Living MedsCheck: Learning how to deliver MedsCheck in community practice in Ontario

Kelly Grindrod, BScPharm, PharmD, MSc; Niki Sanghera, BScPharm; Israa Rahmaan, BSc, BScPharm; Meghna Roy, BSc, MSc, BScPharm; Michael Tritt, BSc, MSc, BScPharm

ABSTRACT

Objective: To share the experiences of graduating students as they learn to deliver a new medication review service in community pharmacies in Ontario, Canada.

Practice description: Four graduating pharmacy students volunteered in different community pharmacies to learn how to navigate a new provincial program called MedsCheck, which pays pharmacists to do medication reviews. Each student selected his or her own practice site, including 2 independent community pharmacies, a grocery store chain pharmacy and a hospital outpatient pharmacy.

Practice innovation: To help the students learn to deliver the new MedsCheck services, a faculty mentor met with them on a weekly basis. To reflect on doing MedsChecks in the “real world” and to elicit feedback from the online community, each student blogged about his or her experiences.

Results: All 4 students felt that peer mentoring improved their ability to deliver MedsCheck services. They also identified a number of barriers to delivering the MedsChecks and helped each other try to overcome the barriers.

Conclusion: MedsCheck is a new service in Ontario and is not easily implemented in the current pharmacy model of practice. Peer mentoring is a helpful way to share successes and overcome barriers to delivery. *Can Pharm J* 2013;146:33-38.

Introduction

The past 2 decades have brought major changes to the roles of Canadian pharmacists. Professionally, it was 20 years ago that Linda Strand and Charles Hepler caused (or capitalized on) a seismic shift on both sides of the border when they asked pharmacists to contribute to the greater social good in the name of pharmaceutical care.¹ Politically, it was 10 years ago that the landmark “Romanow Commission” called for a Canadian health care system where pharmacists would “work with patients to ensure they are using medications appropriately.”² Now, as pharmacists continue to advocate for compensation for making medication therapy decisions, 7 of the 13 Canadian provinces and territories have programs to pay for pharmaceutical care.^{3,4}

But change has been difficult. Here in the province of Ontario, the business of pharmacy took a major hit when the Ministry of Health and Long-Term Care passed “Bill 102: Transparent Drug System for Patients Act” in June 2006.⁵ The controversial bill targeted generic drug manufacturers in Ontario and limited the price of generics. It also phased out the widespread practice of providing generic rebates to pharmacies that carry a manufacturer’s products—rebates that have historically been a major source of income for the province’s pharmacies.

Although pharmacists railed against the anticipated destruction of community pharmacy in Ontario, the bill also formally recognized that pharmacists do more than dispense medications. Within a year of passing Bill 102, the Ontario

KELLY GRINDROD

Several students approached me with the idea of volunteering in community pharmacies to learn more about delivering medication reviews. Because social media is about sharing experiences and collectively producing knowledge, it was the ideal platform for the students to listen to others’ experiences and to be heard.

Plusieurs étudiants m’ont parlé de leur idée de faire du bénévolat dans des pharmacies communautaires pour en savoir plus sur le passage en revue de la pharmacothérapie avec les patients. Étant donné que les médias sociaux permettent de partager des expériences et de produire des connaissances de manière collective, ils représentaient le support idéal pour les étudiants afin d’écouter ce que les autres avaient à dire et de se faire entendre.

© The Author(s) 2013

DOI: 10.1177/1715163512472868

KNOWLEDGE INTO PRACTICE

- As new pharmacy services, such as MedsCheck, are rolled out, many pharmacists may initially feel apprehensive about delivering them.
- Having a peer mentoring system in place can ease the transition and help overcome barriers to delivering new services and programs.
- Social media is an excellent way to reach out to peer mentors.

Extraordinary achievement comes more often from cooperative groups than from isolated individuals competing with each other or working alone.”⁷

Johnson and Johnson, 2004

Ministry of Health and Long-Term Care rolled out the MedsCheck program, paying pharmacists \$50 for a 30-minute medication review.⁶ Heeding the call of the Romanow Commission 5 years earlier, the Ministry built MedsCheck to “help patients to better understand their medication therapy and to ensure their medications are taken as prescribed and that patients are getting the most benefit from their medications.”⁸

In a MedsCheck review, a pharmacist reviews a patient’s chronic conditions and allergies and discusses the proper use of all medication therapy, including dosages and instructions. The pharmacist’s goals are to create a medication list and to identify and resolve any drug therapy problems. The list, which is signed by the pharmacist and patient, is given to the patient. A copy must be kept in the pharmacy for at least 2 years. Although MedsCheck was first introduced for Ontarians older than 65 years who were taking 3 or more chronic medications, it quickly expanded to include all Ontario residents taking 3 or more medications. By the end of 2007, a separate billing code was added to allow pharmacists to follow up with prior MedsCheck clients going in and out of hospital, changing pharmacies, experiencing significant medication changes or at the request of a physician or nurse practitioner.

Early on, pharmacists struggled with the speed with which MedsCheck was rolled out, the central issue being that most community pharmacies operate with minimal pharmacist overlap, leaving pharmacists little time to do medication reviews.⁹ When the province formally ended the practice of generic rebates in the fall of 2010, MedsCheck was expanded yet again. This time, the fee was raised to \$60 per appointment and pharmacists were given additional billing codes to do comprehensive medication reviews for patients with diabetes, those who are homebound or those who reside in long-term care facilities.⁸ In 2011, the Ministry launched the Pharmaceutical Opinion Program to pay

pharmacists to identify drug therapy problems (including problems identified during MedsChecks) and announced plans to develop a MedsCheck program for complex patients, as well as a chronic disease management program.¹⁰

What follows are the stories of 4 pharmacy students from the first University of Waterloo School of Pharmacy graduating class, learning to deliver MedsCheck services. To prepare for graduation, each student chose to volunteer in a different community pharmacy and offered regular MedsChecks under the supervision of a practising community pharmacist (who may not have been offering MedsChecks themselves). For 2 months, the students met weekly with a faculty member for mentoring and to mentor each other. They also shared their experiences on a free Wordpress blog titled “Living MedsCheck” (<http://uw1medscheck.wordpress.com>). Here are their stories.

MedsCheck experiences

Niki—student

For 2 months, I did weekly MedsChecks in an outpatient pharmacy to better understand the true advantages and limitations of this program for complex patients. The pharmacists recruited patients for me. I let them know when I was available and they set up appointments. It worked out well, because the pharmacists already had strong relationships with their patients and introduced me. I completed a total of 15 MedsChecks and 1 MedsCheck follow-up. Each patient had either received an organ transplant or was on renal dialysis. Many also had disabilities, such as blindness or difficulty walking. The patients I saw were commonly using 6 to 20 chronic medications.

When doing a MedsCheck, I spoke one-on-one with each patient to gather important medical and medication information. My MedsChecks also included lifestyle questions about diet, exercise and caffeine and alcohol intake. Doing a comprehensive review helped me identify various drug therapy problems. I estimate that I solved 1 to 5 problems for each patient.

Due to the complex nature of the patients’ health, each visit went well over the recommended 30 minutes. It took me 40 to 60 minutes to assess medication administration and lifestyle issues and educate patients on pharmacological and nonpharmacological interventions. I did all my documentation during the interview. It took me another 20 to 30 minutes to prepare for each

patient, meaning I spent a total of 60 to 90 minutes doing each MedsCheck.

There are many advantages for complex patients receiving MedsChecks in an outpatient hospital pharmacy, as these patients stand to benefit the most from the MedsCheck service. Many patients I encountered were taking chronic medications, so it was helpful to reinforce the importance of adherence. It was also convenient for patients to come in before or after a visit with a specialist or after a dialysis session at the hospital.

One of the barriers to providing MedsChecks in the outpatient hospital pharmacy where I volunteered was the lack of free parking. My preceptor addressed this by reimbursing patients for their parking fee. The outpatient pharmacy also had a small over-the-counter section, making it difficult to recommend on-hand nonprescription products to patients. Finally, because the pharmacy was attached to the hospital, patients often went to a community pharmacy closer to their homes to get regular medications, making it difficult to get a full medication history.

The future for MedsCheck cognitive services is promising. Ideally, future services will assist pharmacists in identifying and solving drug therapy problems and provide them with access to pertinent patient information such as lab values.

Michael—student

I volunteered to do MedsChecks in an independent community pharmacy 1 day per week for 8 weeks. The staff pharmacist generated a list of eligible patients with diabetes. Initially, I was responsible for phoning patients to introduce the Diabetes MedsCheck service and to arrange a 30-minute appointment, but this responsibility was eventually assigned to the technician. The technician was also responsible for calling patients with appointment reminders. My workload varied from 1 to 5 MedsChecks for diabetes per day. Overall, I provided nearly 25 MedsChecks for diabetes. To document the process, I created a standardized template to use with every patient.

Because of this experience, I feel as if I better understand the new MedsCheck programs. However, I also learned that this program is not perfect. I tried working within the suggested time constraints but came to realize that patient care is not achieved in 1 visit but over numerous follow-ups. I also came to realize that an ongoing

MISE EN PRATIQUE DES CONNAISSANCES

- Lorsque de nouveaux services de pharmacie sont mis en place, comme MedsCheck, les pharmaciens peuvent être nombreux à ressentir de l'appréhension à l'idée de les utiliser.
- Le fait de disposer d'un système de mentorat par des pairs peut faciliter la transition et aider à surmonter les difficultés pour offrir les nouveaux services et programmes en question.
- Les médias sociaux constituent un excellent moyen de demander de l'aide et de communiquer avec des mentors.

patient-pharmacist relationship is integral to improving patient health outcomes. I experienced a number of challenges with documentation, time management, communicating with other health care professionals, arranging follow-ups and dealing with patient absences. However, I believe these challenges associated with the program can be overcome and I am hopeful that the new stages of MedsCheck will reduce some of them.

As I look back, I can easily recall the many lessons I learned, because we reflected on our MedsCheck experience on a weekly basis through group discussion and our blog. After graduation, I will strive to establish a similar routine with my colleagues and the online community. I am certain that if I can set up a similar routine, the MedsCheck service in my pharmacy will prosper. Group discussion and blogging provided us with constant motivation to improve our MedsCheck services and gave us opportunities to learn and overcome challenges together. I'm glad I didn't do this alone.

Israa—student

I had the opportunity to perform 1 to 2 MedsChecks (regular and diabetes) per week in a community pharmacy in a large grocery chain. I recruited patients 3 ways. First, I searched the pharmacy system for patients older than 60 (as this demographic is most likely to be on 3 or more medications). I skimmed profiles for any eligible patients and called them to set up appointments. I dedicated about an hour to booking appointments each week. Second, I also asked the pharmacists to set up appointments with any patients they came across who were eligible for a MedsCheck. Third, I approached patients who were picking up prescriptions to see if they might be interested (time permitting). I saw patients of varying medical complexity, with chronic conditions ranging

from osteoporosis to diabetes to lupus. The average time it took me to complete a MedsCheck was 20 to 25 minutes. I was only able to recognize a few drug therapy problems, but I had numerous opportunities to make suggestions for over-the-counter products, identify medication adherence issues, educate patients on lifestyle interventions and medication administration, answer medicine- and health-related questions and follow up with patients when required.

Prior to doing these MedsChecks, I thought I would build my clinical knowledge through the experience. However, looking back, I don't feel that I significantly enhanced my clinical knowledge, though I was able to practise what I already knew. My learning was focused more on the MedsCheck program, including what the service really means, its process and purpose and its history and potential future within the expanded scope of pharmacy practice. In addition to the practical component, our weekly blogging was not only a means of reflecting on our experiences but also a creative way of networking with other pharmacists, health care professionals and the public.

Through this experience, I became aware of the challenges of MedsCheck. I found that the lack of patient awareness and interest was the most challenging part. I had many "no-shows" and cancellations and I encountered many uninterested patients who refused the service, although I did find that it was easier to successfully approach and deliver the service to patients who seemed to have a good relationship with the pharmacist. Another barrier I encountered was the lack of a private consultation room. Working in a semi-private area that was merely an extension of the cashier counter, I found that patients were uncomfortable discussing their medications within earshot of other customers. Lack of pharmacist overlap also made it difficult for the pharmacist to take time for MedsCheck appointments.

I now feel more confident and motivated to perform MedsChecks in a community pharmacy. As a future pharmacist, I would like to continue to deliver the MedsCheck service and incorporate the expanded program into my routine practice. I am anxiously looking forward to the launch of future MedsCheck programs.

Meghna—student

The placement I chose was a small independent pharmacy that filled no more than 30 to 40

prescriptions a day. My first visit to the pharmacy was also my first time being inside an independent pharmacy. I loved that it had new equipment and a spacious office for patient consultations. It also offered services I didn't have much experience with, including methadone dispensing and international normalized ratio (INR) monitoring. I especially liked that the pharmacy had a calm and comfortable ambience.

Before I arrived, the store's approach to recruiting patients for MedsChecks had been to attach flyers to prescription bags and to cold-call patients. However, the store hadn't had much luck recruiting and admitted to having a dry spell in terms of patient uptake of the service. I offered to call patients and initially had little success. Many people were not interested, and some did not bother to return my calls. Phrases like "we'll make sure you're taking your medications correctly" resulted in patients saying their doctor was managing their medications, thereby ending the conversation very quickly. I had better success when I used terms like "drug interactions," words patients wouldn't normally hear from their physicians. Using such words led to a greater response, because the MedsCheck could provide a service their physicians couldn't offer. Patients also liked hearing that they could use the MedsCheck as an opportunity to clean out their medicine cabinets.

Having set appointments was great, but how was I going to do a MedsCheck? I was confused about what it entailed and I didn't know where to begin. A clinical pharmacist told me that a MedsCheck should be treated like a medication review and doing otherwise meant I wasn't a "good pharmacist." On the other hand, my faculty mentor's opinion was that the intent of the MedsCheck program was mainly to generate patient medication lists. The struggle to define MedsCheck was the cause of confusion for me for several weeks. According to the Ministry of Health and Long-Term Care, a MedsCheck is a 30-minute annual appointment for pharmacists to review medications and help patients better understand their medications and to ensure medications are taken as prescribed.⁸ The Ontario Pharmacy Association website states that during a MedsCheck, "pharmacists help patients understand drug names, strengths, adverse effects and usage instructions, and ensure that they are taking their medications as their doctor has directed. As part of this service, pharmacists provide patients with an accurate and complete medication list that they may take with

them when they visit their physician or go to the hospital.”¹¹ By doing 20 MedsChecks and from the above-mentioned definitions, my understanding of MedsCheck is now clear. However, clinical pharmacists who want to do more with MedsChecks, while receiving fair compensation from the government, may still face confusion about the service and barriers to offering it.

As the main cognitive service for community pharmacists, MedsCheck is not entirely patient centred, because of the nature of the service and the barriers of the program. It is important to identify such barriers and highlight that the skills required for MedsChecks are not aligned with those of new pharmacists. By regulating pharmacy technicians and making lab tests available to pharmacists, a push for a true medication review service will likely occur. This will result in better utilization of pharmacists’ skills and greater job satisfaction in community practice.

Kelly—faculty mentor

I am a faculty member at the University of Waterloo School of Pharmacy and a licensed practising community pharmacist. The 4 students approached me to mentor them as they learned to deliver MedsCheck services. What struck me was that each student felt that MedsCheck was important but also felt apprehensive about delivering the services, a sentiment I expect is shared by many pharmacists. Early on, each student experienced his or her own successes and difficulties. In the outpatient pharmacy, Niki was stimulated by extremely complex patients but struggled to complete a review within the standard 30-minute time recommended for a MedsCheck. In the grocery store, Israa had a supportive environment but found it difficult to engage patients. In the busy independent pharmacy, Michael helped the pharmacy develop a process for the diabetes-specific MedsChecks but struggled to cover all the therapeutic areas relevant to diabetes, including medication therapy and lifestyle interventions. In the slower independent pharmacy, Meghna

enjoyed the time spent with patients but puzzled over the fact that MedsCheck, in its early form, is more about creating a medication list and checking for adherence than about optimizing medication therapy.

As the weeks went by, the students took their peer mentoring roles very seriously. In one example, we spent an hour brainstorming ways for Israa to become more assertive and engage patients in her MedsCheck service. In another, we discussed possible ways to bill for all the drug therapy problems that were being identified but that were not included in the MedsCheck service. As the students blogged about their experiences, other pharmacists in Ontario also shared ideas for success. On the blog, one pharmacist shared that she had started delivering MedsChecks for a young physician who had recently purchased a family medical practice and was moving all patient charts to electronic medical records. The pharmacist called it a “win-win-win situation,” because the physician’s office now takes care of booking MedsCheck appointments and reminding patients one day before their appointment. This arrangement was incredibly encouraging to the students and showed them that it is okay to be innovative in your approach to new services.

Conclusion

Similar to new pharmacy services across the country, the new MedsCheck service in Ontario is constantly evolving. As pharmacists rush to keep up with changes to policy and remuneration in their own jurisdictions, it can be helpful to seek out the support of peer mentors. It is our experience that peer mentors, including those we connect with online, can help us identify barriers to service delivery and strategize to overcome those barriers. We hope that this article will encourage other pharmacists to look to their colleagues for support in providing pharmaceutical care and, as Hepler and Strand envisioned 20 years ago, in contributing to the greater social good. ■

From the School of Pharmacy, University of Waterloo, Waterloo, Ontario. At the time of writing, Ms. Sanghera, Ms. Rahmaan, Ms. Roy and Mr. Tritt were fourth-year students at the University of Waterloo School of Pharmacy. Contact: kelly.grindrod@uwaterloo.ca.

Acknowledgements: *The authors would like to acknowledge the valuable insight and support of the community pharmacists involved in this experience. Thanks to Shaun Toolsie, Olga Kovac, Bryan Hastie and Sandy Linseman.*

References

1. Hepler CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. *Am J Hosp Pharm* 1990;47:533-43.
2. *Building on values: the future of health care in Canada — Final report*. Saskatoon (SK): Commission on the Future of Health Care in Canada; 2002. Available: <http://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf> (accessed October 14, 2011).
3. Task Force on a Blueprint for Pharmacy. *Pharmacists' Medication Management Services: Environmental Scan of Canadian and International Services—Updated August 2012*. Ottawa (ON): Canadian Pharmacists Association; 2011. Available: <http://blueprintforpharmacy.ca/resources/resource-article/2012/07/27/pharmacists'-medication-management-services-environmental-scan-of-canadian-and-international-services—updated-august-2012> (accessed November 6, 2012).
4. Task Force on a Blueprint for Pharmacy. *Blueprint for pharmacy: the vision for pharmacy*. Ottawa (ON): Canadian Pharmacists Association; 2008. Available: <http://blueprintforpharmacy.ca/docs/pdfs/2011/05/11/BlueprintVision.pdf?Status=Master> (accessed September 16, 2011).
5. Bill 102: Transparent Drug System for Patients Act, 2006. Legislative Assembly of Ontario. Available: www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=412 (accessed September 19, 2012).
6. *The MedsCheck program guidebook*. 2nd ed. Ontario Ministry of Health and Long-Term Care; 2008. Available: www.health.gov.on.ca/english/providers/pub/drugs/meds_check/pdf/meds_guide_20080725.pdf (accessed September 16, 2011).
7. Johnson D, Johnson R. *Assessing students in groups: promoting group responsibility and individual accountability*. Thousand Oaks (CA): Corwin Press; 2004. p. 1.
8. Health care professionals: MedsCheck. Ontario Ministry of Health and Long-Term Care. Available: www.health.gov.on.ca/en/pro/programs/drugs/medscheck/medscheck_original.aspx (accessed September 16, 2011).
9. Dolovich L, Gagnon A, McAiney CA, et al. Initial pharmacist experience with the Ontario-based MedsCheck program. *Can Pharm J* 2008;141:339-46.
10. Notice from the Executive Officer: expanding professional pharmacy services for September 1, 2011. Ontario Ministry of Health and Long-Term Care. Available: www.health.gov.on.ca/english/providers/program/drugs/opdp_eo/notices/exec_office_odb_20110822.pdf (accessed September 16, 2011).
11. MedsCheck. Ontario Pharmacists Association. Available: www.opatoday.com/index.php?option=com_content&view=article&id=81&Itemid=182 (accessed October 14, 2011).