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Statement of Interest

Disclosure

The author has no conflict of interest to declare

The presentation reflects author's personal views and does not necessarily represents the employer or other organizations position

Presentation Outline

- 1. Presenter's origin
- 2. Scoping the main concepts: comprehensive medication review and healthcare communication
- 3. Framing main healthcare communication activities and tasks in the context of a medication review.
 - The Calgary-Cambridge Guide: a clinical communication model
- 4. The importance of clinical communication skills and final remarks









Some pictures of old and modern Lisboa











The Lisbon Faculty of Pharmacy

2. Scoping medication review

Medication review¹

- A structured evaluation of a patient's medicines with the aim of optimising medicines use and improving health outcomes
- Entails detecting drug related problems and recommending interventions

Comprehensive medication review²

 An interactive face-to-face or telehealth systematic process of collecting patient-specific data, assessing medication therapies to identify medication-related problems, prioritizing a list of medication-related problems, and creating a plan to resolve them with the patient, caregiver, and prescriber

2. Scoping healthcare communication

Pharmacist-patient interaction

• i.e. 2 persons communicating to establish a healthcare relationship

Why do we communicate?3

- To make sense of what surrounds us and to be able to act upon reality, both personal and professional lives
- Communication is a basic social urge that influences our motivation and behaviours

A vision at the heart of healthcare³

 A social and political priority that sets the aims of clinical actions: to purse an ideal practice that responds to patients' health needs

2. Scoping healthcare communication

Effective communication^{3,4}

- A reciprocal, interactive process in which sender and recipient share responsibilities to ensure the message is understood
- Healthcare professionals (HCPs) need to ensure that messages are tailored to the personality, needs and abilities of the patient
- Strengthens patient's engagement and promotes the agreed actions
- Communications quality: as important to patients' welfare and outcomes as every aspect of healthcare
- "Better communication. Better relationships. Better care"5

^{4.} Shah B, Chewning B. Conceptualizing and measuring pharmacist-patient communication: a review of published studies. Research in Social and Administrative Pharmacy. 2006 Jun 30:2(2):153-85.

Academy of Communication in Healthcare (USA), http://www.achonline.com/ (Accessed 23 Nov 17).

2. Scoping healthcare communication

Effective communication basic requirements^{3,6}

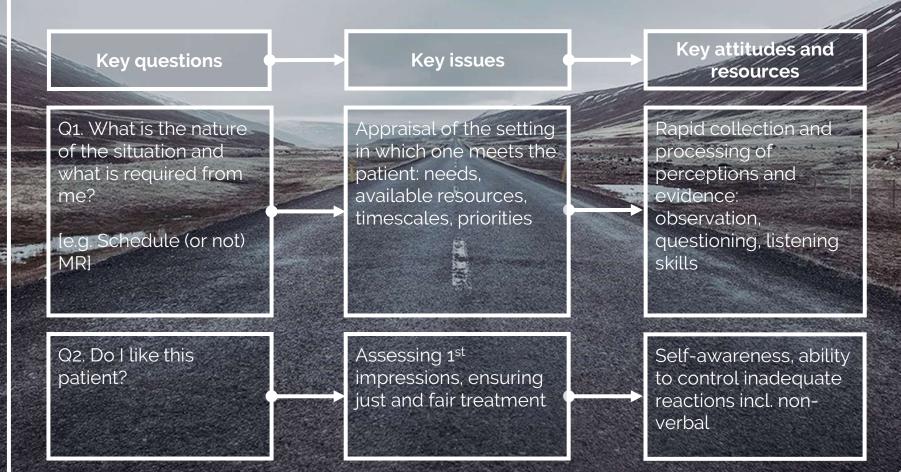
- Core concept: HPCs ability to care about ill-persons, showing that care OR the ability to help in ways that meet patients felt needs
- Core skills 1: empathetic attention, active listening, ability to elicit useful information through sensitive questioning
- Core skills 2: careful explanation, checking for message full understanding at all stages

2. Scoping healthcare communication

Ethics in healthcare communication^{3,6}

- Serving the best interests of the patient, in recognizable and consent terms by the patient – being altruistic
- Taking and keeping the truth as far as known: being transparent and honest about the strength of evidence and the uncertainty
- As a partnership: negotiates demands from and sets limits to patients

3. Main communication activities



Key questions

Key issues

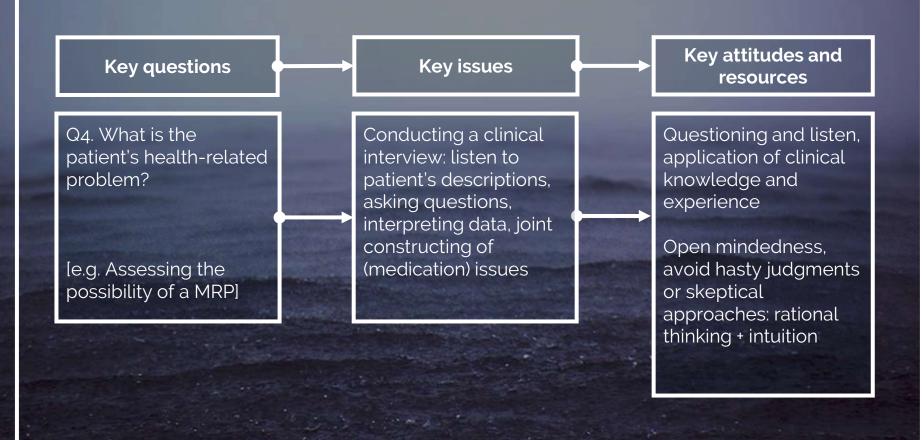
Key attitudes and resources

Q3. Who is this patient?

[A3. 1st or subsequent MR]

Preview the whole person from words, behaviour, emotions: what is the personal history and family environment?
What is the reaction to the situation and me?

Openness to diversity, establishing rapport and trust, listening, questioning (incl. nonverbal), interpreter patient attitudes in life, his/her response to situation and HCPs



Key questions

Key issues

Key attitudes and resources

Q5. What further procedures or tests are needed (if any)?

le.g. Confirming the possibility of a MRPI

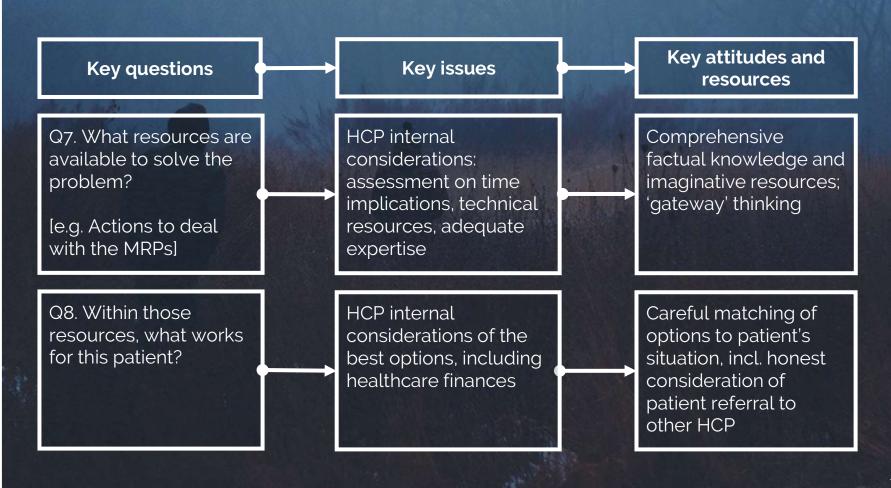
Q6. What is patient's reaction to the situation diagnosis (or lack of it)?

Identifying and communicating next steps (if any), eliciting patient's reaction, setting timescales and plans

Accurate understanding of the diagnosis meaning for the patient's life

Explanation and reassurance, joint planning, managing patient's feelings: rational thinking + intuition

Empathic observation, showing support and concern



Key questions

Key issues

Key attitudes and resources

Qg. What are the patient's views of the options and their consequences?

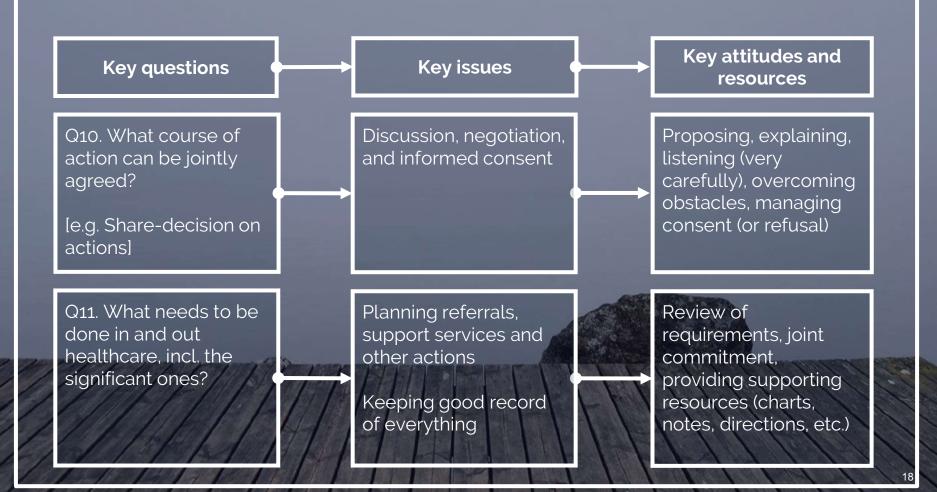
Full explanation of options, rationale, risks, benefits and consequences

Attention to patient's views and feelings

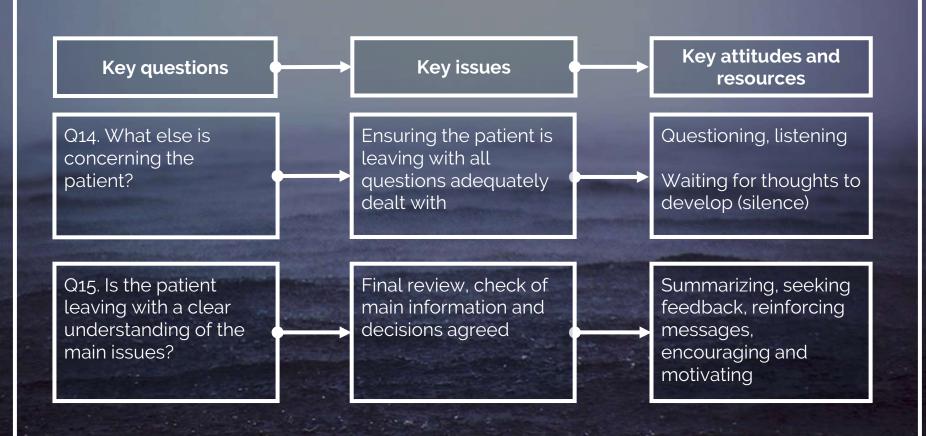
Review of non available options and reasons

Empathetic explanation, listening, answering to questions

Communicating risk, use of visual aids, dealing with disappointment or distress



Key attitudes and **Key questions Key issues** resources Q12. How risks can be Further revision of Explaining, seeking minimized and safety feedback, checking for risks, benefits enhanced? explanation understanding [e.g. Medication le.g. Encouraging Motivating and counseling to support providing practical adherence to plans! adherencel support Q13. What plans for Ensuring future clinical Reassurance provision future contingencies? needs are discussed Coherent and effective and anticipated Continuity of care is counseling and offered, contact details resources provided



3. The Calgary-Cambridge Huide

Initiating the Session

- preparation
- establishing initial rapport
- · identifying the reason(s) for the consultation

Gathering information

- · exploration of the patient's problems to discover the:
- ☐ biomedical perspective perspective
- ☐ the patient's
- \square background information context

Physical examination

Explanation and planning

- providing the correct amount and type of information
- · aiding accurate recall and understanding
- achieving a shared understanding: incorporating the patient's illness framework
- planning: shared decision making

Closing the Session

- · ensuring appropriate point of closure
- · forward planning

Building the relationship

- using appropriate non-verbal behaviour
- developing rapport
- involving the patient

Providing

Structure

organisation

attending to

· making

overt

flow

3. The Calgary-Cambridge Guide

Initiating the Session⁷

- A. Establishing initial rapport
- 1. Greet patient
- 2. Introduce self & session
- 3. Demonstrate respect
- B. Identify reason(s) for consultation
- 4. Identify patient problems
- 5. Listen to patient opening statement
- 6. Confirm list for session
- 7. Negotiate agenda

Gathering Information - exploration of patient's problems⁷

- 8. Encourage patient story
- 9. Use open & closed question
- 10. Listen attentively
- 11. Facilitate patient responses
- 12. Pick up/respond to cues
- 13. Clarify info where needed
- 14. Summarizes understanding
- 15. Clear & concise, avoid jargon
- 16. Establish dates & sequence

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3. The Calgary-Cambridge Huide

Explanation & Planning⁷

A. Providing the correct amount and type of information

33. Chunks and checks

34. Assesses patient's starting point

35. Asks patients what other information would be helpful, e.g. aetiology, prognosis 36. Gives explanation at appropriate times (avoids giving information or reassurance prematurely)

B. Aiding accurate recall and understanding

37. Organises explanation: divides into sections with logical sequence

38. Uses explicit categorisation or signposting

39. Uses repetition and summarising to reinforce information

40. Uses concise, easily understood language, avoids or explains jargon

3. The Calgary-Cambridge Guide

Calgary-Cambridge Guide for pharmacists: adaptations⁸

Initiating the session

- Greeting: include social aspects common within pharmacy practice
 & medication use
- Identifying reasons for the consultation: inclusion of previous sessions summary or current information needs
- Negotiating an agenda: agreeing a previously set agenda e.g. medication reviews in chronic conditions

Appropriate handling of patient questions

Restructuring the consultation in response to patient questions

Social conversation: a rapport/relationship building skill

3. The Calgary-Cambridge Guide

Pharmacists' consultation skills⁸

- Good use of skills e.g. signposting and closing the session
- Poor use of skills e.g. ineffective listening, poor eliciting patient's perspective, reduced showing of empathy, keeping jargon, not responding to patient cues

i.e.

Limitations in creating patient-centred consultations

Pharmacists' usual reliance on medications-related skills9

• 'Natural attitude': understanding of medications, focus on the products, emphasis on medication adherence and health outcomes

4. The importance of clinical communication skills

Pharmacists and patient-centred care^{10,11}

- Patient-centred care (IOM): providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions
- Patient-centred communication improves patient's health statues and increases the efficiency of care by reducing diagnostic tests and referrals

Linking HCPs-patient communication to health outcomes¹²

 Talk itself can be therapeutic (e.g. lessening patient's anxiety, providing comfort), but often clinical communication influences health outcomes via a more indirect route

4. The importance of clinical communication skills

Linking HPCs-patient communication to health outcomes¹²

- Interaction proximal outcomes include patient understanding, trust, and HPCs-patient agreement
 - These affect intermediate outcomes e.g. increased adherence, better self-care skills which, in turn, affect health and well-being
- Pathways to better health through adequate clinical communication
 - Increased access to care
 - Greater patient knowledge and shared understanding
 - Higher quality medical decisions
 - Enhanced therapeutic alliances
 - Increased social support,
 - Patient agency and empowerment
 - Better management of emotions

4. The importance of clinical communication skills

Effect of patient-HCPs relationship on health outcomes^{13,14}

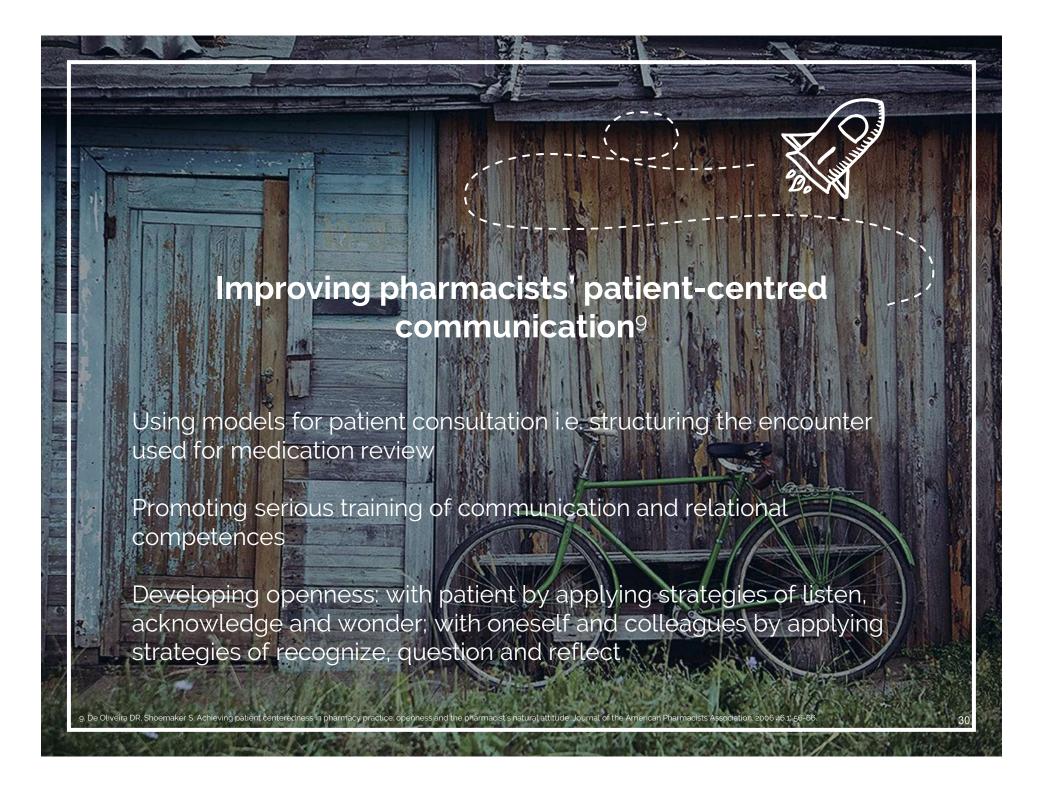
- There is a small (d=0.11), but statistically significant (p=0.22) effect on either objective or validated subjective healthcare outcomes
- 60% of the studies showed positive effect on objective parameters, such as information gathering and provision, relational skills for treatment-related emotions and behaviour, as well costs reduction

Effect of patient-practitioner interaction on common cold¹⁵

 When patients perceive clinicians as empathetic, the severity, duration and objective measures (IL-8 and neutrophils) of the common cold significantly improve

13. Kelley JM, Kraft-Todd G, Schapira L, Kossowsky J, Riess H. The influence of the patient-clinician relationship on healthcare outcomes: a systematic review and meta-analysis of randomized controlled trials. PloS one. 2014 Apr 9.9(4):e94207 14. Riedl D, Schüßler G. The Influence of Doctor-Patient Communication on Health Outcomes: A Systematic Review, Zeitschrift für Psychosomatische Medizin und Psychotherapie. 2017 Jun 1;63(2):131-50.

5. Rakel D. Barrett B. Zhang Z. Hoeft T. Chewning B. Marchand L. Scheder J. Perception of empathy in the therapeutic encounter: Effects on the common cold. Patient education and counseling, 2011 Dec 31.85(3) 390-7



4. Final remarks

Pharmacists communication skills development^{16,17,18,19}

- Further training: pharmacy education with a honest focus on standardized simulated patient methods, including virtual practice environments
- Further research: pharmacy practice researcher (in diabetes care) should consider the influence of pharmacists' communication skills on health outcomes
- Take seriously: effective written & spoken communication, dealing with complaints & apologies, dealing with public relations & media
- Get specialists on board: to help dealing and training tough topics e.g. medication errors & patient safety, sex & sexual orientation, dying & death

16. Mesquita AR, Lyra DP, Brito GC, Balisa-Rocha BJ, Aguiar PM, de Almeida Neto AC, Developing communication skills in pharmacy, a systematic review of the use of simulated patient methods. Patient education and counseling, 2010 Feb 28,78(2):143-8.

17. Babinec PM, Rock MJ, Lorenzetti DL, Johnson JA, Do researchers use pharmacists' communication as an outcome measure? A scoping review of pharmacist involvement in diabetes care. International Journal of Pharmacy Practice. 2016 Aug 1.18(4):183-93.

18. Rickles NM, Tieu P, Myers L, Galal S, Chung V. The impact of a standardized patient program on student learning of communication skills. American journal of pharmaceutical education, 2009 Sep. 73(1):4.





Thank you for your attention

Contacts

Afonso Miguel Cavaco www.ff.ulisboa.pt

acavaco@ff.ulisboa.pt

+351217946456