Welcome to the Medication Safety Community of Practice Webinar Series
Hosted by ISMP Canada
November 17, 2011

How MedsCheck for Long Term Care Can Improve Medication Management in Long Term Care Homes
About ISMP Canada

ISMP Canada is an independent not-for-profit organization dedicated to reducing preventable harm from medications.

Our aim is to heighten awareness of system vulnerabilities and facilitate system improvements.

www.ismp-canada.org

About SHRTN

The Seniors Health Research Transfer Network (SHRTN) Knowledge Exchange was created in 2005 through a grant of the Ministry of Health and Long-Term Care. As part of the SHRTN Collaborative, SHRTN facilitates knowledge exchange amongst paid and unpaid caregivers, researchers, and policy makers.

www.shrtn.on.ca
Medication Safety CoP Aim

- To improve Medication Safety within Long Term Care homes. It is a collaboration of three organizations

Partners with SHRTN

- Health Quality Ontario (HQO)
- ISMP Canada
- Quality Healthcare Network (QHN)
- Residents First
Medication Safety CoP Team

- Core Working Group
- Doris Doidge, RN, MN, CoP Co-Lead
  - Process Improvement Consultant, QHN
  - QI Coach, Residents First
- James Medd
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- Kris Wichman, RPh BScPhm FCSHP, CoP Co-Lead
  - Institute for Safe Medication Practices (ISMP) Canada
- Terry Kirkpatrick, B.A., R.L.C., M.Ed.
  - Knowledge Broker, SHRTN

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WWW.SHRTN.ON.CA
Housekeeping

- Please make sure that you joined the call correctly. See the screen for information or your email that was sent to you with your connection information.
- You will be on Mute right now but we will open the lines later for questions so it’s important that you joined the call correctly.
- There is a Chat Box function that you can use.
- Hand raise.

Questions

1. Raise your hand. If you have a phone icon by your name we will un-mute your phone and you can ask your question

2. Type your question in the chat box

3. Email your question to webinars@ismp-canada.org
How MedsCheck for Long Term Care Can Improve Medication Management in Long Term Care Homes

Presenters

Elaine Maloney M.Ed.
Senior Program Analyst
Ontario Public Drug Programs
Ministry of Health and Long-Term Care

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Director Clinical Services
Medical Pharmacies Group Limited

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Co-Lead Medication Reconciliation, Canada
Project Leader Institute for Safe Medication Practices Canada (ISMP Canada)
Objectives

- Describe Ontario’s MedsCheck Program including the MedsCheck for LTC
- Describe the benefits of the MedsCheck Program for LTC homes residents and staff
- Understand how MedsCheck for LTC improves the medication management for residents in LTC
- Describe the use of MedsCheck in transitions of patient care

Elaine Maloney M.Ed.
Senior Program Analyst
Ontario Public Drug Programs
Ministry of Health and Long-Term Care
MedsCheck for Long-Term Care
part of Ontario’s MedsCheck program

November 17, 2011
webinar for
Seniors Health Research Transfer Network (SHRTN)
Institute for Safe Medication Practices Canada

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- MedsCheck Annual
- MedsCheck Follow-up
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- Long-Term Care Homes Legislation
- Benefits / Opportunities of MedsCheck
- MedsCheck Stats
**Background**

- June, 2006 Ministry of Health and Long-Term Care (Ministry) commits funding towards professional pharmacy services
- Pharmacy Council established to provide advice to the Ministry;
- Pharmacy Council is co-chaired by the Ministry and the Ontario Pharmacists’ Association and is comprised of 12 members including:
  - Ministry
  - Pharmacists including representation from hospital, community, long-term care and family health teams’ practice
  - A Physician
  - Faculty of Pharmacy / Pharmacy School in Ontario
  - Regulatory College (Ontario College of Pharmacists)
  - Public representative

**Summary of Professional Services as of Sept 1, 2011**

- **MedsCheck Program Summary**
  - April 1, 2007 – **MedsCheck Annual** ($60) launched originally Ontario Drug Benefit (ODB) recipients on 3 chronic medications; expanded to include all Ontarians in July 2007
  - November 30, 2007 – **MedsCheck Follow-Up** ($25) expansion of program to include an additional medication review during the year, for all Ontarians
    - Patients discharged from hospital
    - Patients admitted to hospital (planned admissions)
    - As per a physician / nurse practitioner’s referral
    - As per a pharmacist’s documented decision
  - September 13, 2010 expanded programs launched:
    - **MedsCheck for LTC** (Annual: $90; Quarterly: $50)
    - **MedsCheck at Home** (Annual: $150)
    - **MedsCheck for Diabetes** (Annual: $75; Follow-up: $25)

- **Professional Pharmacy Services**
  - April 1, 2011 - **Pharmaceutical Opinion Program** – a clinical intervention at the time of dispensing a prescription ($15 each drug related problem; ODB recipients only)
  - September 1, 2011 – **Pharmaceutical Opinion** – a clinical intervention at the time of conducting a MedsCheck ($15 each drug related problem; ODB recipients only)
  - September 1, 2011 **Pharmacy Smoking Cessation Program** ($125 per patient / year; ODB recipients only)
The original MedsCheck program

- To promote better patient health outcomes.

- A 20-30 minute appointment
- A free service that allows Ontarians taking three or more prescription medications to schedule an annual in-person visit with their community pharmacist to discuss how their prescription, over-the-counter and alternative medications may be affecting each other.

- Together the pharmacist and the patient come up with the best possible medication history (or medication review list) as per the time of the appointment.

- Patient leaves with a signed & complete list of all medications and other non Rx products.

MedsCheck Annual – launched April 1, 2007

- Eligibility: Any Ontarian with a valid Ontario Health Card, living in Ontario, and on a minimum of 3 prescription medications for a chronic condition – not open to residents of LTC Homes

- Medication review is conducted in person at an accredited community pharmacy

- Medication review record requires signatures of patient (caregiver), pharmacist, date of medication review – the record is provided to the patient and may be shared with other health care professionals

- Copies of all signed and dated documentation must be maintained on site at the pharmacy in a readily retrievable format

- Circle of Care may contact the pharmacy for the MedsCheck record

- $60 - MedsCheck payment is to the accredited pharmacy using the ministry’s Health Network System (HNS). (same system as per an Ontario Drug Benefit eligible drug claim)
MedsCheck Follow-up – launched Nov. 30, 2007

- Eligibility: Same criteria as per MedsCheck Annual;
- For some patients, there was the need to have another MedsCheck during the calendar year;
- Typically the patient received their MedsCheck Annual at the same pharmacy and due to a transition in care or significant change in their drug therapy require an updated review. There are 4 types of MedsCheck Follow-up appointments:
  - Hospital Discharge
  - Pharmacist documented decision based on significant changes
  - Physician/Registered Nurse (EC) Referral
  - Hospital Scheduled Admission
- Same process for appt, documentation of signatures and recordkeeping as for MedsCheck Annual; both will say “MedsCheck”
- Both Patient and the Pharmacy have a signed/dated copy of the MedsCheck medication review; can be shared with Circle of Care
- $25: MedsCheck payment is to the accredited pharmacy using HNS

Expansion of MedsCheck Services

- Fall 2007: a Pharmacy Council Working Group looks at a MedsCheck service specific to residents of Long-Term Care Homes
- June 7, 2010: Minister of Health and Long-Term Care announces expansion to the MedsCheck program with allocated funding for professional pharmacy services
  - $100 M allocated on top of existing $50 M
- Sept 13, 2010: Building on the success of the existing MedsCheck program the Ministry expanded MedsCheck services to include three additional services:
  - MedsCheck for LTC homes,
  - MedsCheck for persons with diabetes, and
  - MedsCheck at Home for patients who are not physically or mentally able to attend the pharmacy in person.
**MedsCheck LTC Working Group**

- Fall 2007: Established a LTC Working Group made up of 7 LTC consultant pharmacists and one LTC physician
- Mandate: defining and formalizing professional services offered by pharmacists who specialize in providing for patients in LTC
- Recognition of core pharmacy services relating to LTC
  - Dispensing prescriptions - typically on a weekly cycle
  - Professional / cognitive services involving medication management provided by pharmacists to LTC residents, medical, nursing and care staff
- The LTC WG established 2 programs (quarterly + annual) building on the existing role of consultant pharmacists in LTC Homes
- Positives Outcomes to include: improved med. mgmt + quality of life for residents; decreased med incidents; decreased med wastage; demonstrate successful collaborative models of care; better facilitation of resident service with staff; improved pharmacist profiles as part of the care team; improved communication

**MedsCheck LTC – launched Sept 13, 2010**

- The MedsCheck for LTC is a two-fold medication review program consisting of quarterly medication reviews and an annual in-depth medication analysis. Both reviews are conducted by the pharmacist in the LTC Home with objectives that include:
  - Promoting healthier patient outcomes and better resident-focused care
  - Improving and optimizing drug therapy for residents of LTC Homes
  - Promoting interdisciplinary collaboration in patient care.
- The quarterly reviews should include medication selection, dosage, hours and route of administration, duration of therapy, treatments, allergies and drug interactions.
- It will identify any possible drug related problems that may require follow-up and discussion via the in-depth therapy analysis (annual review) and follow-up in collaboration with the patient, caregiver and health care team.
- Align with the *Regulations* to the *LTC Homes Act* – effective July 1, 2010
- Documentation and record keeping same as for MedsCheck annual in addition; Signed & dated Reviews; the LTC Home also retains a copy.
- $90 (Annual); $50 (quarterly); Payment to pharmacy via HNS
Long-Term Care Homes Act (2007)+ Regulations (2010)

- 2007: Long-Term Care Homes Act received royal assent
- Regulations to the LTCH Act in development concurrently with MedsCheck for LTC; in place as of July 2010 + MedsCheck LTC as of Sept 2010
- Regulations included:
  - An interdisciplinary medication management system (quarterly + annual evaluations) that provides safe medication management and optimizes effective drug therapy outcomes for residents
  - Recognition of the pharmacy service provider
- Pharmacy Service provider:
  1. For each resident of the home, the development of medication assessments, medication administration records and records for medication reassessment, and the maintenance of medication profiles.
  2. Evaluation of therapeutic outcomes of drugs for residents.
  3. Risk management and quality improvement activities, including review of medication incidents, adverse drug reactions and drug utilization.
  4. Developing audit protocols for the pharmacy service provider to evaluate the medication management system.
  5. Educational support to the staff of the home in relation to drugs.
  6. Drug destruction and disposal - if required

Further expansion: Pharmaceutical Opinion Program

- 2011: Pharmaceutical Opinion Program – Drug Related Problems identified by the pharmacist when dispensing a new/repeat prescription or when conducting a MedsCheck
- Occurs when a pharmacist identifies a potential drug related problem that requires consultation with the prescriber.
- There are 8 types of clinical interventions (Drug Related Problems DRP) that the pharmacist refers to when conducting a pharmaceutical opinion
- Pharmacist must make a recommendation to the prescriber regarding the drug therapy to be eligible for professional reimbursement.
- Three possible outcomes
  - Not filled as prescribed
  - No change to Rx / therapy; filled as prescribed
  - Change to Rx/Therapy
- Documentation on patient’s e-file or Rx hardcopy record or MedsCheck records if applicable – readily retrievable format
- Minimum documentation: outcome; details describing the DRP; recommendation / discussion with MD / nursing; action /discussion with patient; date of transaction; RPh’s signature; date + name of prescriber; other comments
What is a Drug Related Problem?

- The pharmacist may implement a pharmaceutical opinion based on one of the following prescription therapy intervention criteria or drug related problem:
  1. Therapeutic Duplication; drug may not be necessary
  2. Requires drug; patient needs additional drug therapy
  3. Sub-optimal response to a drug; drug is not working as well as needed
  4. Dosage too low
  5. Adverse drug reaction; possibly related to an allergy or a conflict with another medication or food
  6. Dangerously high dose; patient may, either accidentally or on purpose, be taking too much of the medication
  7. Non-compliance; patient is refusing to take the drug, or not taking it properly
  8. Prescription has been confirmed false or has been altered – unlikely with regards to DRP with a MedsCheck

Opportunity / Benefits of MedsCheck Services

- MedsCheck is a complete record of a patient’s prescription and over-the-counter / alternative therapy / non-prescription drugs
- MedsCheck is developed by a regulated health professional (the community pharmacist) in collaboration with the patient
- The signed and dated MedsCheck medication review indicates that a best possible medication history is on record as per that date.
- MedsCheck reviews are now standardized to include the MedsCheck brand and include system efficiencies for required information
- The Ontario Government’s Drug Profile Viewer includes MedsCheck among the list of an Ontario Drug Benefit recipient’s list of ODB drug claims
Opportunity / Benefits of MedsCheck Services

- Health care professionals (Circle of Care) are able to contact the community pharmacy for the most recent MedsCheck.

- MedsCheck can be included as part of the tools required by institutions including hospitals, LTC Homes during an admission process.

- MedsCheck can be referred to by those health care professionals who visit patients in their private home.

- Patients and patient caregivers can be asked for the MedsCheck during visits with other health care professionals – hospital, family health teams, community care access centres, transitions in patient care, etc.

- Approximately 3,400 community pharmacies in Ontario provide for a broad point of access to a health care professional for this service across the province.

MedsCheck Statistics after 4.5 years

- **As of September 30, 2011: FOUR + 1/2 FISCAL YEARS**

- **Total MedsCheck Government expenditures since Apr 1, 2007**

  - **$ 72.7 M** MedsCheck Annual ($60 per annual claim)
  - **$ 3.3 M** MedsCheck Follow-up ($25 per claim)
  - **$ 13.6 M** MedsCheck LTC ($90 per annual; $50 per quarterly claim)
  - **$ 2.8 M** MedsCheck at Home ($150 per annual claim)
  - **$ 8.6 M** MedsCheck for Diabetes ($75 per annual; $25 follow-up)
  - **$ 102.1 M Total Government Cost (as of Sept. 30, 2011)**

- Approximately **1.1 Million** Ontarians have had at least one MedsCheck service since April 1, 2007.
### MedsCheck Statistics (Annual) 4.5 years

<table>
<thead>
<tr>
<th>Year</th>
<th>Distinct Recipients</th>
<th># of Reviews (Claims)</th>
<th>Government Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 5 Apr 1/11 - Sep 30/11 (6mos)</td>
<td>257,689</td>
<td>257,689</td>
<td>$15.4 M (6 mos)</td>
</tr>
<tr>
<td>Year 4 Apr 1/10 – Mar 31/11</td>
<td>432,613</td>
<td>432,613</td>
<td>$24.9 M ($13.3 M at 6 mos)</td>
</tr>
<tr>
<td>Year 3 Apr 1/09 – Mar 31/10</td>
<td>258,764</td>
<td>275,808</td>
<td>$13 M</td>
</tr>
<tr>
<td>Year 2 Apr 1/08 – Mar 31/09</td>
<td>204,545</td>
<td>216,678</td>
<td>$10.5 M</td>
</tr>
<tr>
<td>Year 1 Apr 1/07 – Mar 31/08</td>
<td>195,772</td>
<td>201,101</td>
<td>$12.9 M Includes $2.9M start-up costs</td>
</tr>
</tbody>
</table>

Total Distinct Recipients: 957,835
Total Claims: 1,340,616
Total Government Cost: $72.7 M

**After 4.5 Years**

### MedsCheck Statistics (Follow-Up) 4.5 years

<table>
<thead>
<tr>
<th>Year</th>
<th>Distinct Recipients</th>
<th># of Reviews (Claims)</th>
<th>Government Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 5 Apr 1/11 - Sep 30/11 (6mos)</td>
<td>30,835</td>
<td>36,718</td>
<td>$0.9 M (6 mos)</td>
</tr>
<tr>
<td>Year 4 Apr 1/10 – Mar 31/11</td>
<td>40,988</td>
<td>53,092</td>
<td>$1.3 M</td>
</tr>
<tr>
<td>Year 3 Apr 1/09 – Mar 31/10</td>
<td>20,849</td>
<td>26,907</td>
<td>$671,224</td>
</tr>
<tr>
<td>Year 2 Apr 1/08 – Mar 31/09</td>
<td>10,726</td>
<td>13,300</td>
<td>$331,983</td>
</tr>
<tr>
<td>Year 1 No 30/07 – Mar 31/08 (4mos)</td>
<td>2,505</td>
<td>2,600</td>
<td>$64,880</td>
</tr>
</tbody>
</table>

Total Distinct Recipients: 90,918
Total Claims: 132,611
Total Government Cost: $3.3 M

**After 4.5 Years**
### MedsCheck Statistics Follow-up Reviews ONLY


**MedsCheck Follow-up Reviews** $25 per claim

<table>
<thead>
<tr>
<th>Service</th>
<th>Total # of Claims</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 YR Total: 95,881 claims; ~ $2.4 M cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5 YR: 132,611 claims; ~ $3.3 M cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Discharge</td>
<td>18,015 4yr</td>
<td>18.8 %</td>
</tr>
<tr>
<td></td>
<td>25,637 4.5yr</td>
<td>19.3 %</td>
</tr>
<tr>
<td>Pharmacist’s Documented Decision based on</td>
<td>49,456 4yr</td>
<td>51.6 %</td>
</tr>
<tr>
<td>significant change in therapy</td>
<td>70,195 4.5yr</td>
<td>52.9 %</td>
</tr>
<tr>
<td>MD / NP Referral</td>
<td>22,529 4yr</td>
<td>23.5 %</td>
</tr>
<tr>
<td></td>
<td>29,526 4.5yr</td>
<td>22.2 %</td>
</tr>
<tr>
<td>Hospital Admission</td>
<td>5,881 4yr</td>
<td>6.1 %</td>
</tr>
<tr>
<td></td>
<td>7,253 4.5yr</td>
<td>5.5 %</td>
</tr>
</tbody>
</table>

### MedsCheck Expanded Programs: MedsCheck LTC

Total Government Cost: From Sept 13, 2010 to Sept 30, 2011

~ $6.3 (6.5 mos) ~ $ 10 M (9.5 mos) ~ 13.6M (12.5 mos)

<table>
<thead>
<tr>
<th>Service</th>
<th>Total # of Claims</th>
<th>Total Govt. Paid (approx)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MedsCheck LTC Annual ($90 per year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30,025 6.5m</td>
<td>$ 2.7 M</td>
</tr>
<tr>
<td></td>
<td>43,393 9.5m</td>
<td>$ 4.17 M</td>
</tr>
<tr>
<td></td>
<td>61,570 12.5m</td>
<td>$ 5.5 M</td>
</tr>
<tr>
<td>MedsCheck LTC Quarterly ($50 x 3 per year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>73,064 6.5m</td>
<td>$ 3.7 M</td>
</tr>
<tr>
<td></td>
<td>116,206 9.5m</td>
<td>$ 5.8 M</td>
</tr>
<tr>
<td></td>
<td>161,336 12.5m</td>
<td>$ 8.1 M</td>
</tr>
<tr>
<td>Totals: MedsCheck LTC (12.5 months)</td>
<td>222,906 claims</td>
<td>$13.6 M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Govt $</td>
</tr>
<tr>
<td></td>
<td>85,323 distinct recipients</td>
<td></td>
</tr>
</tbody>
</table>
### MedsCheck Expanded Programs: MedsCheck at HOME

**Total Government Cost: From Sept 13, 2010 to Sept 30, 2011**

<table>
<thead>
<tr>
<th>Service:</th>
<th>Total # of Claims</th>
<th>Total Govt. Paid (approx)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MedsCheck at HOME ($150 X 1 per year)</td>
<td>9,372 6.5m</td>
<td>$ 1.4 M</td>
</tr>
<tr>
<td></td>
<td>14,048 9.5m</td>
<td>$ 2.1 M</td>
</tr>
<tr>
<td></td>
<td>18,585 12.5m</td>
<td>$ 2.8 M</td>
</tr>
<tr>
<td><strong>Totals: MedsCheck at HOME (12.5 months)</strong></td>
<td>18,585 claims</td>
<td>$2.8 M Govt $</td>
</tr>
<tr>
<td></td>
<td>18,175 distinct recipients</td>
<td></td>
</tr>
</tbody>
</table>

~$3.6 (6.5 mos) ~$4.3 M (9.5 mos) ~$8.6M (12.5 mos)

### MedsCheck Expanded Programs: MedsCheck for Diabetes

**Total Government Cost: From Sept 13, 2010 to Sept 30, 2011**

<table>
<thead>
<tr>
<th>Service:</th>
<th>Total # of Claims</th>
<th>Total Govt. Paid (approx)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MedsCheck for Diabetes Annual ($75 per year)</td>
<td>46,527 6.5m</td>
<td>$ 3.5 M</td>
</tr>
<tr>
<td></td>
<td>79,472 9.5m</td>
<td>$ 5.95 M</td>
</tr>
<tr>
<td></td>
<td>111,248 12.5m</td>
<td>$ 8.3 M</td>
</tr>
<tr>
<td>MedsCheck for Diabetes Follow-Up ($25)</td>
<td>3,921 6.5m</td>
<td>$ 97,814</td>
</tr>
<tr>
<td></td>
<td>7,744 9.5m</td>
<td>$ 193,078</td>
</tr>
<tr>
<td></td>
<td>12,430 12.5m</td>
<td>$ 310,212</td>
</tr>
<tr>
<td><strong>Totals: MedsCheck for Diabetes (12.5 months)</strong></td>
<td>123,678 claims</td>
<td>$8.6 M Govt $</td>
</tr>
<tr>
<td></td>
<td>109,933 distinct recipients</td>
<td></td>
</tr>
</tbody>
</table>
# Pharmacist Professional Service: Pharmaceutical Opinion

## Pharmaceutical Opinion Program – first 6 months

<table>
<thead>
<tr>
<th>2011</th>
<th>Total # Pharmacies</th>
<th># of ODB Recipients</th>
<th>Total # of Claims</th>
<th>Average / Pharmacy</th>
<th>Total Govt Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>2,021</td>
<td>12,091</td>
<td>12,773</td>
<td>6.3</td>
<td>$190,811</td>
</tr>
<tr>
<td>May</td>
<td>2,021</td>
<td>11,117</td>
<td>11,680</td>
<td>5.8</td>
<td>$174,681</td>
</tr>
<tr>
<td>June</td>
<td>2,008</td>
<td>11,051</td>
<td>11,657</td>
<td>5.8</td>
<td>$174,481</td>
</tr>
<tr>
<td>July</td>
<td>1,844</td>
<td>9,123</td>
<td>9,968</td>
<td>5.4</td>
<td>$149,215</td>
</tr>
<tr>
<td>Aug</td>
<td>1,841</td>
<td>10,472</td>
<td>11,520</td>
<td>6.3</td>
<td>$172,446</td>
</tr>
<tr>
<td>Sept</td>
<td>1,925</td>
<td>11,659</td>
<td>12,678</td>
<td>6.6</td>
<td>$189,744</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td>2,954</td>
<td>60,209</td>
<td>70,276</td>
<td>6.03</td>
<td><strong>$1.1 M</strong></td>
</tr>
</tbody>
</table>

## Pharmaceutical Opinion

**Pharmaceutical Opinion Program – first 6 months**

<table>
<thead>
<tr>
<th>Pharmaceutical Opinion</th>
<th>April 30 1 month</th>
<th>June 30 3 months</th>
<th>Aug 31 5 months</th>
<th>Sept 30 6 months (MedsCheck added)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptom or Diagnosis</td>
<td>Total # of Claims ($15 each)</td>
<td>Outcomes</td>
<td>Outcomes</td>
<td>Outcomes</td>
</tr>
<tr>
<td>A drug related problem identified at the time of Dispensing/MedsCheck</td>
<td>12,802</td>
<td>915</td>
<td>3,151</td>
<td>8,736</td>
</tr>
<tr>
<td></td>
<td>Outcome - not filled (forgery or clinical reason)</td>
<td>2,410</td>
<td>8,535</td>
<td>25,177</td>
</tr>
<tr>
<td></td>
<td>Outcome - no change to Rx therapy</td>
<td>3,642</td>
<td>13,810</td>
<td>40,150</td>
</tr>
<tr>
<td></td>
<td>Outcome - change to Rx therapy</td>
<td>4,306</td>
<td>17,076</td>
<td>48,984</td>
</tr>
<tr>
<td></td>
<td>Participating pharmacies (Total # of ~ 3400 pharmacies)</td>
<td>2,021</td>
<td>2,700</td>
<td>2,881</td>
</tr>
<tr>
<td>Government Cost:</td>
<td>$191,221</td>
<td>$540,131</td>
<td>$861,694</td>
<td>$1,051,378</td>
</tr>
</tbody>
</table>
### Pharmaceutical Opinion: LTC compared to ALL Pharmacies

<table>
<thead>
<tr>
<th>Pharmaceutical Opinion</th>
<th>Sept 30 6 months</th>
<th>Sept 30 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LTC ONLY</strong></td>
<td><strong>ALL</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total # of POP Claims</strong></td>
<td>9,547</td>
<td>70,276</td>
</tr>
<tr>
<td>(MedsCheck POP added Sept 1st)</td>
<td>13.6 %</td>
<td></td>
</tr>
<tr>
<td><strong>Outcome- not filled</strong></td>
<td>383</td>
<td>4,306</td>
</tr>
<tr>
<td>(forgery or clinical reason)</td>
<td>4 %</td>
<td>6.1 %</td>
</tr>
<tr>
<td><strong>Outcome – no change to Rx</strong></td>
<td>2,496</td>
<td>17,076</td>
</tr>
<tr>
<td>therapy</td>
<td>26.1 %</td>
<td>24.3 %</td>
</tr>
<tr>
<td><strong>Outcome – change to Rx therapy</strong></td>
<td>6,668</td>
<td>48,984</td>
</tr>
<tr>
<td></td>
<td>69.8 %</td>
<td>69.7 %</td>
</tr>
<tr>
<td><strong>Participating pharmacies</strong></td>
<td>330</td>
<td>2,954</td>
</tr>
<tr>
<td>(Total # ~ 3400 ON pharmacies)</td>
<td>9.7 %</td>
<td>87 %</td>
</tr>
<tr>
<td><strong>Government Cost:</strong></td>
<td>$ 143,070</td>
<td>$1,051,378</td>
</tr>
</tbody>
</table>

**Government Cost:**

- LTC ONLY: $143,070
- ALL: $1,051,378

**Outcome – change to Rx therapy**

- LTC ONLY: 69.8%
- ALL: 69.7%

**Outcome – no change to Rx therapy**

- LTC ONLY: 24.3%
- ALL: 24.3%

**Outcome- not filled**

- LTC ONLY: 4%
- ALL: 6.1%

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**Poster**

[www.publications.serviceontario.ca](http://www.publications.serviceontario.ca)
Take One Tear Pad www.publications.serviceontario.ca:

Front

MEDICATION SHOULDN'T BE CONFUSING.

Back

The 'MedsCheck LTC' Experience
Realizing the potential benefits to residents and staff

Denis O'Donnell, BScPhm, ACPR, PharmD.
November 17, 2011
Outline

• Describe some major challenges in long term care (LTC) that can potentially be addressed through MedsChecks.
• Highlight some positive experiences with MedsChecks in LTC: examples of what works
• Offer strategies for incorporating MedsChecks into the LTC daily order of business

Increasing Demands on Nursing Staff in LTC

Often related to Medication Management:
• Between 29.5% and 40.9% of a standard nursing day shift is spent on medication administration
• Current RAI-MDS requirements necessitate the quarterly review of various drug categories (e.g. antipsychotics)
• New narcotic legislation necessitates increased monitoring of these medications
• Between 2008 and 2010, the average number of medications per resident increased from 11.08 to 12.47 in Ontario

1 Thomson MS, et al. JAGS 2009; 57: 266-72
2 MPGL medication utilization statistics
Increasing Demands on Nursing Staff in LTC

How does POLYPHARMACY amplify problems?
• Longer medication pass times
• More medication pass times (instead of the historic 2-3 passes)
• More changes to the regimen
• Increased potential for drug interactions and adverse effects leading to:
  – Increased falls
  – Increased confusion
  – Increased hospitalization

Who is to blame?
• Residents live longer and are more complex (ie more medical conditions)
• Improved diagnosis & accessible tests for diseases
• New drug classes not readily available 10 years ago (e.g. bisphosphonates, cholinesterase inhibitors)
• More drugs for prevention of disease progression (e.g. osteoporosis, dementia, flu, diabetes)
A Possible Solution – MedsCheck LTC

Who has time to thoroughly evaluate the medication regimen?
• Is there a diagnosis on file to account for every drug?
• Are all of the residents current needs being addressed? (e.g. fracture prevention, evaluation of prn medications, discontinuation of medications that are no longer helping)
• Are the dosing and administration times appropriate for the resident's lifestyle, renal/liver function and concomitant medications?
• Are monitoring parameters being collected? Are they being evaluated? (e.g. lab work, drug concentrations, health indicators)
• Have all possible medication options being considered in the face of treatment failure?

Positive MedsCheck Experiences – Scenario 1

Coordination of the MedsChecks with a physician’s quarterly medication review
• The physician, nurse and pharmacist meet as a team to complete the quarterly medication reviews
• The pharmacist reviews each regimen in advance, researching the medication history, documenting medication monitoring parameters as well as recommendation on the quarterly
• The physician reviews each quarterly along with the recommendations provided by the pharmacist
• All three team members sign the form: the physician - to renew the medications, the pharmacist – to acknowledge completion of a MedsCheck LTC, and the nurse to document processing of the orders
Scenario 1: Coordinating MedsChecks and Physician Quarterlies

Pros:
- Great opportunity to eliminate unused/unwanted medications
- Fosters a collaborative, respectful care environment
- From the physician’s perspective: the best time to make changes
- Pharmacist’s assessment assists the physician and nurse in monitoring therapy

Cons:
- Sometimes challenging to coordinate an appropriate meeting time
- Can result in a surge of medication changes (need extra staff)

Positive MedsCheck Experiences – Scenario 2

Collaborative review of medications by the nurse and pharmacist
- The pharmacist and the nurse meet annually to review the medication regimen for each resident on a particular unit
- The pharmacist prepares in advance, a list of concerns and questions related to each resident’s medication regimen
- Together, the nurse and pharmacist address discuss each resident’s medication profile and come up with suitable recommendations for improving the regimen
- All recommendations are documented and communicated with the physician at his/her subsequent visit
Scenario 2: Coordinating a nurse-pharmacist review of all residents on a unit

Pros:
- Easy to coordinate nurse/pharmacist meetings (as compared to a physician/nurse/pharmacist meetings)
- Provides an opportunity to focus on all of the nurses concerns pertinent to medication administration (compress meds)
- Fosters better communication between nursing staff and pharmacy staff

Cons:
- Requires the nurse to attend a separate meeting (in addition to his/her other duties)
- Recommendations/changes that require physician authorization are delayed until the physician can be consulted

Strategies for making the most of the MedsCheck LTC

Examine your existing services:
- How can we build value into the existing services by including a MedsChecks LTC? (i.e. care conferences, physicians quarterly reviews)

Plan future programs:
- Design safety programs that include a MedsCheck LTC (i.e. falls prevention, pain management, osteoporosis prevention, etc.)

Include the pharmacist in home-specific medication prescribing strategies so that these can be included in the pharmacists critical review of the medication regimens
Concluding Comments

- MedsCheck LTC offers the potential to address some of the growing challenges faced by nursing staff in LTC by improving medication management.
- Effective use of the pharmacist’s expertise may require careful rethinking of their current role in order to allow for them to complete MedsChecks.
- MedsChecks promotes collaboration and will likely result in improved resident care.

Questions? dodonnell@medicalpharmacies.com

Thank you!
Medication Reconciliation in Long Term Care

Marg Colquhoun
Project Leader, ISMP Canada
National Medication Reconciliation Strategy Co-Lead

Medication Information Transfer in the Community
What is Medication Reconciliation (MedRec)?

• Medication reconciliation is a formal process in which healthcare providers work together with patients, families and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care.

• Medication reconciliation requires a systematic and comprehensive review of all the medications a patient is taking to ensure that medications being added, changed or discontinued are carefully evaluated. It is a component of medication management and will inform and enable prescribers to make the most appropriate prescribing decisions for the patient.
MedRec in Long Term Care

- Medication Reconciliation in long-term care is a formal process of:
  - At admission, obtaining a complete list of each resident’s current (and pre-admission medications if coming from acute care) – including name, dosage, frequency and route (BPMH).
  - Using the BPMH to create admission orders or comparing the list against the resident’s admission orders, identifying and bringing any discrepancies to the attention of the prescriber for resolution.
  - Any resulting changes in orders are documented and communicated to the relevant providers of care and resident or family member wherever possible.

Case for MedRec in LTC

- In a 2004 study by Boockvar the incidence of ADEs caused by medication changes at transfer between facilities was 20%.  
  
- ADEs due to medication changes occurred most often upon transfer from the hospital back to the LTC facility.
- Incomplete or inaccurate communication between facilities was identified as a potential factor in these occurrences.

Case for MedRec in LTC

- Incomplete or inaccurate medication information is a critical issue reflected in a growing number of LTC studies. A 2007 survey of continuing care nurses and pharmacists in Alberta\(^2\) found:
  - **75\%** of the time medication information was NOT legible and complete
  - **90\%** of the time information was NOT available to tell if the prescribed medications were appropriate for the resident’s diagnoses.
  - **40\%** of the time medication information DID NOT arrive the same day as the resident’s admission.

\(^2\) Earnshaw, K et. al. Perspectives of Alberta Nurses and Pharmacists on Medication Information Received. July 29, 2007
Getting Started Kit
Medication Reconciliation in Long-Term Care

- Step-by-step guide to the process
- Model for Improvement
- Tools and Tips
- Samples from Canadian teams
- Available at: www.saferhealthcarenow.ca

Top 10 Practical Tips
How to Obtain an Efficient, Comprehensive and Accurate Best Possible Medication History (BPMH)

1. Be proactive. Gather as much information as possible prior to seeing the patient. Include primary medication histories, provincial database information, and medications vital lists.

2. Prompt questions about non-prescription categories: over the counter drugs, vitamins, recreational drugs, herbal/traditional remedies.

3. Prompt questions about unique dosage forms: eye drops, inhalers, patches, and sprays.

4. Don’t assume patients are taking medications according to prescription vials (ask about recent changes initiated by either the patient or the prescriber).

5. Use open-ended questions (“Tell me how you take this medication?”).

6. Use medical conditions as a trigger to prompt consideration of appropriate common medications.

7. Consider patient adherence with prescribed regimens (“Has the medication been recently filled?”).

8. Verify accuracy: validate with at least two sources of information.

9. Obtain community pharmacy contact information; anticipate and inquire about multiple pharmacies.

10. Use a BPMH trigger sheet (in a systematic approach / interview guide): include efficient order/optimal phrasing of questions, and prompts for commonly missed medications.
Enrol Today!

http://www.saferhealthcarenow.ca/EN/enroll/Pages/default.aspx

- Critical resource for LTC
- Proven in City of Toronto homes to be an important support to medication reconciliation process
- Only available in Ontario
What’s going on at a Nationally?

National Medication Reconciliation Summit
*February 2011*

To accelerate a system-wide strategy to implement medication reconciliation (MedRec).

MedRec is a proven intervention to prevent medication errors at patient transition points.

**Report Access:** The report can be found on the CPSI or ISMP Canada website

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**National Summit: Themes to Address Barriers in Canada**

- Inter-Professional Engagement
- Leadership Accountability
- Public/consumer/caregiver engagement
- Physician Roles
- Culture and Human Systems
- Education and Training
- Information Systems and Technology
- Tools and Resources
- Measurement
National Strategic Advisory Group

- Accreditation Canada
- Canada Health Infoway
- Canadian Society Hospital Pharmacists
- Canadian Medical Association
- Canadian Nurses Association
- Canadian Pharmacists Association
- Canadian Patient Safety Institute
- Institute for Safe Medication Practices Canada
- The College of Family Physicians of Canada
- Royal College of Physicians and Surgeons of Canada

Cross Canada Check-Up

http://www.ismp-canada.org/medrec/map/
Next Steps

• National Organizations Leadership Commitment
• Communication
• Information Technology Support
• Research

Medication Communication Failures Impact EVERYONE!

**PATIENT & FAMILY**
- loss of life
- prolonged disability
- temporary harm
- complicated recovery
- loss of income
- confusion about treatment plan

**HEALTHCARE SYSTEM**
- prolonged recovery time
- increased cost and staff time due to rework
- avoidable readmissions and ER visits
- reduced access to health services

**SOCIETY**
- loss of productivity
- workplace absenteeism
- increased cost
- loss of public confidence in the healthcare system

Medication Safety: We All Have A Role
Reconciling and keeping an up-to-date list of all medications will reduce communication failures!

*Reconcile all Patient Medications*
Join the Medication Safety Community of Practice for Webinars in 2012

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<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Speaker/Details</th>
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<tbody>
<tr>
<td>Thursday, January 19, 2012</td>
<td>High Alert &amp; Beers List Medications (To be confirmed)</td>
<td></td>
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<tr>
<td>Thursday, February 16, 2012</td>
<td>Accreditation Canada – Medication Reconciliation Required Organizational Practice &amp; Tests of Compliance (Confirmed)</td>
<td>Greg Kennedy, Health Services Research Specialist, Accreditation Canada</td>
</tr>
<tr>
<td>Thursday, March 15, 2012</td>
<td>Medication Safety Self-Assessment for Long Term Care (To be confirmed)</td>
<td></td>
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We encourage you to report medication incidents

<table>
<thead>
<tr>
<th>Reporting and Prevention Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Practitioners</strong></td>
</tr>
<tr>
<td>Healthcare Professionals (e.g., nurse, pharmacist, physician)</td>
</tr>
<tr>
<td><strong>General Points</strong></td>
</tr>
<tr>
<td>Preventing harm from medication incidents is not just a responsibility for health professionals; consumers like you can also play a vital role.</td>
</tr>
<tr>
<td><strong>OPNR - Community Pharmacy Incident Reporting Program</strong></td>
</tr>
<tr>
<td>For participating community pharmacies.</td>
</tr>
<tr>
<td><strong>Analyzer-ERR</strong></td>
</tr>
<tr>
<td>For participating healthcare facilities.</td>
</tr>
</tbody>
</table>
Evaluation of Webinar

- An Evaluation link will be sent to you
  - Please complete

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- [www.hqontario.ca](http://www.hqontario.ca)
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- [www.medicalpharmacies.com](http://www.medicalpharmacies.com)

Thank You