

Care Connections Program

Medication Review Protocol

Draft Ver1
9/28/2016

Medication Review

The Medication Review is an important CHW service to evaluate the patient's medication adherence. The overall purpose of this intervention to ensure support patients with their medication regimen by making it simpler and easier to manage that the provider's medication information.... is consistent with the patient's; 2) to assess and counsel on medication adherence; and 3) to document and communicate patient adherence to the PCMH to improve patient care. A medication review is expected to be completed for each patient **at least once a month**.

Key Objectives

1. To ensure that the Primary Care Provider (PCP) and the patient are on the same page in terms of medications (especially after medication changes are made)
2. To assess and document patient's medication adherence
3. To ensure that patient understands the purposes of his/her medications and know how to take them as prescribed
4. To support the PCMH in keeping the patient's medication list up to date and accurate
5. To ensure patient has appropriate and necessary refills and access to medications
6. To address any side effects the patient is experiencing

Overview

The Medication Review protocol comprises of several steps to ensure medication understanding and adherence. The CHWs first review the medication list and compare this to what patient's self-report as taking. They make sure that prescriptions are filled and patients do not have duplicate medications in their home. They manage expired medications, dispose of them appropriately and help patient's read the prescription bottle labels. When there are questions or discrepancies they report back to the provider and check with pharmacy. Second, CHWs are required to validate what their patients report taking by conducting a pill box check (for those that are in a pill box or move toward getting all patients to use a pill box); pill bottle count; or pharmacy refill (when the other two options are not possible). They validate adherence and then report back to the PCMH by documenting their work in ORCHID and notifying the PCMH and PCP of any discordance in adherence.

Protocol Steps

Step 1: Obtain ORCHID Medication List and Prepare Before Visit

- A. Select Medication tab on left side menu
- B. Select Document Medication by Hx (history)
- C. Print out the list
- D. Using the ORCHID print-out, fill out the left column of the Monthly Medication Review Worksheet with each medication's name, dosage, #tablets/frequency, and whether or not a refill is needed. This information will serve as a guide for when reviewing the medications that the patient has in their home.

ZZZZTEST, BMDITWO - 100136897 Opened by Shah RN, Ami

Task Edit View Patient Chart Links Notifications Options Current Add Help

Home Patient List Message Center Multipatient Task List Ambulatory Organizer Dynamic Worklist Dynamic Worklist Import Tracking Board LearningLIVE UpToDate AMION Micromedex

Tear Off Attach Suspend Charges Exit Calculator AdHoc PM Conversation Communicate Patient Education Medical Record Request Add Patient Pharmacy Scheduling

ZZZZTEST, B... ESPINOZA, ALI...

ZZZZTEST, BMDITWO
Attending: Test, Pathologist Cerner
Allergies: penicillin, amoxicillin

DOB: 02/23/2016
Hold Status: N/A
<No Primary Contact>

Age: 4 months
Sex: Female
Isolation: Droplet

Menu

- Ambulatory Summary
- Overview
- Results Review
- Diagnosis & Problems
- Orders + Add
- Medications + Add**
- Health Maintenance
- Task List

Medications

+ Add Document Medication by Hx Check Interactions External Rx History No Check

Orders Medication List Document In Plan

View

Orders for Signature

- ☐ Medication List
- ☐ Admit/Transfer/Discharge/Status
- ☐ Patient Care
- ☐ Restraints/Hold Status
- ☐ Activity
- ☐ Diet/Nutrition
- ☐ Fluids/Continuous Infusions

Display: All Active Medications

- All Active Medications
- All Active Medications 24 Hours Back
- All Medications (All Statuses)
- All Medications 5 Days Back
- Completed Medications
- Future Medications
- Suspended, Incomplete, and On Hold Medications Only

penicillin V potassium Suspended

Step 2: Conduct Medication Review with Patient following ORCHID List

Discuss purpose of the visit:

Let the patient know that you will be taking this information back to their provider and reassure them that the purpose of this protocol is to:

- make sure that you and your doctor are on the same page in terms of your medications
- address any side effects you're having
- if possible, to make your regimen simpler and easier to manage

Begin the medication review

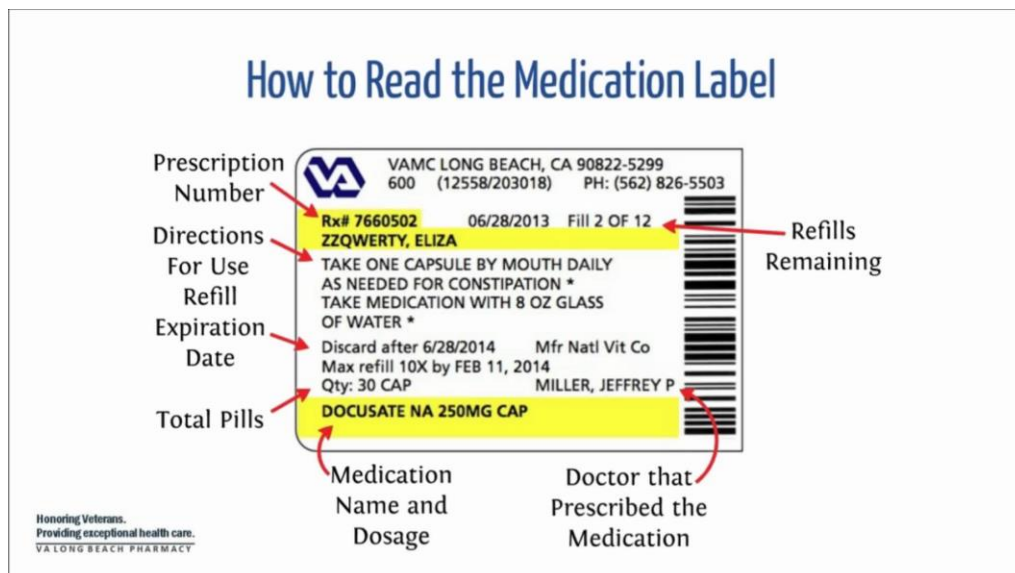
- Start by asking the patient to retrieve all the medications he/she is taking. Patients may store their medications anywhere, but common places include: bathroom counter, medicine cabinet, kitchen cabinet/counter, living room table/side table, bedside table, refrigerator, or office/desk.
- Be sure they bring all of their medications to the table including old (e.g. expired) ones, new ones, herbal medications, over-the-counter medications, insulin, etc. The number of medications can become overwhelming, especially the first time you complete this protocol, but it is important to get them all out to get a sense of how the patient organizes their medications.
- Using the **Monthly Medication Review Worksheet**, which should already be filled out using the information from the medication list in ORCHID, start at the top and go one by one through each medication with the patient. State the name of each drug (both brand and generic) and ask if the patient takes the medication.
 - If the patient is taking the medication, ask how they take the medication. Important questions include:
 - What is the dose of the pill?
 - How many pills do they take?
 - How often do they take the medication (e.g. how many times a day)?
 - At what time(s) of the day do they take the medication?
 - Any special instructions?

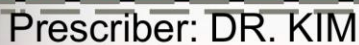
- ii. If the patient is not familiar with the drug or does not know, look for the medication in the patient's bottles or pill box. If found, show the patient the pill and ask if this is the medication they take and the questions above. If you cannot find the fill, document that the patient is "Not taking at all." Note that the pill could not be found. Inquire why the patient does not have the medication. Possible answers could include:
 - Too expensive
 - Does not want to take the medication
 - Ran out, did not pick up refill
- d. For each medication, there are three possible answers for how they are taking the medication. One of these answers should be recorded for each medication:
 - i. Taking as directed
 - ii. Not taking at all
 - iii. If taking differently, how? (Note below how the patient is taking the medication)
- e. As each medication is physically identified, make sure to note the dosage, #tablets/frequency, and adherence challenges on the **Monthly Medication Review Worksheet**.
- f. As each medication from the list is identified, move the medication to the side. After all the medications that are recorded in ORCHID have been reviewed, continue the Medication Review by documenting any unlisted medications.

Step 3: Document Unlisted Medications

If there are any medications left in the patient's house that are not on the ORCHID medication list and the patient indicates that they are taking, record the medication name, dosage, #tablets/frequency, and the reason why the patient says they are taking the medication on the **Monthly Medication Review Worksheet**.

Sample Medication Labels





Warning Labels

Step 4: Identify expired medications

Document all medications that the patient is taking that are expired. Encourage the patient to throw away expired medications for his/her safety.

Step 5: Perform validation exercise

CHWs are also responsible for verifying the patient reported information using one of the three validation tools provided: pill box check, pill count, and pharmacy refill check. The validation exercise is important because it can reveal if the patient is taking the medication differently from how they are reporting. Ensure the patient that the validation exercises are not performed because you do not trust the patient or are trying to test them, but rather to make sure that the patient and the provider are on the same page with how the medications are being taken.

The CHW only needs to perform **one** of the validation tools per medication review session (once a month). Each validation exercise has a worksheet (see attached).

Step 6: Assess Adherence and Identify Barriers

Record your best judgment of the patient's adherence to medication based on the following grid:

100%	Patient taking all medications as prescribed with no issues
85%	Patient taking 80% (or 4/5) medications as prescribed
50%	Patient only taking half (or ½) of their medications as prescribed
25%	Patient only taking 25% (or 1/4) of their medications as prescribed
0%	Patient not taking any of their medications as prescribed

Synthesize as best as possible what the MAJOR barriers or concerns are to taking medications that will be reported back to the PCP. The summary does not need to LIST all issues but major ones and prioritize them based on what issues you both agree to tackle first. Be sure to FOLLOW-UP with the individual monthly on these issues and carry them forward month-to-month.

ORCHID Medication Review Documentation

After the Medication Review is complete, use the **Monthly Medication Review Worksheet** to transfer updated information about medication adherence into ORCHID.

Instructions for Patient Medication Adherence under **Document Medication by HX (history)**

1. Select Medication tab on left side menu
2. Select Document Medication by Hx (history)

Menu

- Ambulatory Summary
- Overview
- Results Review
- Diagnosis & Problems
- Orders **+ Add**
- Medications **+ Add****
- Health Maintenance
- Task List
- Allergies **+ Add**
- Form Browser

Medications

Display: All Active Medications

- All Active Medications
- All Active Medications 24 Hours Back
- All Medications (All Statuses)
- All Medications 5 Days Back
- Completed Medications
- Future Medications
- Suspended, Incomplete, and On Hold Medications Only
- penicillin V potassium
- ocular lubricant (Artificial Tears)
- Suspended

3. Select medication you want to modify and right-click – ADD/MODIFY Compliance

Order Name	Status	Details	Last Dose Date/Time	Information Source	Compliance	Compliance
Last Documented On 6/24/2016 16:48 PDT (Shah RN, Ami)						
Home Medications						
Durable Medical Equipment (DME) (Cerv...	Prescribed	Cervical Collar, See Special Instructions, # 1 EA, 0 Refill(s), Supply				
Durable Medical Equipment (DME) (Urol...	Prescribed	Urological Supplies, See Special Instructions, # 1 EA, 0 Refill(s), ...				
Durable Medical Equipment (DME) (Hosp...	Prescribed	Hospital Bed, See Special Instructions, # 1 EA, 0 Refill(s), Supply				
ibuprofen	Documented	400 mg, Oral, TID, 0 Refill(s)				
acetaminophen (Tylenol)	Documented	325 mg, Oral		Patient	Still taking, as prescri...	
spironolactone 25 mg ...	D			Patient	Still taking, as prescri...	
acetaminophen-traMADO L	D					
Misc Prescription	D					

4. Update how the patient is taking the medication and select the appropriate description from the drop-down box as described below:

Details

Status: Still taking, as prescribed

Information source: Patient

Last dose date/time: 6/24/2016 16:48 PDT

- Given prior to arrival
- Still taking, as prescribed
- Not taking
- Still taking, not as prescribed
- Unable to obtain
- Investigating

5. Continue to complete the chart by:

Record Information Source: PATIENT and log the date/time that the information was gathered.

ZZZTEST, BMDITWO
Standing:Test, Pathologist Corner
Mergies: penicillin, amoxicillin

DOB:02/23/2016
Hold Status:N/A
<No Primary Contact>

Age:4 months
Sex:Female
Isolation:Droplet

Code Status:Full Resuscitation
Dosing Wt: 80.000 kg (06/21/2016)
Emp Prov:N/A

MRN:100136897
FBI:1003051142
Loc:1NO

Medication History
☐ Add ☐ External Rx History ☐ No Check ☐ No Known Home Medications ☐ Unable To Obtain Information ☐ Use Last Compliance

Reconciliation Status
☒ Meds History ☐ Admission ☒ Transfer ☐ Discharge

Order Name	Status	Details	Last Dose Date/Time	Information Source	Compliance Status	Compliance Comments
Last Documented On 6/26/2016 15:21 PDT (Shah RN, Ami)						
Home Medications						
Durable Medical Equipment (DME) (Cerv...	Prescribed	Cervical Collar, See Special Instructions, # 1 EA, 0 Refill(s), Supply				
Durable Medical Equipment (DME) (Urol...	Prescribed	Urological Supplies, See Special Instructions, # 1 EA, 0 Refill(s), ...				
Durable Medical Equipment (DME) (Hosp...	Prescribed	Hospital Bed, See Special Instructions, # 1 EA, 0 Refill(s), Supply				
ibuprofen	Documented	400 mg, Oral, TID, 0 Refill(s)	6/27/2016 15:15 POT	Patient	Still taking, as prescribed	
acetaminophen (Tylenol)	Documented	325 mg, Oral	6/25/2016 15:20 POT	Patient	Investigating	Pill bottles missing and not in pill box; patient reports taking medications but unable to find pills.
spironolactone (spironolactone 25 mg ...	Documented	= 1 tabs, Oral, BID, 0 Refill(s)	6/25/2016 15:20 POT	Patient	Still taking, not as prescribed	Pill box was not filled appropriately - PM pills were missing, patient did not take medications
acetaminophen-traMADO L	Documented	1 tabs, Oral, Q4H, 0 Refill(s)	6/25/2016 15:20 POT	Patient	Still taking, not as prescribed	Pill box was not filled appropriately - PM pills were missing, patient did not take medications
Misc Prescription	Documented	0 Refill(s) Patient refuses to give med names				

In addition to updating the **Document Medication by HX**, the CHW should also write a **CHW Note** to document his/her work and to update the PCMH team with the findings from the Medication Review. **It is important to notify via URGENT clinical message for any medication discordance observed by the CHW within 24 hours.**

Below is an "ORCHID CHW NOTE Template for medication adherence:

CCP CHW MEDICATION ADHERENCE ASSESSMENT					
TEMPLATE FOR DOCUMENTATION					
Date of review: <i>date review completed</i>					
Reviewed with: <i>patient, caregiver, family member, other</i>					
Overall medication adherence:	0	25	50	80	100
Key findings: <i>(include pills not being taken, pills being taken differently/incorrectly, pills being taken that are not on medication list)</i>					
Method of adherence verification:					
1. Self-report					
2. Pillbox check					
3. Pill count					
4. Pharmacy refill call					
Medication refills needed/to which pharmacy:					
Key teaching points for patient:					
Document Med History done: Y/N					
ORCHID communication message sent to PCMH team: Y/N					
Verbal communication with: Date/Time:					
Next steps/follow up date:					

Related Appendix Materials

- Medication Review Worksheets
- Med Review Common Abbreviations List
- Generic Drug Name Cheat Sheet

Patient Name: _____

CCP ID#: _____

FROM MEDICATION LIST IN ORCHID Date Printed: _____ Total # Meds Listed: _____	PATIENT SELF-REPORT & BARRIERS TO TAKING MEDICATIONS AS PRESCRIBED Date Asked: _____ Location: _____
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Medication Name: Dosage (e.g., 25mg): #Tablets/Frequency (e.g., 1 tablet BID): Refills Needed: Yes No	How are you taking this medication? <i>(Compare to what is prescribed....)</i> <input type="checkbox"/> Taking as directed <input type="checkbox"/> Not taking at all <input type="checkbox"/> If taking differently, how? Dosage: # Tablets/Frequency:	Adherence challenge? YES NO Why? <input type="checkbox"/> Side effects <input type="checkbox"/> Too expensive <input type="checkbox"/> Do not want to <input type="checkbox"/> Ran out, did not pick up refill <input type="checkbox"/> Forget to take the medication <input type="checkbox"/> Unsure how to take / don't know <input type="checkbox"/> Other:
Medication Name: Dosage: #Tablets/Frequency: Refills Needed: Yes No	How are you taking this medication? <i>(Compare to what is prescribed....)</i> <input type="checkbox"/> Taking as directed <input type="checkbox"/> Not taking at all <input type="checkbox"/> If taking differently, how? Dosage: # Tablets/Frequency:	Adherence challenge? YES NO Why? <input type="checkbox"/> Side effects <input type="checkbox"/> Too expensive <input type="checkbox"/> Do not want to <input type="checkbox"/> Ran out, did not pick up refill <input type="checkbox"/> Forget to take the medication <input type="checkbox"/> Unsure how to take / don't know <input type="checkbox"/> Other:

.....continue MEDICATION REVIEW on back and additional pages, as needed

MONTHLY CHW VALIDATION

Date: _____ **Type:** ☐ **Pill Count** ☐ **Pill Box Check** ☐ **Pharmacy Refill**
Location: _____
Validation Notes (include # of pages attached):

MONTHLY MEDICATION REVIEW SUMMARY OF ADHERENCE

OVERALL ADHERENCE: 100% 85% 50% 25% 0%

Major barriers or concerns:

CHW Name: _____ **Signature:** _____

CHW initials _____

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Additional Notes (e.g., loose bottles, different pills in the bottle, etc...): 		

Medication Name: Dosage: #Tablets/Frequency: Refills Needed: Yes No	How are you taking this medication? <i>(Compare to what is prescribed....)</i> <input type="checkbox"/> Taking as directed <input type="checkbox"/> Not taking at all <input type="checkbox"/> If taking differently, how? Dosage: # Tablets/Frequency:	Adherence challenge? YES NO Why? <input type="checkbox"/> Side effects <input type="checkbox"/> Too expensive <input type="checkbox"/> Do not want to <input type="checkbox"/> Ran out, did not pick up refill <input type="checkbox"/> Forget to take the medication <input type="checkbox"/> Unsure how to take / don't know <input type="checkbox"/> Other:
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Additional Notes: 		

PILL BOX CHECK

a. Patient Name: _____

b. Today's day of the week: _____

c. Day of usual pill box fill: _____

d. Compare what pill box should look like to what pill box actually looks like...

WHAT GOES IN MY PILLBOX?*(See also Patient Handbook, page 87)*Instructions: Draw your pills into this chart. **This is how pillbox should look when it is full.**

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Noon							
Afternoon							
Night							

TIPS

- Use one pillbox at a time
- Refill your pillbox the SAME every day every week
- If you miss a dose, leave the pills in the pillbox

SUMMARY OF FINDINGS AND ACTION STEPS

OVERALL ADHERENCE:	100%	85%	50%	25%	0%
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Major barriers or concerns:

CHW Name: _____

Date _____

Signature: _____

REVIEW MONTH _____

PILL COUNT

Instructions:

- ☐ Enter name of each medication
- ☐ Enter date of fill one each pill bottle
- ☐ Based on instructions about how many pills to take and how often, **how many pills should be left in the bottle?**

Medication	Date of fill on pill bottle	# pills in bottle?	# should be there?	If discord, reasons for discrepancy

....continue on back as needed

SUMMARY OF FINDINGS AND ACTION STEPS

OVERALL ADHERENCE:	100%	85%	50%	25%	0%
Major barriers or concerns:					

CHW Name: _____

Date _____

Signature: _____

REVIEW MONTH _____

Medication	Date of fill on pill bottle	# pills in bottle?	# should be there?	If discord, reasons for discrepancy

CHW Name: _____

Signature: _____

Date _____

REVIEW MONTH _____

(Complete ONLY if patient is unavailable for in-person pillbox check or pill count)

- Identify the names of each pharmacy(ies) where patient has meds refilled and list below
- Call pharmacy and ask when patient last picked up prescriptions for each medication
- Based on instructions on how many pills to take how often....what is the likelihood that patient is fully adherent?

#1-Pharmacy Name: _____ Phone: _____

Address: _____ Date Completed: _____

[illegible]

#2-Pharmacy Name: _____ Phone: _____

Address: _____ Date Completed: _____

[illegible]

#3-Pharmacy Name: _____ Phone: _____

Address: _____ Date Completed: _____

Name of Medication Prescribed	Date Last Filled (<i>or picked up</i>)	Is it on ORCHID List? Y/N

SUMMARY OF FINDINGS AND ACTION STEPS:

1. UNFILLED MEDS: what prescription medications are on ORCHID list but not filled?

2. NEW MEDS: what prescription medications were filled but NOT on ORCHID list?

Overall Adherence: 100% 85% 50% 25% 0%

Major barriers or concerns:

CHW Name: _____ Date _____

Signature: _____ REVIEW MONTH _____

Master List of Prescription Abbreviations

Abbreviation	From the Latin	Meaning
aa	ana	of each
ad	ad	up to
a.c.	ante cibum	before meals
a.d.	aurio dextra	right ear
ad lib.	ad libitum	use as much as one desires; freely
admov.	admove	apply
agit	agita	stir/shake
alt. h.	alternis horis	every other hour
a.m.	ante meridiem	morning, before noon
amp		ampule
amt		amount
aq	aqua	water
a.l., a.s.	aurio laeva, aurio sinister	left ear
A.T.C.		around the clock
a.u.	auris utrae	both ears
bis	bis	twice
b.i.d.	bis in die	twice daily
B.M.		bowel movement
bol.	bolus	as a large single dose (usually intravenously)
B.S.		blood sugar
B.S.A		body surface areas
cap., caps.	capsula	capsule
c	cum	with (usually written with a bar on top of the "c")
c	cibos	food
cc	cum cibos	with food, (but also cubic centimetre)
cf		with food
comp.		compound
cr., crm		cream
D5W		dextrose 5% solution (sometimes written as D ₅ W)
D5NS		dextrose 5% in normal saline (0.9%)
D.A.W.		dispense as written
dc, D/C, disc		discontinue
dieb. alt.	diebus alternis	every other day
dil.		dilute

Master List of Prescription Abbreviations

disp.		dispense
div.		divide
d.t.d.	dentur tales doses	give of such doses
D.W.		distilled water
elix.		elixir
e.m.p.	ex modo prescripto	as directed
emuls.	emulsum	emulsion
et	et	and
ex aq	ex aqua	in water
fl., fld.		fluid
ft.	fiat	make; let it be made
g		gram
gr		grain
gtt(s)	gutta(e)	drop(s)
H		hypodermic
h, hr	hora	hour
h.s.	hora somni	at bedtime
ID		intra dermal
IM		intramuscular (with respect to injections)
inj.	injectio	injection
IP		intraperitoneal
IV		intravenous
IVP		intravenous push
IVPB		intravenous piggyback
L.A.S.		label as such
LCD		coal tar solution
lin	linimentum	liniment
liq	liquor	solution
lot.		lotion
M.	misce	mix
m, min	minimum	a minimum
mcg		microgram
mEq		milliequivalent
mg		milligram
mist.	mistura	mix
mitte	mitte	send

Master List of Prescription Abbreviations

mL		millilitre
nebul	nebula	a spray
N.M.T.		not more than
noct.	nocte	at night
non rep.	non repetatur	no repeats
NS		normal saline (0.9%)
1/2NS		half normal saline (0.45%)
N.T.E.		not to exceed
o ₂		both eyes, sometimes written as o ₂
o.d.	oculus dexter	right eye
o.s.	oculus sinister	left eye
o.u.	oculus uterque	both eyes
oz		ounce
per	per	by or through
p.c.	post cibum	after meals
p.m.	post meridiem	evening or afternoon
prn	pro re nata	as needed
p.o.	per os	by mouth or orally
p.r.		by rectum
pulv.	pulvis	powder
q	quaque	every
q.a.d.	quoque alternis die	every other day
q.a.m.	quaque die ante meridiem	every day before noon
q.h.	quaque hora	every hour
q.h.s.	quaque hora somni	every night at bedtime
q.1h	quaque 1 hora	every 1 hour; (can replace "1" with other numbers)
q.d.	quaque die	every day
q.i.d.	quater in die	four times a day
q.o.d.		every other day
qqh	quater quaque hora	every four hours
q.s.	quantum sufficiat	a sufficient quantity
R		rectal
rep., rept.	repetatur	repeats
RL, R/L		Ringer's lactate
s	sine	without (usually written with a bar on top of the "s")

Master List of Prescription Abbreviations

s.a.	secundum artum	use your judgement
SC, subc, subq, subcut		subcutaneous
sig		write on label
SL		sublingually, under the tongue
sol	solutio	solution
s.o.s., si op. sit	si opus sit	if there is a need
ss	semis	one half
stat	statim	immediately
supp	suppositorium	suppository
susp		suspension
syr	syrupus	syrup
tab	tabella	tablet
tal., t	talus	such
tbsp		tablespoon
troche	trochiscus	lozenge
tsp		teaspoon
t.i.d.	ter in die	three times a day
t.d.s.	ter die sumendum	three times a day
t.i.w.		three times a week
top.		topical
T.P.N.		total parenteral nutrition
tr, tinc., tinct.		tincture
u.d., ut. dict.	ut dictum	as directed
ung.	unguentum	ointment
U.S.P.		United States Pharmacopoeia
vag		vaginally
w		with
w/o		without
X		times
Y.O.		years old