

Case #6 – 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 Patty Beaumont

Reason for Hospital Admission: chest pain during MRI

Past Medical History: arthritis, anxiety, diabetes mellitus (Type II), GERD, hypertension, and hyperlipidemia

Allergies: NKDA

The patient is a 59 year old obese Caucasian

It is October 20, 2015 at 1730 and the primary care physician's office is closed.

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

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

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

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 #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)

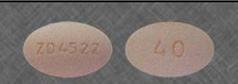
1. **Acetaminophen** 650 mg cap - Take one capsule by mouth four times daily as needed for pain
2. **Canagliflozin (INVOKANA)** 300mg tab - Take one tablet by mouth daily for diabetes
3. **Fluoxetine** 20mg cap - Take one capsule orally twice daily for anxiety/mood
4. **Glipizide** 5 mg tab - Take one 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)	<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 mention Tylenol Arthritis if asked about OTCs or PRNs 	<input type="checkbox"/>
Uses other probes to elicit additional medications: common reasons for PRNs, meds for problems in the problem list, meds prescribed by 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, ED list from 5 years ago and patient interview 	<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)	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) <ul style="list-style-type: none"> • This is needed 	<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"> • 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 	<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 a patient) <ul style="list-style-type: none"> • 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 	<input type="checkbox"/>
Returns to patient to review new information, resolve all remaining discrepancies <ul style="list-style-type: none"> • Only by comparing sources will clinician realize lisinopril/HCTZ is missing from the pill box 	<input type="checkbox"/>
Gets help from other team members when needed <ul style="list-style-type: none"> • Might be needed to help with identifying pills in pill box 	<input type="checkbox"/>

Educates the patient and/or caregiver of the importance of carrying an accurate and up to date medication list with them	☐
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Case #6 – Identified Medications from Pill Box
 (if knows to use pill identifier)

AM Medications	PM Medications
 x 1 canagliflozin 300 mg	 x1 Trazodone 100 mg
 x1 Fluoxetine 20 mg	 x1 Fluoxetine 20 mg
 x1 Glipizide 5 mg	 x1 Glipizide 5 mg
 x1 Metoprolol tartrate 50 mg	 x1 Metoprolol tartrate 50 mg
 x1 Omeprazole 20 mg EC	 x1 Omeprazole 20 mg EC
 x2 Tylenol Arthritis 650 mg	 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
 - a. Last filled for 90 day supply on 10/10/15
2. **Fluoxetine** 20mg cap- Take one capsule orally twice daily for anxiety/mood
 - a. 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
 - a. 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
 - a. 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
 - a. Last filled for 28 day supply on 10/10/15
6. **Insulin, glargine**, 100units/mL- Inject 45 units subcutaneously at bedtime for diabetes
 - a. 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
 - a. 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
 - a. Last filled for 90 day supply on 10/10/15
9. **Rosuvastatin** 40mg tab- Take one tablet by mouth at night for cholesterol
 - a. 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
 - a. Last filled for 90 day supply on 10/10/15

Case #6 – Patient

- *When the clinician asks for additional information (your medications or pill box), you can provide the corresponding documents from this packet upon request.*

Be the Patient and Follow Your Role:

Today is October 20, 2015. You are Patty Beaumont, a 59 year old obese Caucasian female. You are being admitted for complaints of chest pain, neck pain, and shortness of breath experienced while lying down during a lumbar MRI procedure. You have a past medical history of poorly controlled diabetes mellitus (Type II), anxiety, and hypertension. You also report occasional chest pain at home and periodic swelling in your legs/feet which decreases after elevating your legs. You have no known drug allergies.

You are unmarried and have no children. Both of your parents are deceased and your brother lives overseas. You are not a regular patient of this hospital (last seen here 5 years ago) but you were last hospitalized at a different hospital 3 months ago.

Role Play Regarding your Medications as Follows:

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

You don't keep a medication list, but you know you take them as directed on the bottles. You take so many that pillboxes are the only way you can keep them straight. You know your doctors have you on meds for your anxiety, blood pressure, cholesterol, diabetes, and heartburn.

- If asked about the meds from the list 5 years ago, you would recognize that you no longer take digoxin, zocor (replaced with Crestor) and coumadin. You wouldn't be sure about the losartan, but you don't think you're on that any more either. And the doses and timing of your insulin have changed since then (you couldn't handle 4 shots a day, so now you're only on 3). If asked why no longer on digoxin and coumadin, say you had an irregular heartbeat after surgery that went away and they didn't think you needed them any more. You haven't had that problem since.

- **If asked if you have medication bottles present:**

You did not bring any of your medication bottles with you. You explain that you take the meds out of the bottles and follow the prescription labels to fill your weekly boxes. Then, in the morning before leaving the house, you transfer that day's meds to a daily AM/PM box that you keep with you.

- If they ask: You can offer the clinician to look at those pills (**Case #6 - Contents of Patient's Pill Box** from your packet) - the insulin will not be there because you keep it in a kit in your car when you are out of the house

- **If asked to list or describe how you are taking your medications (without any other prompts), you would say the following** (you can refer to your list of meds described below if/when asked for medication names). At this point before probing, only think to mention your 3 prescriptions:

- Diabetes - you take 3 meds (you are counting insulin, glipizide, and a new one... even though there are 2 types of insulin)
 - If they ask: You know you inject 20 units of insulin before breakfast and supper and 45 units before bedtime

- If they ask: You know you take one type of insulin at mealtimes and Lantus before bedtime
 - Blood pressure - you take 2 meds
 - Anxiety - you take Prozac and a medication that helps you sleep sometimes
 - Cholesterol- you take Crestor
 - Heartburn- you take Prilosec

You can confirm the names of the meds if you hear them and are able to match them to their indication, but don't know the strength of your medications without prompting.

- **If asked a probing question regarding OTC medications, you remember to mention this:**

- Tylenol Arthritis- 1 capsule by mouth 4 times a day as needed for pain (but you find yourself needing it more and more for your joint pain; you took this 4 times daily almost every day last week)

- **If asked a probing question about PRN medications:**

You remember to mention you take the following, but only as needed:

- Tylenol Arthritis- 1 capsule by mouth 4 times a day as needed for pain (but you find yourself needing it more and more for your joint pain)
 - You took this 4 times daily almost every day last week

- **If asked a probing question about NON oral medications or inhalers:**

You know you inject 20 units of insulin before breakfast and supper and 45 units before bedtime

- If they ask: You know you take one type of insulin at mealtimes and Lantus before bedtime
- If asked whether you take the 20 units at any time other than breakfast, mention you also take it before dinner

- **If the Clinician asks for your pharmacy contact information:**

- Your pharmacy is Brothers Pharmacy on 2nd Street in Oak Hill and their phone number is (555) 689-5348

- **If the Clinician contacts the pharmacy, and you are asked clarifying questions:**

- For your part on how to respond to any questions about these prescriptions, please see **Case #6: Pharmacy Information *for Patient*** from your packet.

- **If asked about adherence:**

You take your meds as directed and you very rarely miss doses (but your pill box is missing HCTZ/lisinopril – if asked about this, you would realize this mistake, but you aren't asked)

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

If asked about side effects, you would admit that you're having muscle aches since starting Crestor (but you aren't asked)

Final Correct Preadmission Medication List

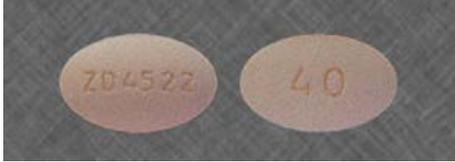
Not to be shared with clinician

Final Correct list –You can use this to help guide your responses (refer to outpatient pharmacy records in this packet if asked questions about outpatient pharmacy fills). For all other non-scripted questions – use this list to help guide your answers.

1. **Acetaminophen** 650 mg cap - Take one capsule by mouth four times daily as needed for pain
2. **Canagliflozin (INVOKANA)** 300mg tab - Tab 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 25mg/Lisinopril 20mg** tab - Take two tablets by mouth every morning for blood pressure
 - **This is not in the pill box - you are 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

Case #6 - Contents of Patient's Pill Box

AM Medications	PM Medications
 <p>x 1</p>	 <p>x1</p>
 <p>x1</p>	 <p>x1</p>
 <p>x1</p>	 <p>x1</p>
 <p>x1</p>	 <p>x1</p>
 <p>x1</p>	 <p>x1</p>

 <p>x2</p>	 <p>x2</p>
	 <p>x1</p>

Case #6 – Outpatient 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 strengths without prompting.

Today is October 20, 2015.

1. **Canagliflozin (INVOKANA)** 300mg tab - Take one tablet by mouth daily for diabetes
 - a. Last filled for 90 day supply on 10/10/15
 - b. *You recognize this as the "new" medication your doctor put you on for diabetes*
2. **Fluoxetine** 20mg cap - Take one capsule orally twice daily for anxiety/mood
 - a. Last filled for 90 day supply on 10/10/15
 - b. *You ask if this is Prozac, if confirmed, you can state that you take this for your anxiety*
3. **Glipizide** 5 mg tab - Take one tablet orally twice daily before a meal for diabetes
 - a. Last filled for 90 day supply on 10/10/15
 - b. *You know you take this medication for diabetes*
4. **HCTZ 25/Lisinopril 20mg** tab - Take two tablets by mouth every morning for blood pressure
 - a. Last filled for 90 day supply on 10/10/15
 - b. *You know this is one of your blood pressure medications*
5. **Insulin, aspart**, 100units/mL - Inject 20 units subcutaneously before breakfast and supper for diabetes—INJECT WITHIN 10 MINUTES OF MEALS
 - a. Last filled for 28 day supply on 10/10/15
 - b. *You know you take this insulin twice a day (20 units before breakfast and before dinner)*
6. **Insulin, glargine**, 100units/mL - Inject 45 units subcutaneously at bedtime for diabetes
 - a. Last filled for 28 day supply on 10/10/15
 - b. *You ask if this is Lantus, if confirmed, you can state that you take 45 units before bedtime*
7. **Metoprolol Tartrate** 50mg tab - Take one tablet by mouth twice daily for blood pressure
 - a. Last filled for 90 day supply on 10/10/15
 - b. *You know you this is one of your blood pressure medications*
8. **Omeprazole** 20mg EC cap - Take one capsule by mouth twice a day 30 minutes before breakfast and supper for stomach
 - a. Last filled for 90 day supply on 10/10/15
 - b. *You ask if this is Prilosec, if confirmed, you can state that you take this for heart burn*
9. **Rosuvastatin** 40mg tab - Take one tablet by mouth daily for cholesterol
 - a. Last filled for 90 day supply on 10/10/15
 - b. *You ask if this is Crestor, if confirmed, you can state that you take this for cholesterol*
10. **Trazodone** 100mg tab - Take one tablet by mouth at bedtime if needed for sleep
 - a. Last filled for 90 day supply on 10/10/15
 - b. *You can confirm this frequency and the fact that you take this to help you sleep sometimes*
 - c. *With your back pain, you have been having a harder time sleeping lately. In the last 2 weeks, you have been taking this medication about 5 nights per week. You last took it last night.*

Note: You purchase the acetaminophen over the counter, so it does not appear on the pharmacy's record.