



Program Guide

April 2013



Canadian
Pharmacists
Association
Association des
pharmaciens
du Canada



Prince Edward Island
Pharmacists Association

Introduction

The PEI Pharmacists Association is pleased to introduce you to the PEI PharmaCheck™ program. This program represents the results of much hard work and planning as we begin the framework for a new era of expanded pharmacy services in PEI.

We are happy to move forward and begin this initiative as we work together with government on our mutual goal of improving the health and wellness of all Islanders. We will continue to work hard on expansion of this, and other initiatives, that allow pharmacists to use their knowledge and expertise to the full benefit of their patients.

We hope you find this document helpful in explaining the program to you, and hopefully it makes the process of integrating medication reviews into your practice easier.

Acknowledgement

The PEI Pharmacists Association would like to thank the Canadian Pharmacists Association for their collaboration in developing this program. We are grateful for their guidance and collaboration in adapting their PharmaCheck™ program to meet the needs of our province.

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

What is the PEI PharmaCheck™ program?

The program is a comprehensive medication review service delivered by pharmacists to eligible patients consisting of:

- A basic medication review with up to four follow-ups per year
- A diabetes-specific medication review with up to four follow-ups per year

The documents that are included in the PEI PharmaCheck™ program include:

- Patient screening form: Am I Getting the Most from my Medication?
- PEI PharmaCheck Medication Review Reminder Form
- Medication Review 4-Part document for BASIC medication review:
 - My Medication Check-Up
 - Medication Review Interview Flowchart
 - Medication Review Interview Worksheet
 - Medication Review Follow Up
- Medication Review 4-Part document for DIABETES-specific medication review:
 - My Diabetes Medication Check-Up
 - Diabetes Medication Review Interview Flowchart (*includes Part C – Diabetes Management*)
 - Diabetes Medication Review Interview Worksheet
 - Diabetes Medication Review Follow Up
- Personal Medication Record
- Prescriber Communication Letter

What are the goals of the PEI PharmaCheck™ program?

The overall goal of the program is to provide a clinical pharmacy service focusing on proper usage of prescription and non-prescription medications and proper management of the patient's disease states to achieve better health outcomes.

Specifically the program will focus on:

- Improvement of the patient's knowledge of and adherence to their medication therapy.
- Optimization of medication therapy choices to achieve better outcomes.
- Reduction of potential risks associated with their medication therapy.
- Discussion of any potential lifestyle/non-medication treatments that might help in achieving better health outcomes.

- Development of action plans on identified issues and follow-up with patients and/or other health care providers where needed.
- For diabetes patients, an enhanced discussion and evaluation of diabetes-related issues to achieve better outcomes.
- Provision of a current and accurate medication list for the patient to take home at the end of the medication review.

Where can I find details on the provincially reimbursed program?

Please refer to the communication “Provincially Reimbursed Medication Review Guidelines” from the PEI Department of Health and Wellness for details on:

- Patient eligibility
- Billing information
- Documentation requirements
- Audit procedures

How is the program delivered?

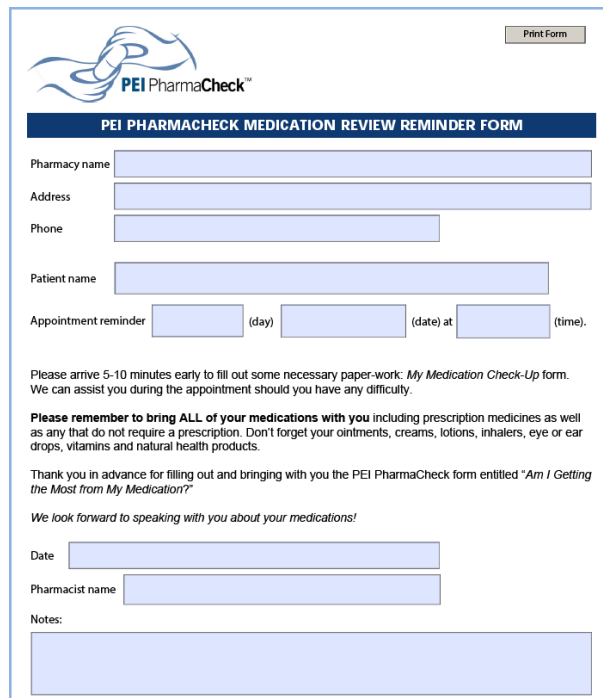
Step 1: Identify Eligible Patients

Eligible patients are identified as candidates by a number of means:

- Internal store reporting
- Referral from a health care provider
- Pharmacy team identification
- Patient self-referral
- Completion of the screening tool “Am I getting the most from my medication?” (Appendix A)

Step 2: Book Appointments

If the patient is determined to benefit from a medication review they should be booked into a one-on-one appointment with the pharmacist or alternatively can be incorporated into your dispensary workflow. Please schedule appropriately based on complexity of patient needs. Diabetes patients will take extra time to complete also. As a reminder of the appointment schedule we have developed an appointment reminder form for store use (Appendix B).



The form is titled "PEI PHARMACHECK MEDICATION REVIEW REMINDER FORM" and features the PEI PharmaCheck logo at the top left. A "Print Form" button is located at the top right. The form contains several input fields for patient and pharmacy information, including Pharmacy name, Address, Phone, Patient name, and Appointment reminder (day, date, and time). It also includes a section for patient instructions, a reminder to bring all medications, a thank you message, and a section for the pharmacist's name and notes.

PEI PharmaCheck™

PEI PHARMACHECK MEDICATION REVIEW REMINDER FORM

Pharmacy name

Address

Phone

Patient name

Appointment reminder (day) (date) at (time).

Please arrive 5-10 minutes early to fill out some necessary paper-work: *My Medication Check-Up* form. We can assist you during the appointment should you have any difficulty.

Please remember to bring ALL of your medications with you including prescription medicines as well as any that do not require a prescription. Don't forget your ointments, creams, lotions, inhalers, eye or ear drops, vitamins and natural health products.

Thank you in advance for filling out and bringing with you the PEI PharmaCheck form entitled "*Am I Getting the Most from My Medication?*"

We look forward to speaking with you about your medications!

Date


Pharmacist name

Notes:

The patient should be asked to arrive 5-10 minutes prior to the appointment as there will be some information they will be asked to provide prior to the interview. It is recommended patients be given a reminder call the day before their appointment to ensure it is not forgotten.

Step 3: Arrive and Prepare for Appointment

Once they arrive for their appointment, the patient should be asked to complete Section 1 "My Medication Checkup" from either the Basic PharmaCheck™ or the Diabetes PharmaCheck™ (Appendix C or D). If they have not already done so, it might be a good idea to have them complete the "Am I Getting the Most From My Medication" screening tool as a means of encouraging dialogue and identifying potential problems.



Print Form

1. MY MEDICATION CHECK-UP

PATIENT TO COMPLETE THIS PAGE

Name Who helps you with your Medication?

Address

Postal Code Phone Date

Health Insurer ☒ Declaration of Consent: I agree to have a medication review performed by my pharmacist and to allow my information to be released to or from another healthcare provider as necessary for my care.

Family Doctor Patient Signature

Phone FAX Pharmacist

Eligible for government coverage? ☐ Yes ☐ No (criteria for eligibility: patient covered by Seniors/F&P/Private NH Program on 3+ chronic medications or patient covered by Diabetes Program on 1+ treatment)

INFORMATION ABOUT MY HEALTH

Birthdate ☐ Yes ☐ No Kidney Disease?

☐ Yes ☐ No Smoking: If yes, # cigarettes/day ☐ Yes ☐ No Liver Disease?

☐ Yes ☐ No Other Nicotine/Drugs ☐ Yes ☐ No Tetanus Immunization (every 10 years)?

☐ Yes ☐ No Alcohol: If yes, # drinks/week ☐ Yes ☐ No Influenza Immunization yearly?

☐ Yes ☐ No Caffeine Intake: # cups/day ☐ Yes ☐ No Pneumococcal Immunization (one/life)?

☐ Yes ☐ No Drug Allergy (list with reactions): ☐ Yes ☐ No Other immunizations/travel vaccines:

Medical Conditions:

What is your biggest concern about your medication today?

Step 4: The Interview Process

The pharmacist will then invite the patient into the appointment and begin the medication review.

It is highly recommended that the review take place in a private or semi-private area of the pharmacy to ensure patient privacy, put them at ease, and help build a strong relationship of respect for the professional service offered.

The first step should be a review of the patient's answers to Section 1. Then the pharmacist will continue with the interview process, using Section 2 "Medication Review Interview Flowchart" as a guide to ensure all the key aspects of the review are discussed.

The form has built in features to document areas reviewed, pharmacist comments, and a flag as to whether future follow-up will be required.

Both Parts A (medication) and B (general knowledge) are to be completed in this section.


Print Form

2. MEDICATION REVIEW INTERVIEW FLOWCHART

FOR USE BY PHARMACIST

Patient Name


PART A: For each medication, review the following information.

Reviewed	Comments/Issues/Intervention	Follow-up
Knows generic and common brand name <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Knows reason(s) for use <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Understands dosing frequency <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Understands special dosing instructions (e.g., empty stomach, under the tongue) <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Assess adherence <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Demonstrations, if applicable (e.g., inhalers, eye drops) <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

PART B: General Knowledge

Check labelling & packaging (e.g., need for easy open vials or blister packs, trouble reading labels) <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Storage is appropriate <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Check expiry dates and discuss disposal of discontinued or expired medications <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

Please note that the Diabetes PharmaCheck™ has an additional Part C (diabetes management) to be completed for those patients.


Print Form

2. DIABETES MEDICATION REVIEW INTERVIEW FLOWCHART con't

PART C: Diabetes Management

Diabetes Type: ☐ Type 1 ☐ Type 2 ☐ Gestational Age at diagnosis

Labs (if available)

- Blood Glucose mmol/L (circle: Fasting or Postprandial)
- HbA1C level %
- Blood Pressure mmHg
- Cholesterol: LDL-C mmol/L, TC/HDL-C ratio

Training provided on devices and supplies Follow-up ☐ Yes ☐ No

Reviewed: ☐ Blood Glucose Meter/Test Strips ☐ Insulin Administration Device/Supplies ☐ Proper Disposal of Used Supplies

Comments/Issues/Interventions:

Counseling/assessment provided for all co-morbidities Follow-up ☐ Yes ☐ No

Reviewed: ☐ Foot Care ☐ Retinopathy ☐ Neuropathy ☐ Nephropathy ☐ Other

Comments/Issues/Interventions:

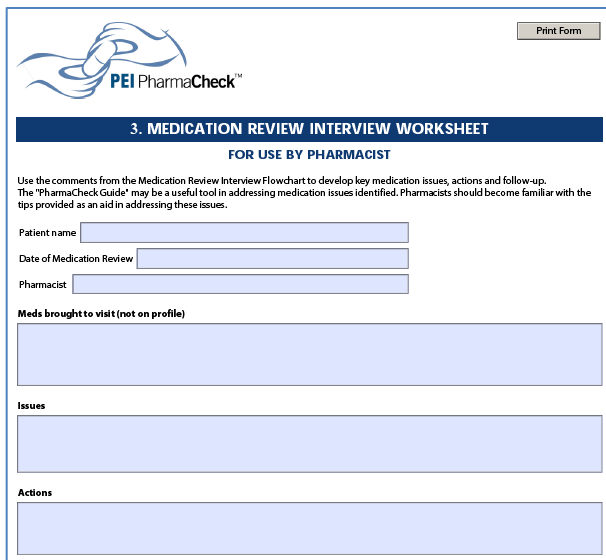
Counseling/assessment provided for lifestyle management Follow-up ☐ Yes ☐ No

Reviewed: ☐ Nutrition ☐ Weight Management ☐ Physical Activity ☐ Stress Reduction ☐ Diabetes Education Centre

Comments/Issues/Interventions:

Step 5: The Thought Process

The pharmacist may document all issues, actions, and required follow-up in Section 3 “Medication Review Interview Worksheet”. This section is for the pharmacist to use as a means of documenting their thoughts and recommendations that arise throughout the interview process. It should serve as a summary of the medication review.



The screenshot shows a digital form titled "3. MEDICATION REVIEW INTERVIEW WORKSHEET" with the subtitle "FOR USE BY PHARMACIST". At the top left is the PEI PharmaCheck logo, and at the top right is a "Print Form" button. Below the title, there is a paragraph of instructions: "Use the comments from the Medication Review Interview Flowchart 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." The form contains several input fields: "Patient name", "Date of Medication Review", and "Pharmacist". Below these is a section labeled "Meds brought to visit (not on profile)" with a large text area. This is followed by sections labeled "Issues" and "Actions", each with a large text area for documentation.


Step 6: Personal Medication Record

One of the key steps in the PharmaCheck™ program is the provision of an up to date Personal Medication Record (Appendix E). This serves to reinforce the information discussed in the review and further improve patient adherence with their medication therapy.

There are also sections to document key information related to medical conditions and allergies as well as the agreed upon action plan and follow-up date. Any action plan items **MUST** be documented so that the patient has a take-home copy of their action plan.

To help further efficiency of the review process, the record could be partially completed before the review in electronic format and the remainder completed and printed immediately following the review.

Many pharmacy software systems have built in programs to generate these records which may be used also, provided they print the same information.



PERSONAL MEDICATION RECORD

Print Form

PERSONAL MEDICATION RECORD OF:

DOB PHN

MEDICATION ALLERGIES, INTOLERANCES, OTHER ALLERGIES

PHARMACY CONTACT INFORMATION

Phone FAX

FAMILY DOCTOR/PREScriBER CONTACT INFORMATION

Phone FAX

Name of medication Brand/Generic	Strength/Dose	How to take this medication (frequency, time of day, etc.)	Purpose	Comments	Prescriber

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.


Patient name Patient signature PharmaCheck follow up required? ☐ Yes: Date/time ☐ No

Additional Comments/Actions Needed:

Pharmacist name Pharmacist signature Date

Step 7: Prescriber Communication

Where deemed appropriate we have developed a Prescriber Communication Letter (Appendix F) which can be used to communicate issues and recommendations from the review back to the patient's physician or other prescriber as information only, or for action.



PREScriBER COMMUNICATION LETTER

Print Form

Date

Date

Dear

Re:

I completed a ☐ PEI Pharmachek Basic Medication Review ☐ PEI Pharmachek Diabetes Medication Review With our patient on:

PHN DOB

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:

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:

Step 8: Follow-up

The PharmaCheck™ program allows up to four Follow-ups within 12 months of either the full Basic PharmaCheck™ or full Diabetes PharmaCheck™.

This may be documented using Section 4 “Medication Review Follow-up” which documents the issues, interventions, outcomes, further follow-up and pharmacist who completed the follow-up.

If a new Personal Medication Record is required, one should be provided as part of the Follow-up service offering. Where appropriate a new Prescriber Communication Letter could also be completed.

Please refer to the government guidelines for eligibility criteria for follow-ups.

The form is titled "4. MEDICATION REVIEW FOLLOW-UP" and "FOR USE BY PHARMACIST". It includes a logo for PEI PharmaCheck™ and a "Print Form" button. The form contains fields for Patient name, Date of Birth, and PHN. Below these is a table with 6 columns: Date of follow-up, Issues for follow-up, Pharmacist intervention and outcome, Further follow-up required (date/time), No further follow-up, and Pharmacist name. The table has 4 rows. The "No further follow-up" column contains checkboxes. At the bottom, there is a note: "Where appropriate, please complete a new Personal Medication Record and/or Prescriber Communication Letter form."

Date of follow-up	Issues for follow-up	Pharmacist intervention and outcome	Further follow-up required (date/time)	No further follow-up	Pharmacist name
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Where appropriate, please complete a new Personal Medication Record and/or Prescriber Communication Letter form.

Resources

Some useful resources on conducting a medication review may be found on the CPhA website: <http://www.pharmacists.ca/index.cfm/education-practice-resources/patient-care/pharmacheck/>

There is also a useful resource that contains some suggested interventions to patient responses on the “Am I Getting the Most from My Medication” screening tool (Appendix G).