**Case #2 – 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)?

If the clinician asks for the outpatient pharmacy records, please give him/her the corresponding pharmacy list(s), attached

Note: Initially, only give a copy of the Wal-Mart pharmacy records since this is the pharmacy initially provided by patient. **But have Wal-Mart tell the clinician that the patient’s prescriptions were recently transferred to Walgreens,** Chestnut St., Spruce City. If clinician asks for Walgreens records, give him/her a copy of the Walgreens pharmacy records.

If asked for the PCP/prescriber contact information from the pharmacy, can give it (Dr. Alex Johnson, 215 Main Street, Springfield, 671-555-1234), but then say that the office is closed.

**Notes:**

**“Gold Standard” Preadmission Medication List**

**(Do Not Share with Clinician)**

* **Aspirin** 81mg EC tab- Take one tablet orally every day for heart
* **Digoxin** 0.25mg tab- Take one tablet orally daily for heart
* **Furosemide** 80mg tab- prescription says to take one tablet orally every morning for edema (but he only takes this medication when the swelling is really bad because he doesn’t like to go to the bathroom all the time
* **Insulin, aspart**, 100units/mL- Inject 7 units subcutaneously four times a day for blood sugars
* **Insulin, glargine**, 100units/mL- Inject 30 units subcutaneously twice a day for blood sugars
* **Losartan** 100mg tab- Take one tablet orally at bedtime for hypertension
* **Simvastatin** 40mg tab- Take one-half tablet (20 mg) orally at bedtime for cholesterol
* **Warfarin** 2mg tab- Take 4 mg (two tablets) daily on Mon/Wed/Fri and take 2 mg (one tablet) daily all other days of the week (Tues/Thurs/Sat/Sun) for atrial fibrillation

**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 describe insulin injections if asked probing questions such as “what do you take for your diabetes?” or “what non-oral medications (e.g. injections, creams, inhalers, etc.) do you take?” * Patient will only describe OTC aspirin if asked probing questions such as “what over the counter medications do you take?” or “What medications do you take other than the ones your doctor prescribes you?” * Patient will describe home furosemide regimen when asked probing questions such as “What medications do you take only when you need them?” |  |
| Uses other probes to elicit additional medications: common reasons for PRNs, meds for problems in the problem list, meds prescribed for 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: uses patient, discharge summary from 5 years ago, Wal-Mart and Walgreens pharmacies * The clinician should use the discharge summary and patient first, then the pharmacy records, and return to patient to clarify/explain discrepancies. |  |
| 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)   * Once the current pharmacy list is obtained and the furosemide fill history explained, the clinician should stop getting additional information. |  |
| 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)   * Clinician should seek to clarify / explain the following inconsistencies with additional source(s): Wal-Mart does not appear to be the patient’s primary pharmacy any longer, furosemide fill history suggests some level of non-adherence (in this case, the patient is consistently non-adherent by only taking the diuretic (on average) three times a week when swelling is “bad enough”) |  |
| 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.   * In this case, there was no electronic medical record available as a starting point and the patient did not have the medication bottles. Clinician should use the information provided by the neighboring hospital from the discharge 5years ago, the patient, then use the pharmacy as the objective source to confirm. |  |
| Uses resources like Drugs.com to identify loose medications (i.e., for a bag of medications, not in their bottles, provided by patient) |  |
| Returns to patient to review new information, resolve all remaining discrepancies |  |
| Gets help from other team members when needed |  |
| Educates the patient and/or caregiver of the importance of carrying an accurate and up to date medication list with them |  |

**Case #2 – Wal-Mart Pharmacy Records**

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

**Wal-Mart Pharmacy is able to provide the following information**

**Today is July 1, 2015**

* **Rx: Digoxin** 0.25mg tab- Take one tablet orally daily for heart
  + Last filled for 90 day supply on 1/15/15
* **Rx: Furosemide** 80mg tab- Take one tablet orally every morning for edema
  + Last filled for 90 day supply on 1/15/15
* **Rx: Insulin, aspart**, 100units/mL- Inject 10 units subcutaneously four times a day for blood sugars
  + Last filled for 28 day supply on 1/5/15
* **Rx: Insulin, glargine**, 100units/mL- Inject 35 units subcutaneously twice a day for blood sugars
  + Last filled for 28 day supply on 1/5/15
* **Rx: Losartan** 100mg tab- Take one tablet orally at bedtime for hypertension
  + Last filled for 90 day supply on 1/15/15
* **Rx: Simvastatin** 40mg tab- Take one-half tablet orally at bedtime for cholesterol
  + Last filled for 90 day supply on 1/15/15
* **Rx: Warfarin** 2mg tab- Take two tablets orally on Mon/Wed/Fri and take one tablet daily all other days of the week for atrial fibrillation
  + Last filled for 90 day supply on 1/15/15

& That it looks like patient recently transferred their prescriptions to Walgreens

**Case #2 – Walgreens Pharmacy Records**

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

**Walgreens Pharmacy is able to confirm the patient has active prescriptions on file and provide you with the following information**

**Today is July 1, 2015**

* **Rx: Digoxin** 0.25mg tab- Take one tablet orally daily for heart
  + Last filled for 90 day supply on 6/10/15
* **Rx: Furosemide** 80mg tab- Take one tablet orally every morning for edema
  + Last filled for 90 day supply on 6/10/15
* **Rx: Insulin, aspart**, 100units/mL- Inject 7 units subcutaneously four times a day for blood sugars
  + Last filled for 28 day supply on 6/12/15
* **Rx: Insulin, glargine**, 100units/mL- Inject 30 units subcutaneously twice a day for blood sugars
  + Last filled for 28 day supply on 6/1215
* **Rx: Losartan** 100mg tab- Take one tablet orally at bedtime for hypertension
  + Last filled for 90 day supply on 6/10/15
* **Rx: Simvastatin** 40mg tab- Take one-half tablet orally at bedtime for cholesterol
  + Last filled for 90 day supply on 6/10/15
* **Rx: Warfarin** 2mg tab- Take two tablets orally on Mon/Wed/Fri and take one tablet daily all other days of the week for atrial fibrillation
  + Last filled for 90 day supply on 6/10/15