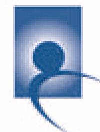
ALBERTA MEDICAL ASSOCIATION

alberta college of pharmacists



DUE Quarterly

DRUG USE IN THE ELDERLY

January 2010

PROMOTING MORE EFFECTIVE MEDICATION USE BY SENIORS

Advice to improve team-based care and pharmacist-physician communication

Safe and effective drug therapy is the goal of a patient's drug therapy team. Good communication is essential to help meet that goal.

Pharmacists and physicians should view each other as valuable resources and consult each other frequently. Pharmacists have expertise in the areas of drug metabolism, drug interactions and dosing. Physicians have invaluable knowledge about their individual patients, their various medical conditions and overall treatment goals.

This issue of *DUE Quarterly* includes perspectives on improving communication between pharmacists and physicians, with a focus on the most common types of interactions.

Communication insights

Good communication is more likely to be achieved by understanding who is on the team.

- Besides the patient, other team members may include a family physician, specialists, nurse practitioners, a pharmacist (e.g., community, hospital, primary care network, ambulatory, home care, etc.) and home care.
- Team members who understand and support each other's roles can more efficiently ensure proper drug use and avoid drug misuse.
- In addition to physicians, other team members may be authorized prescribers for certain medications.

Therefore, good communication among team members is essential for optimal patient care.

In addition, good communication is also based on positive relationships.

- Mutual respect and consideration for each team member, role and time constraints are essential.
- Each pharmacy and medical clinic has its own culture. It helps if each team member, who is likely on several different teams, appreciates and respects each working culture.

> Safe and effective drug therapy is the goal of a patient's drug therapy team. Good communication is essential to help meet that goal.

Tips to access each other

A pharmacist requires timely access to a physician about:

- Illegible or unclear prescriptions
- Drug interactions
- Information regarding allergies
- Possibility of incorrect dosage
- Suspected forgery or double-doctoring
- Urgent situations (e.g., out-of-town patient is waiting, patient requires medication urgently, patient is in pain or distress)

A physician requires timely pharmacist access for:

- Patients in the office who are unclear about current medication lists and/or required refills
- Information about contraindications and drug interactions if giving patients sample medications
- Suspected double-doctoring, frequency of refills

As per accessibility advice above, unless in an unusual or urgent situation, communicate in person rather than via an intermediary. "The use of an intermediary (including answering machines) to communicate verbal prescriptions between a prescriber and a pharmacist must be a last resort."[1]

NEXT ISSUE

- Restless leg syndrome

DUE Quarterly offers expert opinions – not ACP-AMA guidelines or evaluations of drug use.

A common communication obstacle for physicians and pharmacists is direct and timely **phone** access to each other. **Tips to enhance phone access follow**.

- Phone menus: Selection one should be "If you are a health care professional. . . ." This is more efficient than a later-menu selection of "If you are a physician. . . ."
- Pharmacy identification: A staff member answering the phone should say if she or he is a pharmacy technician (or assistant) or pharmacist.

Pharmacists often **fax** when non-urgent physician feedback is required. Responses are necessary because slow or no response ultimately impacts the patient.

Faxes can be confusing, however. **Tips to eliminate possible fax confusion follow**.

Pharmacists should clearly indicate the purpose of the fax. For example:

- Prescription refill authorization – Requires response

  Faxing a legible blister pack label with request for review and refill authorization may assist the prescriber in seeing the big picture.
- Prescription question/clarification – Requires response
- Special authorization required – Requires form submission to Alberta Blue Cross to ensure insurance coverage
- Notification of prescription adaptation – Doesn't require a response

Physicians prefer that pharmacists attempt to communicate with them before adapting prescriptions. If the pharmacist is unable to reach a physician in a timely manner, the pharmacist should proceed with adapting the prescription. Some physicians may contact pharmacists to indicate they do not wish to be called prior to adaptations.

If there are changes to prescriptions, physicians, too, should note them on the patient's medical record for future prescribing reference.

Types of prescription adaptations may include:

- Renewing a prescription to ensure continuity of care.
- Substituting another drug expected to have a similar therapeutic effect.
- Altering the dose, formulation or regimen.
- Notification of a prescription for emergency supply (can be done by any pharmacist on the clinical register) or notification of a new prescription (limited number of pharmacists have this authority) – Should be inputted into a patient's medical record for future prescribing reference.

  Regarding independent pharmacist prescribing (i.e., "initial access"), special considerations exist for both the pharmacist and the physician engaged in such a collaborative relationship. Each team member should understand the roles and responsibilities, scope and issues regarding liability (see *Health Professions Act Standards For Pharmacist Practice*; and "Pharmacist-physician collaboration and liability: Read AMA and CMPA advice"[2,3]).
- Sometimes a short and simple phone conversation regarding a complex patient can save time from back-and-forth faxing.

'Rules' of prescribing

A lot of communication arises around "grey areas" and potential differences in professional judgment.

Clarifying some of the "rules" around prescribing may provide insight on why the issue is very complicated.

1. Standards

Pharmacists must consider the *Health Professions Act Standards For Pharmacist Practice*,[2] government standards and third-party insurance company policies.

- Standard 5.0 of the *Standards For Pharmacist Practice*[2] gives some criteria as to what a pharmacist must consider. "A pharmacist must not dispense a drug or blood product under prescription unless the pharmacist has determined the prescription is current, authentic, complete and appropriate."
- Standard 5.2 says a pharmacist must not dispense a prescription that was issued more than 12 months from the date it was written.
- Standard 5.3 says a pharmacist must not refill a prescription for:
  - A benzodiazepine or other targeted substance, as defined in the *Controlled Drug and Substance Act* regulations, for a period greater than 12 months.
  - A Schedule 1 drug (e.g., omeprazole) for a period greater than 18 months after the prescription was first filled.

In all cases, the pharmacist must determine if filling or refilling the prescription for the patient presenting at 12 or 18 months, or at any time, is appropriate.

But as physicians and pharmacists know, they have no control over what happens to patients and their prescriptions between the physician's office and the pharmacy. Many things can and do happen to muddy the "medication waters."

2. Legislation

There is no legislation or policy governing prescription discontinuation.

- Standard 5.0's reference to determination of appropriateness applies.

  E.g., If the physician writes a new prescription for pantoprazole daily and does not indicate that a previous prescription for omeprazole daily is discontinued, it is up to the pharmacist, in discussion with the patient and/or physician, to decide whether the current prescription should be discontinued.
- **It's very beneficial that physicians clearly indicate their intentions** for current prescriptions when writing a new prescription for the same or a similar drug or if discontinuing a drug. E.g., Discontinue omeprazole. Start pantoloc 40 mg with next blister pack refill.

Policies of care facilities are another source of confusion. Many long-term care facilities contract community pharmacies to provide pharmacy services to its residents.

- Regardless of which pharmacy provides the service, requirements of the Alberta Continuing Care Health Services Standards[4] must be fulfilled.
- Although a physician has written for 12 months of refill(s), Alberta Health and Wellness requires he or she be contacted more frequently by the pharmacist to review the prescription(s).

continued on page 4 ...

Practically speaking . . .

Special authorization

The *Coverage for Seniors* drug program covers Albertans ages 65 and older for many prescription medications as regular benefits. Other select medications may be eligible for coverage only through the special authorization (SA) process.

Rationale

Coverage for some prescription drugs is limited by SA to ensure appropriate use and/or address safety and cost concerns. Patients must meet specific criteria.

Access to certain medications is provided where there is evidence a specific subgroup of patients will benefit the most from them.

SA coverage criteria are developed by the Alberta Health and Wellness Expert Committee on Drug Evaluation and Therapeutics and/or the Canadian Expert Drug Advisory Committee through consultation with specialists and the review of clinical practice guidelines and pharmaco-economic evaluations that aid in identifying subgroups of patients in which products are cost-effective.

Process streamlined

Enhancements follow, as part of the Alberta Pharmaceutical Strategy, which have reduced the number of incidences where SA requests are required.

- **Auto-renewals** streamline the process as long as the patient has claimed the medication within the preceding approval period. The Alberta Blue Cross (ABC) realtime claim adjudication system will automatically renew the authorization from the service date for a further approval period, which is six, 12 or 24 months, depending on the drug.
- **Step Therapy** was introduced; certain drugs used as second-line or third-line therapies will be automatically covered.

  Through the ABC realtime adjudication system, coverage is automatically provided for the Step Therapy drug if the first-line drug(s) have already been claimed.
- **Authorization duration is extended** for three SA drugs used to treat Alzheimer's disease, which requires screening on MMSE test score results and response to therapy.
- **Removing SA requirements** for select SA drugs where there is evidence they be moved to either an unrestricted status (open benefit) or restricted listing status, e.g., leflunomide (covered when prescribed by selected specialists).

Interactive Drug Benefit List

For patients with Alberta Government-sponsored drug benefit plans, to check whether a medication is covered and/or requires SA, its SA-coverage criteria and SA request form, visit **www.health.alberta.ca/AHCIP/drug-benefit-list.html.** Click on the *Alberta Health and Wellness Drug Benefit List* link, and then on *Search the Interactive DBL* (*iDBL*).

- Also find information about other drugs in the same pharmacologic-therapeutic classification that can be used to determine therapeutic alternatives, their costs and coverage status. This recently enhanced site provides greater transparency to the drug review process.

For more information about enhancements referenced above and the specific SA drugs to which they apply, visit **www.health.alberta.ca/AHCIP/drug-benefit-list.html**. Click on the *Alberta Health and Wellness Drug Benefit List* link, and then on *Special Notifications Regarding Special Authorization Enhancement*s.

- A patient brochure about the SA process may also be accessed.

To obtain SA request forms, visit **www.ab.bluecross.ca/dbl/forms.html.** Select the request form for the drug being requested or use the *Drug Special Authorization Request Form* if a drug-specific form is not available.

- The request forms prompt for information required to assess the patient's condition against the SA criteria.

  This helps ensure the required information is received on the initial request, to minimize requests pending for additional information.

As a health care team member, how can I assist with the SA process?

If a patient is started on an SA drug in a hospital and requires on-going therapy, ensure an SA request is completed when the patient is discharged.

Otherwise, the patient may experience treatment interruption. Typically delays occur if another health care provider, who was not involved with the patient's hospitalization, is asked to complete the request form.

- The hospital pharmacist can assist with this process.

The ABC claim adjudication system provides messaging to pharmacies advising when drugs are eligible for SA and when claims are submitted for patients who do not have SA in place.

- Pharmacists knowledgeable about the SA coverage status of drugs can provide this information to patients and/or physicians.

Questions about SA?

- Physicians, call:
  780.498.8480 (Edmonton)
  Toll-free 1.866.998.8480
- Pharmacists, call:
  403.294.4041 (Calgary)
  780.498.8370 (Edmonton)
  Toll-free 1.800.361.9632
- Patients, call:
  403.234.9666 (Calgary)
  780.498.8000 (Edmonton)
  Toll-free 1.800.661.6995

References

The DBL Report, Issue #9, October 1997 and Issue #31, April 2004.

Author

Margaret Wurzer, BSc Pharm, MSc Pharm, Manager, Clinical Drug Services & Evaluation, Alberta Blue Cross, Edmonton AB.

continued from page 2 ...

- Alberta Continuing Care Health Services Standard 1.16 indicates medications must be reviewed at least quarterly and that medications being used as chemical restraints be reviewed at least monthly.

3. Insurance

Pharmacists must deal with a multitude of third-party insurance companies, each of which may have different coverage criteria and/or rules.

- It is an ongoing challenge to keep abreast of all of this. Some issues that arise are directions and fill supply, a patient's ability to pay and adhering to directions.
- If the physician advises the patient to take the medication twice a day instead of once a day and does not write a new prescription, some plans will not allow a patient's early refills.
- Physicians should always write a new prescription for a direction and/or dose change.

If patients cannot afford medications, especially non-formulary drugs, they may be less compliant.

- Pharmacists can adapt a prescription to prescribe another drug expected to have a similar therapeutic effect.

To help increase compliance, various compliance packaging formats are commonly used for seniors.

Physicians may be contacted regarding authorizing compliance packaging. The issue is the duration of dispensing (e.g., every three months, monthly, every two weeks, weekly, daily) to be covered.

- Some insurance companies are placing limits on what they will reimburse for dispensing fees.

  If a physician writes to dispense a three-month supply, insurance companies may only reimburse one dispensing fee every three months, even if the prescription is being filled monthly for the purpose of compliance packaging.

  Pharmacists may bill the insurance company for more frequent dispensing without physician consent but may risk audit repercussions.

  Therefore, a physician may see more requests to authorize compliance packaging at a certain interval if it is believed the patient may benefit from such an aid.

  Physicians are encouraged to consider what is in the best interests of their patients.

  Clear indications on prescriptions facilitate compliance for patients who require more frequent dispensing (e.g., monthly, every two weeks, weekly or daily).

Pharmaceutical Information Network

Physicians should not assume community pharmacists are alerted instantly via the Pharmaceutical Information Network (PIN) when duplicate prescriptions are filled at other pharmacies.

- The information is not available in realtime as pharmacies batch uploads to PIN.

  Pharmacists can do specific searches, which can be time-consuming, but they would not have information about duplicate therapy until the next day, at the earliest.
- Information retrieved from PIN may not correctly reflect patients' current prescription profiles. "Unfilled" prescriptions are not shown. Also, displayed information may not be correctly interpreted.
- The patient's community pharmacist is the best source for actual data on filled/unfilled prescriptions.

Conclusion

To ensure safe and effective drug therapy, good communication between team members is essential.

At a minimum, the team should consist of the patient and the patient's primary health care providers – the family physician and community pharmacist.

Patients should be encouraged to:

- Be an active part of the team.
- Deal with only one pharmacy and one family physician/clinic.
- Communicate medication concerns to their health care providers.
- Carry with them their updated lists of current medications, including OTCs, herbal products, topical medicines, injections and eye/ear products.

References available upon request.

Authors:

Renette Bertholet, BSc Pharm, PharmD

Susan C. Konynenbelt, BSc, MD, CCFP

Shirley A. Hovan, BSc, MD

Consultation with community pharmacists in Red Deer, as well as family physicians at the Associate Clinic in Red Deer, provided insight toward this article. Thank you J. Webber, BSc Pharm; G. Blair, BSc Pharm; Dr. Mandy M. Hyde; Dr. Barry D. Parrington; Dr. James A. McIntyre; Dr. Peter Mah; Dr. Lauralee J. Dukeshire and R. Stasyk, BSc Pharm, MEd, RPh.

We'd like your feedback . . .

DUE Quarterly focuses on the provision of practical drug management information for practising clinicians. Comments and suggestions for future articles are welcome. Please contact:

- Karen Mills (ACP): T 780.990.0321, F 780.990.0328, karen.mills@pharmacists.ab.ca
- Candy L. Holland (AMA): T 780.482.0675, F 780.482.5445, candy.holland@albertadoctors.org

© 2010 by the Alberta College of Pharmacists and the Alberta Medical Association.
Contents may be reproduced with permission.
Visit pharmacists.ab.ca/news_events or albertadoctors.org/DUEQuarterly/Index.