Interview Questions and Patient Personas to explore medication communication roles, pathways, and activities
within an Inner City Integrated Community Health Centre (CHC) and within the broader community

Supplementary materials: Medication Communication Study
eHealth Observatory (ehealth.uvic.ca), University of Victoria, September 2013.

Participant Information

1. What is your profession or role at [work place]?
2. How many years have you been in practice?
3. How many years have you been in practice with [work place]?

Case 1 – KERRY GEORGE – Inner City Integrated CHC

"Now we will get into the first clinical case. There are two clinical cases we'll review overall. I will read the case to you and follow up with some questions. You are welcome to ask clarifying questions about the case."

"Let us begin with Kerry George": *read Patient Persona.*

Name	Kerry George
DoB (Age)	23 years old
Gender	Female
Active Problems	• HIV • Hepatitis C • MRSA Positive (from previous hospital admission) • Asthma • Reflux (GERD) • Bipolar • Post-Traumatic Stress Disorder (PTSD) • Poly-substance abuse including heroin, cocaine IV and crack and alcohol.
Past Med Hx	• N/A
Past Surgical Hx	• N/A
Medications	• Truvada (HIV) • Ritonavir (HIV) • Atazanavir (HIV) • Pariet (GERD) • Ventolin (ASTHMA)
Allergies	• N/A
Immunizations	Cannot remember what she had, but had "some" and likely tetanus in the ED a few years ago.
Social History	Currently homeless, couch surfing with friends

Patient Case Introduction:

Kerry George is a 23-year-old woman currently on the streets with HIV and Hep C, which she contracted from her active IV drug use. She is known to the street nurses and the shelters but hasn't seen anyone at [the inner city CHC] (yet). She is bipolar, suffers from PTSD (post-traumatic stress disorder), GERD, and asthma. She is MRSA positive. She was on a number of medications for her HIV, GERD (Reflux), and Asthma. She was recently fired from her GP as she acted out in the exam room. She is currently in the sex trade to pay for her heroin, cocaine and crack.

Patient Scenarios

We will now review 7 scenarios.

Scenario 1:

Kerry George presents to [the CHC] because a friend told her to come here for "help". She is out of all of her medications and has been for about 2 months. She wants to get help, stabilize her HIV, and get on methadone. There are no records for Kerry at [the CHC].

- How would you go about assessing and managing her need for medications at this time?
- Prompts: Who, What, Where, When, Why, How (medication communication)
- Is there anything else you'd like to add before we move on?

At the end of the visit, she goes to the [CHC] Pharmacy.

Scenario 2:

Several days after that first visit, Kerry decompensates in the community and ends up being taken to the psychiatric emergency by ambulance. She was screaming walking into the middle of the traffic. She stayed for two nights.

- Would you be engaged in the patient's care while in hospital? If so, how?
- Prompts: Who, What, Where, When, Why, How (medication communication)
- Is there anything else you'd like to add before we move on?

Scenario 3:

Kerry comes back to the clinic a week after leaving the hospital asking for you to give her some of the medications she was given in the hospital as "they really helped calm her down" and asks again about methadone as she has not yet started, but wants to stop heroin. Checking her chart, you see her UDS results are back (positive for opiates and cocaine). She did not do any of the blood work that was ordered on her first visit. Old records are not back from her GP or the infectious disease specialist.

- How would you go about assessing and managing her need for medications at this time?
- Prompts: Who, What, Where, When, Why, How (medication communication)

** <u>If they do a PharmaNet search</u>, there are no new meds in the system. The patient then says she lost the paper prescription from the hospital after she left and didn't get it filled.
** <u>If they look at the hospital record</u>, the ED did CBC, another UDS, and liver function tests, showing elevated liver enzymes.
<u>At the end of this scenario, if the provider hasn't started methadone, say that she would be started on methadone</u> (e.g. by one of the methadone prescribers in consultation).

- Is there anything else you'd like to add before we move on?

Scenario 4:

Kerry starts on methadone at a local pharmacy while staying a one of the shelters. She misses a few days of methadone.

- Would you hear about this? If so, how?
- Prompts: Who, What, Where, When, Why, How (medication communication)
- Is there anything else you'd like to add before we move on?

Scenario 5:

One afternoon, Kerry arrives at her methadone pharmacy quite sedated and the pharmacist holds her methadone. She gets angry and stumbles out of the pharmacy. Would you hear about this? How?

- Assume you did hear about this from the pharmacist by phone, what would you do?
- Prompts: Who, What, Where, When, Why, How (medication communication)
- Is there anything else you'd like to add before we move on?

Scenario 6:

Kerry is into clinic today. At this point she is starting to stabilize. You have old records now from the previous GP as well as the hospital. Blood work is back, showing her CD4 counts are low, at 220 and there is no medication resistance to her HIV. In the hospital she was on Zydis and she would really like to be on that again. She is not using, but getting withdrawal symptoms from her methadone.

- How would you go about assessing and managing her need for medications at this time?
- Prompts: Who, What, Where, When, Why, How (medication communication)
- Is there anything else you'd like to add before we move on?

Scenario 7:

Zydis is not covered without special authority.

- How would you discover this?
- What would you do to get coverage for this medication?
- Is there anything else you'd like to add?

Wrap up

"Before we wrap up:

- What are the strengths or facilitators you have found with regard to communications between clinicians at this clinic for patients like Kerry?
- What are the challenges or barriers you have found with regard to communications between clinicians at this clinic for patients like Kerry?
- What can be done to improve the challenges?
- Is there anything else you'd like to add before we move onto the second case?

Case 2 – RAYMOND "RAY" RAYCROFT – Inner City Integrated CHC

"This is the case of Raymond "Ray" Raycroft": *read Patient Persona.*

Name	Raymond "Ray" Raycroft
DoB (Age)	48 year old
Gender	Male
Active Problems	• Hypertension • COPD • Smoker • Insomnia • Hepatitis C • Chronic Lumbar Back Pain • Alcohol dependence • Depression and Anxiety
Past Med Hx	• 1992 MVA
Past Surgical Hx	• 1992 Internal Fixation of Femur Fracture (from MVA)
Medications	• Tylenol #3s ii three times a day as needed • Ibuprofen 400mg PO three times a day as needed • Hydrochlorothiazide 25mg PO every morning • Atenolol 50 mg PO daily • Ramipril 5mg PO daily • Mirtazapine 30 mg PO at bedtime • Fluticosone 110mcg ii puffs twice a day • Atrovent 17mcg / spray ii puffs 4 x a day
Allergies	Ciprofloxacin
Immunizations	Unknown
Social History	Single, no siblings, lost contact with parents (in Newfoundland) Living in basement suite – bachelor.

Patient Case Introduction:

Ray Raycroft is a 48 year-old male smoker with COPD, high blood pressure, hepatitis C, depression, and anxiety. He also suffers from back pain, after an MVA in 1992 (where he also had internal fixation of a femur fracture). He is currently living in a shared basement suite with an old acquaintance that he re-met when he moved to Victoria from Kamloops a few months ago in search of work. He is on a number of medications:

- Tylenol #3
- Ibuprofen
- Hydrochlorothiazide
- Atenolol
- Ramipril
- Mirtazapine
- Fluticosone

- Atrovent

Patient Scenarios

We will now review 4 scenarios.

Scenario 1:

Ray has recently moved to Victoria from Kamloops in search of work. He's staying in a basement apartment with an old friend. He has run out of his medications and his roommate said to come down to [the clinic] (Ray's roommate is a patient here). He is out of work and has been drinking more than usual to treat his pain and poor mood / anxiety. He comes in today requesting all his medication.

Medical Office Assistant (MOA): Assume he comes in at 9am today and asks you how to get his medications refilled. What do you do? If he's seen an MD or nurse, does anyone talk to you after the visit (about his medications)?

RN and MD: Assume you see him on his first visit. What conversations would you have with Ray in regards to his medications? What other activities would you do at this time related to his medications?

Pharmacy: Assume he is coming in for his first visit to [the clinic]. Would you get engaged before the visit? What about after?

- Prompts: Who, What, Where, When, Why, How (medication communication)
- Is there anything else you'd like to add before we move on?

Scenario 2:

Ray comes back to [the clinic] and sees you today. He is taking his medication regularly, as prescribed. He's complaining that he cannot sleep. His insomnia is much worse since he started cutting down his drinking. He's asking for Ativan. He had it in the past. He also got some from a friend and it worked great. He is also experiencing a bit of lightheadedness when he stands up since restarting his meds.

MOA: How would you be involved with Mr. Raycroft's medications at this time?

MD / RN: What would you do for Mr. Raycroft and who would you talk to about his medications?

Pharmacist: Assume Mr. Raycroft has come in and given you this history. What would you do? Who would you talk to? What would you talk about?

**<u>He has a postural drop to his blood pressure</u> (e.g. standing BP is low).

**<u>Old records have arrived just this morning (if previously requested)</u>. You note compliance issues with medications (e.g. not taking blood pressure medications regularly and coming in early for Tylenol #3s)

- Prompts: Who, What, Where, When, Why, How (medication communication)
- Is there anything else you'd like to add before we move on?

END: Assume Ray agrees to try trazodone 50mg at bedtime for sleep. Assume you hold one of his blood pressure medications.

Scenario 3:

After his last visit, Ray ends up at a walk in clinic because what was prescribed (Trazodone) wasn't working for his insomnia. At the walk-in clinic, he is given imovane and told to stop his trazodone.

Everyone but Pharmacy: Would you hear about these changes? How?

Pharmacy:

CASE 1: He fills the prescription with you. Would you notify anyone about this script? How?

CASE 2: He fills the prescription at another downtown pharmacy as it is the weekend. Would you hear about this? How?

- Prompts: Who, What, Where, When, Why, How (medication communication)
- Is there anything else you'd like to add before we move on?

Scenario 4:

Today, Mr. Raycroft needs renewals. He is out of his sleeping medications as well as his other medications. He comes in to see you today requesting his medications. He does not appear to be early for his medications according to your records. He requests both the trazodone and imovane. He does not have renewals.

RN/ MD: He tells you about the imovane from the walk in. What do you do? ** There is no record of imovane in the clinic's electronic medical record.

MOA: He cannot see his MD today, what do you do? **Imovane is not found in the clinic's electronic medical record.

Pharmacist: He comes to see you hoping to get a refill as he cannot see the GP today. What do you do? What if he had the imovane filled at another pharmacy?

Prompts: Who, What, Where, When, Why, How (medication communication)

Is there anything else you'd like to add?

Wrap up

"Before we wrap up:

- What are the strengths or facilitators you have found with regard to communications between clinicians at this clinic for patients like Ray?
- What are the challenges or barriers you have found with regard to communications between clinicians at this clinic for patients like Ray?
- What can be done to improve the challenges?
- Is there anything else you'd like to add?

"Thank you for participating in this study."

Case 2 – RAYMOND “RAY” RAYCROFT – Community

“This is the case of Raymond “Ray” Raycroft”: *read Patient Persona.*

Name	Raymond “Ray” Raycroft
DoB (Age)	48 year old
Gender	Male
Active Problems	• Hypertension • COPD • Smoker • Insomnia • Hepatitis C • Chronic Lumbar Back Pain • Alcohol dependence • Depression and Anxiety
Past Med Hx	• 1992 MVA
Past Surgical Hx	• 1992 Internal Fixation of Femur Fracture (from MVA)
Medications	• Tylenol #3s ii three times a day as needed • Ibuprofen 400mg PO three times a day as needed • Hydrochlorothiazide 25mg PO every morning • Atenolol 50 mg PO daily • Ramipril 5mg PO daily • Mirtazapine 30 mg PO at bedtime • Fluticosone 110mcg ii puffs twice a day • Atrovent 17mcg / spray ii puffs 4 x a day
Allergies	Ciprofloxacin
Immunizations	Unknown
Social History	Single, no siblings, lost contact with parents (in Newfoundland) Living in basement suite – bachelor.

Patient Case Introduction:

Ray Raycroft is a 48 year-old male smoker with COPD, high blood pressure, hepatitis C, depression, and anxiety. He also suffers from back pain, after an MVA in 1992 (where he also had internal fixation of a femur fracture). He is currently living in a shared basement suite with an old acquaintance that he re-met when he moved to Victoria from Kamloops a few months ago in search of work. He is on a number of medications:

- Tylenol #3
- Ibuprofen
- Hydrochlorothiazide
- Atenolol
- Ramipril
- Mirtazapine
- Fluticosone
- Atrovent

Patient Scenarios

We will now review 4 scenarios.

Scenario 1:

Ray has recently moved to Victoria from Kamloops in search of work. He's staying in a basement apartment with an old friend. He is the father of one of your patients and you have agreed to take him on as a new patient. He has run out of his medications. He is out of work and has been drinking more than usual to treat his pain and poor mood / anxiety. He comes in for his first visit and is requesting all his medication.

Medical Office Assistant (MOA): Assume he calls the office and asks how to get his medications refilled. What do you do? He has not been to the office before.
Family Physician (FP): You see him on his first visit. What conversations would you have with Ray in regards to his medications? What other activities would you do at this time related to his medications?
Pharmacy: This is his first time filling a prescription at your pharmacy. What information do you provide to Mr. Raycroft? Do you communicate with any other providers at this time?

- Prompts: Who, What, Where, When, Why, How (medication communication)
- Is there anything else you'd like to add before we move on?

Scenario 2:

Ray comes back to your office. He is taking his medication regularly, as prescribed. He's complaining that he cannot sleep. His insomnia is much worse since he started cutting down his drinking. He's asking for Ativan. He had it in the past. He also got some from a friend and it worked great. He is also experiencing a bit of lightheadedness when he stands up since restarting his meds.

MOA: How would you be involved with Mr. Raycroft's medications at this time?
FP: What would you do for Mr. Raycroft and who would you talk to about his medications?
Pharmacist: Assume Mr. Raycroft has come in and given you this history. What would you do? Who would you talk to? What would you talk about?

**He has a postural drop to his blood pressure (e.g. standing BP is low).
**Old records have arrived just this morning (if previously requested). You note compliance issues with medications (e.g. not taking blood pressure medications regularly and coming in early for Tylenol #3s)

- Prompts: Who, What, Where, When, Why, How (medication communication)
- Is there anything else you'd like to add before we move on?

END: Assume Ray agrees to try Trazodone 50mg at bedtime for sleep. Assume you hold one of his blood pressure medications.

Scenario 3:

After his last visit, Ray ends up at a walk in clinic because what was prescribed (Trazodone) wasn't working for his insomnia. At the walk-in clinic, he is given Imovane and told to stop his Trazodone.

Everyone but Pharmacy: Would you hear about these changes? How?
Pharmacy:
CASE 1: He fills the prescription with you. Would you notify anyone about this script? How?

CASE 2: He fills the prescription at another downtown pharmacy as it is the weekend. Would you hear about this? How?

- Prompts: Who, What, Where, When, Why, How (medication communication)
- Is there anything else you'd like to add before we move on?

Scenario 4:

Today, Mr. Raycroft needs renewals. He is out of his sleeping medications as well as his other medications. He comes in to see you today requesting his medications. He does not appear to be early for his medications according to your records. He requests both the Trazodone and Imovane. He does not have renewals.

FP: He tells you about the imovane from the walk in. What do you do?
MOA: He cannot see his MD today, what do you do?
Pharmacist: He comes to see you hoping to get a refill as he cannot see the GP today. What do you do? What if he had the Imovane filled at another pharmacy?

- Prompts: Who, What, Where, When, Why, How (medication communication)
- Is there anything else you'd like to add?

Wrap up

"Before we wrap up this case:

- What are the strengths or facilitators you have found with regard to communications between clinicians at this clinic for patients like Ray?
- What are the challenges or barriers you have found with regard to communications between clinicians at this clinic for patients like Ray?
- What can be done to improve the challenges?
- Is there anything else you'd like to add?

"Thank you for participating in this study."

Case 3 – ROBERTA SUGAR – Community

"Let us begin with Roberta Sugar": *read Patient Persona.*

Name	Roberta Sugar
DoB (Age)	73 year old
Gender	Female
Active Problems	• Congestive Heart Failure • Type II Diabetes, on Insulin • Rheumatoid Arthritis
Past Surgical Hx	• 2003 R Hip replacement • 1999 Cholecystectomy
Medications	• Lasix 40mg po od • Methotrexate 25mg SC weekly • Lantus 50 units sc daily • Humulin Sliding Scale qid • ASA 81 mg po od • Altace 10mg po od • Multivitamin po od • Blisterpack
Allergies	Codeine, penicillin
Immunizations	Fluviral, pneumococcal
Social History	Lives alone in apartment with twice-daily home support and weekly cleaning. Gets meals delivered.

Patient Case Introduction:

Ms. Sugar is a 73-year-old woman with a history of congestive heart failure, diabetes, and Rheumatoid Arthritis. She lives alone and receives home support twice daily to assist her with administering her medications and to monitor her insulin. She is also seen periodically by home nursing care for monitoring. Her medications are blister packed for her and her son drives her to pick them up every four weeks from her regular pharmacy. She has had the same family physician for a number of years. She also has seen a cardiologist and a general internist in the past year for consultations in regards to her cardiac and diabetic management. Her rheumatoid arthritis is currently well controlled.

Patient Scenarios

We will now review 4 scenarios about Ms. Sugar.

Scenario 1:

Ms. Sugar presents to her family physician with increased shortness of breath (SOB) and fatigue. She has bilateral edema to her lower legs and a blood pressure of 150/90. She is also reporting morning blood sugars are too low, running between 2-4 mmol/L.

For non Family Physician, read this: The family physician increases Ms. Sugar's Lasix to 60 mg / day until the swelling goes down and adjusts her evening insulin.

MOA: The physician changes her medications and requests a referral to her general internist. What would be your role? Who would you communicate with?
Family Physician (FP): What action would you take in regards to her medications? Who would you communicate with?

NOTE: If medications not changed, inform participant that "we assume you have increased Lasix to 60mg / day and adjusted her insulin.

Pharmacist: The MD changes Ms. Sugar's medications, how would you find out about this? What action would you take? Is there anyone you would need to communicate with?
Home Nursing Care (HNC): The FP changes Ms. Sugar's medications, how would you find out about this? What action would you take? Is there anyone you would need to communicate with?
Specialist physician: How would you hear about any changes in Ms. Sugar's medication? Would you provide information back to anyone? How?

- Prompts: Who, What, Where, When, Why, How (medication communication)
- Is there anything else you'd like to add before we move on?

Scenario 2:

A few months later, Ms. Sugar presents to hospital with heart palpitations and weakness in her legs. Upon admission to hospital her K+ is found to be low at 2.3 mmol/L and her random blood sugar is high at 19 mmol/L. Ms. Sugar is discharged from hospital with the following medication changes: her lasix is cancelled, she is started on spi*ro*nolac*tone*, she is given 2 week course of slow K (potassium), her insulin dose is increased.

MOA/MDs[1]/HNC/Pharmacy: Would you be informed of Ms Sugar's hospital admission? What information would you be given? How would you hear about her medication changes? What actions if any would you take?

- Prompts: Who, What, Where, When, Why, How (medication communication)
- Is there anything else you'd like to add before we move on?

Scenario 3:

Ms. Sugar and her son present to her community pharmacy with a two-week prescription from the hospital physician for spironolactone, slow K and increased insulin. She has refills on all her medications from prior to her hospital admission. She is not due for a new blister pack for two weeks and has several repeats on her blister pack.

Pharmacy: What action would you take at this visit? Who would you communicate with? What information would you need? What information would you want to communicate? Would you know that the Lasix was cancelled?
MOA/MDs/HNC: Would you be involved with this interaction? How?

- Prompts: Who, What, Where, When, Why, How (medication communication)
- Is there anything else you'd like to add before we move on?

Scenario 4:

Ms. Sugar presents to her physician for follow up. She brings in her new pill bottles along with her blister pack. Her blood pressure is 110/60 and her breathing and edema have improved. It is 1 week after her discharge from hospital and Ms Sugar is still taking a potassium supplement. She is

[1] MDs refers to both family physicians and specialists.

asked to get some blood work done including electrolytes. When the lab results come in, Ms. Sugar's potassium is 5.5 mmol/L.

MD: What would you want to do in this situation? Who would you communicate with and what action would you take?
Pharmacy/HNC/MOA: Would this information be communicated to you? How? What would be your role at this time?

- Prompts: Who, What, Where, When, Why, How (medication communication)
- Is there anything else you'd like to add before we move on?

Wrap up
"Before we wrap up:

- What are the strengths or facilitators you have found with regard to communications between clinicians for patients like Ms. Sugar?
- What are the challenges or barriers you have found with regard to communications between clinicians for patients like Ms. Sugar?
- What can be done to improve the challenges?
- Is there anything else you'd like to add?