

# Our Practice

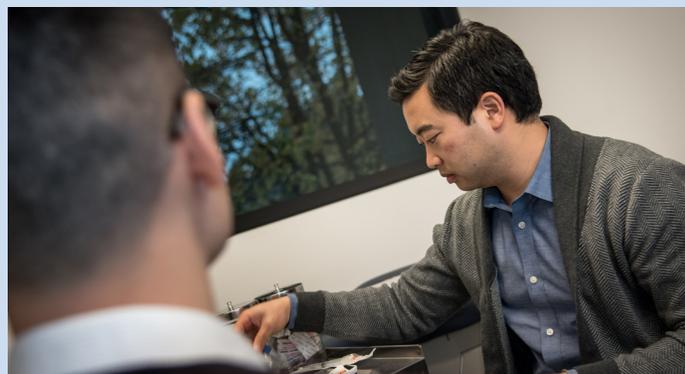
By pharmacists for pharmacists.



## Feature Article

# Working Collaboratively with other Health Professionals

LARRY LEUNG, BSC(PHARM), RPH



**“Interprofessional collaboration is the process of developing and maintaining interprofessional working relationships with learners, practitioners, patients/clients/families and communities to enable optimal health outcomes.”**

*National Interprofessional Competency Framework, Canadian Interprofessional Health Collaborative, Feb 2010*

In our practice, patients that are referred or self-referred for medication management often have complex health issues and a care team of multiple health professionals. Our input, focused on optimal drug therapy outcomes, can have a big impact

on patient health and well-being and the care that others are providing. We think of our patients and their health care team as partners working together in a coordinated and collaborative approach with shared decision making to optimize patient health outcomes.

Key elements to effective collaboration and partnerships include mutual respect, trust and clear communication. We achieve this through the following:

### 1) A mindset of mutual respect and trust

We recognize and respect that every health professional has a unique role and responsibility, and may have information about the patient that we may not have, especially when the patient is new to us. We also understand that patient cases are dynamic so when something doesn't make sense in the care of a patient, we avoid making assumptions and judging another health professional's practice. Instead, we ask questions to understand the situation better.

### 2) Gathering information on other health care team members during patient appointments

As part of our initial consultation, we ask patients the following questions about their other health care team members:

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- Who are the members of your health care team?
- Who is the primary prescriber of your medications?
- How often do you follow-up with each health care team member?
- Which community pharmacy do you usually visit?

This information is noted in the health care team module within our electronic medical record. We list names and contact information for health care team members including family physicians, specialists, community pharmacists, nurses and physical therapists. By asking for this information early on, we set the stage for a collaborative approach. With patient consent, we reach out to other team members for additional information as required. After each consultation, we also send a consultation note to relevant team members.

### 3) Communicating with other health care team members remotely

When we are not in the same location as other team members, we rely on phone conversations, secure email, or fax to share information. We have created a consultation letter format with input from other health care partners to ensure we are sharing our written impressions and recommendations in a way that is useful to them. This letter template is available in the [pharmacist resource section](#) of our website and includes the following components:

- health care team members
- basic patient information
- chief complaint or reason for referral

- current medications
- relevant past medications
- medication management (e.g. self-management, blister-packing)
- clinical impression
- recommendation(s) and rationale(s)
- follow-up plan
- pharmacist contact information

A key feature is a separate rationale for each recommendation in an easy to read table. Our partners say this makes our communication and thought process clear and easy to understand.

### 4) Communicating with other health care team members in-person

When we care for patients while co-located in a primary care clinic, we use more face-to-face interaction. We use case conferences with patients and health care team members and case discussions at the end of the day to share information, discuss recommendations and participate in clinical decisions. When direct conversation isn't possible, we may send our written recommendations remotely via electronic medical record. Again, we use the format that our readers prefer so the information is useful to them.

None of us practice in a vacuum and patients need their team members to work well together, so collaboration is a necessity. It starts with a mindset and requires the set-up of appropriate processes to start, but the impact on patient care is more than worth the effort.

## Case Study

### Take Nine - a practical tool for monitoring antidepressant therapy

LAURA BERESFORD, BSC(PHARM), RPH, UBC GRADUATE PHARMD STUDENT



A 36 year-old female is referred to the clinic by her workplace disability manager after being on leave for depression. Current medical conditions and medications include: depression (on no medications currently, discontinued sertraline 1 month ago), hypertension (controlled on valsartan 160mg PO once daily) and insomnia (melatonin 10mg PO QHS). Social history includes no previous tobacco use, occasional cannabis use, social alcohol and daily exercise. No recent lab values were available. She reports persistent low mood, poor sleep (4 hours per night), anhedonia, difficulty concentrating, feelings of guilt, and describes being quite reactive and angry in situations that would not previously have bothered her. Other than sertraline, which she discontinued 1 month ago secondary to debilitating and persistent gastrointestinal side effects, she has only ever tried vortioxetine which she self-discontinued, citing intolerable side effects.

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Our patient has been undergoing psychotherapy for one year however has been unable to return to work due to depression and is wondering about the appropriateness of re-trying an antidepressant. Before recommending pharmacotherapy, we wanted to assess if drug therapy was indicated and establish baseline symptoms to assist with monitoring.

Major depressive disorder (MDD) will affect 10% of Canadians at some point throughout their lifetime.<sup>1,2</sup> DSM-V criteria for MDD include 5 or more of the following symptoms over the same 2-week period with at least one of the symptoms being decreased mood or loss of pleasure: decreased mood, loss of pleasure, changes in appetite, insomnia or hypersomnia, psychomotor agitation, loss of energy, feelings of guilt, difficulty concentrating, suicidal ideation.<sup>3</sup> Treatment includes psychotherapy and/or pharmacotherapy.<sup>4</sup>

The patient health questionnaire (PHQ-9) is a 9-question depression scale that screens for the presence and severity of depression. The PHQ-9 scores each of the DSM-IV criteria for depression as "0" (not at all) to "3" (nearly every day) that the patient has experienced over the previous 2 weeks. It is scored out of 27 points and depending on the score, a clinician is able to determine whether the patient requires anti-depressant therapy or changes in therapy. It also includes a question to assess whether depressive symptoms are impairing function. The PHQ-9 can be self-administered by patients in about 2 minutes and is available here: [https://www2.gov.bc.ca/assets/gov/.../depression\\_patient\\_health\\_questionnaire.pdf](https://www2.gov.bc.ca/assets/gov/.../depression_patient_health_questionnaire.pdf). The PHQ-9 has been validated in 6,000 patients in 8 primary care clinics and 7 obstetrics-gynecology clinics.<sup>5</sup> A score >10 is 88% sensitive and specific for major depression with scores of 5, 10, 15 and 20 representing mild, moderate, moderately severe and severe depression, respectively. Although diagnosis should be confirmed with more robust patient workup and interview, the PHQ-9 can be a useful tool for monitoring patient response to therapy as it has been validated to reflect changes to depressive symptoms over time.<sup>6,7</sup>

Our patient scored a 16/27 on the PHQ-9, indicating moderate to severe depression for which antidepressants may be beneficial. In discussion with the patient, a recommendation to start an alternate SSRI was made and the PHQ-9 will be used to monitor progress at subsequent follow-ups with an ultimate goal of achieving remission and restoring function. If changes in clinical status and PHQ-9 are not observed after an appropriate antidepressant trial, a patient's treatment plan should be reassessed.

Just as you would monitor blood pressure or blood sugars in patients with hypertension and diabetes respectively, the PHQ-9 represents a validated, clinically relevant tool to ensure consistent monitoring of patients on antidepressants.

## References

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**Note - Each case study has been peer reviewed and qualifies as a non-accredited learning activity (CE-Plus) within the annual professional development requirement for licensure by the College of Pharmacists of BC.**

## Your Responsibility

The recommendations in this case are based on the views of our clinicians after careful consideration of the best available evidence and needs of a specific patient. As a health care professional, you will assess each of your cases based on the patient's unique circumstances and in consultation with the patient and their care team. If you would like to discuss one of your patients with us please contact the [Clinic team](#).

