

# MedsCheck

## at Home

### MedsCheck at Home

The **MedsCheck at Home** medication review program by a community pharmacist is intended to be for patients who are not able to attend their community pharmacy in person for a MedsCheck due to their physical and/or mental health condition and/or their proximity to a community pharmacy.

As with the MedsCheck program, the **MedsCheck at Home** is for patients who are taking 3 or more chronic prescription medications to have a one-to-one consultative medication review with their community pharmacist. Whereas the original MedsCheck program is an in-person consultation between the pharmacist and the patient (or caregiver) at the community pharmacy, the **MedsCheck at Home** is for those patients, typically the frail and elderly, who are not able to attend the pharmacy in person. In addition the pharmacist conducts an assessment summary that includes a medicine cabinet clean-up during the visit.

The objectives of the MedsCheck at Home include:

- Improving and optimizing drug therapy for those who are frail, elderly and living in isolated conditions
- Achieving safe, effective and appropriate use of all types of medications and medication devices
- Promoting healthier patient outcomes and quality of life
- Aligning with the ministry's Aging at Home strategy and chronic disease management
- Ensuring proper disposal of unused and/or expired medication

#### When should a MedsCheck at Home service be provided?

The MedsCheck at Home is provided, with patient permission, to Ontarians who fulfill the MedsCheck requirements and who are not otherwise able to attend the community pharmacy. These patients are typically frail and elderly; home bound and/or living in isolated conditions.

Pharmacy staff, patients, caregivers, relatives and/or health care professionals may identify or refer patients to the pharmacy who may benefit from this service.

Patients who may benefit from the program include those who are:

- confused or worried about their medicines and who may forget to take their medication
- taking more than 12 doses of medication per day & / or using blister packaging
- needing additional support due to a significant change in drug therapy
- recently discharged from hospital
- seeing a number of health care professionals including physicians or specialists
- experiencing literacy or language difficulties

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- having dexterity problems, impaired sight, or those with cognitive difficulties such as dementia
- at risk of medication related problems because of their co-morbidities, age or social circumstances

### MedsCheck at Home Service and Tools

#### Preparation:

- The MedsCheck at Home pharmacist will utilize the patient's pharmacy medication profile as well as any referral information and/or drug therapy documentation provided to the pharmacist from the health professionals (within the circle of care) as preparation for the home visit.
- Patient's identified as potential candidates for the MedsCheck at Home or caregivers acting on their behalf are required to provide consent to the pharmacist visit at a time convenient to the patient and to ensure adequate time to complete the assessment.
- Patients should be provided with supporting information including community health services and other health professional reference information.

#### Assessment Summary:

The pharmacist must prepare an assessment summary or a *Medication Consultation Services: Patient Record*<sup>1</sup> that includes a:

- Patient medication review record. Pharmacists may develop their own patient medication review record or they may adapt the various templates including those provided by the Ontario Government<sup>2</sup> the Ontario College of Pharmacists<sup>3</sup> the Ontario Pharmacists' Association Drug Information and Research Centre<sup>4</sup>; and/or the Canadian Pharmacists' Association<sup>5</sup> to develop a Best Possible Medication History<sup>6</sup> (complete medication review) and/or Patient Medication Record.

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<sup>1</sup> Pharmacists should refer to the Ontario College of Pharmacists "Framework to Support Comprehensive Medication Consultation Services" published in the November/December 2005 issue of *Pharmacy Connection*.

<sup>2</sup> MedsCheck website for Health Professionals for MedsCheck Guidebook 2<sup>nd</sup> Ed, 2008 and BPMH template [http://www.health.gov.on.ca/cs/medscheck/prof\\_tools.html](http://www.health.gov.on.ca/cs/medscheck/prof_tools.html)

<sup>3</sup> Ontario College of Pharmacists website for Medication Consultation Services including tools: <http://www.ocpinfo.com/client/ocp/OCPHome.nsf/web/Medication+Consultation+Services> ,

<sup>4</sup> Ontario Pharmacists' Association; Drug Information Research Centre Personal Medication Review Protocol website tools: [http://www.dirc.ca/index.php?option=com\\_content&view=article&id=76&Itemid=101](http://www.dirc.ca/index.php?option=com_content&view=article&id=76&Itemid=101)

<sup>5</sup> Canadian Pharmacists' Association; Pharmacheck practice tools for pharmacists website:

[http://www.pharmacists.ca/content/hcp/Resource\\_Centre/Practice\\_Resources/PharmaCheck.cfm](http://www.pharmacists.ca/content/hcp/Resource_Centre/Practice_Resources/PharmaCheck.cfm)

<sup>6</sup> Best Possible Medication History is a term used in medication reconciliation / developing a complete patient medication review of which the underlying principles are common in conducting a MedsCheck. For more information including the OCP guidelines:

<http://www.ocpinfo.com/client/ocp/OCPHome.nsf/web/Best+Possible+Medication+History+Guidelines+for+Medication+Reconciliation>

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- Documentation of a review of the medicine storage areas (medicine cabinet cleanup) in the patient's home including a list of expired or unused medications that were removed from the home. The list of drugs removed by the pharmacist must be signed and dated by the patient, thereby providing consent for the removal and/or disposal.
- Summary of
  - medication-taking behaviour such as non-compliance and other challenges;
  - drug therapy recommendations to the physician and other health care professionals within the circle of care<sup>7</sup>
  - education and advice provided to the patient including any medication device training
  - follow-up measures including potential dates for subsequent pharmacist communication and/or visits
  - referral services that might include Heart and Stroke, Alzheimer Society, Homecare, Diabetes Education Centres, etc.

### Follow-Up and Monitoring

- Patient is provided with the pharmacist's contact information should there be additional comments and questions regarding the home visit.
- Pharmacists will contact other health care professionals and/or services as determined by the assessment summary. This includes if necessary the community pharmacist contacting the local Community Care Access Centre for complex cases.
- Pharmacist will share the assessment summary with the patient's primary physician with patient consent.
- Follow-up pharmacist visits to the patient's home within the year must be with patient approval, with appropriate advanced communication and fully documented.
- Full documentation of the MedsCheck at Home service for each patient must be maintained at the community pharmacy

### **Location**

With patient or caregiver permission, the MedsCheck at Home is conducted in the patient's home.

### **Pharmacist Education Requirements**

The MedsCheck at Home service is considered to be within the scope of practice of a pharmacist licensed to practice direct patient care (Part A of the Register, Ontario College of Pharmacists).

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<sup>7</sup> Circle of Care is a commonly used term in the healthcare community that refers to the health-care providers who share patient health information; for more information regarding patient consent refer to the OCP website ([www.ocpinfo.com](http://www.ocpinfo.com)) and the Information and Privacy Commissioner website at: [www.ipc.on.ca](http://www.ipc.on.ca)

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### Documentation

The MedsCheck at Home assessment summary will be signed and dated by both the pharmacist and the patient. A copy should be forwarded to the patient's primary physician (with patient consent) and a copy is kept in the patient's community pharmacy along with supporting documentation such as monitoring plans, patient consent documentation and follow-up visits. Pharmacy records are subject to audit and must be maintained in the pharmacy for not less than 2 years.

### Results

The results of the MedsCheck at Home Assessment Summary, which includes therapy recommendations and/or discrepancies, recommended followed-up and referral to other health care professionals and/or services, as appropriate, is shared with the patient's primary physician.

### Claim for Pharmacist Payment

- The claim submission follows the same process for submitting a claim for the MedsCheck Annual / MedsCheck Follow-up program using a special product identification number.
- The MedsCheck as Home program is reimbursed at \$150 per year
- PIN 93899987
- A claim for payment is made after the MedsCheck at Home visit has occurred using the appropriate PIN
- Patients are eligible for one MedsCheck at Home visit per year; any follow-up visits and communication require documentation

### Record Keeping

If payment is made for a claim under the MedsCheck at Home program, the accompanying assessment summary and any other documentation including any written referrals; drug therapy information, patient consent documentation and drug disposal information must be retained by the pharmacist in a readily retrievable format and kept on file at the pharmacy for a period of not less than two years for ministry audit purposes.

### What are the potential outcomes of the MedsCheck at Home pharmacist professional service?

Immediate Outcomes include:

- Improved quality of life for patients identified under the MedsCheck at Home service
- Increased partnership with community health services
- Improved patient access to health care providers and services
- Improved drug disposal practice and awareness

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### Longer Term Outcomes:

- Identify medications that may cause or aggravate common geriatric problem areas
- Monitoring parameters in place to evaluate medication effectiveness and safety including drugs listed on the Beers criteria<sup>8</sup>.
- Reduced number of adverse drug events
- Reduced number of medication discrepancies
- Reduce number of admissions to LTC Homes
- Reduced number of hospital emergency visits and admissions
- Reduced caregiver burden
- Helps to identify best practice
- Shared best practice information with care team
- Builds continuous inter-professional communication
- Improves accountability of health care providers

### MedsCheck at Home program parameters

- Patients who receive a MedsCheck at Home are not eligible for a MedsCheck service that otherwise takes place in a community pharmacy or in a Long-Term Care Home.

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<sup>8</sup> For more information on the Beers criteria refer to: Updating the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. Results of a US Consensus Panel of Experts. Donna M. Fick, PhD, RN; James W. Cooper, PhD, RPh; William E. Wade, PharmD, FASHP, FCCP; Jennifer L. Waller, PhD; J. Ross Maclean, MD; Mark H. Beers, MD. *Arch Intern Med.* 2003;163:2716-2724.