The Pharmacist’s Role in Transitioning Patients from Community to a Care Facility

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Disclosure

Presenter’s name: Luis Viana

I have the following relationship with commercial interests:
• Current employee of Medical Pharmacies Group Limited
Learning objectives

• Understand the difference between retirement homes and long term care homes with respect to services provided and medication funding
• Demonstrate issues related to information transfer in the transition from the community to a care facility
• Illustrate the medication reconciliation process used in retirement homes and long term care homes
• Identify what the pharmacist can do to ensure medication related information is complete and accurate in the transition from the community to a care facility
Care facilities

- Retirement homes
- Long-term care homes (nursing homes)
- Chronic care hospitals
# Care facilities

<table>
<thead>
<tr>
<th>Also referred to as:</th>
<th>Long-term care homes</th>
<th>Retirement homes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Homes, nursing homes, extended care homes, homes for the aged, special care homes, residential care homes, continuing care homes</td>
<td>Retirement residence, care home, assisted living, rest home</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Levels of Care</th>
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<tbody>
<tr>
<td></td>
<td>Individuals who need higher levels of daily personal care, availability of 24-hour nursing care or supervision, and a secure environment. For persons who are no longer able to live independently.</td>
<td>Individuals or couples who need light housekeeping, meals, low levels of personal care and availability of staff on a 24-hour basis, to live independently.</td>
</tr>
</tbody>
</table>
# Care facilities

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<th><strong>Long-term care homes</strong></th>
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<tr>
<td><strong>Accommodation style</strong></td>
<td>Ranges from rooms with four people, to semi-private and private rooms.</td>
<td>Ranges from shared living to bachelor, one or two-bedroom apartments.</td>
</tr>
</tbody>
</table>
| **Owned and managed by:**   | • Municipal governments  
  • Non-profit corporations  
  • Private corporations                    | • Private corporations  
  • Non-profit corporations (in a few cases)                                           |
| **Cost ranges (per person)**| Province funds the care provided in LTCH  
  • Resident responsible for a defined co-payment rates  
  • Subsidies available                        | Costs for accommodation and care vary widely,  
  • From $1500 to $5000 per month for a private room  
  • No funding from province                   |
Long term care homes

Partially funded by the province

• Patients/clients are usually referred to as “residents” as the long-term setting is considered their home
• Designed for individuals requiring 24-hour registered nursing care and supervision in a secure setting
• Facilities have dining rooms, common rooms and may also have lounges, gift shops, beauty salons, chapels and other meeting areas
Long term care homes

Criteria for admission to a long term care include:

• Must be $\geq$ 18 years of age or older
• Have health care needs that cannot be met with care services available in the community
• Have health care needs that can be met in a long term care home
• Have a spouse/partner residing in a LTCH
  – spousal reunification process
Long term care homes

Typical LTC client

- Average age mid to late 80’s
- Older clients with multiple comorbid conditions
- Some younger clients with severe disability requiring significant assistance in their activities of daily living
  - Acquired brain injury, Huntington’s chorea, multiple sclerosis
  - Persons with long term mental health issues
Long term care homes

The basic package includes (supplies):

- Furnishings (including special mattresses)
- Meals (including special diets)
- Bed linens and laundry services
- Personal hygiene supplies
  - Soap, shampoo, toothpaste, combs, manual razors
- Medical supplies and devices
  - Including diabetic supplies, wound care supplies, may include use of walkers and wheelchairs
- Assistance with essential activities of daily living
Long term care homes

The basic package includes (services)

- Access to services of many registered health professionals on site
  - physician, pharmacist, physiotherapist, occupational therapist, dietitian (often contracted services)
- Pastoral and/or social services
- Social and recreational programs
- Assistance with essential activities of daily living
- Medication administration by RN or RPN
Long term care homes
Provision of pharmacy services

• Single pharmacy services provider
• As per the pharmacy services agreement, the contracted pharmacy provides pharmacy services (clinical and dispensing) in accordance with all applicable legislation
• Medications obtained from outside sources (OTC’s, supplements) may not be allowed
Medication costs for the resident

- Varies greatly by province
- Medications covered are those designated on the provincial formulary of benefits
- Most OTC’s are not covered
  - vitamins & supplements, ECASA 81 mg
- Limited selection of government stock supplied to LTCH
  - some laxatives, acetaminophen, antacids
Long term care homes

Medication costs

Medication costs for the resident

- Province pays for complete cost of medications in:
  - British Columbia
  - Alberta
  - Manitoba
  - Quebec
  - New Brunswick
  - Newfoundland and Labrador
Long term care homes

Medication costs

Medication costs for the resident

- Province pays for complete cost of medications in:
  - Saskatchewan
    - If qualify for Seniors’ Income Plan, Plan Three
  - Nova Scotia
    - Under 65 – LTC Pharmacare Plan beneficiaries
  - PEI
    - If live in government manors
    - If live in private nursing home and qualify under the Financial Assistance Act and eligible for PEI Medicare
Long term care homes
Medication costs

Medication costs for the resident

• Some provinces charge a co-payment, which can be based on income
  – Ontario, Nova Scotia
  – PEI – private nursing homes
  – Saskatchewan
    • Residents are responsible for the costs of their medications as per the Seniors Drug Plan or Seniors Income Plan
Long term care homes
Medication costs

Role of the pharmacist:
• Inform the resident:
  – There may be costs associated with prescription medications
    • Co-payments (may be waived or reduced by pharmacy services provider)
      • Ontario: all residents pay a $2 copay per prescription
      • Nova Scotia:
        • Seniors Pharmacare Program co-pay up to the annual maximum copayment
      • PEI
        • If live in private nursing and do not qualify for Financial Assistance plan or have other coverage, co-pay as per PEI Pharmacare
Long term care homes
Medication costs

Role of the pharmacist:

• Inform the resident:
  – There may be costs associated with prescription medications
  • Co-payments (may be waived or reduced by pharmacy services provider)
    • Saskatchewan:
      • Co-pay as per Senior’s Drug Plan
      • Reduced co-pay if qualify for the Seniors Income Plan supplement
        • Semi annual deductible of $100, followed by a 35 per cent copayment thereafter
Long term care homes
Medication costs

Role of the pharmacist:

• Inform the resident:
  – They are responsible for the cost of medications not covered by the provincial formulary
  – They are responsible for the cost of most OTC’s, vitamins and herbal supplements (often cannot bring in own supply)

• If a resident has third party insurance coverage, ensure the resident gives that information to the home and the home’s pharmacy services provider
Retirement homes
Provision of pharmacy services

• Home may enforce rule that there is only one pharmacy services provider for the home
  – Condition of residence
  – Especially if facility staff administer medications

• For persons who do not participate in the home’s medication management service, they may be allowed to obtain their medications from an outside pharmacy provider
Role of the pharmacist:

- Inform the resident:
  - The cost of medications will be the same as when the person was living in the community
    - Unless otherwise negotiated by the home’s pharmacy services provider (some providers may not waive co-pays)
  - Prescription medication costs will continue to be covered by the appropriate provincial drug plan
- If a resident has third party insurance coverage, ensure the resident gives that information to the home and the home’s pharmacy services provider
Transfer of medication related information

Case:

• KW is an 82 year old female admitted to the dementia care unit of the nursing home
  – History is relevant for polycythemia rubavera
  – RPN on floor transcribed medications from medication vials brought in by family
  – For polycythemia
    • Hydroxyurea 1000 mg po in the morning and 500 mg po in the evening
    • Community pharmacy contacted to confirm dose as family unsure of correct dose
  – Admission blood work normal
Transfer of medication related information

Case:

• About three weeks post admission, consultant pharmacist did admission medication review
• Facility staff indicate resident is tired and lethargic, very confused and not eating
• Blood counts show a pancytopenia
• A drug related cause (hydroxyurea) was considered
Transfer of medication related information

Case:

- Upon review of chart documentation, a note from the resident’s hematologist was found dated about two months prior to admission
  - Reduce hydroxyurea to 500 mg po once daily
- Family contacted and confirmed resident was receiving this lower dose on advice of hematologist
- Family was using up supply of hydroxyurea from old prescription vial
Transfer of medication related information

Case:

- Resident sent to hospital for further investigation
- admitted for three days, then returned with no clear reason for low blood counts
- On re-admission, hydroxyurea dose re-started at 500 mg po once daily
- Resident is doing fine
Transfer of medication related information

Case:

• Lesson learned
  • Adverse drug event due to incorrect medication related information at transition of care from home to care facility
  • Emphasized importance of ensuring accurate transfer of information
Transfer of medication related information

Adverse drug events (ADE):

• **Average rate of ADR-related hospital admission:**
  – Elderly = 17-24 per cent
  – Younger patients 4.1 per cent

• **Up to 88 per cent of hospital admission are due either entirely or in part to a potentially preventable adverse drug reaction**

Medication reconciliation
From the community to the care facility

American Society of Health System Pharmacists (ASHP)

- Encourages community based pharmacy providers to work together with hospitals as part of an organized, multidisciplinary medication reconciliation program
- Most research done involving transitions of care with a hospital

Medication reconciliation
From the community to the care facility

Why?
• Medication errors can lead to adverse drug events which can result in patient harm or death

How can errors occur?
• Incomplete or inaccurate collection of what medications a patient is actually taking
• Lack of reconciliation at the time of prescribing during the transition of care

Medication reconciliation
From the community to the care facility

What is medication reconciliation?
• Includes the following:
  1. Accurate collection of a complete medication list
     • The best possible medication history (BPMH)
  2. Compare the list of medications obtained from the BPMH with information in the patient’s medical records
     • Identify any discrepancies

ISMP Canada. Ontario Primary Care Medication Reconciliation Guide. 2015.
Medication reconciliation
From the community to the care facility

What is medication reconciliation?

• Includes the following:

  3. Correct any discrepancies
     • Discuss with primary care provider and patient
     • Update and complete BPMH

  4. Compare BPMH to admission orders
     • Verify patient understands the medication regimen
     • Identify and resolve any discrepancies

ISMP Canada. Ontario Primary Care Medication Reconciliation Guide. 2015.
Medication reconciliation
From the community to the care facility

The BPMH and medication reconciliation form the foundation for effective medication management.

ISMP Canada. Ontario Primary Care Medication Reconciliation Guide. 2015.
Medication reconciliation
From the community to the care facility

After any discrepancies in the BPMH are identified and resolved, admission orders in the care facility are written

- Any discrepancies between the BPMH and the admission orders are intentional

ISMP Canada. Ontario Primary Care Medication Reconciliation Guide. 2015.
Medication reconciliation

Sources of medication information for BPMH

<table>
<thead>
<tr>
<th>Information source</th>
<th>Benefit</th>
<th>Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/caregiver interview</td>
<td>• Can reflect the patient’s actual medication use</td>
<td>• Information based on the person’s recall</td>
</tr>
<tr>
<td></td>
<td>• Confirm accuracy of other sources of information</td>
<td>• Determines how the person is taking their medication, not necessarily how it was prescribed or intended to be taken</td>
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</table>
## Medication reconciliation

**Sources of medication information for BPMH**

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<td>Primary care provider (PCP)</td>
<td>• Easy access • Indication for medications can be provided</td>
<td>• Does not include OTC meds • May not include medications prescribed by other practitioners • May not be how the patient is actually using the medication • Is current up to the last visit to PCP</td>
</tr>
<tr>
<td>• EMR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Chart</td>
<td></td>
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ISMP Canada. Ontario Primary Care Medication Reconciliation Guide. 2015.
Medication reconciliation
Sources of medication information for BPMH

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<td>Patient’s own list</td>
<td>• May be a complete list of everything the patient is taking</td>
<td>• Contains information patient has remembered to record or deemed</td>
</tr>
<tr>
<td></td>
<td>• From different practitioners</td>
<td>important or appropriate to be on the list</td>
</tr>
<tr>
<td></td>
<td>• From different pharmacies</td>
<td>• May not be current</td>
</tr>
<tr>
<td></td>
<td>• May include OTC’s</td>
<td>• May not include OTC’s</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• May reflect what the patient is taking, not what was prescribed</td>
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## Medication reconciliation

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<td>Medication vials or packages</td>
<td>• Contains complete medication details</td>
<td>• Label information reflects what was prescribed, not necessarily how the patient is actually taking the medication</td>
</tr>
<tr>
<td></td>
<td>• Medication name, dose, route, frequency and prescriber information</td>
<td>• Patient may not include OTC’s or supplements</td>
</tr>
<tr>
<td></td>
<td>• Can see what the patient is taking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Can be a visual cue for the patient to tell how they are using that medication</td>
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Medication reconciliation
Sources of medication information for BPMH

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<tr>
<td>Blister packs</td>
<td>• Contains complete medication details</td>
<td>• Label information reflects what was prescribed, not necessarily how the patient is actually taking the medication</td>
</tr>
<tr>
<td>Compliance packs</td>
<td>• Medication name, dose, route, frequency and prescriber information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Can see what the patient is taking</td>
<td>• May not contain all medications patient is taking (OTC’s and supplement)</td>
</tr>
<tr>
<td></td>
<td>• Can be a visual cue for the patient to tell how they are using that medication</td>
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## Medication reconciliation

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<tr>
<td>Computer lists from dispensing pharmacy</td>
<td>• Contains complete medication details</td>
<td>• List of what was dispensed from single pharmacy</td>
</tr>
<tr>
<td></td>
<td>• Medication name, dose, route, frequency and prescriber information</td>
<td>• Patient may have multiple pharmacies or go to outpatient clinics</td>
</tr>
<tr>
<td></td>
<td>• Can capture medications dispensed over a period of time</td>
<td>• Directions indicate how medication was originally prescribed, not how patient is taking the medication</td>
</tr>
<tr>
<td></td>
<td>• History can give an indication of adherence</td>
<td>• May not include OTC’s</td>
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Medication reconciliation
Sources of medication information for BPMH

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<tr>
<td>Drug Profile Viewer from provincial prescription drug claims history</td>
<td>• Record of all prescriptions dispensed through provincial drug plan</td>
<td>• Contains records dispensed by pharmacies and billed to provincial drug plan, not what the patient is actually taking</td>
</tr>
<tr>
<td></td>
<td>• Able to retrieve about 1 year of information</td>
<td>• May not include all medication details</td>
</tr>
<tr>
<td></td>
<td>• Obtain information if a medication review was done</td>
<td>• Requires consent from patient</td>
</tr>
<tr>
<td></td>
<td>• List is current as of last claim</td>
<td>• Does not indicate if patient is still taking the drug</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Does not list medications filled outside of provincial benefits system</td>
</tr>
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## Medication reconciliation

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| Medication review         | • SHOULD be a complete list of all medications taken by a patient (including OTC’s, vitamins and supplements)  
                            • SHOULD list any medications obtained from other pharmacies  
                            • May contain suggestions for any changes to therapy | • Information is accurate as of day review was performed  
                            • Can vary widely between pharmacies and pharmacists |

ISMP Canada. Ontario Primary Care Medication Reconciliation Guide. 2015.
Medication reconciliation

Sources of medication information

There is no perfect source of information!

- Key points in obtaining the BPMH
  1. Written list of what the patient is taking
     - From the patient, pharmacy or health care practice site
  2. Discussion with the patient/caregiver of how the patient is actually taking the medication
  3. Don’t forget about OTC’s, supplements

ISMP Canada. Ontario Primary Care Medication Reconciliation Guide. 2015.
Medication reconciliation

Sources of medication information

There an app for that

• MyMedRec
  • A portable and current health record
  • Easily shared with other health professionals
  • Helps keep track of medications and immunizations
  • Dose/refill reminder
  • Endorsed by Canada’s Rx&D, CMA, CPhA, CAN, VON, ISMP (and others)
Medication reconciliation
Sources of medication information

There’s an app for that:
• MyMedRec
The pharmacist’s role in transitioning patients from community to a care facility

• Inform the patient if they will have any charges associated with their medication in their new care facility
  – Nursing home vs. retirement home
  – Contracted pharmacy provider vs. keeping own pharmacy
The pharmacist’s role in transitioning patients from community to a care facility

• If a patient is going to a care facility from home (and time permits) provide patient with a BPMH to minimize risk of ADE in the transition of care
• Ensure any third party drug coverage is passed on to the new pharmacy provider
• Ensure allergy/ADE information is passed on to the new pharmacy provider (with reaction if known)