



# **PHARMACIST PROVIDER TRAINING MANUAL**

**HARRY P. HAGEL, RPH, MS**

**OFFICE: 407-366-0544**

**MOBILE: 321-246-1209**

**JOHN P. ROVERS, PHARM.D**

**OFFICE: 515-271-4981**

**MOBILE: 515-480-0422**

**COPYRIGHT © 2004 INTEGRATED PHARMACY STRATEGIES, LLC  
ALL RIGHTS RESERVED**

## DELIVERING THE GROUP EDUCATION SESSIONS

### Patient Registration

The point of first contact between your pharmacy and a prospective BeMedSmart participant is likely to be one of your technicians or other staff. Therefore, it is important that everyone in your pharmacy know that you are participating in this project and at least be able to describe it as 'a free seminar to help people get the best value for their medication dollar' or a similar descriptor. If a potential participant phones up in response to an advertisement only to be met by a staff member who is uninformed about the program, that participant is unlikely to attend.

Below is a registration form to register participants for the free seminar. Use a separate form for each date you plan to offer a seminar. Indicate on the form the maximum number of attendees you can accommodate each day. If you have seating for 6 at your site, it may be safe to allow room on the form for up to 8 enrollees since not everyone who reserved a seat will attend. Keep the forms near the telephone in the pharmacy and, as people call to reserve a seat, fill in the form. If patient interest is greater than the number of seats for a given day, be sure your staff member offers an alternative date on which the person can attend. Make sure all pharmacy staff know where the registration forms are kept and can make reservations for attendees as required.

When a patient telephones or requests to attend in person, record their name, address and phone number. Complete a post card to be sent to the registrant, place it in the mail and check that it has been sent on the registration form. It is not necessary to mail the post card to those individuals who register just prior to the session and it will likely not be delivered in advance of their attendance. In such cases, please hand the patient a post card before they leave the pharmacy or if the person is registering by telephone, communicate to them that informed consent to participate will be required.

One of the sections below describes the use of the Informed Patient Consent Form. As stated in that section, ideally participants will come to the free seminar and not be surprised when they are requested to complete a consent form. We have provided a brief introductory postcard that you should mail to the participant after they have reserved a spot at the free seminar.

**GROUP SEMINAR REGISTRATION**



Location: \_\_\_\_\_

Max Attendees \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

---

**1) Registrant Name:** \_\_\_\_\_ **Post Card Sent Y/N**

Mailing Address: \_\_\_\_\_

Mailing City, State and Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

**2) Registrant Name:** \_\_\_\_\_ **Post Card Sent Y/N**

Mailing Address: \_\_\_\_\_

Mailing City, State and Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

**3) Registrant Name:** \_\_\_\_\_ **Post Card Sent Y/N**

Mailing Address: \_\_\_\_\_

Mailing City, State and Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

**4) Registrant Name:** \_\_\_\_\_ **Post Card Sent Y/N**

Mailing Address: \_\_\_\_\_

Mailing City, State and Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

**5) Registrant Name:** \_\_\_\_\_ **Post Card Sent Y/N**

Mailing Address: \_\_\_\_\_

Mailing City, State and Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

**6) Registrant Name:** \_\_\_\_\_ **Post Card Sent Y/N**

Mailing Address: \_\_\_\_\_

Mailing City, State and Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

**7) Registrant Name:** \_\_\_\_\_ **Post Card Sent Y/N**

Mailing Address: \_\_\_\_\_

Mailing City, State and Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

**8) Registrant Name:** \_\_\_\_\_ **Post Card Sent Y/N**

Mailing Address: \_\_\_\_\_

Mailing City, State and Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

**8) Registrant Name:** \_\_\_\_\_ **Post Card Sent Y/N**

Mailing Address: \_\_\_\_\_

Mailing City, State and Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

**10) Registrant Name:** \_\_\_\_\_ **Post Card Sent Y/N**

Mailing Address: \_\_\_\_\_

Mailing City, State and Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_



Thank you for registering to attend an upcoming BeMedSmart free seminar. We believe you will find the information invaluable in working with your pharmacist and physicians.

In order to provide a high quality program we have partnered with Drake University in Des Moines, Iowa to evaluate how well this program meets the needs of our patients. To conduct this type of research we will be asking you to sign a consent form when you attend that will allow us to collect data from you. Please be assured that your personal or identifiable information will never be shared with anyone. Only your responses to survey questions will be combined with all other attendees so we can improve the program.

We look forward to seeing you at the program listed below:

**Location of program:** \_\_\_\_\_

\_\_\_\_\_

**Date/Time of program** \_\_\_\_\_

**Sponsoring Pharmacy:** Bay Street Pharmacy & Home Health Care  
Phone: 772-589-2043

## The Informed Consent Form

Below is a copy of the BeMedSmart Informed Consent Form. Because BeMedSmart is a research study, we are legally and ethically required to get the signed, informed consent of each patient prior to enrolling them in the study project. Ideally, it should not come as a surprise to attendees that this is a research project and that they need to consent. If at all possible, when registering participants over the phone or in the pharmacy to attend a free seminar, let them know this is a research project and that they will be asked to provide their consent to participate at the beginning of the free seminar. Mailing or handing patients the reminder postcard described in the previous section will greatly facilitate this process.

When delivering the free seminar, once you have welcomed attendees and introduced yourself, the next thing you must do is distribute and explain the Informed Consent Form. If a participant declines to provide their consent, thank them for their time and have them leave the room. We can not legally enroll patients if they do not provide consent. Please do NOT offer to do alternative seminars outside of the BeMedSmart seminars as a means of proceeding without patients' consent. Completion of an informed consent form is also a means of discouraging pharmaceutical sales reps from attending seminars anonymously or under false pretenses.

Please note that the consent form consists of the following sections, each of which should be briefly explained to participants.

- Who the investigator is, where they are located and what the goal of the study is
- What participants are specifically being asked to do. In this study, they are being asked to attend the seminar, fill in some forms and decide if they would like to purchase additional services for a fee.
- If, at the end of the free seminar, participants choose NOT to purchase additional subjects, their participation ends.
- If they do choose to purchase additional services, they agree to a personal interview, to participate in their health care decision making with you and their physician and participate in any brief follow up interviews required for their care. These items are not fundamentally much different than what participants normally do in the course of their care, but since this is a research project, they must give explicit consent.
- Indicate how patient information will be used. Their information remains private except as needed to be used in their care. Should patient information be used in a scientific publication, all information that could be used to identify them will be removed.
- The risks of the project are described in the consent. These risks are not anticipated as being fundamentally different from any others routinely experienced in the course of receiving health care.
- The benefits of the project should be reviewed.
- Make it clear to participants that they can withdraw from the study at any time without penalty.
- Inform participants of how to contact the investigator and that they can receive a summary of the study results on request once the study is complete.
- Have them print their name, sign their name and date the form.
- A witness (which cannot be you) must do the same. Attendees can act as witnesses for each other (but not for family members).
- You can sign the form as an agent of the investigator.

- You must have the patient sign 2 copies of the consent form, retain 1 and provide 1 copy to the patient.

At regular intervals, someone will come by your pharmacy, pick up your consent forms, make copies, return the copies to you and send the originals on to the investigator. You should keep a copy of each consent form, filed by date, for the normal length of time you are required by law to keep patient records.

**PATIENT INFORMED CONSENT FORM  
FOR  
PATIENTS ENROLLING IN THE BEMEDSMART PROGRAM**

I understand that I have been asked to participate in a research project undertaken by Dr. John Rovers, Associate Professor of Pharmacy, Drake University, College of Pharmacy and Health Sciences, Des Moines, IA. The purpose of this research project is to deliver and evaluate a consumer medication education program in order to:

- Increase my understanding of my medication related needs;
- Determine my opinion towards purchasing additional pharmacist's services once I am aware of my medication related needs;
- Evaluate the patient care and financial effects of these additional pharmacist services;
- Determine the viability of the education program as a business model for pharmacists.

Specifically, I have been asked to:

- Participate in a free, one hour group presentation called the BeMedSmart Program that discusses how medications can best be used to keep me healthy at what I believe is a reasonable cost;
- Complete and return to the investigator a questionnaire during the free presentation in which I will determine my own medication related needs and decide if they are being currently met and at what I believe is a reasonable cost;
- Decide if I am interested in purchasing additional, individualized pharmacist consultations to discuss any medication related needs that I feel are not being met and to inform the investigator of my decision whether or not to purchase additional services.

If I decide not to purchase additional consultations, my participation in this project ends at this point.

If I do decide to purchase additional individualized consultations, I agree to:

- Participate in an in person patient interview approximately one hour in length with a pharmacist in which I will be asked questions related to my medication use, health status and my goals for my health and medication use;
- Work with my pharmacist and my personal physician as necessary to help me achieve my goals for my health and medication use;
- Participate in any follow up interviews approximately 15minutes in length necessary to ensure that my goals for my health and medication use have been met. These follow up interviews may either be in person or by telephone.

I understand any information collected about me, my medication use, my health status or my goals for my health and medication use will be kept confidential except when shared with my physician or other health care providers as needed for use in caring for my health. I give permission to the investigator to share such information with my physician or other health care providers as needed to care for my health.

I understand that any data that may be used to prepare a report to be published in a scientific journal or presented at a scientific meeting will not include any information that could be used to identify me. My privacy will be respected at all times throughout the project.

I understand that the risks involved in participating in this project include:

- The time required to complete all educational sessions and/or interviews;
- Any financial costs incurred by purchasing additional individualized consultations;
- Those risks ordinarily assumed by me when seeking care from appropriately trained and licensed health care providers.

I understand that the benefits involved in participating in this project include:

- Those gained as a result of participating in the free education session;
- Those benefits ordinarily gained by me when seeking care from appropriately trained and licensed health care providers.

I understand that my participation in this project is voluntary and that I can withdraw my agreement to participate at any time. If I choose to withdraw my agreement to participate, I understand that I can do so without any penalty and that any patient care provided by the study investigator will not change as a result of my withdrawal of my agreement to participate.

I understand that I can contact the investigator, Dr. John Rovers, at any time by calling 515-271-4981 if I have questions or concerns. I can receive a summary of the results of this project from the investigator upon completion of the project.

I acknowledge that I have read, understood and received a copy of this consent form. I understand that I have been given the opportunity to ask questions about this project and that any such questions have been answered to my satisfaction.

---

Subject name (printed)	Subject signature	Date
------------------------	-------------------	------

---

Witness name (printed)	Witness signature	Date
------------------------	-------------------	------

---

Pharmacist Name (printed)	Pharmacist signature	Date
---------------------------	----------------------	------

## Client Enrollment Form

Once all informed consent forms have been completed and collected, you may distribute the Client Enrollment Form. Although the form should be relatively clear and self explanatory, you may need to assist participants with completing it. Have each individual complete a form (i.e. 2 forms per couple, not 1 form per couple)

If participants express concern about why there are questions related to race, income other personal information etc, remind them that the information is kept confidential. Then explain that this information is being collected in order to determine if there is any relationship between any of these items and the study objectives. E.g. if we learn that retired people with part time jobs are the ones who are primarily interested in the program, then we can make them aware of it and not waste the time of others who we find to be less interested.

On the second page of the client enrollment form is the participant survey. Help participants complete this form as necessary. If participants cannot remember exactly how many doses of a medication they take per day etc, just have them put their best estimate. For questions that require patient judgment, it's OK for them to indicate 'not sure'.

From a research perspective, these are the patient markers we are hoping to track. **This form will be filled out during the free seminar and again at the 6 month follow up mark for those who purchase additional pharmacist services.** We are interested in learning if BeMedSmart consultations result in participants lowering their drug bill, taking fewer medications etc. Waiting six months will allow you as pharmacist providers to identify patient problems, implement solutions and see if the solutions have had any effect.

At regular intervals (e.g. every 2 weeks) someone will come by your pharmacy, pick up all of the client enrollment and participant survey forms, copy them, return the originals to you and send the copies to the study investigator.



## CLIENT ENROLLMENT FORM

Please complete this form to make sure we have the most accurate information in our files. Print clearly and ask for assistance if you have questions.

**Name:**

**Date:**

**Address:**

**City, State and ZipCode:**

**Home Phone:**

**Work Phone:**

**E-mail Address:**

**Primary Physician:**

**Specialty Physician:**

**Health Insurance: (select all that apply)**

- None
- Medicare
- Medicare Supplement
- State Medicaid
- Private

**Age Group:**

- under 21
- 21 to 40 years
- 41 to 65 years
- over 65 years

**Gender:**     Male     Female

**Race/Ethnicity**

- Black/African American
- American Indian/Alaskan Native
- Hispanic or Latino (all races)
- White
- Asian
- Pacific Islander
- Other \_\_\_\_\_

**Years of Education: (Check highest level)**

- Less than high school education
- High school diploma
- Some college
- College graduate

**Household Income:**

- Less than \$20,000
- \$20,000 to \$49,000
- \$50,000 to 99,000
- More than \$100,000

**Employment Status: (check only one)**

- Self-Employed
- Retired and do not work
- Retired but work part-time
- Employed full-time
- Employed part-time
- Unemployed (not by choice)

**PARTICIPANT SURVEY**

We are pleased to provide you this opportunity to participate in our free seminar on medication use. By completing this form you will greatly help us improve the program for future participants.

---

Do you have insurance coverage that helps pay for your prescription medications? *Yes Not Sure No*

Do you use a prescription discount card available from pharmaceutical manufacturers? *Yes Not Sure No*

Do you use a prescription discount card available from a private company? *Yes Not Sure No*

Number of different prescription medications you take each *day*? 0 1 2 3 4 5 6 7 8 9 or more

Number of times per *day* you take a prescription medication? 0 1 2 3 4 5 6 7 8 9 or more

Average number of times per *week* you miss a dose of medication? 0 1 2 3 4 5 6 7 8 9 or more

Do you take herbal supplement products? *Regularly Sometimes Never*

Do you take any vitamin products? *Regularly Sometimes Never*

Do you take any other non-prescription medications? *Regularly Sometimes Never*

Approximately how much per month do you spend on your own prescription medication? (Do not include amount paid by prescription drug plan)

\_ *<\$50 per month*

\_ *\$51-\$100 per month*

\_ *\$101-\$200 per month*

\_ *greater than \$200 per month*

Approximately how much per month do you spend on other non-prescription medications, herbal products or vitamins?

\_ *<\$50 per month*

\_ *\$51-\$100 per month*

\_ *\$101-\$200 per month*

\_ *greater than \$200 per month*

I think I receive good value for the money I spend on medications? *Yes Not Sure No*

Number of times in the last 6 months that you personally:

Received care at an emergency room? 0 1 2 3 4 5 6 7 8 9 or more

Had an appointment with a doctor? 0 1 2 3 4 5 6 7 8 9 or more

Were admitted to a hospital? 0 1 2 3 4 5 6 7 8 9 or more

Missed work because of personal illness? 0 1 2 3 4 5 6 7 8 9 or more

Does your health affect the quality of your life? *Yes Not Sure No*

**DO NOT COMPLETE THIS SECTION UNTIL THE PRESENTOR INSTRUCTS YOU TO DO SO.**

DRUG THERAPY SELF-ASSESSMENT QUESTIONS	Circle your response to each question)				
	Never				Always
<b>Question 1.</b> I know why I am taking each of my medications.	1	2	3	4	5
<b>Question 2.</b> I take my medication the way I'm supposed to.	1	2	3	4	5
<b>Question 3.</b> I know how I am supposed to take all my medications.	1	2	3	4	5
<b>Question 4.</b> I think I need the drugs my doctor prescribes.	1	2	3	4	5
<b>Question 5.</b> I think my medications work well for me.	1	2	3	4	5
<b>GROUP 1 COUNT</b> (count number of answers where you selected either a 1 or 2 response)					
<b>Question 6.</b> I get side effects from medications.	1	2	3	4	5
<b>Question 7.</b> My doctor has to adjust the dose of my medications up or down.	1	2	3	4	5
<b>Question 8.</b> My doctor changes me from one medication to a new medication for the same illness.	1	2	3	4	5
<b>Question 9.</b> I only get part of my prescription filled because I cannot afford the full amount.	1	2	3	4	5
<b>Question 10.</b> I am concerned about drug interactions and side effects.	1	2	3	4	5
<b>Question 11.</b> I use over the counter medicines even though I believe I should have seen the doctor for a prescription.	1	2	3	4	5
<b>Question 12.</b> I have symptoms or complaints that I have not seen my doctor about.	1	2	3	4	5
<b>GROUP 1 COUNT</b> (count number of answers where you selected either a 4 or 5 response)					

**DO NOT COMPLETE THIS SECTION UNTIL THE SEMINAR IS FINISHED.**

<b>PROGRAM EVALUATION QUESTIONS</b> (Circle your response to each question)			
1. The presenting pharmacist was well informed and confident.	Yes	Not Sure	No
2. The presenting pharmacist was able to answer my questions.	Yes	Not Sure	No
3. The presenting pharmacist seemed genuinely interested in helping people with their medications.	Yes	Not Sure	No
4. The presenting pharmacist was very approachable and friendly.	Yes	Not Sure	No
5. The information presented was new to me.	Yes	Not Sure	No
6. I feel the time I spent attending this program was worthwhile.	Yes	Not Sure	No
7. The booklet I received was helpful in keeping notes and following along with the presenter.	Yes	Not Sure	No
8. The room set-up, including chairs and lighting was comfortable.	Yes	Not Sure	No
9. I would recommend this program to my friends or other family members.	Yes	Not Sure	No
10. I was hoping for more information on the specific drugs I'm taking.	Yes	Not Sure	No
11. I would consider paying a pharmacist to review my medications with me to make sure I'm not having any problems.	Yes	Not Sure	No

**How did you learn about the BeMedSmart program?**

- From my pharmacist                       Brochure from pharmacy                       A friend or family member  
 Brochure in physician office                       Newspaper                       Community group  
 Other \_\_\_\_\_

**Other Comments:** Please tell us about anything else you observed or experienced that you especially liked, disliked or should be changed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prescription Services: (please select one)**

- I currently have my prescriptions filled at the pharmacy where the pharmacist presenting this program works.  
 I currently have my prescriptions filled at a pharmacy other than where the presenting pharmacist works.

**Additional Information: (please select one)**

- Yes*, I would like to receive additional information on other BeMedSmart educational offerings in the future.  
 *No*, I prefer you do not send me any additional information on future BeMedSmart offerings.

*Please leave your completed form, attached to the clipboard, on your seat after the seminar is finished. You may take your information booklet with you.*

**THANK YOU FOR ATTENDING !**



The pharmacist presenting this program has advanced training in working closely with you and your doctor to identify and correct drug therapy problems.

**Schedule an appointment today.**

It's a small price to pay for peace of mind and better health.

Call ABC Pharmacy at 000-000-0000 for the date, time and location of the next free BeMedSmart seminar, or visit us at [www.bemedsmart.com](http://www.bemedsmart.com)

Why  
doesn't someone  
**do something**  
about medication  
prices ?



**You Can.**  
*Take*  
**Control.**



## America's **3** Drug Problems

1. Addiction and illegal use
2. Increasing drug prices
3. Drug therapy problems

## **7** Drug Therapy Problems

1. Not needed
2. Side Effects
3. Too much
4. Too little
5. Ineffective
6. Not taking
7. Not getting

# Fact:

*The U.S. spends \$177 billion every year treating problems caused by medications.*

## Your Drug Self-Assessment

Total number of "1" or "2" responses from Group 1 .....

Total number of "4" or "5" responses from Group 2 .....

Your total score = .....



## What Does Your Score Mean?

**0**

Your medicines are likely doing what they intended to do, without causing problems.

**1 to 3**

You may have concerns or questions about your medicines.

**4 or more**

You may have a drug therapy problem.

## Avoiding Drug Therapy Problems

*Always ask your Pharmacist & Doctor:*

- What is this for?
- How should I take it?
- What should I expect?

*Request information on:*

- Side effects and what to do
- Potential drug interactions
- How to know if it is working

*Become proactive:*

- Learn all you can about your medication and condition
- Develop a relationship with your doctor and pharmacist
- Get another opinion if you are unsure or uncomfortable

**Fact:**

*The cost of prescription drugs increased 15.6% in 2002.*

## Dealing With Price

**Price = actual cost  
Value = what it's worth to you**

**The #1 question becomes...  
Is this drug worth the cost?**

*What is the value you actually get from your medicines?*

- Fewer hospitalizations
- Slowing disease progress
- Prevent disease
- Control symptoms
- Increased lifespan
- Improved quality of life

*Only you can determine value!*



## **DELIVERING THE FREE SEMINAR**

See the Slides and Speaker's Script.

Instructions for how participants will complete the Drug Therapy Self Assessment Questions are included in the Speaker's Script. Be sure you understand the response scale (Never  $\leftarrow\rightarrow$  Always) prior to offering the seminar for the first time.

Don't worry (or let participants get stressed) over whether they should really be circling a 1 or a 2 (or a 4 or a 5) or how big a difference there is between 1's and 2's etc. From a research perspective, 1's and 2's are treated as the same (as are 4's and 5's) while 3's are not considered at all. Of course, you should not TELL participants this!

At the end of the free seminar, have participants complete the last page on Program Evaluation Questions, Other Comments and Optional Contact Details.

These forms will be picked up at regular intervals (probably every 2 weeks) along with your consent and other forms. Please keep all of the forms stapled together so that we can identify who completed each form.



- Welcome participants and introduce yourself
- BeMedSmart is a partnership between this pharmacy, Integrated Pharmacy Strategies in Orlando and Drake University in Iowa. It is designed to help you get the most from your medicines as well as provide research data to research pharmacists interested in patient education. Because BeMedSmart is also a research project, we are required to obtain your consent before we can offer the program to you at this time.
- Distribute Informed Consent Form. Distribute 2 forms per participant. Explain form to participants, answer any questions. Assist participants with completing form. Collect all forms and ensure they are complete. Participants who do not provide informed consent cannot be allowed to participate further and should be dismissed with thanks. Please do not offer to do private 'one off' presentations and not collect the data for patients who do not wish to give informed consent.
- Distribute Client Enrollment Form, explain form, assist participants with completing pages 1 and 2, answer questions regarding form.
- Goals for today's session are to have participants be able to answer 2 questions for themselves (1) do all my medications do what they are supposed to? (2) if they do, am I getting good value for my medication dollar and if they don't what can I do about it?

## America's **3** Drug Problems

2

1. Addiction and illegal use
2. Increasing drug prices
3. Drug therapy problems

BeMedSmart

- Addiction and illegal use are both common and expensive, but we won't talk about them today. Increasing drug prices is likely why you are here and I will give you some tips to assist with that problem
- Ask if anyone has heard of drug therapy problems. Ask for a possible example of a drug therapy problem.
- Consider this case: Simon's doctor notices his blood pressure is elevated and prescribes a new blood pressure pill. This is a **MEDICAL PROBLEM** - High blood pressure
- Simon takes his Rx to the pharmacy, gets it filled and the pharmacist tells Simon to take 1 tablet daily with breakfast. The next day, Simon is at breakfast and realizes no one told him if he should take his new pill **IN ADDITION TO** his old pill, or **IN PLACE** of his old pill. He takes them together, later gets dizzy, falls, hits his head and must go to the emergency room for stitches. This is a **DRUG THERAPY PROBLEM** - a problem that is either caused by or can be treated with a drug (adverse rxn)
- Doctors find and fix medical problems. Who finds and fixes Drug Therapy Problems? Get some answers from participants. Answer - **NO ONE** in health care has the specific responsibility of finding and fixing drug therapy problems. Consider who specifically gets paid to do this - answer, **NO ONE** right now.

## America's **3** Drug Problems

2

1. Addiction and illegal use
2. Increasing drug prices
3. Drug therapy problems

BeMedSmart

- Drug therapy problems can occur even if both the doctor and the pharmacist have done their jobs. Here, the doctor made the right diagnosis and prescribed the right medicine. The pharmacist dispensed the drug correctly and told Simon how to take it. (Pharmacist would not have known Dr's intentions about adding or replacing therapy with the new drug)
- Research shows for every dollar Americans spend on medication, they must spend another dollar to fix drug therapy problems. Now over \$100 billion/yr
- Ask participants the following question: What's the most expensive medication in the world - (1) that purple pill you see on TV (2) cancer drugs (3) biotechnology drugs? ANSWER - It's a trick question. The most expensive drug in the world is one that does not work, since you get only cost and no benefit. Conclusion - drug therapy problems are costing you money.

## 7 Drug Therapy Problems

3

1. Not needed
2. Side Effects
3. Too much
4. Too little
5. Ineffective
6. Not taking
7. Not getting

BeMedSmart

- Describe the 7 DTP's to participants.
- Some examples include: Unnecessary - taking an antibiotic after the infection has been cured; side effects - constipation from narcotics; too much - not adjusting the dose in an elderly patient who requires a lower dose; too little - taking 1 diabetes pill a day when you really need 2; ineffective - your depression does not improve even when you take your medicine; not taking - not using your asthma inhalers because you don't understand how to use them; not getting - the drug is not available at the pharmacy
- Now, let's see if you have any drug therapy problems.

## Group 1 Self-Assessment Questions

4

- 1) I know why I am taking my meds.
- 2) I take my meds the way I'm supposed to.
- 3) I know how I'm supposed to take my meds.
- 4) I think I need the meds my doctor prescribed.
- 5) I think my meds work well for me.

BeMedSmart

- Now turn to page 3 of the form. This is the Drug Therapy Self Assessment Form and you can use it to see if you may have any drug therapy problems. Notice that there are 12 questions on the form and they are divided into 2 groups. Notice that for each question, you must circle your answer on a scale from 1 to 5. If something never happens, then you would circle 1. If something always happens, then you would circle 5. If something happens only sometimes, then circle 2 or 3 or 4 depending on how often it happens. There are no right or wrong answers to the questions and your answer reflects your opinion. Let's start with question 1.
- Question 1 - I know why I am taking each of my medications. If you never know why you are taking your medications, circle 1. If you always know why you are taking your medications, circle 5. If sometimes you don't know why you are taking a medication, then circle 2 or 3 or 4 depending on how often it happens. Less often for 2, more often for 4.
- Question 2 - I take my medication the way I am supposed to. If you never take your medication the way your doctor instructs, circle 1. If you always take your medication the way you are supposed to, circle 5. If sometimes you do and sometimes you don't circle 2 or 3 or 4 depending on how often it happens, 2 for less often, 4 for more often.
- Question 3 - I know how I am supposed to take all my medications. Circle 1 if... as above
- Question 4 - I think I need the drugs my doctor prescribes. Circle 1 if...as above.
- Question 5 - I think my medications work well for me. Circle 1 if...as above.
- End of group 1 questions. Does anybody have any questions about group 1? Let's move on to group 2.

## Group 2 Self-Assessment Questions

5

- 6) I get side effects from meds.
- 7) My doctor adjusts my dose up and down.
- 8) My doctor changes my meds.
- 9) I only fill part of prescription due to cost.

BeMedSmart  
The National Center for Prescription Drug Information

- Moving on to the group 2 questions
- Question 6 - I get side effects from my medications. Circle 1 if ....as above
- Question 7 - My doctor has to adjust the dose of my medications up or down. Circle 1 if.....as above
- Question 8 - My doctor changes me from one medication to a new medication for the same illness. Circle 1 if.....as above
- Question 9 - I only get part of my prescription filled because I cannot afford the full amount. Circle 1 if.....as above.

## Group 2 Self-Assessment Questions

6

- 10) I am concerned about drug interactions.
- 11) I use OTC meds instead of prescriptions.
- 12) I have untreated symptoms.



BeMedSmart  
The National Center for Medication Safety

- Question 10 - I am concerned about drug interactions and side effects. Circle 1 if...as above
- Question 11 - I use over the counter medicines even though I believe I should have seen the doctor for a prescription. Circle 1 if....as above.
- Question 12 - I have symptoms or complaints I have not seen my doctor about. Circle 1 if....as above.
- That's the end of the group 2 questions and the survey.

## Your Drug Therapy Self-Assessment

7

Total number of "1" or "2"  
responses from Group 1 .....

Total number of "4" or "5"  
responses from Group 2 .....

Your total score = .....



BeMedSmart  
The National Center for Medication Management

- Let's calculate your score and find out what it means.
- In the space provided in your booklet on page 2, write down how many times you circled 1 or 2 for group 1 questions (questions 1 to 5)
- In the space provided in your booklet on page 2, write down how many times you circled 4 or 5 for group 2 questions (6 to 12)
- In the space provided in your booklet on page add up the number of 1's and 2's in group 1 plus the number of 4's and 5's in group 2.

**Your Drug Therapy Self-Assessment Score** 5

<i>0</i>	Your medicines are likely doing what they are intended to do, without causing problems.
<i>1 to 3</i>	You may have concerns or questions about your medicines.
<i>4 or more</i>	You may have a drug therapy problem.

**BeMedSmart**  
BeMedSmart is a registered trademark of the American Society of Health-System Pharmacists (ASHP).

- Here's what your score means: Score is Zero (or circled all 3's) means your medications are likely doing what they are intended to do without causing any problems. Score is 1, 2 or 3 means you may have some concerns or questions about your medicines. Score is 4 or more means you may have a drug therapy problem.
- At the end of today's session, we will talk about what you can do if you have a score of more than zero and you want assistance.

## Avoiding Drug Therapy Problems

9

### *Always ask:*

- What is this for?
- How should I take it?
- What should I expect?

BeMedSmart  
BeMedSmart  
BeMedSmart

- Ask these questions of your doctor when receiving a prescription and again from your pharmacist when filling a prescription.

## Avoiding Drug Therapy Problems

10

### *Request information on:*

- Side effects and what to do
- Potential drug interactions
- How do I know it's working?

BeMedSmart  
BeMedSmart  
BeMedSmart

- Ask these questions of your doctor when receiving a prescription and again from your pharmacist when filling a prescription.

## Avoiding Drug Therapy Problems

11

### *Become proactive:*

- Learn as much as you can
- Develop relationships
- Get another opinion

BeMedSmart  
The National Center for Medication Safety

- Ask these questions of your doctor when receiving a prescription and again from your pharmacist when filling a prescription.
- Depending on how complex your questions are, the pharmacist may charge for providing some of these services to cover the costs of time and research or educational materials required to meet your needs. Generally, these services will require an appointment, the pharmacist will need to gather a complete medication and medical history and then do some work to create proper answers to your questions.

## Avoiding Problems Dealing With Price

12

### *Price versus value:*

- Price is the actual cost
- Value is what it is worth
- Value means **“worth the cost”**

BeMedSmart

- Example of value - Elavil and Zoloft are both used for depression. Both drugs are about equally effective. Elavil causes considerable sedation, weight gain, dry mouth, difficulty urinating, is not considered safe in the elderly and can be dangerous if you take too much. Other than lowering the libido, Zoloft has few side effects. Elavil costs about \$10 per month while Zoloft costs about \$70 per month.
- Elavil is cheaper but Zoloft causes fewer problems and both drugs are effective to treat depression. Which drug represents the best value? There is no right or wrong answer to the question - it's a very personal decision and reflects the way you balance costs and benefits.
- In general, few health care decisions are made strictly on the basis of cost. How many of you have ever had surgery? Did you choose the cheapest surgeon? Probably not.

**Avoiding Problems Dealing With Price** 12

*Price versus value:*

- Price is the actual cost
- Value is what it is worth
- Value means **“worth the cost”**



**BeMedSmart**

If participants **INSIST** on discussing why drugs cost so much, you can refer to the following facts. If participants do not initiate this discussion, you should **NOT** initiate it. Useful facts that are reflected in drug costs include:

It costs between \$200 - \$800 billion to bring a drug to market. Of 5000 new chemicals found in the lab, only 1 ever turns a profit. Drugs are awarded attractive patent protections. 70% of drug costs in the US are covered by insurance, so drug companies have little incentive to control prices since many consumers are protected from the cost. High regulatory costs to ensure drugs are safe and effective. US is the only Western democracy without government imposed drug cost controls. Drug companies pass on the cost of other government's drug cost controls to US consumers who then subsidize drug costs in other countries. Direct to consumer advertising increases demand and thus costs. Drug prices are inelastic meaning high demand increases costs, but low demand does not necessarily decrease costs. Drug companies rarely compete on price.

If participants bring up the issue of Canadian drugs consider the following key points:

- 1) Not all pharmacies identified as Canadian are in fact in Canada
- 2) The source of wholesale drug supplies to Canadian internet pharmacies is uncertain and increases your risk of receiving drug product from sources with minimal quality control and safeguards
- 3) Canadian internet pharmacies are beyond US regulatory and legal control. If you have a problem or are injured, you will virtually no legal recourse.

## What Value Do You Get From Drugs

13

- Fewer hospitalizations
- Slowing disease progress
- Prevent disease
- Control symptoms
- Increased life span
- Improved quality of life

BeMedSmart

- Although a prescription drug can easily cost \$100 per month, consider the benefits modern drugs offer. Modern heart and cancer drugs can keep patients out of the hospital. Newer drugs for arthritis can actually prevent the disease from getting worse. Recent drugs for migraine headaches control them very effectively. New cholesterol lowering drugs have actually been shown to prolong life. Modern antidepressants have revolutionized the suffering of patients with depression.
- In general, newer drugs MAY be more effective, safer with fewer side effects and drug interactions, easier to take. BUT certainly SOME can provide little additional benefit, but just more cost (e.g. Cox II inhibitors probably have fewer benefits than first thought)
- But, all of these advances come at a higher cost.
- The decision everyone needs to make personally is whether or not you believe any higher cost is worth any additional benefit. If it is, then the drugs may be expensive, but do represent value.
- Ask participants - Do you get good value for your medication dollar? Yes/No/Not sure. If “No”, then you should work with your doctor and pharmacist to find solutions - more on this later in the presentation.

## Strategies to Maximize Medication Value

14

1. Use generic equivalent or alternative
2. Request older "tried and true" medications
3. Enroll in drug discount programs
4. Accept samples cautiously
5. Avoid "pill for every ill" solution

BeMedSmart

- (1) Generic drugs are nearly always cheaper than brand names. Ask your doctor to indicate on the prescription that he/she authorizes a generic drug. Ask your pharmacist if a drug is available generically. Modern generic brands are safe, effective and are of excellent quality. Some are actually made by the brand name manufacturer! Although generics will have the same active ingredient as the brand name product, some of the non-active components may vary. Most people find a generic works as well as a brand name drug, but if you or your doctor find you don't respond adequately or have a side effect to a non-active component, there may still be good reasons to use the brand name product. Still, explore generics!
- (2) See if an older drug in the same class of medicines (e.g. Cardizem CD vs Cardizem XL) may be cheaper or see if an older drug from a different class (e.g. Naprosyn vs Vioxx) may be cheaper. Keep in mind you may not respond to the older drug the same way or that it may be less convenient to take, but ask about older drugs.

## Strategies to Maximize Medication Value

14

1. Use generic equivalent or alternative
2. Request older "tried and true" medications
3. Enroll in drug discount programs
4. Accept samples cautiously
5. Avoid "pill for every ill" solution

BeMedSmart

- (3) There are 2 kinds of discount cards. (1) offered by insurers like Blue Cross Blue Shield or other commercial cards like People's Prescription Plan etc (2) offered by drug companies like Pfizer Shares, LillyAnswers or Together Rx Cards from the first group generally cost a monthly fee. It can be difficult to determine the benefit, not all pharmacists take them. Cards in the second group are generally limited to Medicare beneficiaries without other prescription insurance and below a given income level (\$24-38,000 per couple). The drug company cards are free, but only cover specific medicines for either a discount or a flat charge per prescription. It can be easy to spend all your savings buying additional commercial cards. It may still be cheaper to get a generic prescription than to receive the discount from a drug company card. A Medicare discount card will be available by mid-2004 but no details are yet available. Discount cards do not guarantee large savings, but depending on your circumstances, it may make sense to get 1 or 2 of them.

## Strategies to Maximize Medication Value

14

1. Use generic equivalent or alternative
2. Request older "tried and true" medications
3. Enroll in drug discount programs
4. Accept samples cautiously
5. Avoid "pill for every ill" solution

BeMedSmart

- (4) Although samples look 'free', they are not. When it comes time to get the prescription filled, you can be certain the drug will be expensive. Samples can be cheaper if you only need a brief treatment period (e.g. antibiotics, pain pills) but there may be cheaper alternatives to sample drugs for more long term conditions. Your doctor may not always have a supply of a drug sample on hand, so it is rarely practical to treat chronic conditions with samples - you cannot be sure you will always be able to get your medicine.
- (5) Even if you have medical insurance or Medicare etc, health care is not 'free'. Unnecessary doctor's office visits or unneeded prescriptions cost us all money. Learn how to judge whether you really need to see the doctor. Don't insist on a prescription each time you see the doctor. Most Americans think health care is expensive due to fraud, waste and abuse. In fact, it's expensive because we use health care services with little concern for costs because we think it's 'free'. Beware of direct to consumer prescription drug ads. Let your doctor decide if you need the medication or if it's the right one for you.

## Strategies to Maximize Medication Value

15

6. Know your insurance coverage
7. Make lifestyle changes to improve your health
8. Ask about non-prescription options
9. Keep a diary of medication use
10. Learn all you can, ask questions, seek advice

BeMedSmart

- (6) Find out if your insurer will pay for a 3 month supply at little or no additional cost to you. Many insurers have a preferred drug list and charge lower co-pays for medications on that list. Find out if you are taking your insurer's preferred medication or if you may be able to get one with a lower co-pay. Make sure your doctor writes the prescription so the pharmacist can fill it to take maximum advantage of your benefits.
- (7) Follow your doctor's advice for changes in diet, getting more exercise, losing weight, cutting down on alcohol or stopping smoking. Making lifestyle changes can result in major improvements in many conditions (high blood pressure, diabetes, lung disease etc) meaning you may be able to take fewer medications or a lower dose. Getting the most from non-drug therapy can save you money.
- (8) More and more prescription drugs are being switched to non-prescription status. (e.g. antihistamines, anti-ulcer drugs etc) Patients without any prescription coverage may be able to treat their conditions with some over the counter medicines. If you have prescription drug insurance, over the counter medicines may or may not be covered, depending on the drug and the insurance benefit.

## Strategies to Maximize Medication Value

15

6. Know your insurance coverage
7. Make lifestyle changes to improve your health
8. Ask about non-prescription options
9. Keep a diary of medication use
10. Learn all you can, ask questions, seek advice

BeMedSmart

- (9) Keeping a record of all your medications allows all your doctors and pharmacists to know about your medication use and treat you more effectively. Writing down each dose you take ensures you don't forget a dose or take extra doses. It also lets you record your blood pressure, blood sugar etc to help your pharmacist and doctor care for you better.
- (10) Knowledge is power. Check with your doctor or pharmacist for information you find on the internet. Not all web sites provide reputable information. Ask questions when seeing the doctor or visiting the pharmacy.

## NEXT STEPS

16

- 1) Any questions?
- 2) Complete your evaluation.
- 3) Return your enrollment form and survey.
- 4) Consider a private session.
- 5) Keep this information handy.



- Let's turn to the last page of the Client Enrollment Form. You will find the Program Evaluation Questions. Please take a few minutes to answer these questions to help us improve today's program.
- By now, many of you will have questions or concerns you would like to ask about. If you just have general questions, you can ask them now. Keep in mind that since we are in a public setting, I cannot answer specific questions about your specific condition, situation or medications, but can only answer fairly general questions. In addition, without a complete medication history I can not perform an assessment or make recommendations safely.
- If you have concerns about your medications, or if you don't believe that you are getting good value for your medication dollar, I would invite you to see me after today's meeting to schedule a private, personalized appointment to discuss your medication and your concerns. I will work with you and your doctor to either save you money on your drug costs, or at least reassure you that you are getting good value from your medication dollar. A private session will take about 1 hour and includes a comprehensive, in-person interview, a personalized evaluation of your medication history, a written summary of our discussion plus my recommendations for you to discuss with your doctors, a follow up phone call from me to ensure that any problems we identified have been corrected and a medication diary. The cost for this personalized, private session is \$XX.XX
- With that, I will stop at this time for questions. If you do not have any questions, please feel free to leave at your convenience. Your booklet is yours to keep and please accept my thanks for coming today.

## OFFERING THE PRIVATE FEE FOR SERVICE CONSULTATION

Sometimes, pharmacists are not comfortable 'selling' themselves and their cognitive services. If you are such a pharmacist, you can use the '15 second commercial' shown below as a prepared script to follow. It uses the 3 common features found in most examples of selling a service – Features/Advantages/Benefits.

Features are what the service consists of. In this case, the service is private and personalized. It includes the pharmacist taking a complete drug history, a personalized analysis of that drug history, identification of issues and problems that are patient specific, creation of a plan to solve those problems and a copy of that plan for the patient to take with them and discuss with their doctor.

Advantages are why the service is better than what is currently being offered. In this case, the major advantage is that the patient gets to sit down and specifically discuss their drug therapy with the pharmacist whose area of expertise IS drug therapy.

Benefits are what the purchaser can hope to obtain after buying the service. In this case, it's either a personalized plan to address their problems with drug costs or at least the security of knowing they are getting the best value for their medication dollar, Please DO NOT offer any kind of guarantee to save the patient money. Some of the decisions regarding drug use are out of the pharmacist's control so making guarantees is unwise.

Finally, be sure to describe how long it will take and the price. Then, ASK FOR THE SALE. You'd be surprised how often people don't purchase a service only because they did not think anybody ever asked them to. It's why politicians always ask for your vote.

*Sample 15 second commercial:* We provide you a personalized interview with a pharmacist to take your complete medication history, analyze it, make sure your medicines are doing what they are supposed to that you're getting the best value for your money. It may be possible to save you some money but definitely can help get the most from your medicines. A session takes about an hour and costs \$XX. When can I schedule you to come in for an appointment.

Have your appointment book with you when you present the free seminar. If you have to ask patients to call back to schedule an appointment, many of them will not do so. Know where you are going to do the private consultation. Do you have space in the pharmacy? Will you use a room at a local community center? Will you offer a home medication review? Have these details worked out NOW before offering any free seminars.

If the patient seems interested but objects to the purchase, that's a good sign. It means they have some interest but need to have their concerns dealt with before agreeing to purchase. Handle objections with the strategy of Acknowledge/Probe/Respond. This means you let them know you've heard their objection, you probe a bit deeper into the nature of the objection and provide a response to it. Common objections are often related to time, expense or the belief that the physician looks after these problems. The following scripts may be useful in overcoming objections.

*I don't have the time.*

Acknowledge: I'm sure you're busy.

Probe: But have you considered that spending an hour today may save you time and money later on?

Respond: It's estimated that up to 25% of hospital admissions are caused by the medications people take and that up to 50% of patients don't take their medicine as directed. I think this service can help avoid such problems and save time in the long run.

*It's too expensive*

Acknowledge: I know what you mean. Health care is expensive isn't it?

Probe: Have you considered that sometimes the way to save money is to spend it?

Respond: Perhaps a dollar spent today may be able to save you more than a dollar tomorrow. You'll only pay my fee once, but you need to pay for your medications every month.

**NB** - Sometimes people object to the cost only because it's the only concern they can think of for a service they may not fully understand. Don't assume that all objections about cost are really about money. Don't negotiate for a lower fee since it implies the pharmacist's time can be discounted. Don't feel obliged to justify why an hour of a pharmacist's time costs whatever your fee is

*My doctor already does that*

Acknowledge: I've known Dr. XYZ for several years and agree he's an excellent doctor.

Probe: But did you know that as a pharmacist, I went to school for 5 (6) years, studied only about drugs and have a Bachelor's (Doctor's) degree in the subject?

Respond: Your doctor is the captain of the health care team and responsible for your overall health. We pharmacists play a specific role in looking primarily at your medication. We work with you and your doctor to assure your medications are doing what they should.

## **Performing the private consultation**

Prior to the private consultation you should:

- Ensure that you have sent the reminder post card to the patient listing the time and place scheduled for the interview.
- Inform the patient to bring all of their current medications to the interview. This includes prescription, over the counter, herbal, sample and borrowed medication. Patients do not necessarily need to bring discontinued medications, although you can offer to dispose of them properly if you desire as a value added service.
- Create a patient file. Take your copy of all the forms the patient filled in at the Free Seminar (consent form, client enrollment form, participant survey), label a manila folder with the patient's name and phone number and insert all the forms into the folder. After the private consultation, you will also insert the history form and Dear Patient Letter into the patient's file. Now, when following up with the patient, you will have all her details organized into one place.
- Utilize the BeMedSmart filing system to store and readily retrieve all private consultation patient records.
- Review participant survey and self-assessment questions from the seminar to see what drug therapy problems the patient may have already identified.

In order for you to do the private consultation quickly and thoroughly, we have designed a special form for use by BeMedSmart pharmacists. Although the goal of the private consultation is to gather a patient specific history and identify problems patients may be having, most pharmacist do not have a lot of experience in doing that.

The BeMedSmart history form allows you to gather a patient's history while simultaneously guiding your thinking in identifying problems. At the end of the form, you can specifically indicate whether or not a patient has a given problem or that you still don't know. If you're not sure, the form asks you to identify what additional information you need to collect to verify that a problem does or does not exist.

The BeMedSmart history form is divided into two sections: (1) The Patient Consultation History Form; (2) the Medication Assessment Sheet. The form is conceptually based on a pharmacist assessing the patient's needs for therapy.

Patients only have five needs for their drug therapy and all drug therapy problems (DTP's) are derived from one or more of those needs not being met. A patient's needs for drug therapy are: (1) it must be safe; (2) it must be effective; (3) there must be an indication for each drug; (4) all necessary indications must be treated; (5) the patient must be compliant with therapy. In addition to these five needs, the BeMedSmart history form allows the pharmacist to assess if the patient's drug therapy is as cost effective as possible. This is consistent with the BeMedSmart marketing philosophy of helping patients get the most from their medicines. The BeMedSmart history form is used as follows:

When providing the private patient consultation you will need one copy of the Patient Consultation History Form and several copies of the Medication Assessment Sheet. Begin with the Patient Consultation History Form. Record all the patient contact details. Then, in the space

provided, you can record up to 20 medications the patient is taking. At a minimum, these should include all prescription medications (including samples) the patient is receiving from all doctors and all pharmacies. OTC, herbal and other medications can also be included. The final 2 sections of the Patient Consultation History Form are shown as *General Safety* and *Needs Additional Drug Therapy*. Within each section are several questions. Each question prefixed “Pt” is one that the pharmacist asks the patient. Circle the patient’s response in the appropriate box. Responses are “Yes” “No” and “Unsure”. You should also record the details of the answer such as the drug name or details of the allergy etc.

Now turn to the Medication Assessment Sheet. You will need one such sheet for EACH medication you identified on the Patient Consultation History Form. Be sure to record the patient’s name on EACH sheet. At the top of the Medication Assessment Sheet is a space to record the medication name, strength and labeled instructions for use of the medication. Similar to the Patient Consultation History Form, the Medication Assessment Sheet is divided into sections: *Safety; Efficacy; Indications; Compliance; Cost*. This allows you to evaluate each of the patient’s needs for drug therapy identified above.

Each section contains a number of questions. Questions prefixed “Pt” are ones the pharmacist must ask the patient. As before, record the response “Yes” “No” or “Unsure” by circling the appropriate word and record the necessary details in the space provided for each question. Note also that some questions are prefixed “RPh”. These questions are ones the pharmacist must ask him/herself AFTER the interview is complete.

Once the interview is complete, it is time to perform the assessment of the patient’s drug therapy. Look closely at the answers you have collected on both the Patient Consultation History Form and the Medication Assessment Sheet. You will see that some of the “Yes/No/Unsure” responses are in grayed out boxes. Any box in which you have circled the grayed out response is potentially an unmet patient need – in other words, a possible DTP. If you circled “Unsure” that means you will need to gather further information (perhaps from the patient, perhaps his doctor or maybe you need to look something up in a reference book) prior to definitively identifying or ruling out a DTP.

The BeMedSmart history form makes the assessment of drug therapy quite straightforward. For each section (safety, efficacy etc) look to see if you have any gray boxes circled. If yes, then look at the bottom portion of that section to determine what the most likely problem is. For example, if you circled “Yes” for “Do you think this medication is working?” that will cue you to decide if the patient’s perceived lack of response may be due to the dose being too low, a drug interaction, the wrong choice of medication etc. Check off the specific drug therapy problem(s) identified for each section.

Recall from the Free Seminar that drug therapy problems DO cost money. In other words, by looking at the safety, efficacy, indication, compliance and needing additional therapy of each medication you help the patient to identify either cost saving strategies or re-assure her that her medications are working appropriately at an acceptable cost.

A copy of the history form is included below.

It’s now time to take the problems you have identified and turn to the Patient Letter and Patient Report.

## PATIENT CONSULTATION HISTORY FORM

Name:

Address:

Home Phone:

Work Phone:

E-mail Address:

Primary Physician:

### MEDICATION LIST

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

### General Safety

<b>Pt.</b> - Do you have any allergies to medications?	Describe:	Yes	No	Unsure
<b>Pt.</b> - Do you have any food or environmental allergies?	List:	Yes	No	Unsure
<b>Pt.</b> - Do you have any drug sensitivities?	Describe:	Yes	No	Unsure
<b>Pt.</b> - Have you ever been told you have kidney or liver problems?	Approximate Date:	Yes	No	Unsure

### Needs Additional Therapy

<b>Pt</b> - Do you ever self-medicate for any conditions rather than visit your doctor?	List:	Yes	No	Unsure
<b>Pt</b> - Do you have any symptoms for which you are considering seeking treatment.	Describe:	Yes	No	Unsure
<b>Pt</b> - Are there any conditions you/your doctor are treating without medication?	List:	Yes	No	Unsure

- No problems noted based on information provided.
- Report all your symptoms/problems to your doctor including:
- Ask your doctor about prevention therapy with or for:

## MEDICATION ASSESSMENT SHEET

<b>Medication Name, Strength And Labeled Directions:</b>		<b>Patient Name:</b>		
		<b>Prescriber:</b>		
<b>Indications:</b>				
<b>Pt</b> - What condition or symptom(s) are you treating with this medication?	Describe:			Unsure
<b>Pt</b> - Are you taking another medication for the same problem?	List:	Yes	No	Unsure
<b>Pt</b> - Does this medication help control a problem caused by another medication?	Describe:	Yes	No	Unsure
<b>Pt</b> - Do you use any non-drug therapy for this same problem?	Describe:	Yes	No	Unsure
<input type="checkbox"/> No problems noted based on information provided. <input type="checkbox"/> The reason for this medication may no longer exist. <input type="checkbox"/> You are also taking _____ for the same purpose. <input type="checkbox"/> You may be taking for side effect caused by _____ <input type="checkbox"/> You may be able to use non-drug therapy such as _____				
<b>Safety:</b>				
<b>Pt</b> - Do you currently experience any undesirable effects or symptoms from this medication?	Describe:	Yes	No	Unsure
<b>Pt</b> - Do you use any non-prescription medications to help treat this problem/condition?	List:	Yes	No	Unsure
<b>RPh</b> - Does this patient have an allergy that may cause hypersensitivity to this drug?	Describe:	Yes	No	Unsure
<b>RPh</b> - Is there a drug interaction that has the potential to be unsafe for this patient?	Describe:	Yes	No	Unsure
<b>RPh</b> - Should the patient's dose be reduced because of possible renal or hepatic dysfunction?	Recommendation:	Yes	No	Unsure
<input type="checkbox"/> No problems noted based on information provided. <input type="checkbox"/> The dose may be too high for your condition. <input type="checkbox"/> A drug interaction with _____ may be causing: <input type="checkbox"/> The medication may be causing an ADR or potential allergic reaction.				
<b>Compliance:</b>				
<b>Pt</b> - How many times per week do you miss a dose of this medication?	Number and Reason	Miss		Don't Miss
<b>Pt</b> - Do you find it difficult to pay for this medication?		Yes	No	Unsure
<b>Pt</b> - Do you sometimes refill your medication late?		Yes	No	Unsure
<b>Pt</b> - Do you ever seriously consider stopping this medication?		Yes	No	Unsure
<b>Pt</b> - Do you have any difficulty swallowing or administering this medication?		Yes	No	Unsure
<b>Pt</b> - Tell me how many and the times each day you take this medication.	Describe:	Incorrect		Correct
<input type="checkbox"/> No problems noted based on information provided. <input type="checkbox"/> Tell your doctor why you prefer not to take this medication. <input type="checkbox"/> Use a device to help you remember to take your medication. <input type="checkbox"/> Ask your doctor for a medication that may be easier to swallow or administer. <input type="checkbox"/> Remember to take according to these directions: _____				

<b>Efficacy:</b>			
<b>Pt</b> - Does your doctor think this medication is working?	Yes	No	Unsure
<b>Pt</b> - Do you think this medication is working?	Yes	No	Unsure
<b>Pt</b> - Do you think your symptoms/condition are getting better or worse?	Better	Worse	Unsure
<b>Pt</b> - Does your doctor often adjust your dose to help treat this problem/condition?	Yes	No	Unsure
<b>Pt</b> - Tell me where you store this medication?.	Describe:		Incorrect      Correct
<b>RPh</b> - Does patient use an OTC for this condition to improve symptoms?	Yes	No	Unsure
<b>RPh</b> - Would an exercise program improve this drug's effectiveness for this patient?	Yes	No	Unsure
<b>RPh</b> - Would a healthier diet improve this drug's effectiveness for this patient?	Yes	No	Unsure
<b>RPh</b> - Is there a drug interaction that may be decreasing effectiveness of this drug?	Describe		Yes      No      Unsure
<p><input type="checkbox"/> No problems noted based on information provided.</p> <p><input type="checkbox"/> Dose may be too low to get good response.</p> <p><input type="checkbox"/> A drug interaction with _____ may be lowering response.</p> <p><input type="checkbox"/> Another drug such as _____ may work better because:</p> <p><input type="checkbox"/> An additional drug may be needed because:</p> <p><input type="checkbox"/> Remember to store your medication:</p> <p><input type="checkbox"/> Ask your doctor if it is safe to modify your exercise and diet.</p>			
<b>Cost:</b>			
<b>Pt</b> - Do you sometimes find it difficult to pay for this medication?	Yes	No	Unsure
<b>Pt</b> - Would you be interested in a generic version if available?	Yes	No	Unsure
<b>Pt</b> - Would you be willing to try an older medication that may work as well to save money?	Yes	No	Unsure
<b>Pt</b> - Do you have a different co-pay for generic and/or different days supply?	Describe		Yes      No      Unsure
<b>RPh</b> - Is there a less expensive medication available for this patient that may work effectively?	Recommendation:		Yes      No      Unsure
<p><input type="checkbox"/> No problems noted based on information provided.</p> <p><input type="checkbox"/> Consider a generic version.</p> <p><input type="checkbox"/> Consider an alternative medication such as:</p> <p><input type="checkbox"/> Enroll in a senior discount program.</p> <p><input type="checkbox"/> Consider splitting a higher strength tablet.</p> <p><input type="checkbox"/> Seek payment assistance from:</p> <p><input type="checkbox"/> Have your prescriptions written for a _____ day supply.</p>			
<b>ADDITIONAL INFORMATION REQUIRED: (note any responses where patient or pharmacist was unsure)</b>			

## **The Dear Patient Letter**

After you have gathered the patient's history, assessed her problems and decided what to do about them, you need to communicate that information to the patient. In the BeMedSmart Program all of your communication is with the patient, not with the physician. The major form of communication you will use is the "Dear Patient" letter and the Medication Review Results Form. Using these tools, you review briefly what you have done, note any drug therapy problems you identified and make any suggestions for controlling drug costs.

The letter has been formatted in advance so that you do not need to spend a lot of time writing. All you need to do is complete the salutation, sign and date it and it's ready to send off to the patient.

You will notice the letter makes it clear to both the physician and patient that the final decision to approve these changes is made by the physician, not by the pharmacist. This wording is designed to save you time and avoid angry phone calls from physicians. In most cases, until the physician becomes comfortable with receiving pharmacists' recommendations, it's often politically smarter to continue to defer to the doctor when making medical decisions. A copy of the "Dear Patient" letter is included below.

The Medication Review Results form is easy to complete. The patient's name and date are entered at the top. For each medication in which you identified a DTP, document its name in the left hand column. In the right hand column, you document your recommendation.

The style and amount of detail for any recommendation you make will depend upon your relationship with the patient, your relationship with the physician and your own personal knowledge base, skills and comfort level. For example, if you determine that a patient's stomach pain is likely caused by his Glucophage, your recommendation can be as simple as identifying the ADR and recommending the patient see his physician or as complex as recommending which alternative oral hypoglycemic medication, dose and dosing schedule best suits the patient's needs.

At the bottom of the Medication Review Results form is a space for you to document any other comments, observations or recommendations that you may have for the patient. Finally, simply sign the form, attach it to the Dear Patient letter and send it to the patient. Be certain to retain a copy of the patient's medication review report in the patient's file.

A copy of the Medication Review Results Form is included below.



Dear:

Thank you for attending a recent free BeMedSmart Seminar and making a private appointment to sit down and discuss your medications. Together, we talked about making sure that each of your medications is being taken for a specific purpose, that each of your medications is safe, that they are all effective and that you are taking them according to your physician's instructions. We also discussed if there were additional medicines you should talk with your doctor about starting. Finally, we discussed getting you the best value for your medication dollar.

On the enclosed summary report I have indicated specific items you may wish to discuss with your physician about your medication. Please keep in mind that your physician knows more about you and your health than anyone else. Your doctor may have very sound reasons for disagreeing with any of these recommendations or may choose to try a different approach. If so, please make sure to follow your physician's recommendations exactly as he/she has instructed since he/she is in the best position to make these decisions. Remember, I will also be contacting you by phone in approximately 6 months to ensure that these suggestions have been of assistance.

I hope you and your physician find your participation in the BeMedSmart Program and these suggestions helpful. If you or your doctor have any questions or concerns about either these recommendations or the BeMedSmart Program, please contact me at your convenience.

Sincerely,

Theresa W. Tolle, RPh  
Bay Street Pharmacy & Home Health Care  
7746 Bay Street  
Roseland, Florida 32957  
Phone: 772-589-2043  
E-mail: twgatorx@cfl.rr.com



## **MARKETING AND PROMOTION ACTIVITIES**

The BeMedSmart program includes several printed marketing tools and turnkey promotional methods to create consumer and prescriber awareness in a cost-efficient manner. In order to achieve maximum benefit we have structured a systematic plan for promoting the program to your patients, the community at large and physicians.

As a BeMedSmart pharmacy you will be provided with informational leaflets, counter displays, an introductory letter and print ads customized with your pharmacy's information. Examples are included on subsequent pages. The materials are to be used as follows:

### **Prescription Bag Inserts**

To create a constant flow of information to the largest number of patients, leaflets describing the program will be stapled or inserted in prescription bags for all new and refill prescriptions on a rotating basis. During the first month of introducing the program in your pharmacy it is suggested that you include the leaflet with every prescription filled. After the first month, select the same day each week to include the information leaflet.

### **Pharmacy Counter Display**

An 11X17 counter display is provided for you to place in 2 or more locations in your pharmacy. It is suggested that one be placed at both the prescription drop-off and pick-up location if physically separated. Alternatively, the display can be placed in the patient counseling area, prescription pick-up location and even near a cashier location in the front of the pharmacy. Additional displays can be requested to ensure maximum promotion consistent with your pharmacy layout and patient traffic patterns;

### **Physician Office Displays & Promotion**

Obtaining prescriber buy-in to the program will be important for several reasons. First, it will not be a total surprise to the prescriber when a patient brings them a report after a consultation. Second, placing the presence of the brochure in a physician's office provides a certain level of validation to the consumer. Lastly, patients who do not frequent your pharmacy will become aware of the program and allow you to interface with potential new patients for additional prescription business.

Rather than requesting an appointment to talk specifically with a prescriber it is recommended that you identify 10-13 prescriber offices in your service area and simply ask the office manager whether you can place a display stand with brochures in their waiting area. You will probably get one of 3 responses: 1) yes, 2) no, or 3) it must be approved by the physician(s). If they require approval, you should immediately request an appointment to come back and describe the program in greater detail. When meeting with the physician(s) and whenever visiting a prescriber's office, be sure you have a copy of the education booklet used at the free seminar and a copy of the letter/report that goes to the patient after a consultation. **DO NOT DISTRIBUTE** copies of the patient enrollment, survey or patient consultation and medication assessment forms.

Once you've placed a brochure display in a prescribers office you will need to revisit that office every month to restock the display. To maintain a dialogue and strengthen relationships with the office, ask the office manager or receptions if they have any questions or feedback from patients regarding the BeMedSmart program. Thank them for any patient referrals and for allowing you to keep a display in their office.

A physician office contact form is provided to assist with maintaining records of which physician offices were visited, whether a brochure display was authorized and by whom. You should also record the dates of follow-up visits to replenish supplies and any pertinent feedback obtained from the physician or office personnel.

### **Mail Introductions to Community Organizations**

While you will schedule a weekly group seminar at a specific location each week, you should also send or distribute introductory letters to at least 10-12 community groups, employers or payers in your area. A letter template is provided for your convenience. Be sure and retain a copy of all letters sent and follow-up with a telephone call in 10-14 days. A mailing and contact list record form is provided for your convenience.

### **Newspaper Advertising**

The BeMedSmart program will place a 2X2 newspaper ad in one local publication in your service area every 2 weeks. This will be at no charge to the participating pharmacy and will instruct patients to contact your pharmacy for additional information.

### **Prospective Patient Follow-up**

Patients who contact the pharmacy with questions should be encouraged to sign-up for an upcoming program. If they desire additional information and do not want to register, offer to send them an information leaflet and record their contact information in a prospective patient file folder. Every month prospective patients who have not yet attended a free seminar should be contacted by telephone and encouraged to register.

### **Media Publicity**

As community awareness grows for the program it will be extremely important that a consistent and accurate description of the program be communicated through the media. To protect the proprietary and copyrighted BeMedSmart program, please refer any requests from the media to Harry Hagel at 407-366-0544. Be assured that all participating pharmacies will be identified in any interview conducted to ensure positive publicity for the pharmacy.

### **Participant Follow-up**

Since not all patients who attend the free seminar will immediately make a decision to purchase a private consultation, a method for following up with them will be another important aspect of marketing and promotion. One week after their attendance at the program you should send each participant a thank-you post card (included below). This follow-up reminds them of the program content after a sufficient amount of time to conclude that their medication may not be optimized and they may now be ready to purchase a private consultation.



Dear

Thank you for recently attending a BeMedSmart seminar. We trust you found the information useful and worth your time to participate.

If you've already scheduled a private consultation with me, I look forward to seeing you soon. If you haven't scheduled an appointment and have any concerns regarding your medications, please feel free to call me and discuss how a private consultation might be beneficial to you specifically. Remember, if your score on the self-assessment you completed during the seminar was 4 or more, you may even have an existing drug therapy problem that I can help you resolve.

Thank you for letting me help you get the most from your medicine. Please call on me for any of your pharmacy needs now and in the future.

Sincerely,

**Pharmacist Name**  
**Address**  
**Phone**



## PHYSICIAN OFFICE CONTACT FORM

Physician Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

<i>Date of Contact:</i>	<i>Spoke To:</i>	<i>Result of Contact</i>	<i>Follow-up Date</i>



Date

Pharmacy Name  
Pharmacy Address

Recipient Name  
Recipient Address

Dear XYZ:

If the members of your organization are like most Americans, one of their major concerns is how they can best afford their medications. As a Registered Pharmacist, one of the most common conversations I have with my patients is helping them get the best value for their medication dollar.

I am pleased to offer your members a free community education seminar on helping them get the most from their medicines. Our pharmacy has partnered with the BeMedSmart Program to develop and present this valuable information to the general public. BeMedSmart was created by pharmacy professors and consultants as well pharmacists like me to help patients who are struggling with their medications.

As a service to the community, I am offering to come to your organization and present this free, one hour seminar at no cost to your organization or your members.

In order to provide a high quality program, one of our BeMedSmart partners is Drake University in Des Moines, IA. To evaluate how well this program meets the needs of our patients, our research partner requires that all participants sign a consent form that allows us to ask your members questions and record their responses. Please be assured that no personal or identifiable information will ever be shared with anyone. Any information collected will be used only to improve the program. Beyond signing the consent form, there is no further obligation to your organization or your members.

I have enclosed our brochure with more information. To schedule a free one hour seminar for your members, please call me at 555-555-5555 to schedule a convenient time. Remember, there is no cost or obligation to you or your members.

I look forward to hearing from you soon.

Sincerely,

Pharmacist Name  
Pharmacist Contact Details



## COMMUNITY GROUP CONTACT FORM

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

<i>Date of Letter or Contact:</i>	<i>Sent to or Spoke With</i>	<i>Result of Contact</i>	<i>Follow-up Date</i>

## IMPLEMENTATION ACTION PLAN

To help you implement the BeMedSmart program we strongly encourage you to utilize the implementation action plan outlined below. It is important that you identify individuals in your practice who will complete various steps and adhere to the schedule in order for the program to be evaluated.

<i>Action Step</i>	<i>Person Responsible</i>	<i>Projected Completion Date</i>	<i>Actual Completion Date</i>
Finalize necessary arrangements for facility where weekly group education seminars will be conducted.		March 15, 2004	
Schedule group education sessions in advance for a six month period.		March 15, 2004	
Conduct pharmacy staff orientation of project components and expectations.		March 15, 2004	
Identify preferred newspaper for ad placement and notify BeMedSmart with contact information if available.		March 15, 2004	
Place counter displays.		April 1, 2004	
Begin inserting informational leaflets in prescription bags.		April 1, 2004	
Prepare list of 10-12 physicians offices to visit and request permission to place brochure displays.		April 1, 2004	
Begin visiting 2 physician offices per week with appropriate follow-up.		April 1, 2004	On-going
Prepare list of 10-12 community organizations to send introductory letters.		May 1, 2004	
Begin mailing 2-3 introductory organization letters per week with appropriate follow-up.		May 1, 2004	On-going

# BeMedSmart

Helping you get the most from your medicine.

## Free Seminar

### If you:

1. *find it difficult to pay for your medications, co-pays and deductibles;*
2. *think your medications aren't working as well as you'd like, and;*
3. *want to spend less on medications and be a better informed consumer...*

### Attend a

#### BeMedSmart *Free Seminar*

At the seminar you will learn:

- Why American drug costs are the highest in the world;
- What the major drug problems are and how to avoid them, and;
- How to get the most from your medication dollars.

There will be time for general questions and answers after the seminar. However, to protect your privacy, it will not be possible to address your personal medication problems.

### Schedule a

#### BeMedSmart *Private Session*

For an additional charge, schedule a one-hour private session and receive:

- A comprehensive, in-person interview;
- A personalized evaluation of your medication history;
- A written summary to take with you and discuss with your doctor, and;
- A follow-up phone call from the pharmacist to ensure any problems have been corrected.

Call ABC Pharmacy at 000-000-0000 for the date, time and location of the next free BeMedSmart seminar, or visit us at [www.bemedsmart.com](http://www.bemedsmart.com)

**Your** Health.  
**Your** Meds.  
**Your** Money.



*Take* **Control.**

Custom pharmacy info here  
and BeMedSmart can help with a **Free** Seminar.

**Call Today!** Seminars are offered regularly, but seats are limited.

**407-555-5555** • Custom Pharmacy Name Here

Be**Med**Smart  
Helping you get the most  
from your medicine.