

Problem: Poorly controlled hypertension

Solution Step 2 - Informing the Physician

Patients identified by the study screening procedures have a potential medication problem. However, we do not know everything about the patient and their medical history, and there may be good clinical reasons for the physician to have prescribed for the patient as s/he did. The physician may be aware of the potential problem, but have chosen that treatment as the best compromise for that particular patient. He/she may be alarmed that the patient has been identified as having a problem, feel defensive because his treatment is being called into question and be worried about patient complaints and litigation. Tact and diplomacy are therefore extremely important.

Before calling the physician, rehearse what you are going to say with the study pharmacist.

Suggested approach:

1. Introduce yourself, say you are from VNS-NY/VNA-LA and tell the physician the name of the patient you are calling about.
2. Explain why you are calling.

I'm calling you about your patient X (patient's name). The VNS-NY/VNA-LA is taking part in a study in which home-health patients are screened for problems that may be related to their medication. You may remember receiving a letter informing you that the study was going on.

X has been identified by the study screening procedure. This does not mean that X necessarily has a medication problem, but simply that it would be worth re-evaluating him/her. I'd like to discuss the case with you to see if you think it is worth pursuing further.

3. Describe the identified potential problem.

The study screening identified X as possibly having poorly controlled hypertension. This was because X's blood pressure was ³ 180/110 on two separate occasions.

4. Proceed with the remainder of the discussion according to the guideline and the category to which the patient belongs.

Solution Step 2 - Informing the Physician

Patients identified by the study screening procedures have a potential medication problem. However, we do not know everything about the patient and their medical history, and there may be good clinical reasons for the physician to have prescribed for the patient as s/he did. The physician may be aware of the potential problem, but have chosen that treatment as the best compromise for that particular patient.

He/she may be alarmed that the patient has been identified as having a problem, feel defensive because his treatment is being called into question and be worried about patient complaints and litigation. Tact and diplomacy are therefore extremely important.

Before calling the physician, rehearse what you are going to say with the study pharmacist.

Suggested approach:

1. Introduce yourself, say you are from VNS-NY/VNA-LA and tell the physician the name of the patient you are calling about.
2. Explain why you are calling.

I'm calling you about your patient X (patient's name). The VNS-NY/VNA-LA is taking part in a study in which home-health patients are screened for problems that may be related to their medication. You may remember receiving a letter informing you that the study was going on.

X has been identified by the study screening procedure. This does not mean that X necessarily has a medication problem, but simply that it would be worth re-evaluating him/her. I'd like to discuss the case with you to see if you think it is worth pursuing further.

3. Describe the identified potential problem.

The study screening identified X as having orthostasis. X reports becoming dizzy on standing and had a 20 mm Hg drop in systolic on standing. X is taking (name relevant drugs as discussed with the pharmacist).

4. Proceed with the remainder of the discussion according to the guideline and the category to which the patient belongs.

Problem: Slow pulse

Solution Step 2 - Informing the Physician

Patients identified by the study screening procedures have a potential medication problem. However, we do not know everything about the patient and their medical history, and there may be good clinical reasons for the physician to have prescribed for the patient as s/he did. The physician may be aware of the potential problem, but have chosen that treatment as the best compromise for that particular patient.

He/she may be alarmed that the patient has been identified as having a problem, feel defensive because his treatment is being called into question and be worried about patient complaints and litigation. Tact and diplomacy are therefore extremely important.

Before calling the physician, rehearse what you are going to say with the study pharmacist.

Suggested approach:

1. Introduce yourself, say you are from VNS-NY/VNA-LA and tell the physician the name of the patient you are calling about.
2. Explain why you are calling.

I'm calling you about your patient X (patient's name). The VNS-NY/VNA-LA is taking part in a study in which home-health patients are screened for problems that may be related to their medication. You may remember receiving a letter informing you that the study was going on.

X has been identified by the study screening procedure. This does not mean that X necessarily has a medication problem, but simply that it would be worth re-evaluating him/her. I'd like to discuss the case with you to see if you think it is worth pursuing further.

3. Describe the identified potential problem.

The study screening showed X had a pulse of . . . on two separate occasions. X is also on (name of relevant drugs).

4. Proceed with the remainder of the discussion according to the guideline and the category to which the patient belongs.

Problem: Low systolic blood pressure

Solution Step 2 - Informing the Physician

Patients identified by the study screening procedures have a potential medication problem. However, we do not know everything about the patient and their medical history, and there may be good clinical reasons for the physician to have prescribed for the patient as s/he did. The physician may be aware of the potential problem, but have chosen that treatment as the best compromise for that particular patient.

He/she may be alarmed that the patient has been identified as having a problem, feel defensive because his treatment is being called into question and be worried about patient complaints and litigation. Tact and diplomacy are therefore extremely important.

Before calling the physician, rehearse what you are going to say with the study pharmacist.

Suggested approach:

1. Introduce yourself, say you are from VNS-NY/VNA-LA and tell the physician the name of the patient you are calling about.
2. Explain why you are calling.

I'm calling you about your patient X (patient's name). The VNS-NY/VNA-LA is taking part in a study in which home-health patients are screened for problems that may be related to their medication. You may remember receiving a letter informing you that the study was going on.

X has been identified by the study screening procedure. This does not mean that X necessarily has a medication problem, but simply that it would be worth re-evaluating him/her. I'd like to discuss the case with you to see if you think it is worth pursuing further.

3. Describe the identified potential problem.

The study screening showed X had a systolic BP of £ 90 mmHG on two separate occasions (or SBP £ 100 with symptoms of dizziness on standing). X is also on (name of relevant drugs).

4. Proceed with the remainder of the discussion according to the guideline and the category to which the patient belongs.

Solution Step 2 - Informing the Physician

Patients identified by the study screening procedures have a potential medication problem. However, we do not know everything about the patient and their medical history, and there may be good clinical reasons for the physician to have prescribed for the patient as s/he did. The physician may be aware of the potential problem, but have chosen that treatment as the best compromise for that particular patient.

He/she may be alarmed that the patient has been identified as having a problem, feel defensive because his treatment is being called into question and be worried about patient complaints and litigation. Tact and diplomacy are therefore extremely important.

Before calling the physician, rehearse what you are going to say with the study pharmacist.

Suggested approach:

1. Introduce yourself, say you are from VNS-NY/VNA-LA and tell the physician the name of the patient you are calling about.
2. Explain why you are calling.

I'm calling you about your patient X (patient's name). The VNS-NY/VNA-LA is taking part in a study in which home-health patients are screened for problems that may be related to their medication. You may remember receiving a letter informing you that the study was going on.

X has been identified by the study screening procedure. This does not mean that X necessarily has a medication problem, but simply that it would be worth re-evaluating him/her. I'd like to discuss the case with you to see if you think it is worth pursuing further.

3. Describe the identified potential problem.

The screening showed X has symptoms of confusion and/or has had a fall in the past 3 months (as appropriate) and is taking (drug name), a benzodiazepine that studies have shown can cause psychomotor problems.

4. Proceed with the remainder of the discussion according to the guideline and the category to which the patient belongs.

Problem: Cyclic antidepressants

Solution Step 2 - Informing the Physician

Patients identified by the study screening procedures have a potential medication problem. However, we do not know everything about the patient and their medical history, and there may be good clinical reasons for the physician to have prescribed for the patient as s/he did. The physician may be aware of the potential problem, but have chosen that treatment as the best compromise for that particular patient.

He/she may be alarmed that the patient has been identified as having a problem, feel defensive because his treatment is being called into question and be worried about patient complaints and litigation. Tact and diplomacy are therefore extremely important.

Before calling the physician, rehearse what you are going to say with the study pharmacist.

Suggested approach:

1. Introduce yourself, say you are from VNS-NY/VNA-LA and tell the physician the name of the patient you are calling about.

2. Explain why you are calling.

I'm calling you about your patient X (patient's name). The VNS-NY/VNA-LA is taking part in a study in which home-health patients are screened for problems that may be related to their medication. You may remember receiving a letter informing you that the study was going on.

X has been identified by the study screening procedure. This does not mean that X necessarily has a medication problem, but simply that it would be worth re-evaluating him/her. I'd like to discuss the case with you to see if you think it is worth pursuing further.

3. Describe the identified potential problem.

If confused or history of fall(s) - *The screening showed X has symptoms of confusion and/or has had a fall in the past 3 months (as appropriate) and is taking (drug name), a cyclic antidepressant that studies have shown can cause psychomotor problems.*

If patient has symptoms and signs of orthostasis - *The study screening identified X as having orthostasis. X reports becoming dizzy on standing and had a 20 mm Hg drop in systolic on standing. X is taking (drug name), a cyclic antidepressant which can produce marked orthostasis.*

4. Proceed with the remainder of the discussion according to the guideline and the category to

which the patient belongs.

Problem: Antipsychotics

Solution Step 2 - Informing the Physician

Patients identified by the study screening procedures have a potential medication problem. However, we do not know everything about the patient and their medical history, and there may be good clinical reasons for the physician to have prescribed for the patient as s/he did. The physician may be aware of the potential problem, but have chosen that treatment as the best compromise for that particular patient.

He/she may be alarmed that the patient has been identified as having a problem, feel defensive because his treatment is being called into question and be worried about patient complaints and litigation. Tact and diplomacy are therefore extremely important.

Before calling the physician, rehearse what you are going to say with the study pharmacist.

Suggested approach:

1. Introduce yourself, say you are from VNS-NY/VNA-LA and tell the physician the name of the patient you are calling about.
2. Explain why you are calling.

I'm calling you about your patient X (patient's name). The VNS-NY/VNA-LA is taking part in a study in which home-health patients are screened for problems that may be related to their medication. You may remember receiving a letter informing you that the study was going on.

X has been identified by the study screening procedure. This does not mean that X necessarily has a medication problem, but simply that it would be worth re-evaluating him/her. I'd like to discuss the case with you to see if you think it is worth pursuing further.

3. Describe the identified potential problem.

If confused or history of fall(s) - *The screening showed X has symptoms of confusion and/or has had a fall in the past 3 months (as appropriate) and is taking (drug name), an antipsychotic that studies have shown can cause psychomotor problems.*

If patient has symptoms and signs of orthostasis - *The study screening identified X as having orthostasis. X reports becoming dizzy on standing and had a 20 mm Hg drop in systolic on standing. X is taking (drug name), an antipsychotic that studies have shown can produce marked orthostasis.*

4. Proceed with the remainder of the discussion according to the guideline and the category to which the patient belongs.

Problem: NSAIDs

Solution Step 2 - Informing the Physician

Patients identified by the study screening procedures have a potential medication problem. However, we do not know everything about the patient and their medical history, and there may be good clinical reasons for the physician to have prescribed for the patient as s/he did. The physician may be aware of the potential problem, but have chosen that treatment as the best compromise for that particular patient. He/she may be alarmed that the patient has been identified as having a problem, feel defensive because his treatment is being called into question and be worried about patient complaints and litigation. Tact and diplomacy are therefore extremely important.

Before calling the physician, rehearse what you are going to say with the study pharmacist.

Suggested approach:

1. Introduce yourself, say you are from VNS-NY/VNA-LA and tell the physician the name of the patient you are calling about.
2. Explain why you are calling.
I'm calling you about your patient X (patient's name). The VNS-NY/VNA-LA is taking part in a study in which home-health patients are screened for problems that may be related to their medication. You may remember receiving a letter informing you that the study was going on.
X has been identified by the study screening procedure. This does not mean that X necessarily has a medication problem, but simply that it would be worth re-evaluating him/her. I'd like to discuss the case with you to see if you think it is worth pursuing further.
3. Describe the identified potential problem.
If on antiulcer drug/antacid - *The study screening showed that X is on (name of antiulcer drug), presumably because of gastric symptoms, as well as taking (name of NSAID), an NSAID. Because NSAIDs often cause ulcers, do you think we should consider reevaluating the NSAID use?*

If on NSAID & anticoagulant/oral steroid - *The study screening showed that X is on (name of NSAID), an NSAID, and (name of other drug) at the same time. Because both of these can cause bleeding ulcers, do you think we should consider reevaluating the NSAID use?*

If ³80 years - *The study screening showed that X is on (name of NSAID), an NSAID, which can cause ulcers. As X is over 80, and therefore in an age group at especially high risk of ulcer disease. Do you think we should consider reevaluating the NSAID use?*

4. Proceed with the remainder of the discussion according to the guideline and the category to which the patient belongs.

Problem: Dose outside geriatric range

Solution Step 2 - Informing the Physician

Patients identified by the study screening procedures have a potential medication problem. However, we do not know everything about the patient and their medical history, and there may be good clinical reasons for the physician to have prescribed for the patient as s/he did. The physician may be aware of the potential problem, but have chosen that treatment as the best compromise for that particular patient. He/she may be alarmed that the patient has been identified as having a problem, feel defensive because his treatment is being called into question and be worried about patient complaints and litigation. Tact and diplomacy are therefore extremely important.

Before calling the physician, rehearse what you are going to say with the study pharmacist.

Suggested approach:

1. Introduce yourself, say you are from VNS-NY/VNA-LA and tell the physician the name of the patient you are calling about.
2. Explain why you are calling.

I'm calling you about your patient X (patient's name). The VNS-NY/VNA-LA is taking part in a study in which home-health patients are screened for problems that may be related to their medication. You may remember receiving a letter informing you that the study was going on.

X has been identified by the study screening procedure. This does not mean that X necessarily has a medication problem, but simply that it would be worth re-evaluating him/her. I'd like to discuss the case with you to see if you think it is worth pursuing further.

3. Describe the identified potential problem.

The study screening showed that X is on (dose) of (name of drug) which is an unusually high dose. I just wanted to check with you whether this is the dose you want the patient to take and whether you think it is worth considering lowering the dose.

4. Proceed with the remainder of the discussion according to the guideline and the category to

which the patient belongs.

Problem: Duplication

Solution Step 2 - Informing the Physician

Patients identified by the study screening procedures have a potential medication problem. However, we do not know everything about the patient and their medical history, and there may be good clinical reasons for the physician to have prescribed for the patient as s/he did. The physician may be aware of the potential problem, but have chosen that treatment as the best compromise for that particular patient.

He/she may be alarmed that the patient has been identified as having a problem, feel defensive because his treatment is being called into question and be worried about patient complaints and litigation. Tact and diplomacy are therefore extremely important.

Before calling the physician, rehearse what you are going to say with the study pharmacist.

Suggested approach:

1. Introduce yourself, say you are from VNS-NY/VNA-LA and tell the physician the name of the patient you are calling about.
2. Explain why you are calling.

I'm calling you about your patient X (patient's name). The VNS-NY/VNA-LA is taking part in a study in which home-health patients are screened for problems that may be related to their medication. You may remember receiving a letter informing you that the study was going on.

X has been identified by the study screening procedure. This does not mean that X necessarily has a medication problem, but simply that it would be worth re-evaluating him/her. I'd like to discuss the case with you to see if you think it is worth pursuing further.

3. Describe the identified potential problem.

The study screening showed that X is on (drug 1) and (drug 2), which do the same thing. Do you think it would be worth seeing if X can manage with just one of the two?

4. Proceed with the remainder of the discussion according to the guideline and the category to which the patient belongs.