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Background: LTC Medication Management Working Group

- In July 2015, a multi-disciplinary working group, called the Long-Term Care Medication Management Working Group (LTCWG), was brought together to develop a medications management proposal based on a rational and principled approach that would optimize medication choices in specific drug classes for residents of Long-Term Care homes (LTCH) who receive benefits under the Ontario Drug Benefit (ODB) program.

- The LTCWG, co-chaired by Dr. Chaim Bell (physician lead) and Dr. Barbara Farrell (pharmacist lead), included membership from:
  - Ontario Long-Term Care Physicians
  - Ontario Medical Association
  - Ontario Pharmacists Association
  - Neighbourhood Pharmacy Association of Canada
  - Ontario Long-Term Care Homes Association
  - Ontario Association of Non-Profit Homes and Services for Seniors
  - Ministry of Health and Long-Term Care

- The LTCWG worked to develop a proposal that would focus on 7 specific drug classes for streamlining of medication choices. Consultation with clinical experts from medicine, nursing and pharmacy on the initial proposal was completed in November 2015 in order to further refine the proposal.

- The final proposal was endorsed by the LTCWG and ministry stakeholders and is now slated for September 2016 implementation as a demonstration project, lasting 1 year.
**Purpose**: Improve medication management and utilization of cost-effective medications by streamlining medication choices in 7 drug categories, thereby supporting the quality of care delivered to LTC home residents and reducing the risk of medication errors in the home.
# Drug Classes Targeted

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Commonly Treated Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angiotensin Converting Enzyme (ACE) Inhibitors +/- Diuretic</td>
<td>Hypertension, Congestive Heart Failure</td>
</tr>
<tr>
<td>Angiotensin II Receptor Blockers (ARB)</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Calcium Channel Blocker (non-dihydropyridine)</td>
<td>Hypertension, Angina</td>
</tr>
<tr>
<td>Proton Pump Inhibitor (PPI)</td>
<td>Gastroesophogeal Reflux Disease (GERD), Peptic ulcers, Gastritis</td>
</tr>
<tr>
<td>Long-Acting Muscarinic Receptor Antagonists (LAMA)</td>
<td>Chronic Obstructive Pulmonary Disease (COPD), Asthma</td>
</tr>
<tr>
<td>Bisphosphonates</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>Serotonin Norepinephrine Reuptake Inhibitors</td>
<td>Depression, Other Mood Disorders</td>
</tr>
</tbody>
</table>
Sample Scenario

**Proton Pump Inhibitor:** Used in the treatment of gastro-esophageal reflux disease (GERD), Peptic ulcers, Gastritis

<table>
<thead>
<tr>
<th>Drug Product*</th>
<th>Strength</th>
<th>Cost** per tablet/capsule</th>
<th>Yearly cost*** per resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabeprazole (Pariet)</td>
<td>20mg tab</td>
<td>$0.2408</td>
<td>$87.89</td>
</tr>
<tr>
<td>Omeprazole (Losec)</td>
<td>20 mg tab/capsule</td>
<td>$0.4117</td>
<td>$150.27</td>
</tr>
<tr>
<td>Lansoprazole (Prevacid)</td>
<td>30 mg capsule</td>
<td>$0.5000</td>
<td>$182.50</td>
</tr>
<tr>
<td>Pantoprazole sodium (Pantoloc)</td>
<td>40 mg tab</td>
<td>$0.3628</td>
<td>$132.42</td>
</tr>
<tr>
<td>Pantoprazole magnesium (Tecta)</td>
<td>40 mg tab</td>
<td>$0.1875</td>
<td>$68.44</td>
</tr>
<tr>
<td>Esomeprazole (Nexium)</td>
<td>20 mg tab</td>
<td>$2.3210</td>
<td>$847.16</td>
</tr>
</tbody>
</table>

*All are considered equally effective under normal circumstances if dosed as shown

** ** ODB Formulary Cost

***Excludes allowable mark-up and dispensing fees

**PROTOCOL**

**Optimize to:** pantoprazole magnesium (primary) or rabeprazole (secondary)

**Benefits:**
1. Strengthens quality of care;
2. Reduces risk of medication error (enhances safety); and
3. Cost savings.

**Clinical Rationale for Change:** comparable administration instructions, adverse effects and drug interactions.

Please see full protocol for detailed recommendations for all 7 therapeutic categories targeted.
Resident Consent & Care Considerations

• This initiative is based on a rational and principled approach which encourages a resident-centred collaborative practice model, maximizing the clinical judgement and recommendations of both pharmacists and prescribers (physicians, nurse practitioners).

• **Resident or substitute decision-maker consent is a requirement (i.e. participation is voluntary)** prior to any medication change as part of this initiative, in line with current practices and regulatory requirements for informed consent.

• Residents (or their substitute decision-makers) should expect the same level of communication and information-sharing from the home’s multidisciplinary team regarding this initiative, as with any other change or addition to their medication or treatment plan.

• Exceptions to a particular medication change include:
  1. Previous recorded Adverse Event (AE);
  2. Resident has difficulty swallowing and requires medications to be crushed (alternatives suggested where available); or
  3. Resident requires tube feeding (alternatives suggested where available).
Procedure

1. Pharmacist reviews LTC Medication Management Demonstration Project Protocol.

2. Pharmacist identifies any upcoming quarterly medication reviews or opportunities for MedsCheck LTC for residents under their care in the LTC home.

3. Pharmacist reviews the medication profiles of any resident eligible for an upcoming quarterly medication review or MedsCheck LTC to determine if any of the resident’s medication choices can be optimized in accordance with the 7 categories of drug products identified for inclusion in this initiative.

4. Where applicable, the pharmacist will make a recommendation for a medication change as part of this initiative to the resident’s prescriber (physician, nurse practitioner) and will provide a proposed transition plan, where appropriate.

5. The prescriber will review the recommended change from the pharmacist, taking into account any previous medication history of the resident that may not have been considered, and will accept or reject the recommended medication change, with rationale provided for any rejection.

6. If the recommendation is accepted, a member of the health care team within the home will seek consent from the resident or substitute decision maker, where applicable, to support execution of the medication change.

7. The resident’s decision to agree or not agree to participate must be documented on the resident’s medication file.

8. If the resident agrees, then the medication change can be executed at a mutually agreed upon time by the resident and/or substitute decision maker and the members of the health care team.
In the event of a:

- **Drug Shortage**
  - Follow the standard processes already in place within the LTC home.

- **Adverse Reaction**
  - Any adverse event should be documented on the resident’s medication profile and the health care provider should complete and submit a copy of the *Canada Vigilance Adverse Reaction Reporting Form* to Health Canada.

In almost all cases, multiple suppliers of newly recommended medications in this initiative have been identified. Supply issues should be handled within the LTCH as per standard processes set in place within each individual home.
Project Administration & Evaluation

• This demonstration project will run for a period of 1 year, and will be evaluated to inform future work in the area of medication management, both inside and outside of the LTC sector.

• This demonstration project is not expected to impact the administrative burden within the LTC home; any recommended medication changes will be assessed and executed through the quarterly medication review or MedsCheck LTC processes already in place.

• Claims submissions by the LTC pharmacy provider to the Ministry of Health and Long-Term Care’s Health Network System (HNS) will be assessed to monitor the progress of this demonstration project.

• The LTCWG will rely on feedback from LTCH administrators, residents, and their respective health care teams to determine the utility of this demonstration project to inform future steps.

• Any comments or feedback can be directed to the LTC Medication Management demonstration project mailbox at LTC@opatoday.com

• Metrics to monitor progress and success of this initiative are under development.
Supporting Implementation

• This project will launch in September 2016.

• The successful implementation and delivery of this demonstration project is dependent on interprofessional collaboration between health care providers and support from the LTC home, residents, their families and substitute decision makers.

• Stakeholders can support the health care team in launching this project by sharing information with home staff, residents, their families and substitute decision makers, where able and appropriate, in order to support uptake.
  o A Questions and Answers document has also been developed for information sharing and will be distributed to stakeholders accordingly.

• Although residents may remain on their current medication if they choose, residents should be encouraged to participate where a recommendation has been made by their prescriber and pharmacist as part of this initiative given the benefit that streamlining medication choices may have on medication safety and the quality of care delivered in the home.

• Improving and supporting long-term health system sustainability supports all Ontarians and will continue to ensure Ontarians are able to access appropriate medications through Ontario’s public drug programs for generations to come.
For More Information

• Consult the LTC Medication Management Protocol or accompanying Q&A documents for health care providers, LTC home staff, LTC home administrators or residents, as appropriate.

• All documents and background information are hosted on the Ontario Pharmacists Association website at www.opatoday.com

• Questions/comments? Send an email to LTC@opatoday.com