Speaker 1:

Welcome to Our Practice, a podcast created to talk candidly about the evolving pharmacy profession and the challenges and rewards of providing innovative patient care. This podcast is provided by members of the UBC Pharmacists Clinic. We acknowledge that UBC and the Pharmacists Clinic is situated on the traditional, ancestral, and unseated territory of the Musqueam people. Thank you for joining us. And now here's your host, Barbara Gobis.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Hello, and welcome back to the Our Practice podcast. In this, our second series, we're coming to you with new topics, new guests, and new lessons that we've learned in our practice over the past year. Series one was dedicated to sharing how we think and the processes that we put in place to provide patient-centered care in our practice. We delved into the pharmacist clinical mindset, created a systematic approach and how to truly become your patient's pharmacist. Now in this series, number two, we are going to talk about how we as pharmacists show up every day to make an impact on our patients, in our profession, and on our team.

So today we are peeling another layer back in the patient care process. Let's say that you just wrapped up a patient appointment. You've gathered your information, assessed the patient, identified your drug therapy problems, and have some ideas for a care plan. Now what? Your plan needs to be crafted into recommendations for the patient and their healthcare providers. Formulating foundations typically comes second nature to pharmacists. However, formulating impactful recommendations that are easy for others to implement, well, that's another story, and that's the story we're going to explore today.

I am so pleased to welcome back Adrian Ziemczonek for his second time in our studio. Adrian has practiced in a variety of healthcare settings, including three years in community practice, before starting here at the clinic. Adrian is passionate about health promotion and complex disease management. Adrian, please share with us what in your opinion constitutes an impactful recommendation with a high likelihood of success?

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

Yeah, sure thing, Barbara. Well, a few things come to mind. First, when I think about an impactful recommendation, I think of creating a plan which has complete patient buy-in, which often means it aligns with their personal health goals to some degree. And to do that, you really have to spend time with your patients, go through that shared decision making process, and have discussions. Provide education so that the patient is comfortable and has reasonable expectations going in.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

You know, you remind me of that expression, "Nothing about me without me." So that's what the patient could probably be thinking. "You don't make any recommendations about me without my buy-in and my inclusion."

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

Yeah, 100%. That has to be number one. Second, I think about a recommendation that is very clear, easy to follow and put into place. It doesn't necessarily mean that this has to be just a simple recommendation with very few moving parts, but the instructions have to be clear and have minimal barriers for the prescriber. And ultimately you want to come across very confident in your plan, show

that you were very thoughtful, and I think you do that by writing your recommendations and rationale in a way that shows you integrated those patient preferences, their health factors, and that you considered alternatives. And I think, putting all those together, that's how you came up with your plan.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Right, yeah. Because hindsight is 20/20. You can look back and say, "Geez, I should have suggested something else," but in the moment you're packaging together the best information you have in a nice, tight little gift with a bow on it that is easy for somebody to open up and take, right?

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

That's what I like to think, yeah.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

There is quite an art to it, packaging our words, right?

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

That's a good way to look at it. I like that.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

So identifying a drug therapy problem and writing a recommendation to resolve that problem seems simple enough, but in practice it's not that easy. So what makes formulating a recommendation for a healthcare provider challenging? What do you find? And what do you think make yours impactful?

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

Yeah, I agree with you there, Barbara. It can seem simple initially, but we often run into difficulties. There's a number of challenges that come to mind. I think first off, times we have multiple drug therapy problems or issues, especially in cases where they're seen as having different priorities whether maybe you're the prescriber, the patient, or the pharmacist. There can be very complex problem and might require a lot information to share and distill. There can also be a number of alternatives or solutions to a drug therapy problem that you have to work through. And I think most of all, some recommendations may require a complete overhaul of therapy and require a lot of work for the prescriber, whether that's needing to clarify a diagnosis or making referrals, ordering labs, writing new prescriptions, or even just a recommendation of a medication that the prescriber may not have experienced or seen before.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Yeah, yeah. Can I just ask you a quick question? Competing priorities. Whose priority becomes the priority?

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

Well, I think, going back to answering my first question and talking about impactful recommendations, it has to come from the patient. There's wiggle room there if there's a major safety issue, but again, without that buy-in, you're not going to get them to start a therapy or consider a plan that we have in place.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Right, yeah. I've read some of your notes, and I love the way you say, "This is the number one priority for Patient X. This is the problem. This is what we can do." So you've stated that this is a big priority. I've seen that. I don't know if you knew that I've seen some of your-

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

Oh man, I did not know that. No, this is new information coming to me.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Stealth learning, that's me. So anyway, I just wanted to emphasize that, because I think that that really helps put the ball in the patient's court, and you do it well.

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

That's nice to hear. Thanks, Barbara.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

So how do you make them effective?

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

I don't know if there's one way. I think the best advice I can give is going back to that... We keep calling it this impactful recommendation I talked about, so being straightforward, concise as possible in your communication, and just highlighting that fact, "Hey, the patient... We talked about this. They're onboard here." And then I think just trying to reduce some of those barriers that might exist for the prescriber goes a long way, whether that's maybe helping fill out a special authority form or working through a detailed taper schedule, calculating the exact number of medications you might need for maybe a taper or a titration. And I think the last part there is just being very clear about what needs to be monitored and who will take on that role, and as the pharmacist describing what your active role will be in either monitoring or follow-up, showing there that you're going to be there to support throughout this plan and this implementation.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Right, because there's so much detail. And we as pharmacists really excel in managing the detail, don't we?

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

We definitely do, yeah.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Yahoo. So, Adrian, please give us an example of a drug therapy problem and recommendation that turned out to be quite complicated after you factored in all those considerations that you just shared with us.

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

Definitely a recent example comes to mind it. It happens to be a Parkinson's patient. And now, I know I discussed a Parkinson's patient previously on the show. Just to let the listeners know, that's not the only patient that I see.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

It's not the same patient and it's not only patient.

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

No, it's not. I'm being honest about that. So I had a patient that was struggling to get a hold of his Parkinson's symptoms, and they were experiencing a lot of motor complications. Now, the only medication this patient ever used was levodopa with carbidopa, and that's the only thing that he wanted to use, because he was comfortable with it. He understood it. And early on we tried everything we could to manage his symptoms by just making changes to his levodopa therapy, so that was changing the dose, changing the frequency, the formulation. We tried it all, Barbara, but it just wasn't working well enough, and he was just too sensitive to this medication at this stage of his Parkinson's. So after exhausting the options with that medication I eventually was able to convince him to try something different to supplement levodopa therapy. And here we go again, taking all his preferences into account, which included some difficulty swallowing and difficulty remembering to take his medications on time, the ultimate goal of wanting to reduce his pill burden, a dopamine agonist patch, so a transdermal formulation, seemed to be the best option.

Now, I got the patient to buy in as we built a great relationship over the last few months trying all these different levodopa changes, but this was a newer medication that the prescriber hadn't seen before or used before, so naturally they were quite reluctant. So I had a few conversations with the prescriber, and I ended up talking about all the little changes we made previously. I then created a very concise summary sheet on the medication, including some recent literature, really highlighted the potential benefits for this patient, and just laid out a straightforward monitoring plan. I also offered to follow up with the patient more regularly and send updates along the way.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Yeah. So really you've laid out beautifully exactly what a pharmacist brings to the table, the new ideas, the new information, the time to sort through the problems and to problem solve. That's a great example of not only being like a drug therapy detective but also coming up with some innovative ideas and then explaining them in a way that's going to make it easy for everybody to be onboard and get some success for that patient. Yeah, you never know, Hey, there's always more than what it seems like on the surface.

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

Yeah.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Adrian, can you share with us a general overview of the processes that you use at the clinic to communicate your recommendations to other healthcare providers?

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

Yeah, I'd be happy to. The process for us starts during the patient interview. While we're speaking with the patient and doing our assessment, we're taking notes in our electronic medical record in the form of a SOAP note. Now, as part of our SOAP note, we finalize our plan, lay out any recommendations. I should highlight the fact, Barbara, that we see our patients either at our clinic site at UBC, or at least we did pre-pandemic, and/or virtually via telephone or video conference. And so we aren't working directly in doctor's offices or in primary care clinics with other providers on site. So with that in mind, the majority of our recommendations are sent to the patient's healthcare provider as written consultation letters that are then eFaxed.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Okay. So it's very similar to a person working in a community pharmacy or somewhere where they're not co-located.

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

Exactly.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

So all that you've been talking about today really does apply to anybody, if they're located together or not.

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

Yeah, yeah. Very similar process. Just continuing [inaudible 00:12:12] to delve a little deeper, the next step is taking that SOAP note and crafting a more detailed consultation letter. And at the clinic, we have built some standard templates that are integrated into our EMR for our consult letters. These contain things like clinic letterheads and various subheadings and boxes to help organize and easily separate our impression of the patient from our final recommendations and plan.

And just focusing a little deeper on this recommendation piece of our letters, we usually use a template that contains tables at the very bottom to list all our recommendations as well as a brief rationale beside it. The purpose of this is to provide a concise plan and rationale containing just enough details that the prescriber could look at this section only and put a plan into place right away. Any additional details, we would include in the body, which they could reference if needed. But for me, this all goes back to trying to be impactful and being mindful that prescribers might not have the time to read our entire assessment, and therefore we have just the right amount of information which is easily seen and highlighted right at the bottom.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Right. And the more they get to know you, the more they're going to trust that you know what you're doing and they don't need to see all of that detail. They'll just want to see the bottom line, because Adrian's got it.

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

And I think, Barbara, if you're sneaking a look at my follow-up notes as well, you'll see that's the case too. They get shorter and shorter and definitely provide less of that detail and more of that that assessment and plan.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

I'm not a creeper. I've just seen some in passing and noted how awesome they were. Now I'm embarrassed. I've been busted. So, Adrian, what are some tips that you can share with other pharmacists and learners about formulating effective recommendations? What is your take home here?

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

Oh, I have a lot to talk about here. How much time do we have left? I'll try and keep it simple, but number one, I think prioritizing your recommendation based on importance and urgency. We talked about this already, whether it's the patient, the prescriber, or whether it's a safety issue. And with that, remembering that it's okay to address only a handful of issues at a time. And I think with complex patients, it's often important to just stick to a single intervention or a small change, just to keep the clinical picture as clear as possible. And it makes it easier to monitor and assess the overall impact. Additionally I think, to this point, I want to stress that you don't need to solve every problem at once. It's often not even possible or effective with complex patients. And I think this is something I see a lot with our learners, is trying to find all the drug therapy problems and make a plan for every single thing that's identified. I think it's okay and even better at times to make those small adjustments, because those can still have large impacts, and it can be that change that builds more of that rapport, trust with the patient and provider, and will help really promote future collaboration.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Right. And one of the things that comes to my mind is just acknowledging this patient has many things going on, and this is what we're going to talk about first, or this is what we've prioritized, or the patient has prioritized as wanting us to work on with them first. So you're acknowledging that this isn't a unidimensional patient. There's lots of complexity, but you're very clear on what needs to be done first. I think that some people just get overwhelmed by how complicated a patient can be and where to begin. And just even taking that first step and making it easy for one of the healthcare providers to know what they're going to work on first is a gift that you give to people that is very impactful. There, I got the word in. Yes, very impactful.

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

Way to go, Barbara.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Well, Adrian, thank you so much for joining us today. As pharmacists, there are so many aspects of our practice that we can break down into a thousand different parts, factors, preferences, and even scrutinized by ourselves or one another. We are detailed people. Sometimes it's a lot to take in. But I can't think of anything more important to discuss than the way you've shared drug therapy problem recommendations can be made effectively for our patients. The wording, the tone, the details, they can all make break a successful, not to mention safe, drug therapy recommendation. You've certainly shed a lot of light on the ways that we can make our recommendations the most impactful, and how to show up as a patient-centered clinical pharmacist. Thanks again, Adrian. It's been really good to hear and to see you today.

ADRIAN ZIEMCZONEK, BSC(PHARM), RPH:

Yeah. Likewise, Barbara, I'm just happy I made it onto series two. It's nice to see I made the cut again.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Well, that's it for today. Please join us next time, when we'll be joined in studio by clinical pharmacist [Timothy Lim 00:17:04]. And with Tim, we're going to talk about cultural safety and how we can improve the ways that we provide care to marginalized populations. From our practice to yours, thank you for listening.

Speaker 1:

For more information on the Pharmacists Clinic, please check out our website where you can access more practical information, including our newsletter, archived webinars, and practice resources.