**Case #6 – Observer**

* Listen carefully to the exchange between patient and clinician.
* Complete the “High Performance Behaviors Checklist,” attached.
* Compare the clinician’s final medication list to the “gold standard,” attached.
* Be prepared to give feedback to your colleagues:
  + Did they use high performance behaviors?
  + Did they achieve an accurate Best Possible Medication History (BPMH)?
  + What did they do well? What could use improvement?
* If the clinician asks to call the Pharmacy, they will receive a message that the Pharmacy is closed for the next hour for lunch.
* If they call the Pharmacy a second time, they will be prompted to leave a message and wait for a call back.
* If they elect to wait for a callback, please give them **Case #6 - Outpatient Pharmacy Records \*for Clinician\*** from your packet.

If the clinician asks for other medication sources, say that they are not available (except for the pill box, which the patient should give the clinician if asked)

If the clinician gets the contents of the medications from the pillbox and knows to use a pill identifier, like Drugs.com, then give them the **Identified Medications from the Pill Box**, attached

**Notes:**

**Gold Standard Medication List**

**(Do Not Share with Clinician)**

1. **Acetaminophen** 650 mg cap - Take one capsule by mouth four times daily as needed for pain
2. **Canagliflozin (INVOKANA)** 300mg tab - Take one tablet by mouth daily for diabetes
3. **Fluoxetine** 20mg cap - Take one capsule orally twice daily for anxiety/mood
4. **Glipizide** 5 mg tab - Take one tablet orally twice daily before a meal for diabetes
5. **HCTZ 25/Lisinopril 20mg** tab - Take two tablets by mouth every morning for blood pressure
   * **This is not in the pill box – patient is not taking it**
6. **Insulin, aspart**, 100units/mL- Inject 20 units subcutaneously before breakfast and supper for diabetes—INJECT WITHIN 10 MINUTES OF MEALS
7. **Insulin, glargine**, 100units/mL - Inject 45 units subcutaneously at bedtime for diabetes
8. **Metoprolol Tartrate** 50mg tab - Take one tablet by mouth twice daily for blood pressure
9. **Omeprazole** 20mg EC cap - Take one capsule by mouth twice a day 30 minutes before breakfast and supper for stomach
10. **Rosuvastatin** 40mg tab - Take one tablet by mouth at night for cholesterol
11. **Trazodone** 100mg tab - Take one tablet by mouth at bedtime if needed for sleep

**High-Performance Behaviors Checklist:**

|  |  |
| --- | --- |
| Asks the patient open-ended questions about what medications she or he is taking (i.e., doesn’t read the list and ask if it is correct) |  |
| Uses probing questions to elicit additional information: non-oral meds, non-daily meds, PRN medications, non-prescription meds   * Patient will only mention Tylenol Arthritis if asked about OTCs or PRNs |  |
| Uses other probes to elicit additional medications: common reasons for PRNs, meds for problems in the problem list, meds prescribed by specialists |  |
| Asks about adherence |  |
| Uses at least two sources of medications, ideally one provided by the patient and one from another “objective” source (e.g., patient’s own list and ambulatory EMR med list)   * In this case, ED list from 5 years ago and patient interview |  |
| Knows when to stop getting additional sources (e.g., if patient has a list or pill bottles and seems completely reliable and data are not that dissimilar from the other sources, and/or the differences can be explained) | NA |
| Knows when to get additional sources if available (e.g., if patient is not sure, relying on memory only or cannot resolve discrepancies among the various sources of medication information)   * This is needed |  |
| When additional sources are needed, uses available sources ﬁrst (e.g., pill bottles present). Then obtains pharmacy data. If the medication history is still not clear: obtains outpatient provider lists, pill bottles from home and/or other sources.   * Clinician should get meds from pillbox and pharmacy * Clinician only get pharmacist list if calls a second time, leaves a message, and waits for the call back |  |
| Uses resources like Drugs.com to identify loose medications (i.e., for a bag of medications, not in their bottles, provided by a patient)   * Clinician will only get the pictures of the meds from pillbox, and not the names, unless they realize they need to use a pill identifier |  |
| Returns to patient to review new information, resolve all remaining discrepancies   * Only by comparing sources will clinician realize lisinopril/HCTZ is missing from the pill box |  |
| Gets help from other team members when needed   * Might be needed to help with identifying pills in pill box |  |
| Educates the patient and/or caregiver of the importance of carrying an accurate and up to date medication list with them |  |

**Case #6 – Identified Medications from Pill Box**

**(if knows to use pill identifier)**

|  |  |
| --- | --- |
| **AM Medications** | **PM Medications** |
| Image result for invokana image **x 1**  canagliflozin 300 mg | Image result for trazodone 100mg **x1**  Trazodone 100 mg |
| Image result for fluoxetine **x1**  Fluoxetine 20 mg | Image result for fluoxetine **x1**  Fluoxetine 20 mg |
| **x1**  Glipizide 5 mg | **x1**  Glipizide 5 mg |
| Image result for metoprolol tartrate 50mg **x1**  Metoprolol tartrate 50 mg | Image result for metoprolol tartrate 50mg **x1**  Metoprolol tartrate 50 mg |
| Image result for omeprazole 20 mg **x1**  Omeprazole 20 mg EC | Image result for omeprazole 20 mg **x1**  Omeprazole 20 mg EC |
| Image result for tylenol arthritis **x2**  Tylenol Arthritis 650 mg | Image result for tylenol arthritis **x2**  Tylenol Arthritis 650 mg |
|  | **x1**  Rosuvastatin 40 mg |

**Case #6 – Outpatient Pharmacy Records**

**\*\*\* For Clinician \*\*\***

**Brothers Pharmacy is able to confirm the patient has active prescriptions on file and provide you with the following information (recently filled medications).**

**Today is October 20, 2015.**

1. **Canagliflozin (INVOKANA)** 300mg tab- Take one tablet by mouth daily for diabetes
   1. Last filled for 90 day supply on 10/10/15
2. **Fluoxetine** 20mg cap- Take one capsule orally twice daily for anxiety/mood
   1. Last filled for 90 day supply on 10/10/15
3. **Glipizide** 5 mg tab- Take one tablet orally twice daily before a meal for diabetes
   1. Last filled for 90 day supply on 10/10/15
4. **HCTZ 25/Lisinopril 20mg** tab- Take two tablets by mouth every morning for blood pressure
   1. Last filled for 90 day supply on 10/10/15
5. **Insulin, aspart**, 100units/mL- Inject 20 units subcutaneously before breakfast and supper for diabetes—INJECT WITHIN 10 MINUTES OF MEALS
   1. Last filled for 28 day supply on 10/10/15
6. **Insulin, glargine**, 100units/mL- Inject 45 units subcutaneously at bedtime for diabetes
   1. Last filled for 28 day supply on 10/10/15
7. **Metoprolol Tartrate** 50mg tab- Take one tablet by mouth twice daily for blood pressure
   1. Last filled for 90 day supply on 10/10/15
8. **Omeprazole** 20mg EC cap- Take one capsule by mouth twice a day 30 minutes before breakfast and supper for stomach
   1. Last filled for 90 day supply on 10/10/15
9. **Rosuvastatin** 40mg tab- Take one tablet by mouth at night for cholesterol
   1. Last filled for 90 day supply on 10/10/15
10. **Trazodone** 100mg tab- Take one tablet by mouth at bedtime if needed for sleep
    1. Last filled for 90 day supply on 10/10/15