> Cancer               | <input type="checkbox"/> Pain                                |
| <input type="checkbox"/> Circulation problems | <input type="checkbox"/> Sleeping problems                   |
| <input type="checkbox"/> Constipation         | <input checked="" type="checkbox"/> Stomach problems         |
| <input type="checkbox"/> Depression           | <input type="checkbox"/> Stroke                              |
| <input checked="" type="checkbox"/> Diabetes  | <input type="checkbox"/> High Cholesterol                    |
| <input type="checkbox"/> Diarrhea             | <input checked="" type="checkbox"/> Other <u>Cholesterol</u> |



Name Florance Smith  
 Address 73 Apple Road  
Fredricton Postal Code E3B 1G2  
 Phone Number 506-444-1234

## Am I Getting the Most from my Medication?

Your Pharmacist works with your doctor to help you get the most from the medication you take.

© 2012 Canadian Pharmacists Association  
 The NB Department of Health and the NB Pharmacists' Association in collaboration with the Canadian Pharmacists Association have adapted the CPhA PharmaCheck™ program to meet the needs of New Brunswick Seniors. PharmaCheck™ and the PharmaCheck™ logo are trademarks of the Canadian Pharmacists Association and are used under license.



NB PharmaCheck is a chance to meet directly with your pharmacist to review all the medications you take and make sure you are getting the most from them.

Medications include: tablets, capsules, pills, liquids, puffers (inhalers), creams, patches, drops, etc. Some are prescribed by your doctor and others you can buy off the shelf (e.g., cold, pain, stomach remedies, vitamins or herbal products).

Please check off the boxes.

Do I have trouble...

- yes no
- Reading the label on my medication?
  - Understanding the instructions on my medication?
  - Opening the medication bottle? Sometimes
  - Using things like puffers, eyedrops, creams, patches?
  - Swallowing medication?
  - Remembering to take my medication?

Do I want to know more about...

- yes no
- The medication I am taking?
  - Where to store my medication?
  - How and when to take different kinds of medication?

Do I ...

- yes no
- Share my medication with family and friends?
  - Drink beer, wine or liquor with my medication?
  - Sometimes change the amount of medication I am taking?
  - Take nonprescription medication, vitamins, or herbal medicine without talking to my pharmacist or doctor?
  - Keep old bottles of medication, just in case I need them?

Do I forget...

- yes no
- The names of all the medications I am taking?
  - What I am taking the medication for?
  - What to do if I miss a dose?

Do I feel that...

- yes no
- I am taking too many medications?
  - My medication is making me sick?
  - My medication is not working?
  - My medications are working against each other?

Do I ...

- yes no
- Have more than 3 medical conditions?
  - Take medications 3 times a day or more?
  - Take 3 or more different medications (including prescription and nonprescription)?

If you answer yes to more than 3 questions, please contact your pharmacist to book an appointment to talk about it!





**MY MEDICATION CHECK-UP**

**PATIENT TO COMPLETE THIS PAGE**

Name: Florence Smith Who Helps you with your Medication?: NOBODY

Address: 73 Apple Road

Postal Code: E3B 1C2 Phone: 506 444-1234 Pharmacist: My Pharmacy

Health Insurer: NSPIP 123 456 789  I agree to have a basic medication review performed by my pharmacist and to allow my information to be released to another healthcare provider as necessary for my care.

Family Doctor: Dr. Jones Patient Signature: [Signature]

Phone: 506-444-5678 FAX: \_\_\_\_\_ Date: July 5, 2010

**INFORMATION ABOUT MY HEALTH**

Birthdate: Nov. 6, 1940

Yes  No Smoking: If yes, # cigarettes/day \_\_\_\_\_

Yes  No Other Nicotine/Drugs \_\_\_\_\_

Yes  No Alcohol: if yes, # drinks/week 2

Yes  No Caffeine intake: # cups/day 2

Yes  No Drug Allergy (list with reactions): Sulfas (upset stomach)

Yes  No Kidney Disease?

Yes  No Liver Disease?

Yes  No Tetanus immunization (every 10 years)?

Yes  No Influenza immunization yearly?

Yes?  No Pneumococcal immunization (one/life)?

Yes  No Other immunizations/travel vaccines:

**Medical Conditions:**

high cholesterol      Arthritis  
high blood pressure      Acid in my stomach  
diabetes

**What is your biggest concern about your medication today?**

I sometimes forget to take my metformin.



# PERSONAL MEDICATION RECORD

Print Form

**PERSONAL MEDICATION RECORD OF:**

Florence Smith

DOB  NBDP

**MEDICATION ALLERGIES, INTOLERANCES, OTHER ALLERGIES**

Sulpha drugs (upset stomach)

**PHARMACY CONTACT INFORMATION**

My Pharmacy  
23 Main Street, Fredericton NB E3B 1C7

Phone  FAX

**FAMILY DOCTOR CONTACT INFORMATION**

Dr. H. Jones

Phone  FAX

Name of medication Brand/Generic	Strength/Dose	How to take this medication (frequency, time of day, etc.)	Purpose	Comments	Prescriber
Atorvastatin	20 mg	Once daily with breakfast	To lower cholesterol		Dr. Jones
Ramipril	10 mg	Once daily with breakfast	For blood pressure & protect heart		Dr. Jones
EC ASA	81 mg	Once daily with breakfast	To protect heart		Dr. Jones
Metformin	500 mg	4 times daily with meals & at bedtime	To control blood sugar		Dr. Mills
Omeprazole	20 mg	Once daily with breakfast	To control stomach acid		Dr. Jones
Acetaminophen	500 mg	4 times a day if needed	To control pain of arthritis		Dr. Jones
Hydrochlorothiazide	25 mg	Once daily with breakfast	For blood pressure		Dr. Jones

*Accuracy of this list is dependent on the truthfulness and completeness of information provided by the patient and it remains at all times the patient's responsibility to advise their pharmacist of any change to their medications. By signing this, I consent for my pharmacist to share this medication list with my other health care professionals (present and future) to enhance seamless continuity of care.*

**Additional Comments/Actions Needed:**

Patient name  Patient Signature

Pharmacists name  Pharmacists signature  Date

PharmaCheck™ is a trademark of the Canadian Pharmacists Association and is used under license.









## Section 3:

# Conducting the *NB PharmaCheck* Medication Check-up



## **NB PharmaCheck Interview Process Guidance**

### **Documents prepared before interview and/or ready for use:**

- Patient Medication List from pharmacy profile
- *NB PharmaCheck My Medication Check-Up Form* (completed by patient)
- “Am I Getting The Most From My Medications” Screening Tool (if patient has had time to complete)
- *NB PharmaCheck Interview Worksheet* (tool only—not required for reimbursement)
- *NB PharmaCheck Patient Action Form* (tool only—not required for reimbursement)

***Review NB PharmaCheck Medication Check-up document, Medication List and Screening Tool (“Am I getting the most from my medications”) before interview to determine background and major concern(s) of patient.***

### **Interview**

- Greet patient and inform them of purpose of interview and amount of time you have together.
- Ask if the patient has brought ALL medications with them. Ensure that OTCs, inhalers, eye and eardrops, topicals, have all been included.
- Thank the patient for completing *NB PharmaCheck Medication Check-Up* document and Screening Tool (as applicable) and assure patient that you will address their concerns before the interview is over.
- Explain that you are going to discuss each medicine one by one and that it is important for the patient to bring forward any points they don’t understand and any problems with the medication they might have.
- Explain to the patient that you have a maximum of 30 minutes to spend with them at this time.
- Start process of reviewing each medication. Utilize the “*NB PharmaCheck Interview Worksheet*” to ensure that you have covered all areas for each medication and have listed any medication-related issues that come up.
- Be sure to engage patient during interview. Ask open ended questions such as “What do you use this medication for?” “How do you use this medication?” (See Section 7)
- Ensure you have discussed patient issues documented on the Screening Tool (“*Am I getting the most from my Medications*”).
- Discuss any issues which may require clarification. Collaborate with patient to address the issues.
- Enter identified issues as well as plans for resolution and follow-up on the *Patient Management and Follow-up* table found on the “*NB PharmaCheck Interview Worksheet*” should you choose to use this tool.
- Summarize your discussion with the patient in clear and simple language and discuss any action plans specific to the patient. Option to jot down any action plans on the *NB PharmaCheck Patient Action* form.
- If necessary, contact the patient’s physician in a manner agreed upon with the patient.

## Case Study (continued)

### Mrs. Florence Smith

Mrs. Smith has arrived for her medication check-up and has been brought over to the private counseling area by Jane the pharmacy technician. Susan, the pharmacist, is quickly reviewing the *NB PharmaCheck Medication Check-Up* form and “Am I Getting the Most From My Medication?” document before Mrs. Smith arrives. She has Florence’s Medication List as printed from the pharmacy computer as well as the *NB PharmaCheck Interview Worksheet* and the *NB PharmaCheck Patient Action Form* in front of her for documentation purposes.

**Pharmacist:** Good afternoon Florence, it’s nice to be able to sit down with you for some private time together!

**Mrs. Smith:** Yes, I certainly do appreciate this. You are always so busy in the pharmacy I often don’t want to bother you with some of the questions I have.

**Pharmacist:** Well, we want to make sure that you understand the purpose of all your medications, how to take them and hear about any side effects you think you might be experiencing.

**Mrs. Smith:** Well, I take so many pills I want to be sure that they all get along with each other.

**Pharmacist:** Why don’t we begin. ....I see that you have brought all your medications with you. Maybe we should put them out on the table here so we can have a look. (Florence nods head and starts to take medications out of bag). I just want to remind you that we have up to 30 minutes together. So we will be done by 1:30 pm.

**Mrs. Smith:** That’s great because I have a 2 o’clock appointment at the hairdresser up the street!

**Pharmacist:** I see from one of the forms you filled out that you are concerned about missing some doses of your metformin?

**Mrs. Smith:** Yes, I take most of my other pills with breakfast but sometimes forget to take my metformin because I take them 4 times a day.

**Pharmacist:** Have you ever used any type of medication reminder?

**Mrs. Smith:** I really didn’t think I needed one with only one pill to take more than once a day. But maybe I should think about that?

**Pharmacist:** It really does seem to help people to take their medication as they should. It’s funny but most people who call say they don’t recall whether they took their medicine or not.... Not necessarily that they didn’t take their medication.

## Case Study (continued)

### Mrs. Florence Smith

**Mrs. Smith:** That's exactly what happens to me! I think.... Did I take my lunch-time pill or didn't I? I guess having a pill reminder box would help with that!

**Pharmacist:** It certainly would. I have another idea I could ask the doctor about it if you like. Some people take two metformin tablets only twice daily with breakfast and supper. That could help you as well.

**Mrs. Smith:** It would be nice if I only had to take my medication two times a day instead of four! Could you ask Dr. Mills about that?

**Pharmacist (writing down on Interview Worksheet):** Certainly I will. I am just going to make a quick note of that. .... I see you have a few extra medications here from what I have listed on our Pharmacy list. Sometimes things like inhalers or eyedrops or medications that don't require a prescription are forgotten and aren't brought in to the appointment. Are these all the medications you use?

**Mrs. Smith:** Yes, and I have brought some I don't use anymore to see what I should do with them.

**Pharmacist:** Perfect! .... Let's just sort them out first.... (takes medications that match pharmacy list and separates them in one area – points to others). Now which of these medications do you still take?

**Mrs. Smith:** I take the vitamin D and the calcium and the glucosamine and the vitamin E.

**Pharmacist:** (Checks expiry date on others) I see all of these other medications have expired Florence. It is good that you brought them in. We have a service that disposes of them in an environmentally friendly manner. Would you like us to take care of that?

**Mrs. Smith:** That would be great!

**Pharmacist:** Let's start by ensuring you understand each of the medications we have listed on our pharmacy list and then we will move on to the extra medications you have brought in. How does that sound?

**Mrs. Smith:** That's fine with me!

**Pharmacist:** Let's start with the metformin since we have already discussed it. What did the doctor say was the purpose of this medicine?.....

**Pharmacist Susan went on to discuss each of Florence's medications with her using the *NB PharmaCheck* Interview Worksheet as a guide and for documentation of issues.**

- Florence wanted to know if glucosamine increased glucose and pharmacist Susan assured her that it was safe to use with her current medications.

## Case Study (continued)

### Mrs. Florence Smith

- Pharmacist Susan also explained to Florence that the recommended dose of vitamin D had gone up in recent times and that a 1000 IU tablet daily would be recommended now for her age. Florence agreed and said she had wondered about that because one of her friends has said she was taking 1000 IU daily.
- Florence did decide to purchase a dosett because in addition to her metformin she was taking glucosamine and calcium multiple times daily.
- Pharmacist Susan informed Florence that studies had shown that vitamin E is not as beneficial for prevention of heart disease as once thought. In fact, in people who already were at high risk for heart disease it may even be detrimental. Florence thanked her for the information and said she would rather save her money than take a medication that wasn't benefitting her.
- Pharmacist Susan found that Florence was fairly knowledgeable about her medications overall. She asked Florence if she would like her to approach Dr. Jones about combining the ramipril and hydrochlorothiazide together into one tablet so that she would have one less medication to take. Florence replied that she didn't mind taking the medications separately since she was taking them at the same time but appreciated the offer.
- Pharmacist Susan discussed Florence's listed sulpha intolerance with her and explained that it wasn't likely an allergy, but an intolerance to sulpha medications. She asked Florence to discuss this further with her doctor to clarify as it would be important not to unnecessarily avoid a medication that might be the best for treatment.
- Pharmacist Susan addressed the few concerns listed on the "Am I Getting the Most from My Medications" document completed by Florence.
- Pharmacist Susan thanked Florence for coming in and Florence replied how grateful she was for the service and that she felt much more confident about having control of her medications now.
- Pharmacist Susan filled out a *NB PharmaCheck* Action Form and went over it with Florence (see below).
- Pharmacist Susan had the pharmacy technician complete Florence's medication list. After she quickly went over it with her, they both signed it. (see below). She reiterated the importance of keeping it with her at all times and showing all health professionals she comes into contact with.

# Completed Forms from Florence's NB PharmaCheck Check-Up



Print Form

## MEDICATION REVIEW INTERVIEW WORKSHEET FOR USE BY PHARMACIST

Patient Name FLORENCE SMITH

For each medication, review the following information.

	Reviewed	Comments/Issues/Intervention	Follow-up
Knows generic and common brand name	<input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Knows reason(s) for use	<input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Understands dosing frequency	<input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Understands special dosing instructions (e.g., empty stomach, under the tongue)	<input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Assess adherence	<input checked="" type="checkbox"/>	SOMETIMES MISSES METFORMIN DOSE - ASKING ABOUT CHANGE TO 1000 mg BID	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Demonstrations, if applicable (e.g., inhalers, eye drops)	<input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Check labeling & packaging (e.g., need for easy open vials or blister packs, trouble reading labels)	<input checked="" type="checkbox"/>	SWITCHING TO SNAP CAPS AND TRAVEL DISPENSING BOTTLES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Storage is appropriate	<input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Check expiry dates and discuss disposal of discontinued or expired medications	<input checked="" type="checkbox"/>	EXPIRED MEDS NO LONGER USED WERE DISPOSED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Print Form



## MEDICATION REVIEW INTERVIEW WORKSHEET (continued)

Use the comments from the first page to develop key medication issues, actions and follow-up. The "PharmaCheck Guide" may be a useful tool in addressing medication issues identified. Pharmacists should become familiar with the tips provided as an aid in addressing these issues.

Patient name FLORENCE SMITH  
 Date of Medication Review 05/02/2010  
 Pharmacist SUSAN JOHNS

Meds brought to visit (not on profile)

VITAMIN D 400 IU QD - Breakfast  
 CALCIUM CARBONATE 500mg BID Breakfast/Supper  
 GLUCOSAMINE 500mg - TID - meals  
 VITAMINE E 800 IU QD

Issues

METFORMIN DOSE SOMETIMES MISSED  
 VIT D DOSE LESS THAN RECOMMENDED  
 VIT E 800 IU - NOT INDICATED  
 SULFAM - NOT LIKELY TRUE ALLERGY

Actions

DOSETT - CHANGE METFORMIN TO 1000 MG BID  
 INCREASE DOSE VIT D TO 1000 IU DAILY  
 DISCONTINUE VIT E  
 PATIENT TO TALK TO DR. JOHNS ABOUT SULPHAM/ALLERGY

Follow-up

CONTACT DR. MILLS - RE METFORMIN DOSE  
 INCLUDE VIT D DOSE ON MED LIST TO DR. JOHNS.

To complete the PharmaCheck Medication Review please complete the Personal Medication Record (required) and Physician Communication Letter (if applicable).



# Completed Forms from Florence's NB PharmaCheck Check-Up



Action form for: FLORENCE SMITH

As a result of my NB PharmaCheck Medication Check-Up I will do the following:

1.	STOP TAKING VITAMINE E
2.	TAKE VITAMINE D 1000 IU INSTEAD OF VITAMINE D 400 IU
3.	USE A WEEKLY DOSSETT FOR PILLS.
4.	TALK TO DR JONES ABOUT SULPHA ALLERGY
5.	
6.	
7.	

Pharmacist Signature: Susan Johns Date: 05/06/2010





# Completed Forms from Florence's NB PharmaCheck Check-Up



## PERSONAL MEDICATION RECORD

Print Form

**PERSONAL MEDICATION RECORD OF:**

Florence Smith

DOB November, 6, 1940 NBPDP 123 456 789

**MEDICATION ALLERGIES, INTOLERANCES, OTHER ALLERGIES**  
Sulpha drugs (upset stomach)

**PHARMACY CONTACT INFORMATION**

My Pharmacy  
23 Main Street, Fredericton NB E3B 1C2

Phone 506-444-9876 FAX 506-444-9877

**FAMILY DOCTOR CONTACT INFORMATION**

Dr. H. Jones

Phone 506-444-5678 FAX 506-444-5677

Name of medication Brand/Generic	Strength/Dose	How to take this medication (frequency, time of day, etc.)	Purpose	Comments	Prescriber
Atorvastatin	20 mg	Once daily with breakfast	To lower cholesterol		Dr. Jones
Famipril	10 mg	Once daily with breakfast	For blood pressure & protect heart		Dr. Jones
EC ASA	81 mg	Once daily with breakfast	To protect heart		Dr. Jones
Metformin	500 mg	4 times daily with meals & at bedtime	To control blood sugar		Dr. Mills
Omeprazole	20 mg	Once daily with breakfast	To control stomach acid		Dr. Jones
Acetaminophen	500 mg	4 times a day if needed	To control pain of arthritis		Dr. Jones
Hydrochlorothiazide	25 mg	Once daily with breakfast	For blood pressure		Dr. Jones
Vitamin D	1000 mg	Once daily with breakfast	For bones	changed from 400 IU daily	Non-prescription
Calcium (as carbonate)	500 mg	Twice daily with breakfast & supper	For bones		Non-prescription
Glucosamine	500 mg	3 time daily with breakfast, lunch, supper	For arthritis		Non-prescription


Accuracy of this list is dependent on the truthfulness and completeness of information provided by the patient and it remains at all times the patient's responsibility to advise their pharmacist of any change to their medications. By signing this, I consent for my pharmacist to share this medication list with my other health care professionals (present and future) to enhance seamless continuity of care.

**Additional Comments/Actions Needed:** Follow-up with Dr. Mills RE: Metformin change to 1000 mg twice daily; stopped Vit E; F.S. to follow-up with Dr. Jones RE: sulpha allergy

Patient name Florence Smith Patient Signature *[Signature]*

Pharmacists name Susan Johns Pharmacist's signature *[Signature]* Date 05/02/2010





**Section 4:**  
**Medication Issues**  
**Response Tips**



## **NB PharmaCheck Medication Issues Response Tips\***

### **Table of Contents**

	Page
Patient does not know name(s) of their medication	38
Patient does not know purpose of their medication(s)	38
Patient takes non-prescription medication, vitamins or herbals without first talking to their pharmacist or doctor	39
Packaging Issues	
Reading the label	40
Understanding the Instructions	
Opening the medication bottle	
Storing medications	41
Problems using dosage forms such as puffers, eye drops, creams and patches	41
Patient has trouble remembering how and when to take different medications	42
Patient is unsure of what to do when they miss a medication dose	42
Patient has trouble remembering to take medication	43
Patient drinks beer, wine or liquor with their medication	44
Patient has trouble swallowing medication	44
Patient sometimes changes the amount of medication taken	45
Patient keeps old medication	45
Dealing with Patient Perceptions	
Patient thinks medication is causing sickness	46
Patient thinks medications are working against each other	46
Patient thinks they are taking too many medications	47
Patient thinks medication is not working	47

\*This section has been adapted with permission by the Canadian Pharmacists Association (CPhA)  
Source: PharmaCheck Guide—A Guide for Pharmacists to Aid in Identifying and Resolving Medication Issues. 2005 CPhA.

## NB PharmaCheck Medication Issues Response Tips

### Patient does not know the name(s) of their medication:

- *Can you tell me the names of the medications you are taking?*

#### ⇒ Tips

- ⇒ Reinforce the importance of knowing the names of all medications (e.g., it is important to communicate this to all health care professionals they may see with the aid of the *NB PharmaCheck Medication List*).
- ⇒ Educate the patient with respect to the difference between brand and generic/chemical names
  - Use example of ibuprofen as generic or chemical name but Advil® and Motrin® both brand names of ibuprofen.
  - If patient questions quality of generic pharmaceuticals assure them that prescription medications are subject to strict quality control regardless of whether they are brand or generic drugs. Non-prescription drugs with DIN are also subject to strict quality control. Suggest patients speak with their pharmacist before selecting over-the-counter drugs.

### Patient does not know purpose of medication(s):

It is difficult for me to know why you are taking this medication because it often has many purposes.

- *What did your physician tell you about the medication?*
- *How did your doctor say it would help?*
- *What did your doctor say it was for?*

#### ⇒ Tips

- ⇒ Do not skip this step even if indication not immediately apparent. Patients are more likely to be adherent with medication if they understand why they are taking it.
- ⇒ Match medication with most likely indication according to disease state to try to jog patient's memory if necessary.
- ⇒ If known, the reason for use can be put on the label with the patient's permission (e.g., for pain, blood pressure).
- ⇒ Advise the patient to write down his/her questions about use of medication before visiting the physician.
- ⇒ Offer written information about specific medications to enhance patient understanding.
- ⇒ If medication indication is still not apparent after review with patient, list as medication issue and enter indication in medication list when reply received from physician.

## NB PharmaCheck Medication Issues Response Tips

### Patient takes non-prescription medication, vitamins or herbals without first talking to their pharmacist or doctor:

Based on the information you've provided to me, you take non-prescription medication, vitamins or herbals.

- *Could you tell me more about what you are taking?*

### ⇒ Tips

- ⇒ It is important to document which therapies are used, how often, and their perceived effectiveness.
- ⇒ Document in the patient's computer profile, if possible.
- ⇒ If you ask, Do you take any non-prescription or off-the-shelf medications?, the answer will often be No. The following "head-to-toe" questioning strategy often helps to find out exactly what the patient uses — What do you take if you have: a headache? sleeping problems? a cough or cold? heartburn? diarrhea? constipation? pain? etc.
- ⇒ Emphasize that these alternative therapies are also medications with risks and potential drug interactions.
- ⇒ Remind the patient that all medications including prescription, non-prescription, vitamins and herbals will be included on the *NB PharmaCheck* Medication list and the list should be updated if any of these medications are stopped or others are started.
- ⇒ Use of non-prescription medication may indicate that a condition is not well-controlled by a prescription medication (e.g., antibiotic ointment for untreated diabetic wound, cough syrup for ACE inhibitor-induced cough).
- ⇒ Self-medication with non-prescription medications may lead to drug duplication (e.g., OTC use of ibuprofen, EC ASA and prescribed NSAIDs, OTC and prescribed H2 antagonists).
- ⇒ Non-prescription medications may contribute to drug–drug or drug–disease interactions. Stress importance of consulting a pharmacist or a physician before using non-prescription medication, vitamins or herbals.

# NB PharmaCheck Medication Issues Response Tips

## Packaging Issues

Patients may experience medication-related problems associated with labelling and packaging that require quick and simple solutions.

### Reading the label:

Based on the information you've provided to me, I see that you may be having a problem reading the label (or instructions) for your medication.

- *Is the print too small for you to read?*

### ⇒ Tips

- ⇒ Do not use all upper case letters.
- ⇒ Alter computer program to print large, clear directions.
- ⇒ Place label lengthwise not around the bottle.
- ⇒ Suggest use of a magnifying glass.
- ⇒ Use highlighter on label.
- ⇒ Replace printer ribbon/cartridge.

### Understanding the instructions:

Based on the information you've provided to me, I see that you feel the instructions are not easy to understand.

- *What part of the instruction is causing you problems?*

### ⇒ Tips

- ⇒ Change comprehensiveness of instructions to a level understood by the patient.
- ⇒ Ask a caregiver (family or friend) to help with translation.
- ⇒ Ask the patient to repeat the directions to check for understanding.
- ⇒ Provide separate directions, review them with the patient and put them in the bag with the medication.
- ⇒ Use information pamphlets when appropriate. Change language on label to match language of patient (e.g., French), and confirm understanding.

### Opening the medication bottle:

Based on the information you've provided to me, I see you have difficulty opening your medication container.

- *Can you describe (or show me) the problems you are having?*

### ⇒ Tips

- ⇒ Change to a snap cap.
- ⇒ Change to a screw cap.
- ⇒ If oral liquid, provide a dispensing device.
- ⇒ Have the patient try a variety of different dispensing bottles.
- ⇒ Use bigger bottles (larger containers or vials).
- ⇒ Dispense in blister or compliance packaging, if available.



## NB PharmaCheck Medication Issues Response Tips

### Storing medication:

Based on the information you've provided to me, you would like more information on where to store your medications.

- *Where do you store your medications now?*

### ⇒ Tips

- ⇒ Should *not* be kept in refrigerator unless specified.
- ⇒ Should *not* be kept in a sunny place.
- ⇒ Should *not* be kept in the bathroom.
- ⇒ Should be stored in a cool dry area. Suggest a bedroom drawer, closet shelf or kitchen cupboard away from sink or dishwasher.
- ⇒ Some medications need to be kept close by or on your person (e.g., nitroglycerin).
- ⇒ Store out of reach of children (e.g., in a locked cupboard, tool box or drawer).
- ⇒ Store all medications together if possible and in original bottles.
- ⇒ If transferring medication to another container, should be careful not to mix different medications in a single container.
- ⇒ If smaller bottle is needed for easy carrying, offer second smaller bottle.
- ⇒ Offer a second label for the second bottle.

### Problems using dosage forms such as puffers, eye drops, creams and patches:

Based on the information you've provided to me, I see that you are having difficulty taking or using your medications.

- *Can you describe (or show me) what problems you are having?*

### ⇒ Tips

- ⇒ Suggest that caregiver (family or friend) prepare or administer medication.
- ⇒ Ask the older adult to demonstrate technique and make suggestions to improve administration.
- ⇒ Suggest an actuation device.
- ⇒ Suggest a spacer device (e.g., Aerochamber®).
- ⇒ Remove the seal on bottles.

## NB PharmaCheck Medication Issues Response Tips

### Patient has trouble remembering how and when to take different medications:

Based on the information you've provided to me, you are having trouble remembering how and when to take certain medications as was intended by your doctor.

- *Can you tell me more about your concerns?*

### Patient is unsure of what to do when they miss a medication dose:

Based on the information you've provided to me, you are unsure of what to do if you miss a dose of your medication?

- *Is there a particular reason or time that you miss your dose?*
- *What times of the day do you take your doses (before meals, after meals, with food)?*
- *How do you usually take this medication?*
- *How many pills did you miss yesterday?*
- *How many pills did you miss in the past week?*
- *How long have you been taking this medication?*
- *Are you comfortable taking this medication for the long-term?*

### ➔ Tips

- ➔ Review what patient is taking and when as per *NB PharmaCheck Patient Interview Guide*.
- ➔ Ask what patient knows or remembers about each medication.
- ➔ Determine if patient is taking medication correctly (refer to "Problem: remembering to take medication").
- ➔ Determine which medications are taken concurrently:
  - Check for drug interactions occurring locally within the GI tract (antacids, calcium supplements, and iron therapy are particular culprits).
  - Check for clinically significant systemic drug interactions.
- ➔ If patient reports difficulty managing medications (specifically remembering when to take what), recommend a medication-reminder system (e.g., DoseIt®).

### ➔ Tips

- ➔ The significance of missing a dose is very medication specific. Your recommendation will depend on the medication involved.
- ➔ For a compliance problem, reinforce directions, reasons for use.
- ➔ For forgetfulness, suggest that a relative or friend might help.
- ➔ Suggest use of compliance aid (e.g., DoseIt®, calendar).
- ➔ See table next page.

## NB PharmaCheck Medication Issues Response Tips

### Patient has trouble remembering to take medication:

Based on the information you've provided to me, you are having problems remembering to take your medications.

- *Can you tell me more about this? How often do you miss a dose?*
- *Is it sometimes difficult to find the time to take your medication?*
- *When during the day do you take your medication?*

In questioning the patient, you should try to determine why the patient is not taking the medication as prescribed. The table outlines the various causes of medication non-adherence and their possible solutions. In addition to recommending strategies, a follow-up telephone call may be required to determine or confirm the outcome in patients.

Reason	Recommended Strategy
Misunderstanding instructions	Provide clearer instructions or have a caregiver present.
Forgetfulness	<ul style="list-style-type: none"> <li>• Provide written instructions.</li> <li>• Suggest medication-reminder system (e.g., Dosett®, blister packaging).</li> <li>• Tailor regimen to daily routines (e.g., meals).</li> <li>• Supervision by care provider.</li> <li>• Ask patient to repeat instructions.</li> <li>• Suggest a reminder device.</li> <li>• Keep medications in a designated area.</li> </ul>
Complex regimens	Suggest medication reminder system.
Frequent daily dose	Investigate reduced dosing frequency
Loss of interest or motivation	<ul style="list-style-type: none"> <li>• Explore patient's health beliefs.</li> <li>• Include patient in decision making.</li> <li>• Ensure empathy from care providers.</li> </ul>
Unwanted effects	<ul style="list-style-type: none"> <li>• Give reassurance, if appropriate.</li> <li>• Reduce dose or change regimen; may require calling physician.</li> </ul>
Fear of experiencing unwanted effects	<ul style="list-style-type: none"> <li>• Give reassurance.</li> <li>• Provide oral and written information.</li> <li>• Make follow-up telephone calls.</li> </ul>
Cost (e.g., for drugs not listed on provincial formulary)	<ul style="list-style-type: none"> <li>• Determine whether cost is a perceived or real issue.</li> <li>• Consider less expensive alternatives.</li> </ul>
Importance of adherence under-emphasized	Emphasize importance of medication adherence especially for asymptomatic conditions. (e.g., high blood pressure, high cholesterol)
Lack of knowledge	Provide oral and written information. Ensure label is not outdated. Make follow-up telephone calls. Put reason for use on label.

## NB PharmaCheck Medication Issues Response Tips

### Patient drinks beer, wine or liquor with their medication:

Based on the information you've provided to me, you drink beer, wine, or liquor with your medication.

For a lot of medications, an occasional drink of alcohol is not a problem; however, for some it is a problem.

- *What do you drink?*
- *How often do you drink?*
- *How much do you drink at any given time?*

### Patient has trouble swallowing medication:

Based on the information you've provided to me, you are having problems swallowing your medication.

- *Is it any particular tablet (or capsule)?*
- *Do you feel the tablet is too large?*
- *Do you find the capsule "sticks" to your throat?*

### ➔ Tips

Counsel patient:

- ➔ Alcohol can have bad effects on your medical conditions and some medications (for examples refer to a drug interaction text).
- ➔ Alcohol can interact with the medications you are taking.
- ➔ The dizziness or drowsiness caused by many drugs taken to control anxiety, sleep problems, pain, high blood pressure or heart problems may be made worse with alcohol.
- ➔ Alcohol may cause stomach upset or more severe stomach problems.
- ➔ Using alcohol when you are diabetic may cause your blood glucose levels to go out of control (either too high or too low).
- ➔ Alcohol with some diabetes tablets may cause a bad reaction (flushing and headache).
- ➔ To ensure that you get the most from your medicine, check with your pharmacist or doctor before drinking alcoholic beverages. It is important to know if you need to limit or avoid alcohol.

### ➔ Tips

- ➔ Suggest drinking water before taking the tablet or capsule.
- ➔ Recommend pill splitter (NOTE: some tablets cannot be split).
- ➔ Recommend crushing the tablet (NOTE: some tablets cannot be crushed).
- ➔ Suggest liquid form if available (a liquid can be compounded for many medications).
- ➔ Offer to change to a smaller unit dose (e.g., two 250 mg tablets instead of one 500 mg tablet) if available and if resulting in a smaller tablet size. Contact physician if required.
- ➔ Suggest putting tablets in bread or other food (NOTE: some tablets have to be taken on an empty stomach).
- ➔ Provide supplementary information (e.g., patient leaflets, videotapes).

## NB PharmaCheck Medication Issues Response Tips

### Patient sometimes changes the amount of medication taken:

Based on the information you've provided to me, you change the amount of medication or stop taking it when you start to feel better.

- *Have you spoken with your physician about this?*
- *Do you know how long the physician would like you to be on this medication?*
- *Why do you do this?*
- *Are you having any problems with the medication?*

### Patient keeps old medication:

Based on the information you've provided to me, you keep old medications just in case you need them.

#### ➔ Tips

Counsel patient:

- ➔ It is important that you talk with your doctor about how long you need to take your prescribed medication.
- ➔ You should not change the amount or stop taking the medication without first talking with your doctor.
- ➔ Stopping some medications suddenly may cause a withdrawal reaction.

#### ➔ Tips

Counsel patient:

- ➔ Determine what the patient's physician has advised (e.g., if medications are to be kept for future use).
- ➔ New symptoms, even if they seem similar to past symptoms, should be reviewed by a physician and treated with a new supply of medication.
- ➔ Using old medications may be dangerous if you are not sure what it was used for.
- ➔ Certain medications (e.g., nitroglycerin, peroxides) lose their potency after prolonged storage.
- ➔ Certain medications deteriorate and may be harmful if taken after prolonged storage (e.g., aspirin, tetracycline).
- ➔ Certain medications (e.g., eye drops) will become contaminated over time and may be harmful if taken past the expiration date.
- ➔ Storage of unused medications poses an unnecessary hazard to children or pets.
- ➔ Bring any medications not currently in use to your pharmacy so that they can be disposed of in an environmentally-friendly way.
- ➔ Discarding medications in the toilet or sink can be harmful to the environment.
- ➔ Do not discard medicines in the garbage, where children or animals may find them.

## NB PharmaCheck Medication Issues Response Tips

### Dealing with Patient Perceptions

#### **Patient thinks medication is causing sickness:**

- *What problems are you having?*
- *How long have you had these problems?*
- *It will be important to determine when the symptoms started relative to when the medication was started. How bothersome are these problems to you?*
- *Sometimes, along with the wanted effect for a medication, unwanted effects also occur-Did your physician mention anything about this?*

#### ➔ **Tips**

- ➔ Mention only the most common side effects and those that are rare but severe e.g., very rarely (occasionally, infrequently) people develop a reaction to this medication. Although you are not likely to experience these effects, it is important that you are aware of them. If you experience a rash, flu-like symptoms (sore throat, fever) that persist, stomach pain or yellowing of the skin, more than usual bruising, let your doctor or pharmacist know about it right away).
- ➔ Include instruction on how to minimize or avoid side effects (e.g., take with food, take at bedtime).
- ➔ Depending on the severity and patient's needs, perhaps you can contact the physician regarding alternatives (e.g., reducing the daily dose, dividing doses while maintaining the same daily dose, changing the drug).

#### **Patient thinks medications are working against each other:**

- *Do you have any specific concerns (e.g., drugs of particular concern, concern of increased toxicity, concern of decreased effect)?*
- *Do you think the medication combination is making you feel worse?*
- *It will be important to determine when the symptoms started relative to when the Medication combination was started.*

#### ➔ **Tips**

- ➔ Review medications for drug interactions/adverse effects.
- ➔ Check only for clinically significant interactions.
- ➔ Check for drug–drug, drug–food and drug–disease interactions.
- ➔ If no significant interaction suspected, provide reassurance to patient.
- ➔ Suggest he/she also talk to his/her physician.

## NB PharmaCheck Medication Issues Response Tips

### Dealing with Patient Perceptions (continued)

#### **Patient thinks they are taking too many medications:**

- *Why do you feel that you are taking too many medications?*

#### ➔ **Tips**

- ➔ Suggest a complete review of all medications, including prescription, non-prescription, vitamins and herbals.
- ➔ Suggest setting up an appointment with you for a comprehensive work-up (some pharmacies charge for this service).
- ➔ Refer the patient to a physician if unable to solve concerns.

#### **Patient thinks medication is not working:**

- *Do you know why you are taking this medication?*
- *Why do you think your medication is not working?*
- *What problem is not being treated by the medication?*
- *What do you hope that the medication will do for your condition?*

#### ➔ **Tips**

- ➔ Review how the patient takes the medications.
- ➔ Determine if he/she is taking the medication.
- ➔ Is the medication intended to meet the expectations of the patient?
- ➔ Refer patient to physician, if unable to solve concerns.







# **Section 5:**

## **Physician Communication**



## Follow-up Communication with Family Physician

Example of how the *NB PharmaCheck* Physician Communication letter could be completed as per the Case Study below.



**NB PharmaCheck™**  
PharmaConsulte™ NB

### PHYSICIAN COMMUNICATION LETTER

Date

Dear Dr.

Re:   
Patient name and address

I recently completed a NB PharmaCheck medication review with our patient on:

Date

I am enclosing a copy of this patient's Personal Medication Record, which summarizes the prescription, non-prescription and natural products this patient is currently taking.

The review also indicated that this patient has:

- No medication adherence issues
- Medication management issues requiring pharmacist or patient action only, as summarized on the attached Personal Medication Record.
- Proposed solutions to medication management issues for your attention, as indicated on the attached Personal Medication Record and summarized below:

Suggest simplifying the metformin regimen to 1000 mg BID (breakfast and supper) from 500 mg QID to improve medication adherence and associated blood glucose control.

If you have any questions or concerns, I would be pleased to speak with you further about any of these issues.

Sincerely,

Pharmacist name   


Contact information:

My Pharmacy  
23 Main Street, Fredericton NB E3B 1C2





**Section 6:**

**Claims Submission and  
Documentation Requirements**



**Eligibility:**

- NBPDP Plan A (Senior) beneficiaries taking 3 or more chronic prescription medications.
- Only one Medication Check-up will be reimbursed per Plan A beneficiary per year (April 1st to March 31st).

**Claims Submission:**

Claims must be submitted using the following information:

- NBPDP Plan A beneficiary ID number
- PIN 00121212
- 8000 plus the pharmacist license number in the prescriber field (unless requested by another prescriber)
- Zero in the drug cost field
- \$52.50 in the dispense fee field

**Documentation requirements:**

- Patient must leave with a complete, accurate, up-to-date personal medication record that includes the name and signature of both the patient and the pharmacist who conducted the Medication Check-up, as well as, the pharmacy contact information.
- A copy of the signed record must be retained by the pharmacy for a period of three years.
- It is recommended that consent be obtained from the patient if their personal health information related to a Medication Check-up is to be shared with another health care provider.







## **Section 7:**

# **Operational and Communication Implementation Strategies**





## **Overview**

This section has been designed to help you develop and incorporate operations and communication strategies that will facilitate successful implementation of the NB PharmaCheck program. Recommendations have been taken from experience gleaned from the Ontario MedsCheck program<sup>1</sup> and from experiences of the program facilitators. Recommendations are broken down into operational strategies to facilitate effective and efficient implementation of the program, and interview communication strategies that will promote the effective and efficient use of time spent with the patient.

### **Identifying the Most Appropriate Method of Program Implementation**

Each team and each site may choose to implement this program in a slightly different manner. Many variables may influence implementation strategies, such as staffing levels, hours of operation, pharmacy location, patient demographics, pharmacy software capabilities, confidence levels of team members etc.

Keeping communication open among team members and gathering feedback on a regular basis can assist and improve program implementation.

### **Engaging the team**

It is critical for the entire pharmacy team to understand the importance of this program;

- To the patient

- To the healthcare system – this program is filling an identified care gap.

- To the pharmacy team

## Operational Strategies

### Tips for Scheduling Appointments

The team must determine how and when appointments will be scheduled (see Section 2). The following issues must be discussed in advance and strategized:

- ⇒ **who** is empowered and encouraged to schedule appointments?
- ⇒ **how** can appointments be scheduled ( paper vs computer)?
- ⇒ **when** can appointments be scheduled?

Considerations:

- Booking consultations during typically slower periods of prescription volumes; for example, in some practices, Wednesday afternoons may be slower because physicians' offices are closed.
- Booking consultations during scheduled pharmacist overlap. Your team may decide that you will conduct consultations during specific times when there is pharmacist overlap. These times should be known to all team members and scheduled in advance in order to facilitate flexibility and choice for the patient.
- Booking an overlap pharmacist for times when you plan to conduct patient interviews is another strategy. This is also a business decision which you must make based on the circumstances in your particular pharmacy.
- Accommodating "walk-in" appointments for qualifying patients. Occasionally, a qualifying patient may present to the pharmacy and is available for the consultation immediately. The pharmacist and the team can assess the appropriateness of this situation in terms of workflow. It may be favourable to accommodate this patient because they seldom frequent the pharmacy in person (e.g. family members are involved in care or patient utilizes your prescription delivery service most often) and may not be able to return for a scheduled appointment. In this situation, it is important to explain to the patient that the consultation can proceed and every effort will be made to avoid pharmacist interruptions unless deemed highly necessary.

### Find the Time for NB PharmaCheck Medication Check-Ups

Integrating private consultations into everyday practice can be a challenge. Utilizing the pharmacy team's ideas and expertise in managing pharmacy operations efficiently should enable additional 'protected time' for counseling and consultations. Suggestions for "finding the time" include:

- **Assessing work flow to streamline pharmacy dispensing.**
  - Are the most appropriate team members engaged in the most appropriate tasks (e.g., see box below) ?
  - Are your team members being maximized? For example, trained technicians can teach patients how to utilize a blood glucose monitor or a blood pressure machine, thus freeing up the pharmacist's time.

If your pharmacist(s) are still processing prescriptions on the computer, a thorough assessment of the prescription filling process should be undertaken. In these times when we are striving towards making full use of the training of team members, pharmacy technicians should perform technical tasks while pharmacists should conduct only patient care tasks where possible.

- **Brainstorming with the pharmacy team** often can result in practical and insightful solutions to challenges that may be unique to a practice. For example, the team can assess the work flow from intake of the prescription to patient receipt (i.e., is the flow of prescription processing as efficient as possible?).
- **Teaching and empowering pharmacy technicians** to serve patients well, and to interrupt pharmacists only when it is deemed necessary is a strategy that promotes better patient care while making best use of time.
- **Implementing new ways to accept prescription renewals**, such as online or automated phone renewals, or encouraging patients to call several days ahead for refills (see below).

'Change' is a part of life that many of us don't like. The facilitators of this program have instituted automated phone renewals into their practice. At first, many patients didn't like the change and there was a brief period of time where energy was spent by staff explaining the merits of the new system. After a short time it was quite evident that patients were accepting the new system and seeing it as an efficient means of ordering refills. Valuable time was gained by staff not having to answer the phone simply to take medication refill numbers.

### **Designate a Private Consultation Area/Office**

It is vital that patients perceive that the 20-30 minute interview time has been devoted to them. To fully engage with the patient it is important that the environment in which you are meeting is as private and free of distractions as possible. Following are some tips to help make this happen:

- Create and designate a private consultation area/office to conduct the interviews.

Remember that 'private' doesn't mean only out of sight, but also implies that your conversation can not be overheard by other pharmacy team members or patients.

- The private counseling area should be clean, tidy and professional in appearance.
- Consider displaying degrees /diplomas, certifications, accreditations, CE completions, awards, reference books etc.
- For the patient's comfort, consider having chairs with arms – this can assist in easier access in and out of the chair, when dealing with patients who are older or are in need of assistance
- Have an extra chair that can be brought in quickly in the event that the patient requests a family member/caregiver be present during the interview

“Private’ also implies ‘uninterrupted’. Be sure that other pharmacy team members understand that you are only to be interrupted in case of an emergency. Be specific about circumstances which you should or should not be interrupted for e.g not having to answer the phone simply to take medication refill numbers.

## Be Prepared

Much of the time that should be devoted to your patient can be filled with trying to get organized for the interview. Following are some tips on how to prepare efficiently and effectively for your patient interviews:

- Create a *NB PharmaCheck* File or Resource Area in the counseling office for easy referencing and review prior to interview.
- Create in advance, *NB PharmaCheck* pre-made blank patient folders containing documents that patients utilize prior to the interview:
  1. **NB PharmaCheck My Medication Check-Up**
  2. **Patient Screening Tool – “Am I Getting The Most From My Medication”**

This facilitates easy distribution of documents to qualifying and pre-scheduled patients. Consider attaching the pharmacist's business card and the **My Medication Check-Up Reminder Form** also.

- Have pharmacy team member prepare patient's initial medication list (from pharmacy computer) and collect all documents that patient has completed prior to interview. Documents should be placed in patient folder for easy retrieval and review prior to interview.
- Create in advance, *NB PharmaCheck* pre-made blank pharmacist's documentation folders to maximize workflow and to organize information that is used during the interview.
  - NB PharmaCheck Interview Worksheet**
  - NB PharmaCheck Patient Action Form**

This level of organization may contribute to a seamless and thorough consultation. Your time is maximized with the patient rather than retrieval of required documents.

*Note: These folders can be prepared by non-pharmacist team member/ students during quieter times in the dispensary.*

## Watch the Time

- At the beginning of the consultation, remind the patient of the allocated duration of the appointment.

Consider using the following statement in your introductory remarks to the patient

“We will be finished our appointment by \_\_\_(time) at the latest”.

This subliminally shifts a portion of the responsibility for making the best use of the time to the patient.

- Consider having a clock in the room which is visible to both you and the patient. This can assist in time management during the interview process. To facilitate timely completion and to maximize interview flow, you can say to the patient “As you can see, we have just a few minutes left in the appointment and it would be important to address.....”

## Have Patient Medication Aids and Materials Ready and Organized for Educational Purposes

- During the consultation, you may identify patient medication aids which would benefit the patient. Having them organized and easily retrievable maximizes patient contact time. Some examples are:
  - Weekly dosettes, snap cap vials, aerochambers, tablet splitters, tablet crushers, eye drop aids, placebo inhalers etc.
- During the consultation, you may identify patient education materials which may benefit the patient.
- Add frequently used websites to your “Favorites” on your computer. Materials can either be printed directly or patients can be given the website address for their own use.
- Organize appropriate paper based materials in advance for easy retrieval. Consider stamping your name and your pharmacy name on these documents when they are being given to the patient. This will serve as a reminder to the patient of your name and of the consultation when they are reviewing the information at home at a later time.
- Have a highlighter available to help emphasize key points for the patient to review and remember.



## Promote Your Name and Qualifications

Patients typically know the name of their primary care physician, nurse, dentist, optometrist etc. The name of their pharmacist is often unknown. With the implementation of the *NB PharmaCheck* program comes a tremendous opportunity for pharmacists to build on patient and interdisciplinary relationship development.


- Introduce yourself by name to the patient at the beginning of the appointment
- Consider displaying degrees/diplomas, certifications, accreditations, CE completions, awards. This strategy reinforces your name and your impressive qualifications.
- Make certain your name and signature are legible on all patient documents.
- Consider ordering a customized ink stamp with your name and credentials. Your name can be easily stamped on any document given to the patient.
- When communicating with the physician in writing, always use your name in addition to your pharmacy name. Most healthcare professionals sign their name and credentials when communicating with each other. Some communications from pharmacists are identified only as “Pharmacy ABC”. By including your name, you are identifying yourself as a health-care professional. This enhances the role of the pharmacist in interdisciplinary care and promotes information sharing principals.

## Make It Happen

There is no denying that successful implementation of the *NB PharmaCheck* Program will require a commitment to the program by the entire pharmacy team which is fostered by an appreciation of the associated patient care benefits.

In order to implement the program in an effective and efficient manner certain strategies will need to be put in place. Many of these strategies will require a change in “how things have always been done”. Open communication and problem solving among the pharmacy team is at the heart of overcoming barriers to change.





Following is a checklist of activities that can be used to monitor your progress as you prepare for implementation of the *NB PharmaCheck* program.

- You have engaged the pharmacy team through organized meetings where:
  - goals and objectives of the *NB PharmaCheck* program have been clearly described
  - logistics of the *NB PharmaCheck* program have been described in detail and questions from the pharmacy team have been addressed.
  - input has been solicited from the pharmacy team with respect to processes that will foster more effective and efficient implementation of the program.
  - communication strategies for inviting participation of eligible patients has been discussed
  - concerns from the pharmacy team have been voiced and addressed.
- Individuals with particular responsibilities have been trained to a level where they are ready to confidently and effectively implement their duties.
- A private counseling area of appropriate design has been prepared.
- Appropriate patient documentation tools, clinical decision support tools and reference materials are available or accessible in the patient interview area.
- Strategies are in place to make most effective use of available computer software and tools in order to make process as seamless and efficient as possible.
- Pharmacy team knows particular circumstances when pharmacist-patient interview can be interrupted.
- Pharmacy team scheduling has been reviewed and adjusted as necessary to allow for effective and efficient implementation of program.
- A plan is in place to regularly assess how the program is running and the pharmacy team is empowered to make recommendations for improvement.

## Communication – Important at every level

Although this section is focused on interview communication techniques many of the principles apply to communicating with your peers, your staff and your vendors. Keep this in mind as you work your way through this section!

Before you begin this section you may want to assess how you are utilizing communication skills presently. An excellent communications skills self-assessment exercise can be found online at [http://spot.pcc.edu/~rjacobs/career/effective\\_communication\\_skills.htm](http://spot.pcc.edu/~rjacobs/career/effective_communication_skills.htm)

### Listen as much (or more!) than you talk

“We were given two ears but only one mouth. That is because our Creator knew that listening is twice as hard as talking”.<sup>2</sup>

As trained health professionals we have a wealth of knowledge about our particular areas of expertise that we often feel compelled to impart to our patients in volumes. It is human nature to want to share our knowledge with others but we must be careful to prioritize and not overwhelm the patient.

The best way to prioritize the information we provide to the patient is to listen for their particular concerns and needs. We can do this by carefully choosing open-ended questions that help the patient to stay on topic and express their needs and concerns. An example might be “How do you take this medication Mrs. Jones?” as opposed to “Do you take this medication three times a day as the label says?”

Good listening skills show individuals that you value what they are saying and that you are genuinely concerned about their well-being. Following are some tips that may improve your listening skills:

- Enter your interview with energy and make a conscious decision to listen. Ensure that distractions are minimized.
- When listening to the patient, lean forward, acknowledge the patient’s points with a nod or gesture and maintain eye contact.
- Don’t interrupt the patient. After the patient finishes speaking, pause briefly (one or two seconds) to ensure they are finished their thought and then respond.
- Acknowledge the patient’s feelings with appropriate empathetic expressions such as “I’m sorry to hear you had to go through that” or “you were right to call the doctor when you weren’t feeling well”. Patients like to know that you are concerned and understanding/validating their emotions. Never show body language that could be construed that you are judging a patient.

<sup>2</sup> <http://www.casaa-resources.net/resources/sourcebook/acquiring-leadership-skills/listening-skills.html>66


- If you need to jot down information, do so in a manner that doesn't leave the patient feeling like you have lost contact. Look back to patient frequently and immediately after you have finished writing.
- Paraphrase important points the patient is making and have them clarify. For example "I hear you saying that this medicine is making you feel strange. Could you describe exactly how long after you take your medicine this occurs and exactly how you feel?"
- Listen for the message from the patient that isn't being verbalized. This is where probing and clarification is important. Pay attention to the patient's tone and try to understand what they are "really" trying to say.

### **Counsel in a manner that is understandable and motivational for the patient**

When it is our turn to speak it is imperative that the patient understand our message and want to act on our recommendations. We can verify this by paying attention to the patient's body language and facial expressions. If there are any doubts in our mind that we are not being understood or listened to we can ask the patient a question that will confirm their grasp of the concept. For example "Can you describe to me when you would take the medication if you were to take it on an empty stomach?" If we are questioning whether or not the patient is finding the information or recommendation useful we can ask a question such as "What do you think of that idea?" (as opposed to "Do you think that's a good idea?")

Following are some tips to increase the likelihood that you will be understood and motivational when counseling your patients:

- Speak slowly – Many of us know the information we are imparting so well that we tend to rush through it. This is compounded by the fact that we are on a tight time schedule. Listen to yourself and slow down when necessary.
- Prioritize the information – We all know a lot about the topic content. However, we need to impart only the information that is important for the patient's current need. This is especially important due to the time constraints imposed on the interview. It is logical to assume that the more information we impart, the more overwhelmed the patient may be. In addition, information that is not relevant to the situation may result in more questions by the patient that are not relevant to the goals and objectives of the interview.
- Speak and educate at a level the patient will understand – As trained health professionals we are able to speak about health issues at a much higher level than the general public. Even when we "think" we are lowering our language level we may not have succeeded in going far enough. Again, we need to watch our patient's body language and facial expressions to ascertain this. Following are some simple recommendations for keeping language at an understandable level:
  - Never use medical jargon or acronyms.
  - Use language that a grade 6 student would understand
  - Do not use run on sentences and check frequently (by pausing and observing) to make sure you are being understood.
  - Use visuals or teaching aids where appropriate.

- 
- Use a tone of voice that is clear and expressive - Voice clarity implies that your voice is loud enough to be heard by your patient and that you are enunciating well. Patients will perceive whether or not you are going through the motions or you genuinely believe in what you are saying by the inflection and tone of your voice.
  - Use appropriate body language and interpret body language – Use a relaxed posture when listening and use appropriate body language to reflect that you are engaged as previously discussed. Do not fidget or look like you are trying to hurry the patient. When speaking, it is important to use body language that is appropriate to what you are trying to express. For example, trying to explain a concept with your arms folded across the chest may signal that you are not really engaged or are feeling uncomfortable. Similarly you should try to interpret basic body language signals that are being sent your way by the patient. If the patient is looking away or has an expression on their face that shows anything other than engagement you should check with them. Be careful not to over-analyze. If a patient's arms are folded but they appear engaged it could be that they are chilly or it is just their way of coping with an unfamiliar situation.
  - If there is a language barrier it would be ideal to have an interpreter present (e.g., family member that speaks your language) – We may think that we can break down language barriers with the use of visuals such as our hands, but very often we can overestimate an individual's grasp of our language. If it is impossible to have an interpreter present the interview should still take place as it is very important for the patient to leave with an up to date and accurate medication list.
  - Use motivational interviewing skills - This approach is often used when patient needs to make a change (e.g., quit smoking, reduce drinking). Although time will not permit a full intervention, often a minute or two on the topic will help. Following are some basic principles:
    - Seek to understand the patient's frame of reference via reflective listening
    - Express empathy, acceptance and affirmation
    - Elicit and reinforce the patient's own self motivational statements
    - Problem recognition, concern, desire, intention to change, ability to change
    - Monitor degree of readiness to change, do not argue
    - Affirm patient's freedom of choice and self-direction
    - Confirm that you will be available should they want to discuss further

## **Begin and end the interview effectively and on time**

Lasting impressions are made by how we greet people (i.e., first impressions) and by the feeling they have as they walk away. Following are some tips on how to do well in these regards.

### **Beginning the Interview**

- It is likely that you will already know or at least have met the great majority of individuals you will be interviewing. Make sure to call them by name and make them comfortable. Remember to thank them for their participation in the program.
- Begin the discussion with a brief introduction to the program and its benefits (See Case Study).
- Remind the patient that you have a maximum of 30 minutes in which to complete the interview. Check the time and let them know the exact time it will end.
- It would be beneficial to briefly review any patient documentation completed ahead of time. Refer to the issue that is most important to them today and make reference to it “I see that you are most concerned about...” Assure the patient that you will deal with that issue before the interview is over. You may want to deal with the issue immediately in order to ensure it is not forgotten and to gain more background patient information.
- Thank the patient for bringing in their medications. Double-check to make sure they have brought everything. You could say something like “Many people forget to bring in their non-prescription medicines or medications such as eye drops. Did you bring all of your medications with you?”
- You may want to start by quickly identifying medications that are not on the list that the patient has brought in as well as medications on your pharmacy list that the patient has not brought in. You may want to address these issues first.
- Continue by discussing each medication one by one...

### **Ending the Interview**

- While it is important to end the interview on time it is also important that the patient perceive that you are not rushing them (e.g., looking at your watch repeatedly). This is accomplished by good organization. Have a clock visible so that both you and the patient can monitor the time.
- When the interview is finished be sure to thank the patient and ask if they have any questions that were not answered during your time together.

### Case: Elsie

Elsie is a 69 year old retired department store sales associate who has arrived for her scheduled NB PharmaCheck Medication Check-Up. She is carrying a shopping bag of medications and looks pleased as she enters the dispensary area. Your technician has made sure that Elsie's NB PharmaCheck My Medication Check-Up form and "Am I Getting The Most From My Medications" patient screening tool are in the appropriate file for your review. You have noted that Elsie has written on her NB PharmaCheck My Medication Check-Up form that her "biggest concern about her medications today" is that she feels that one of her medications is constipating her.

You greet Elsie as the pharmacy technician brings her to your private counseling area...

**Pharmacist:** Good morning Elsie. My name is \_\_\_\_\_ and I am the pharmacist who will be conducting the consultation today. Thank you for coming in and bringing your medications with you today. Please... make yourself comfortable (both sit down). I think you will find our time together today very helpful.

**Elsie:** I think I will too. Filling out those forms (points to forms that the pharmacist has on desk) made me realize how much there is to think about when taking medicine. This is a great service!

**Pharmacist:** Well thanks for your support. We have seen that many people have issues with medications simply because they have misunderstood the directions or didn't think they should speak up. That reminds me... I see from you're My Medication Check-Up form that you think one of your medications may be constipating you?

**Elsie:** Yes, I didn't want to bother the doctor, so I stopped taking my aspirin in case that was the problem. I'm not sure if it's helped or not.

**Pharmacist:** What made you think it might be your aspirin that was constipating you?

**Elsie:** My friend told me she was having some problems that way with her aspirin. So I thought I would try.

**Pharmacist:** How long have you been without your aspirin?

**Elsie:** It's been about two weeks now.

**Pharmacist:** That's interesting... Aspirin isn't normally constipating unless it has another ingredient such as codeine with it (looks at medication file). It serves an important purpose in helping prevent heart attack and stroke. I think you should start taking it again and we will look for other more likely causes that might explain your problem.

**Elsie:** Oh, OK that's fine with me. I don't think it's made any difference anyway.

**Pharmacist:** Let's keep that in mind as we go through each of your medications. I want to ensure that you understand why you are taking each of your medications, when the best time is to take it and what side effects you might expect. When we are done I will make sure that you leave with a medication list that includes all of your medications and directions for use. I want to remind you that we have about 25 more minutes together. We will be done at 11am at the latest.

**Elsie:** That's great, I've never had this much time with a pharmacist before!

**Pharmacist:** (looking at medications) I see you have a number of medications here. Sometimes things like creams, eyedrops and non-prescription items are overlooked and not brought in for the appointment. Are these all of your medications?

**Elsie:** Yes, the lady that phoned me was very good in reminding me to bring all of those items.

**Pharmacist:** Good, let's get started then.... First I want to check to see if you have any medication allergies that I should be aware of?

**Elsie:** Well, when I was a young girl, I was very allergic to penicillin. It made my stomach upset. But over the years I outgrew this and can use penicillin again. I just had some several months ago from the dentist without any problems!

**Pharmacist:** It sounds like you couldn't tolerate penicillin and thankfully it was not a true allergy.....Good, I will mark your file to show that you do not have any medication allergies..... I see that you have brought in some calcium and glucosamine that we don't have on our file. How often do you take these.....

*(Jump to 20 minutes later when pharmacist has finished going through each of Elsie's medications with her).*

**Pharmacist:** That seems to be all of your medications. It will just take a few minutes to print the medication list which we will both sign. Please remember to keep it with you in your wallet at all times. This list of your medications will be extremely helpful to share with all healthcare professionals involved in your care – even your dentist. Also, if you have an unexpected hospital visit then you are ready to show the doctors and nurses your medication list. Are there any more questions on your mind?

**Elsie:** No, you have been very thorough. I want to tell a few of my friends about this!

**Pharmacist:** Well we are glad you appreciate the benefits of the service. Before you go I just want to go over your **Patient Action Plan** with you. First off you are going to start taking your aspirin with your breakfast again. Secondly you are going to start taking your atorvastatin in the morning with your blood pressure pills and aspirin so you only have to take medications once a day. Thirdly, you are going to start taking vitamin D 1000 IU daily in the morning to help your calcium work better. Finally, you are going to start using psyllium in the manner that we described and talk to Dr. Jones about how you are doing next time you see her.

**Elsie:** I am so excited about only having to take my pills once a day! Thank you so much for your help....

