



Pharmacists Providing Comprehensive Medication Management

Welcome
We will begin shortly.

Please ensure your computer speakers are turned on.



Before we begin...

- Welcome!
- Housekeeping Notes
- Polls
- Speaker Introduction



College of Pharmacy and Nutrition

Pharmacists Performing Comprehensive Medication Management

Julia Bareham, BSc, BAC, BSP, MSc (Candidate)

Supervisor: Derek Jorgenson, BSP, PharmD, FCSHP





Pharmacy Research Webinar

November 20th, 2013

This webinar will present the results of a research study into the extent in which physicians are supportive of pharmacist – delivered CMM.

Introduction

- High rates of preventable medication related adverse events have been well documented in the Canadian primary health care system^{1, 2}
- Pharmacists are in a perfect position to intervene to prevent many of these adverse events
- Comprehensive medication management (CMM) is one specific pharmacist service that has evidence indicating that it can improve medication use³⁻¹⁰

- Several North American studies have shown that CMM leads to a significant number of drug therapy problems being resolved
- Unfortunately, very few pharmacists currently offer CMM in North America
- One hypothesis for this low uptake is that physicians are not supportive of pharmacist-delivered CMM

Objective

- To determine the extent to which physicians are supportive of a proposed pharmacist-delivered CMM program
 - The information gathered was used to inform the development & design of a pharmacist-delivered CMM service

- The specific goals were to determine if family physicians in Saskatoon, Saskatchewan:
 - Value the proposed service
 - Could identify patients that they would refer to the service
 - Would refer a specific type of patient to the service

Study Design

Setting:

- Family physician practices in a Western Canadian city (Saskatoon, Saskatchewan, population: ~232,000)

Participants:

- 225 family physicians in Saskatoon were each mailed a questionnaire
 - Physicians with tenure track appointments in the College of Medicine at the University of Saskatchewan were excluded as they do not represent 'typical' practice

Instrument:

- Self-administered postal survey; A draw for gift cards was offered to encourage participation
 - The questionnaire consisted of 12-items (10 closed-ended & 2 open-ended questions)
 - Respondents' identities were blinded to the research team (questionnaires received by administrative staff)

This study was approved by the University of Saskatchewan Behavioural Research Ethics Board

Analysis

Closed-ended Questions:

- Responses for questions #1-10 were entered into SPSS & analyzed using descriptive statistics & frequencies of each variable were examined

Open-ended Questions:

- Responses to questions #11 & 12 underwent thematic analysis
 - Initially, data was reduced, then sifted & organized
 - Responses were then focused & simplified
 - Finally, the data was grouped into meaningful patterns & themes

Results

- The survey response rate was 49.3% (111 returned questionnaires)

Questionnaire & Frequency of Responses

1. What is the nature of your medical practice?

- | | |
|---|-------|
| <input type="checkbox"/> Solo family practice | 6.3% |
| <input type="checkbox"/> Small group (≤ 4 physicians) family practice | 21.6% |
| <input type="checkbox"/> Large group (≥ 5 physicians) family practice | 63.1% |
| <input type="checkbox"/> Walk-in / minor emergency clinic | 0.9% |
| <input type="checkbox"/> Other _____ | 8.1% |

2. How long have you been in family/general practice?

- | | |
|-------------------------------------|-------|
| <input type="checkbox"/> < 5 years | 14.4% |
| <input type="checkbox"/> 5-10 years | 18.0% |
| <input type="checkbox"/> > 10 years | 67.6% |

3. Do you believe that a clinical pharmacist could provide valuable assistance in helping you manage patients with complex medication regimens?

- Yes **90.0%**
- No **1.8%**
- I'm not sure **8.2%**

4. Would you refer any patients to the medication assessment service we have described?

- Yes **73.6%** (0.9% selected Yes + I need more information)
- I need more information **21.8%**
- No **3.6%**

If No, why not?

Skip question #5 please

5. How many patients would you likely refer for this service?

- I can't think of any currently, but would consider referring if any came along **32.7%**
- I can think of 1 - 3 patients that I could refer right now **39.1%**
- I can think of 4 - 9 patients that I could refer right now **14.5%**
- I would use this service faithfully with many patients **10.9%**

6. If you were to refer a patient to this medication assessment service, what type of patients do you think would benefit? Please select all options which would apply.

- | | |
|--|--------------|
| <input type="checkbox"/> Patients age 65 and over | 58.9% |
| <input type="checkbox"/> Patients taking 5 or more chronic medications | 82.2% |
| <input type="checkbox"/> Patients with one or more chronic conditions | 48.6% |
| <input type="checkbox"/> Any/all patients taking medications could benefit | 7.5% |
| <input type="checkbox"/> I would appreciate guidance as to which patients to refer | 29.0% |

7. How do you feel about your patients “self-referring” to partake in this service?

- I would advise against it **15.5%**
- I would support their decision in doing so **69.9%**
- Neutral **9.7%**
- Other _____ **2.9%** (2.0% selected Neutral + Other)

8. If the pharmacist has any recommendations after conducting the patient’s medication assessment, how would you like these recommendations communicated to you?

- Phone call **3.8%**
- Fax **62.5%**
- Combination of the above (e.g.: review fax, then speak to pharmacist on phone) **25.0%**
- I would not like to receive any recommendations from the pharmacist **2.9%**
- Other _____ **5.8%**

9. Where do you think this medication assessment service should be physically located?

- | | |
|---|--------------|
| <input type="checkbox"/> Within an existing family physician clinic | 17.6% |
| <input type="checkbox"/> Within an existing community pharmacy | 21.6% |
| <input type="checkbox"/> No preference | 46.1% |
| <input type="checkbox"/> Other _____ | 6.9% |

(remaining 7.9% chose a combination of 2 options)

10. Would you be interested in providing a temporary office space for one of our pharmacists to perform their consultations / assessments (ex: one day per week?)

- | | |
|------------------------------|--------------|
| <input type="checkbox"/> No | 67.5% |
| <input type="checkbox"/> Yes | 32.5% |

11. What could be done to help facilitate your participation in this service?

12. What suggestions do you have that would add to the success of this service?

Themes emerging from questions 11 and 12:

What would help facilitate physician participation in pharmacist-delivered CMM?

- Ease of referral (standardized referral form)
- More information about the service (how to access the service, who is delivering the service and which patients would benefit)
- Examples of success and patient experiences
- Summary of the service protocol/process

“Referral guidelines, easily accessible locations for my patients, perhaps a standardized referral form.”

What suggestions do you have that would add to the success of this service?

- Repeat marketing of the service to both family physicians and patients (through in-services, brochures, posters)
- A central location with easy access for patients referred to this service
- Short-waiting lists/quick turnover
- Strong communication between physicians, pharmacists and patients

“Close communication between physicians & pharmacist, must really establish this relationship along with that between these two and the patient.”

Discussion

- Family physicians value the proposed pharmacist-delivered CMM program & appear to be willing to refer patients to the service
- Despite the fact that many physicians responded that they could already identify patients they might refer, it appears that many will require education regarding which patients will benefit from CMM

- In order to ensure success, the service first must be promoted to family physicians and patients
- It must also be located in an accessible location, have a simple referral process, and have continued communication between all those involved



Medication Assessment Consultants

MAC - Referrals

- Accepted referrals between September 2011 & February 2013
- Total number of patients referred: 53
- Total number of physicians referrals: 42 (79%)
 - Total number of referring physicians: 23
- Total number of self-referrals: 4 (8%)
- Total number of home care referrals: 7 (13%)

MAC – Patient Demographics

♂: 17 (32%)

♀: 36 (68%)

- Oldest patient was 95 years
- Youngest patient was 42 years
- **Average patient age was 71 years**

MAC – Patient Medications & Health Conditions

Minimum # of medications/patient: 2

Maximum # of medications/patient: 31

Average # of medications/patient: 13

Minimum # of conditions/patient: 2

Maximum # of conditions/patient: 21

Average # of conditions/patient: 9

Drug Therapy Problem	Number of Individual DTPs within the Pharmacist Recommendations
Unnecessary Drug Therapy	56
Needs Additional Drug Therapy	53
Wrong Drug	38
Dosage Too Low	13
Adverse Drug Reaction	11
Dose Too High	18
Not Following Instructions	1
Non-Drug Recommendations	25
Total	215

Preliminary Findings from Physician Interviews

- Strong patient care process
- The MAC service supports a collaborative approach to care
- Service location
- General perspectives on MAC

Strong Patient Care Process

“They are very thorough and go through a very detailed medication history, and then giving some first suggestions and then also saying if that does not work we would recommend this as a second choice, and then also reaching follow up. Which I thought was great.” (MD86)

Strong Communication

“We were trying to find an anti-nauseant for one of my patients, she had discovered an unpublished EDS criteria and was able to get my patient the drug that day and we thought it was going to take some time before we would be able to get her onto a stronger anti-nauseant medication. So that was fantastic. It happened within hours .” (MD86)

Strong Pharmacist Skills

“I think the way the consult came back, there was a number of options for different decision directions that could be made, and within each direction there was very step wise instructions, first off, do this and then if this response is not achieved then try this. So it was very nice in terms of how it was laid out which from my end of it trying to implement some of these changes, it made it very easy.” (MD101)

General Perspective of the Program

“I just think it is great. For my complex patients in particular, it is so hard to find the time to look through all their old records and find out what medications they have been on, and what their reactions have been, and do all of the research to find out what else we can try. It is such a nice service. I would be very sad if it was gone.” (MD86)

General Perspective of the Program

“...and in one particular circumstance a patient of one of my colleagues who was on a long term medical leave as a result of surgery and I had taken over a couple of her patients to manage in her absence. On her return, she had a comment like “what on earth did you do, he is fabulous”, so you know it was not just patients it was colleagues who were super pleased with things that I had done. But, I had to give credit because it was not actually me.” (MD101)

Catching Prescribing Omissions

“And I feel like my management with her is often to put out fires, and it was kind of hard for me to say well what are the gaps in her care. It has been kind of overwhelming. When I sent her to the consultants, they (MAC) found that she was not on a treatment for osteoporosis and they recommended. I thought that was really beneficial because just between everything else going on with her, I do not know if I would have gotten there for quite sometime.” (MD86)

Service Improved Physician Confidence

“Yes what they gave me for one patient will carry over to another patient. So that is always good to know you know the maximum levels. Sometimes we are overdoing it and we have not really kept up to date. So it is a nice refresher as well. So it helps us to learn and the patients as well.” (MD102)

“So it is nice to have someone who has experience with how all this interacts and are helping us to keep things clean and tidy, and functional, and safe.” (MD101)



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QUESTIONS?

Contact Information

Julia Bareham, BSc, BAC, BSP, MSc (Candidate)

University of Saskatchewan

 julia.bareham@usask.ca



Questions

- Please type your questions into the Q&A pod on the right-side of your screen.
- Please contact Kristina Allsopp at research@pharmacists.ca





Upcoming Pharmacy Research Webinars

- Pharmacists Prescribing Across Practice Areas in Alberta – presented by: Lisa Guirguis and Mark Makowsky (Date: TBA)
- Ontario Pharmacy Research Collaboration (OPEN)- Deprescribing Project – presented by Dr. Barb Farrell (Date: TBA)



Thank you!

- This presentation will be available on the Canadian Pharmacists Association's website at <http://www.pharmacists.ca/index.cfm/education-practice-resources/pharmacy-practice-research/canadian-pharmacy-practice-research-group/cpprg-webinars/>
- Thank you to Canadian Pharmacy Practice Research Group (CPPRG) for hosting this pharmacy research webinar series.