

Case #2 – Clinician

- Be the clinician taking a best possible medication history
- Use the space below to document your best possible medication history

You are going to see patient Peter Bauer

Reason for Hospital Admission: Low blood sugar

Past Medical History: atrial fibrillation, diabetes mellitus (Type II), hyperglycemia, hypoglycemia, cardiomyopathy, hypertension, and hyperlipidemia

Allergies: NKDA

This is the patient's first visit to this hospital and he does not report being seen at a hospital since visiting an Emergency Department 5 years ago. You are able to obtain the medication list from the Discharge Summary from that visit (see below). The patient presents this evening with his wife. He does not complain of chest pain, but does report fatigue and night sweats.

It is July 1, 2015 at 1730 and the primary care physician's office is closed.

You can use the attached checklist of high performance behaviors and the supplied pocket guide to help you.

Discharge Medication List (from ED visit 5 years ago):

1. Digoxin 0.25mg po daily
 2. Insulin, aspart 100units/mL- 10 units SQ QID
 3. Lantus 100units/mL- 35 units SQ BID
 4. Losartan 100mg po QHS
 5. Zocor 20mg po QHS
 6. Coumadin 2mg tab po as directed
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High Performance Behaviors

- 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
- 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)
- 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)
- 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)
- 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.
- Uses resources like Drugs.com to identify loose medications (i.e., for a bag of medications, not in their bottles, provided by a patient)
- Returns to patient to review new information, resolve all remaining discrepancies
- Gets help from other team members when needed
- Educates that patient and/or caregiver about the importance of carrying an accurate and up to date medication list with them

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)	<input type="checkbox"/>
Uses probing questions to elicit additional information: non-oral meds, non-daily meds, PRN medications, non-prescription meds <ul style="list-style-type: none"> • 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?" 	<input type="checkbox"/>
Uses other probes to elicit additional medications: common reasons for PRNs, meds for problems in the problem list, meds prescribed for specialists	<input type="checkbox"/>
Asks about adherence	<input type="checkbox"/>
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) <ul style="list-style-type: none"> • 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. 	<input type="checkbox"/>
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) <ul style="list-style-type: none"> • Once the current pharmacy list is obtained and the furosemide fill history explained, the clinician should stop getting additional information. 	<input type="checkbox"/>
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) <ul style="list-style-type: none"> • 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") 	<input type="checkbox"/>
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. <ul style="list-style-type: none"> • In this case, there was no electronic medical record available as a starting point and the patient did not have the medication bottles. Clinician 	<input type="checkbox"/>

should use the information provided by the neighboring hospital from the discharge 5 years ago, the patient, then use the pharmacy as the objective source to confirm.	<input type="checkbox"/>
Uses resources like Drugs.com to identify loose medications (i.e., for a bag of medications, not in their bottles, provided by patient)	<input type="checkbox"/>
Returns to patient to review new information, resolve all remaining discrepancies	<input type="checkbox"/>
Gets help from other team members when needed	<input type="checkbox"/>
Educes the patient and/or caregiver of the importance of carrying an accurate and up to date medication list with them	<input type="checkbox"/>

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 6/12/15
- 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

Case #2 – Patient

Be the Patient and Follow Your Role:

Today is July 1, 2015. You are Peter Bauer, (DOB 6/3/1956) a 59 year old Caucasian male who is being seen at this hospital for the first time. You were working in your garden today from approximately 2:30-3:00pm when you felt lightheaded. Your blood glucose check revealed a reading of 35. Consuming chocolate and apple juice raised your blood glucose to 65; however, a subsequent reading shortly thereafter revealed a reading of 40. Your second attempt to elevate your blood glucose (with juice and milk) only achieved a reading of 55, where it remained. Inability to further elevate blood glucose lead you to report to the Emergency Department with your spouse.

Your past medical history includes atrial fibrillation, diabetes mellitus (Type II), hyperglycemia, hypoglycemia, cardiomyopathy, hypertension, and hyperlipidemia. You have no known drug allergies.

You are a retired high school history teacher. Your wife has accompanied you to the Emergency Department, but you take care of your own medications. The rest of your family (your children/grandchildren) live a few hours away and stay in touch over the phone, but do not come to visit very often and are not involved in your healthcare.

You know your medications fairly well. You know why you take them and can remember a few details on how (but require prompting for some names). You are not able to recall the strengths of your medications.

The clinician entering the room does not have access to a pre-admission medication list.

Role Play Regarding your Medications as Follows:

- **If asked if you have a list of medications:**

Explain that you do not keep a list but you keep your morning medication bottles on the kitchen counter to be taken with breakfast and your bedtime medications on the nightstand by your bed. You take them as instructed by the label on the bottle.

- **If asked to list or describe how you are taking your medications (without any other prompts), you state:**

1. Coumadin and another medication for your heart
2. A couple of blood pressure medications (but one of them makes you pee a lot, so you don't take that one all the time)
3. Simvastin (⌚) for cholesterol

- **If asked if you have medication bottles present, or if for your pharmacy's name or number:**

You do not have your bottles with you, but the pharmacy should be able to provide a list of what you take since you get all your prescriptions filled there. Your pharmacy is Wal-Mart on South Main Street in Spruce City and their phone number is (555)-697-1234.

- **If the Clinician contacts Wal-Mart and asks you questions regarding your prescriptions:**

Please see: **Case #2 Outpatient Pharmacy Records *for Patient*** for information regarding your pharmacy prescription fill records.

- **If asked a probing/clarifying question after the clinician contacts Wal-Mart:**

The pharmacy does not have record of filling any medications for you in the last 6 months. **If prompted, you remember that you actually now have prescriptions filled at Walgreens (not Wal-Mart) since they had that really good coupon for transferring prescriptions to them.** Chestnut Street, Spruce City.

- **If the Clinician contacts Walgreens and has questions regarding your prescriptions:**

Please see: **Case #2 *Walgreens* Pharmacy Information *for Patient*** for information regarding your pharmacy prescription fill records.

- **If asked about your PCP**

It's Dr. Johnson on Main Street in Springfield. You don't know the first name, address, or phone number – that's all on the pill bottles, which are at home.

- **If asked about who manages your warfarin/coumadin**

Your PCP manages your coumadin dose

- **If asked a probing question regarding non-oral medications:**

Shots for your sugar, but your diabetes doctor recently told you to use less at each dose. **You have pre-filled syringes for your insulin, which is why you don't know the doses.**

- **If asked a probing question regarding non-prescription medications:**

Baby Aspirin: 1 tablet every day. (You do not know that the strength is 81mg)

- **If asked a probing question about PRN medications (or to explain furosemide fill history):**

You take your water pill (1 tablet of furosemide) in the morning on days you notice bad swelling in your feet, but you don't like the way it makes you use the bathroom all the time.

- **If asked about adherence:** Except for the furosemide, as above, you are compliant with your medications - you take all of your prescribed medications every day. You may forget a dose every once in a while, but rarely.

- If probed further regarding the following, you should deny any problems with cost, copay, insurance coverage, running out of medications, and deny thoughts of your medications not working.

Final correct list, only after you have been asked multiple probing questions and re-clarifications:

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 you only take this medication when the swelling is really bad because you don'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 20 mg (one-half tablet) orally at bedtime for cholesterol
- **Warfarin** 2mg tab- Take 4 mg (two tablets) orally on Mon/Wed/Fri and take 2 mg (one tablet) daily all other days of the week for atrial fibrillation

Case #2 – *Wal-Mart* Pharmacy Records

*** For Patient ***

The Clinician may contact the pharmacy to confirm your medications. When asked about each medication, you can confirm the information in italics. You don't remember some names without prompting and you don't remember any strengths.

You know you got your medications refilled last month after returning from your Memorial Day holiday trip.

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
 - *You can confirm you take this once daily in the morning*
- Rx: **Furosemide** 80mg tab- Take one tablet orally every morning for edema
 - Last filled for 90 day supply on 1/15/15
 - *You report not taking this medication EVERY day because you do not like having to go to the bathroom all the time. Instead you take the medication in the morning on days when your feet are particularly swollen. On average, 3 days a week.*
- 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
 - *You are not sure how many units you take because it's a pre-filled syringe, but you know your doctor just recently decreased your dose*
- 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
 - *You are not sure how many units you take, because it's a pre-filled syringe, but you know your doctor just recently decreased your dose*
- Rx: **Losartan** 100mg tab- Take one tablet orally at bedtime for hypertension
 - Last filled for 90 day supply on 1/15/15
 - *You can confirm taking one tablet at bedtime*
- Rx: **Simvastatin** 40mg tab- Take one-half tablet orally at bedtime for cholesterol
 - Last filled for 90 day supply on 1/15/15
 - *You can confirm taking one-half tablet at bedtime*

- 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
 - *You can confirm taking two tablets on MWF and one tablet all other days at bedtime*

Case #2 – *Walgreens* Pharmacy Information

*** For Patient ***

The Clinician may contact the pharmacy to confirm your medications. When asked about each medication, you can confirm the information in italics. You don't remember some names without prompting and you don't remember any strengths.

You know you got your medications refilled last month after returning from your Memorial Day holiday trip.

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
 - *You can confirm you take this once daily in the morning*
- Rx: **Furosemide** 80mg tab- Take one tablet orally every morning for edema
 - Last filled for 90 day supply on 6/10/15
 - *You report not taking this medication EVERY day because you do not like having to go to the bathroom all the time. Instead you take the medication in the morning on days when your feet are particularly swollen. On average, 3 days a week.*
- 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
 - *You are not sure how many units you take because it's a pre-filled syringe, but you know your doctor just recently decreased your dose*
- Rx: **Insulin, glargine**, 100units/mL- Inject 30 units subcutaneously twice a day for blood sugars
 - Last filled for 28 day supply on 6/12/15
 - *You are not sure how many units you take because it's a pre-filled syringe, but you know your doctor just recently decreased your dose*
- Rx: **Losartan** 100mg tab- Take one tablet orally at bedtime for hypertension
 - Last filled for 90 day supply on 6/10/15

- *You can confirm taking one tablet at bedtime*
- Rx: **Simvastatin** 40mg tab- Take one-half tablet orally at bedtime for cholesterol
 - Last filled for 90 day supply on 6/10/15
 - *You can confirm taking one-half tablet at bedtime*
- 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
 - *You can confirm taking two tablets on MWF and one tablet all other days at bedtime*