A Report to the Board of the Pharmacists' Association of Saskatchewan and the Council of the Saskatchewan College of Pharmacists on the Experiences of Saskatchewan Pharmacists and Pharmacies Providing Services to Long Term Care Homes in Saskatchewan

The following report was written by Jason Perepelkin, PhD in May 2014 and prepared for the Pharmacists' Association of Saskatchewan (now the Pharmacy Association of Saskatchewan) and the Saskatchewan College of Pharmacists (now the Saskatchewan College of Pharmacy Professionals).

The objectives of this project were to identify how medication reviews are being performed by community pharmacists (e.g. how often, for how long, how many residents, preparation time, etc.) and to identify any barriers or challenges to performing medication review. Furthermore, the results of the study are anticipated to help inform policy decisions and identify areas where PAS and/or SCPP may provide assistance to improve the process.

Questions?
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Prepared for:

The Pharmacists' Association of Saskatchewan
and the Saskatchewan College of Pharmacists

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Introduction and Background

In the summer of 2013 the Pharmacists' Association of Saskatchewan (PAS) and the Saskatchewan College of Pharmacists (SCP) expressed interest into better understanding the experiences of pharmacists and pharmacies providing goods and services to long-term care (LTC) homes (facilities) in the province.

Conference calls at the beginning of the project included PAS and SCP staff, as well as the two members of the RxFiles LTC Project. From these meetings, it was determined that the target audience for primary data collection would be community pharmacy managers (or a designate) working in pharmacies providing goods and services (i.e. medication distribution and cognitive service in the form of medication reviews) to LTC and special care homes in Saskatchewan. An initial draft questionnaire was developed, and subsequent iterations resulted in the final questionnaire being used to collect data.

The objectives of this project were to identify how medication reviews are being performed by community pharmacists (e.g. how often, for how long, how many residents, preparation time, etc.) and to identify any barriers or challenges to performing medication reviews. Furthermore, the results of the study are anticipated to help inform policy decisions and identify areas where PAS and/or SCP may provide assistance to improve the process.

Methods

In order to collect data from pharmacists and pharmacies providing services to care homes in Saskatchewan, a review of the available information was done. Realizing that there was no instrument (questionnaire) that met the needs for this study, a questionnaire was created. In developing this questionnaire, pharmacists providing services to care homes, SCP field officers, and the PAS Director of Professional Practice were asked for input and feedback during several iterations of the questionnaire. Once the questionnaire was deemed to reflect the objectives of this study, while also considering length, breadth, and depth, it was decided that data collection would begin in early 2014.

After some discussion, it was decided that data collection would occur exclusively online, using the Qualtrics website and software. The initial fax, sent by PAS, went out January 13th, 2014 with a reminder fax sent out January 27th. A second reminder fax was sent February 27th, and data collection concluded March 21st. The letter sent via fax included information on the nature of the study, potential benefits and risks of participating, confidentiality, consent to participate, and the link to the online questionnaire.

For this project, ethics approval was applied for and obtained (BEH 13-287) from the Behavioural Research Ethics Board at the University of Saskatchewan. Of note is

that for any answer to a question that was typed in by the respondent, that answer is displayed in the results section word-for-word.

Results

A total of 90 respondents began to fill out the questionnaire. However, after filling out the qualifying first questions "Do you provide services to a long-term care home (including special care home, nursing home, and/or personal care home) in Saskatchewan?" and sorting the data (i.e. removing questionnaires that had less than 50% of the questions completed), a total of 50 completed questionnaires were received. As of January 1st, 2014 there were a total of 338 community pharmacies in Saskatchewan (NAPRA, 2014). Of note is that there is currently no known source where one can find out how many community pharmacies in Saskatchewan provide services to LTC or special care homes; however, what is known is that there are 156 LTC facilities in the province (SK Health, 2014). For a reference point, there are currently 14 LTC facilities in Saskatoon, and those facilities are serviced by 3 pharmacies; as well, in Saskatoon there are 93 personal care homes, with capacity ranging from 2-130 residents.

One third (34%) of respondents reported providing services to special care/nursing homes, with 14% providing services to personal care homes, and half (50%) of respondents reported providing services to both types of homes. Almost three-quarters (72%) of respondents reported their pharmacy to be outside Regina or Saskatoon, with an even split between those reporting their pharmacy location as urban versus rural. With regard to health regions, Regina Qu'Appelle and Saskatoon each had 22% of respondents; Prairie North had 14%, while Kelsey Trail and Prince Albert Parkland each represented 10% of respondents. The remaining respondents were located in other health regions, but represented fewer than 10% of the responses received.

Respondents reported their pharmacy to have, on average, 2.5 full-time pharmacists, 1.7 part-time pharmacists, 2.7 full-time pharmacy assistants/technicians, and 2.1 part-time pharmacy assistants/technicians. When asked if there was dedicated pharmacist time to perform LTC resident medication reviews, more than three-quarters (76%) reported that there was dedicated time. Similar to dedicated time to perform LTC resident medication reviews, three-quarters (76%) of respondents reported that if the dispensary was busy, the pharmacist could still perform LTC resident medication reviews.

In Table 1, the number of LTC residents that each respondent pharmacy served is shown, with just over half (52%) serving between 21 and 100 LTC residents, while almost one-third (30%) serve over 200 LTC residents.

Table 1: Number of LTC Residents Served

Number of Residents	# (%)
< 20	4 (8%)
21-50	13 (26%)
51-100	13 (26%)
101-200	4 (8%)
> 200	15 (30%)

Table 2 shows how respondents reported handling medication reviews if the pharmacist was unexpectedly absent from work (e.g. sick, weather, family emergency, etc.). Almost half (46%) reported deferring/delaying medication reviews until adequate staffing levels are achieved, while one-third (36%) reported rearranging the pharmacy team to ensure medication reviews are completed.

Table 2: Handling Medication Reviews in Co-workers Unexpected Absence

Category	# (%)
LTC medication reviews are deferred/delayed until adequate staffing level achieved	23 (46%)
LTC medication reviews are not done	4 (8%)
Pharmacy team rearranged to ensure LTC medication reviews are completed	18 (36%)
Another pharmacy team member is called in to complete the LTC medication reviews	4 (8%)

Table 3 displays what challenges/limitations affect the pharmacists' ability to complete LTC medication reviews. Of note is that respondents were asked to check all that applied, so the percentages add up to more than 100%. The most common challenge/limitation was reported to be the lack of appropriate reimbursement for pharmacist time (64%), followed by too many LTC medications reviews to complete (28%) and shortage of pharmacists (26%). Table 4 highlights where LTC medications reviews are completed/performed, with one-third (36%) completing reviews in the pharmacy, while one-quarter (24%) listed 'other' (responses to this category are listed in the table).

Table 3: Challenges/limitations to Completing LTC Medication Reviews

Category	# (%)
Shortage of pharmacists	13 (26%)
Shortage of pharmacy technicians/assistants	4 (8%)
Lack of appropriate reimbursement for pharmacist time	32 (64%)
Pharmacist skills or lack of confidence	4 (8%)
Large number of LTC medication reviews being performed (too many to complete all of them)	14 (28%)
No challenges/limitations	5 (10%)

Other (please describe): • Incomplete blood work. • Unavailability of nursing home staff to answer questions regarding patient. • Lack of time!! • Medication reviews are now expected to be quarterly by the Ministry of Health based on no actual scientific evidence that these quarterly reviews provide benefit to residents. There is no reimbursement for pharmacist time. • Often pharmacists have to travel to get to the LTC homes • Trying to co-ordinate schedule of MD, nurse practitioner, pharmacist at a time that allows all medication changes to be changed & ready for the next packaging cycle & new month MAR sheet. • We do have a very large number of med reviews being performed, but we generally do complete them all. Time/money for pharmacists to travel to facilities to check charts/interview patients. • Without proper funding, designated pharmacist for LTC med reviews is not feasible. We continually monitor medications with e-MAR every time we fill prescriptions for patients. Care Homes call when doing annual med reviews.	7 (14%)

Table 4: Location Where LTC Medication Reviews Completed

Category	**# (%)**
In the pharmacy	18 (36%)
At the LTC home prior to the Resident Care Conference (RCC)	9 (18%)
At the LTC home during the RCC	9 (18%)
Other (please describe): • A lot of the prep is done in pharmacy with some work being done at LTC home prior to RCC and then the review is usually preformed at RCC. • A very systematic approach is taken to prepare the Med reviews in the Pharmacy, the limitations are that Pharmacists cannot remotely view a lot of a specific residents chart information in a timely manner, making there medication review based more on specific meds, diagnosis. • All of the above. • All three. • At LTC home quarterly with 1 of these prior to the RCC. • At the home when it is convenient to both parties. • At the LTC home at a separate time from the RCC with the nursing director.	12 (24%)

• At the LTC separate from the RCC. • In pharmacy and at care home. • In the pharmacy and at the LTC facility. • Med lists are reviewed in the pharmacy but assessments and review are also preformed while at LTC home at RCC • Only do a brief assessment at admission or initiation of bubble packing. Occasionally follow-up at residence prn.	

The next section of the questionnaire focused on resident care conferences (RCC). As a reminder, a RCC refers to any collaboration with other members of the healthcare team, which may or may not include: physician, registered nurse, licensed practical nurse, nurse practitioner, care aid, patient, patient representative/carer, administrative staff, and the like.

Almost three-quarters (72%) of respondents reported having dedicated pharmacy time to attend RCCs at the LTC home(s), with fewer (54%) reporting that the pharmacist could still attend RCCs at the LTC home(s) if the dispensary was busy. In relation to RCCs, Table 5 presents what happens if a co-worker is unexpectedly absent from work; almost half (42%) report deferring the RCC until adequate staffing levels are achieved.

Table 5: Handling RCC in Co-workers Unexpected Absence

Category	**# (%)**
RCCs at the LTC home(s) are deferred/delayed until adequate staffing level achieved	21 (42%)
RCCs at the LTC home(s) are not done	5 (10%)
Another pharmacy team member is called in to attend RCCs at the LTC home(s)	9 (18%)
Other (please describe): • Conference notes are sent, but conference is not attended. • In some cases we cannot attend RCC's. We send info before hand for nursing to review. • In the past we have done a combination of the above. • Information is submitted by fax. • It is virtually impossible for Pharmacists to attend all RRC's both from a funding and from a logistics view. • Meeting would go on just without the pharmacist. • RCC is done without pharmacy involvement. • RCC is still done - pharmacist unable to attend so faxes the info gathered during medication review. • RCC will be performed without pharmacist and notes sent to absent pharmacist with any concerns arising from the RCC. • Reschedule where possible. • The RCC proceeds without the pharmacist. • Usually another team member does review but this is not	12 (24%)

always the case.	

With regard to packaging devices used for medication distribution, blister packs with punch out medication cells (82%) were the most common response (See Table 6). As a reminder, the SCP *Supplementary Standards for Pharmacists Caring for Residents of Long Term Care Facilities* states "All medication shall be dispensed in a monitored dose or compliance packaging system except where the form of the drug does not permit such packaging" (SCP, 2013; pg. 5). Also, respondents were asked to check all that applied, so answers total more than 100%.

Table 6: Packaging Devices Used for Medication Distribution

Category	**# (%)**
Blister packs with punch out medication cells	41 (82%)
PACMED Machine	12 (24%)
Medication vials	10 (20%)
TCGRx Products	3 (6%)
SynMed	4 (8%)
Heat Seal / Cold Seal	1 (2%)
Manrex	1 (2%)

Few (8%) reported utilizing a centralized filling location to package LTC medications. Next respondents were asked if they provided LTC medications to a care home located outside of the town/city of the pharmacy, and just over one-third (36%) stated they did. For those that reported providing LTC medications outside of the town/city where the pharmacy was located, they were then asked how medication reviews and RCCs are handled (See Table 7).

Table 7: Handling Medication Reviews and RCCs When Care Home Not Located in Same Town/City as the Pharmacy

How are these LTC medication reviews managed/handled?
• A pharmacist travels to the site every two weeks and spends a full day there. • At the end of the month when doing the MAR sheets the pharmacist does med reviews with the nurse on 1/3 of the homes residents. • Residents then done every 3 months. • By pharmacist visit to the home. • Done at the pharmacy. • Done in Pharmacy. • Fax, courier, phone. • In store reviews done monthly. • Non Pharmacist centered - all medication changes are monitored by the Pharmacist at time of new order for appropriateness and in review other medications resident is on.

- On site at pharmacy, discussed in writing or by phone with LTC.
- Pharmacist completes a 3 month review quarterly and reviews with the nurse practitioner and a nurse at LTC.
- Pharmacist drives 32km from Pharmacy to Town with LTC Home to participate in quarterly medication reviews.
- Pharmacist goes out to home once per month and does med reviews on 1/3 of the residents.
- Pharmacist travels to the LTC home.
- Pharmacists along with nurses perform most of the reviews together; families are contacted if there are any concerns and notified when the times of the reviews are held if they have any medication related issues.
- Reviewed on refills.
- Same as our in-town facility; Pharmacist will drive to the LTC facility monthly.
- We have Pharmacist in those cities that handle the medication reviews.
- Yearly medication reviews are done in the pharmacy and sent to the facility.

How are LTC RCCs managed/handled?

- A pharmacist travels to the site every two weeks and spends a full day there.
- By phone or email.
- Family/Health care professionals/Caregivers meet with us in city/phone us/fax us on queries.
- Pharmacist attends on site visit or by phone.
- Pharmacist do not attend.
- Pharmacist drives 32km from Pharmacy to Town with LTC Home to participate in RCCs
- Pharmacist drives to care LTC home (only 15 minutes away)
- Pharmacist travels to the LTC home.
- Pharmacists attend all RCC's, which occur yearly.
- Pharmacy does not attend the RCC's at this home. Consult by phone if needed.
- Same as our in-town facility; Pharmacist will drive to the LTC facility monthly.
- Scheduled by the nurse we the nurse practitioner and pharmacist attend these once yearly; however the new quarterly LTC medication reviews mandated from Sask Health through the regional health authorities LTC facilities are CONFUSING. I doubt pharmacists were consulted through the entire development of these med reviews that the LTC facilities have to complete!
- Scheduled weekly pharmacist visit
- Special care home-doesn't have them
- They are not scheduled formally at that facility, they happen with the staff of the departments that are there, they don't expect pharmacy to make a special trip

- Have pharmacists in those cities that attend.

In regard to confidence in ones skillset to properly assess medications in the LTC population, a majority (78%) rated their confidence 7 or higher (where 1 was low confidence, and 9 was high confidence). Just over one-third (38%) of respondents reported taking specialized training (ADAPT, Certified Geriatric Pharmacist, Certificate in Long Term Care Management, etc.) to further their medication assessment skills.

Almost two-thirds (62%) reported that medication reviews were discussed at every RCC. Two-fifths (40%) of respondents reported that a pharmacist always attends RCCs, with 16% often (~75% of the time), 10% half of the time, 8% rarely (~25% of the time), and 20% never attend RCCs. Most (64%) respondents reported always attending RCCs in-person, while only 2% reported attending using technology (e.g. telephone, video conference, etc.), and 10% reporting using a combination of in-person and technology. Table 8 displays attendees at RCCs.

Table 8: Attendees at RCCs

	Prescriber	**Nursing Staff**	**Family Member &/or Other Carer**	**Resident**	**Care Home Administration**
Category	**# (%)**				
Always	9 (18%)	35 (70%)	6 (12%)	2 (4%)	13 (26%)
Often, about 75% of the time	7 (14%)	4 (8%)	14 (28%)	6 (12%)	10 (20%)
Sometimes, about 50% of the time	8 (16%)	0 (0%)	9 (18%)	13 (26%)	3 (6%)
Rarely, about 25% of the time	6 (12%)	2 (4%)	6 (12%)	11 (22%)	4 (8%)
Never	14 (28%)	3 (6%)	8 (16%)	11 (22%)	12 (24%)

With regard to how much time the pharmacist spends per resident during a RCC, one-third (36%) stated 5-15 minutes, 30% stated 16-30 minutes, 18% stated > 30 minutes, and only 2% stated < 5 minutes. Table 9 displays the open-ended answers of respondents when asked about the challenges/limitations to pharmacist's ability to participate in LTC medication reviews and RCCs.

Table 9: Challenges/Limitations to Pharmacist's Ability to Participate in LTC Medication Reviews/RCCs

- Access to charts, cooperation of nursing staff.
- Access to charts.
- Access to labs and charts.
- Access to labs, MD attitude.
- Available time to review charts etc. this is made easier when summer students are available.

- Biggest challenge is time management, balancing profitable pharmacy and non paid medication reviews, hence it is still a business and must be run profitably.
- Confidence with senior care, patient's complete information (ex. allergies & what happens, med conditions).
- Doctor shortage.
- Getting timely lab values when obtaining samples can be a challenge.
- Have offered time to attend but am not informed when they are occurring.
- Having the time/money to send pharmacists to the home for chart.
- Review/attending RCCs.
- Incomplete lab work, inability to find staff member to discuss patient, staff shortages (ex sick).
- It is difficult to find adequate time to prepare the med reviews as the patient information is all contained in their chart at the nursing home so we have to prepare while at the home. This has improved since access to the lab viewer has become available it is still difficult to fine the necessary time to prepare and FOLLOW UP on medication reviews for LTC patients with all of the dispensing functions we still also must perform.
- Lab reports are often old and cannot realistically be used to do a therapeutic plan.
- No compensation. Soon it will not be cost effective to service LTC homes at all. Then what?
- Not always aware of current nursing/physician concerns regarding patient health concerns/uncontrolled disease states, etc.
- Only if pharmacists are sick on the day of the RCC.
- Our contract requires medication reviews every 3 months, this means that 3 medication reviews are done each week which is very time consuming and somewhat redundant.
- Poor overviews provided by facility/nursing; incomplete or inaccurate charts.
- Remote access to patient profiles (Use MAR at Nursing Home), at times incomplete information is available...ie vitals not ready (usually gathered by nursing staff) for the reviews thus extending length of review until they can be obtained.
- The biggest challenge is the lack of reimbursement for pharmacist services.
- The expectation for performance is there from everyone on the team (Nursing, Resident, Administration, Government), but no one wants to pay for this. Physicians do not attend conferences and they do not get paid to attend. Pharmacists attend, but do not get paid. This scenario does not exist in any other type of business, medical or non-medical.
- The hospital does a very poor job of communicating any information to LTC homes and often pharmacists are left trying to figure out why the patient was admitted to the hospital and what medications they are suppose to be on come discharge. This makes it challenging when having to try and review medications. Also patient charts at LTC homes are

sometimes incomplete ex) a patient is on a medication but there is no documentation in the chart as to why it was started.

- The LTC nurse and administrator brought to the pharmacist's attention the new medication quarterly reviews that have been mandated through the health region by the government. These documents are repetitive and cumbersome and are being completed by the nurses. Also they can't replace the three-month reviews (quarterly) that we (the pharmacist, nurse practitioner and nurse) were already doing- so now the pharmacy and the nursing home are both doing quarterly med reviews. UGHH!! The process is now very complex as we invite family to the yearly review and the nurses are inviting the family to their quarterly reviews that the pharmacist and nurse practitioner do not attend.
- The pharmacist has not previously been involved in RCCs, but the families have now been invited to the quarterly med reviews.
- The proper lab work isn't always available. The eHealth Viewer has substantially increased access but the proper work hasn't always been ordered. Time is always always an issue. While med reviews/RCC are always done, they could be done a lot more effectively if there was proper time to prepare.
- The terms of the LTC contract does not allow for the expense of allocating excessive pharmacist time for RCC and med review.
- There are at least 2 major challenges First - like all Health care - the standards and suggestions are great and meaningful and want to provide the best care and service for each resident in a LTC home, but to achieve these standards, adequate funding must be provided, this is the first obstacle. The 2nd major issue is organization and efficiencies that need to be developed, Although it would be great, it is not practical for remote health care participants to be available at one LTC site continually, or at man sights at the right times to functionally carry out the roles the standards have set. It is not that the Standards are too high, and it is not that the Pharmacists don't have the desire, it basically in many cases not logistically possible. The measurement of the end result, how well the elderly resident benefits and for how long have to measured and calculated with the financial cost to accomplish these standards.
- There is no monetary incentive to do LTC clinical services. Therefore we focus our efforts on the ambulatory geriatric population still living at home, either with or without home care.
- Time.
- Time during day.
- Time tends to be a barrier of doing a comprehensive med review. The med reviews are not a paid service but expected service as part of a LTC contract. Therefore, one cannot spend a lot of time on most med reviews but try to focus on areas that requires attention. Access to labs has been a barrier but less of an issue with eHealth. We do the med reviews in conjunction with nursing at the care home and neither pharmacy or nursing have a lot of time to put into med reviews due to budget

constraints. Lack of pharmacist labour hours in my business plan as imposed by corporate.
- Time, money.
- Times RCC's are called are during the day, rural pharmacist can't leave work unless they are held outside of store hours. RNP's won't attend unless it is during her salaried hours, so sometimes the timing doesn't work out.
- We have access to charts whenever we are at the facility, lab results can also be obtained online.

Concerning whether or not there are any standards or bylaws that are barriers to providing services to LTC homes, one-quarter (22%) of respondents reported that there are barriers, and were asked to list the barriers (Table 10 lists respondent barriers).

Table 10: Standards or Barriers to Providing Services to LTC Homes

- There is a standard with our LTC facilities that nurses must be the ones to communicate with physicians. So nurses receive and transcribe the orders and send them to the pharmacy. If we find a problem with the order we have to contact the nurse who contacts the doctor to discuss the issues. As physicians most often don't take our phone calls in a timely manner this is currently the fastest way of getting things done but we may be able to provide better care if we could discuss our issues directly with the residents physician.
- Physicians NEVER attend family conference. This definitely hinders our ability to provide good care. It creates more work as we try to get to the bottom of why a medication was prescribed or clarifying patient specifics of a specific indication. I just find I have a lot of questions by the end of conference regarding a patient's health that can't be answered by anyone else who is at conference.
- Because of a perceived ongoing Ministry requirement for greater involvement in LTC Medication Management PAPHR has given themselves the option to terminate the LTC Home contract with 30 days written notice to the Pharmacy. This gives the Health District the option to change the contract to meet their needs leaving Pharmacy without ability to make long term plans within the existing contract. The requirement by PAPHR to "Pouch fill " all meds via a PACMED machine leaves Pharmacy in a very high labour and very low margin position whilst serving the contract.
- Expectations of pharmacy services, non paid services, communication of LTC home staff.
- LTC patients are being segregated against the rest of the population. Medication reviews can be done for a member of the general public - which is then compensated for financially, but the LTC patients, whom are in just as much or more need for med reviews, do not get financially compensated for. A two-tiered health care system has been artificially created by these financial considerations.

- Funding to provide these standards, technology is available, but it does take often many years, if ever for new technology to used to its fullest potential.
- No reimbursement for these services in LTC.
- No right for SMAP billing for LTC patients.
- Not paying for med reviews in LTC homes.
- Requirement to attend RCC all parties must be informed and on board and are clearly not in my area.
- Time, physician acceptance of pharmacist participation/recommendations.

Three-quarters (74%) of respondents reported their pharmacy maintains resident records besides those for dispensing (e.g. care plans, medication therapy recommendations, etc.). Furthermore, 78% of respondents reported that their pharmacy/staff have access to resident records at the care home.

Forms of support that would be beneficial to respondents' overall provision of services to care home are listed below in Table 11; of note is that respondents were asked to check all that applied, so there is greater than 100% if adding up each response category. Funding for medication reviews (90%), clinical education (72%), and interdisciplinary teamwork support (58%) were the most common forms of support respondents listed as being beneficial.

Table 11: Forms of Support Perceived As Beneficial to Overall Provision of Care Home Services

Category	**# (%)**
Funding for medication reviews	45 (90%)
Clinical education	36 (72%)
Interdisciplinary teamwork support	29 (58%)
Advocacy	20 (40%)
Contract negotiations	17 (34%)
Standards/bylaws	16 (32%)
Contract standardization	13 (26%)
Other (please describe): • Funding for compliance packaging. • Government funding for PACMED technology. • The understanding of government the importance of rural pharmacies continuing to provide care to their local LCC home. Rural pharmacies are the backbone of many small towns, central fill pharmacies put small pharmacies and small towns at risk.	3 (6%)

Less than half (42%) of respondents reported being aware of the *Multidisciplinary Medication Review Guide* (MMRG) from the Saskatchewan Ministry of Health; furthermore, only 20% of respondents reported that their pharmacy follows the

MMRG. As well, 20% reported that the MMRG would result in changes in their next LTC contract.

When looking at the time spent performing an individual medication review, including preparation/work up and follow up, one-third (34%) of respondents reported spending 31-60 minutes on each medication review, another third (32%) reported spending less than 30 minutes, while 20% spent between 61 and 90 minutes, and few (8%) spent more than 90 minutes on each medication review. With respect to individual medication reviews being performed, two-fifths (42%) reported medication reviews are performed at least every 3 months, with one-third (34%) reporting reviews being done once a year.

When asked how long pharmacists have to prepare, per resident medication review, to participate in RCCs, one-third (32%) report pharmacists having 5-15 minutes, with 28% reporting 16-30 minutes, 22% reporting greater than 30 minutes, and 12% reporting less than 5 minutes available to prepare. Respondents were then asked how many residents were discussed during a one hour RCC; over one-third (38%) reported 2-3 residents being discussed per hour, 20% 4-5 patients, 12% greater than 5 residents, and 14% one resident or less per hour.

Two-thirds (62%) of respondents reported having an official written contract to provide services to LTC homes. If respondents reported having an official written contract, they were then asked if they provide any incentives beyond what they provided to individual patients (See Table 12); of note is that they were asked to check all that apply, so responses add up to more than 100%.

Table 12: Incentives Provided to Care Home for Exclusive Contract

Category	**# (%)**
We do not provide any inducements	13 (26%)
Free pill packing is provided	24 (48%)
Medication related tools such as med carts are provided	27 (54%)
Non-medication related items are offered such as televisions	3 (6%)
Other (please describe): • All cards and packaging are free. • Contract pricing on incontinence and store discount on OTCs. • eMAR service and equipment provided free of charge; nursing in-services; 24hr on-call pharmacist service; attendance at care conferences where possible; free daily. • Delivery; paper mars for non- eMAR homes free of charge. • eMAR, computers to administer, drug carts, delivery, emergency services, contingency stock. • Fax machines. • Fax machines, references, electric pill crushers. • PAPHR mandated pricing on packaged OTC items. • We have been involved with enhancing, developing higher better levels of services for LTC over the years.	13 (26%)

• We must complete patient reviews, responsible for collecting shreddable materials (discarded med pouches) and bring back to the pharmacy for disposal, provide med disposal pales that we also bring back to the pharmacy, must provide education sessions. • We offer 10% off the purchases of OTC and personal products. • We pay rent in the facility. • We provide a current reference manual.	

Three-quarters (76%) of respondents reported that their pharmacy provides additional, on-site services, beyond dispensing and individual medication reviews, to care homes. Those reporting providing additional services were asked to list what additional services they provide (See Table 13). As well, few (2%) reported charging for these additional services.

Table 13: Additional Services Provided to LTC Home Beyond Medication Reviews and Dispensing

• Although we provide Med reviews that are part of our services, some services are additional in cost to LTC & due to financial restraints of the facility these addition services are very seldom requested. • Attend care conference and monthly health clinics. • Attend care conferences, available for consultation when needed. • Attendance at care conferences. • Attendance at care conferences, educational events for LTC home staff, delivery/pickup, supplying some supplies like MARS, packaging supplies • Attendance at resident care conferences, always on-call, answer phone call questions from nurses. • Attendance at care conference. • Attending general rounds for acute care patients. • Care plans due to Doctor shortage, attend RCC's. • Clinical information to staff. • Completing medication reviews, educational sessions given by pharmacy interns and other health care professionals, visits to the home either on the conference day or in addition to conference day to make changes to residents medication rolls, available for questions from nursing staff while at the home and at all times while in the pharmacy. • Consultation for proper medication use. • Consultation if requested. • Consultation, care conference, emergency call services, eMAR, foot care - all at no extra cost to LTC facility with no financial reimbursement. • Consultations. • Consultations, in-house presentations on relevant topics affecting LTC, pick up and disposal of shredding materials. • Continuing education and in services. • Education sessions for care staff whenever requested.

- Education sessions, attend care meetings, resources, on-call services
- Education sessions, Medical Advisory Committee participation, Clinical suggestions (blood pressure, antimicrobials, etc.), Tamiflu protocol, order clarification, on-call with callbacks, and many other services that are not reimbursed in any way.
- Educational presentations.
- eMAR service and equipment provided free of charge; nursing in-services; 24hr on-call pharmacist service; attendance at care conferences where possible; free daily delivery; paper mars for non- eMAR homes free of charge.
- In-services.
- In-services for nursing staff.
- In-services for nursing staff.
- In-services on request, attendance at weekly physician rounds, daily delivery.
- Med room audits, consults with nursing staff re trt/meds/med pass times/ general education as requested, in-services/training on devices as requested.
- Occasional in-services.
- Offering information clinics to staff, attending applicable conferences
- RCC's.
- Stat box provision, expiry date checks for medication rooms, delivery services, provide ward stock at no charge.
- Warfarin Management, Participation on LTC accreditation teams, Participation on Regional QI teams on behalf of LTC Pharmacies, Provide advice for pharmacy issues for our health region, Create and implement pharmacy related policy and procedures for our health region, plus other items I just can't think of at the moment!

Next respondents were asked what should be changed in regard to payment for providing LTC services (See Table 14); again, they were asked to check all that applied and therefore the responses add up to greater than 100%. Respondents were also asked what sort of remuneration model they felt works best for pharmacists and pharmacies (See Table 15).

Table 14: Changes to Payment Model

Category	**# (%)**
Adding a specific fee for medication reviews and RCCs to LTC homes/contracts	29 (58%)
Increase in amount received per patient	9 (18%)
When the pharmacy receives payment for the service	5 (10%)
Dispensing fee should be increased	13 (26%)
Fee for medication reviews	31 (62%)
Other (please describe): • Because of the small volume of personal care homes,	4 (8%)

remuneration needs to be in line with the ambulatory population. • Difficult to clearly select any of the above as there is overlap and some responses don't make sense • Fee for consultation, fee for care home seminars given. • Pill packing fee	

Table 15: Best Remuneration Model for Pharmacists and Pharmacies

Category	**# (%)**
Current model	6 (12%)
Mix of fee and service capitation	19 (38%)
Current model with appropriate increases	15 (30%)
Other (please describe): • A more practical model where the level and standards can be met financially. • Being paid for services and time provided. • Fee for medication reviews per patient. • Payment for each med review. • Really not sure. Fee for medication reviews definitely • There should be a fee for each medication review performed on a long-term care patient; we charge a fee for PACT patients.	6 (12%)

Over half (54%) of respondents reported that less than 25% of their dispensing volume came from dispensing to LTC homes; 18% stated that 25-49% came from dispensing to LTC homes, with 20% reporting greater than 50% of the pharmacy's total dispensing comes from dispensing to LTC homes. Realizing that not all response categories would capture all respondents' answers in regard to financial barriers, respondents were asked to list any financial barriers to providing services to LTC homes that were not previously mentioned (See Table 16).

Table 16: Financial Barriers to Providing Services to LTC Homes

• Cost of machinery, training, staff and space to provide unnecessary PACMED type packaging. • Ever-tightening profit margins with decreases in generic prices, rebate programs, etc. • Most have been previously mentioned. Newer and more efficient technology is available, at a price, but more so current users in LTC and other health care disciplines must catch up to maximizing this technology that is available. • No payment for medication reviews. • Not all patients in home accessing same pharmacy. (i.e. freedom of choice, but nursing staff expects pharmaceutical services for these patients from us as well). • Pressure for PACMED system, cost prohibitive.

- Region is pushing for PACMED system, not economically feasible for small care homes.
- Reimbursement from health regions/government per person (capitation?).
- The LTC facilities are increasingly asking for additional pharmacist presence at the home to collaborate on physician rounds, to complete med reviews etc. but we receive absolutely no funding for this. We have a contract with the LTC facilities to provide services but the only remuneration we receive is from the dispensing fees charged when dispensing meds... so we continue to have to spend most of our time in the dispensary rather than at the LTC facilities.
- The push for PACMED type systems in rural LTC homes, decrease in service from central fill site would be detrimental to patient care.
- The time taken by pharmacist and pharmacy technician staff takes away time that might otherwise be spent seeking the alternative reimbursement fees available to pharmacy thru med assessment and\or minor ailment as our traditional model of reimbursement is changing.
- There is no funding model in place for providing education and professional services to the facility as a whole.
- We are not remunerated for any services provided other than dispensing fee on patient's prescriptions.
- When patients need blister packaging for away meds (when they go home, etc.)
- Yes. $140,000 for PACMED, $12,000 per year in support fees, over $100 per roll for supplies. Very, very expensive with NO additional remuneration. Keep asking us to provide more service and keep taking away our professional development funds (Pan-Canadian drugs) and no one will want to do it. We are paid fee of service and the LTC fee model is too low.

Similar to the open-ended question regarding financial barriers to providing services to LTC homes, before submitting the questionnaire respondents were asked to provide any comments and/or suggestions in regard to providing LTC services that they felt were not address in the questionnaire (See Table 17).

Table 17: Comments and/or Suggestions in Regard to Providing LTC Services

- A standardized model for LTC homes is difficult to achieve and needs to be carefully considered due to the vast differences in access to care in rural versus urban settings. What works in an urban setting may not work in rural.
- Complete revamp of multidisciplinary med review as this now a time-wasting duplicate of sorts, financially not getting paid to do the quarterly med reviews is completely unfair and should be fixed.
- Forcing PACMED systems for small town pharmacies are cost prohibitive and don't justify the potential loss of service to the care home and potentially the town.

- Health care is an ever-increasing concern, there are extremely many challenges, doing surveys such as this likely doesn't provide a lot more than common knowledge. To see that positive changes are accomplished, a more hands on approach is required, even by the author of this survey, One suggestion is to arrange to spend significant time on sight to see and experience the day to day challenges that occur, rather just send out surveys.
- Health region should carefully consider pulling local rural service in favour of central fill, decrease in service to the LTC home and community would be devastating.
- Hospital discharges are often very time consuming LTC services as the hospital does not communicate very well as to what medications a resident is suppose to be taking and they do not make it clear what changes are suppose to occur with a patients medications.
- I don't think pharmacies will become fully engaged with personal care homes until reimbursement is in line with the ambulatory geriatric population. SK Health mandates that personal care home residents' medication must be bubble packed and annual reviews done, yet provides no funding for these services. Financially and logically, this makes no sense when most such patients are presumably more complex than SMAP participants, for example. Until this changes, personal care home residents will continue to receive substandard service from pharmacy relative to geriatric patients still living at home.
- In the interest of maintaining some degree of independence and dignity residents should be able to choose their pharmacy if that pharmacy meets standards for compliance packaging. I don't see the value of choosing one pharmacy for the entire personal care home. These people have long-term relationships with their community pharmacist and should be able to maintain them when they enter a care home as long as patient safety standards are met. The owner of the facility should not gain from making the choice of provider.
- Rural LTC's should be serviced by their local pharmacy for ease of access, and community stability. Medical care cannot be well serviced from hundreds of KMs away.
- The current relationship between pharmacy and the health district regarding reimbursement is of questionable sustainability working the terms of the LTC contract.

Discussion

As stated earlier, there currently is no way to cross-reference whether the number of respondents in this study is high or low, and therefore some caution in the results show be taken as respondents may not be reflective of the 'average' pharmacist/pharmacy providing services to LTC homes. However, the data provided does offer insight into the experiences of pharmacists/pharmacies in

Saskatchewan, and judging by the willingness to provide written answers to open-ended questions, much can be taken/learned from the results.

Half of all respondents reported providing services to both special care/nursing and personal care homes, and a further third provide services to special care/nursing homes. On average pharmacies reported fewer full-time and part-time pharmacists (2.5 and 1.7 respectively) than full-time and part-time pharmacy assistants/technicians (2.7 and 2.1 respectively). It appears that respondents are able to block off pharmacist time to perform LTC resident medication reviews as three-quarters, and are able to perform the reviews even if the dispensary is busy.

While half of all respondents reported serving between 21 and 100 LTC patients, one-third reported serving more than 200 LTC patients. This difference is one to take note of, as issues and concerns of those with a high number of LTC patients are likely different from those with fewer LTC patients.

In the event of an unanticipated absence by a pharmacist, very few reported that medications reviews would not be done at all, with most deferring the reviews until adequate staffing levels resume, or rearranging staff available.

The lack of appropriate reimbursement for pharmacist time was identified as the most significant challenge/limitation to completing LTC medication reviews, followed by the shortage of pharmacists to complete the reviews, and too many reviews to complete. Perhaps this reflects that managers were the target audience for this study, and as a result are more aware of the financial pressures on pharmacy to remain competitive and sustainable. With respect to where the medication reviews are completed, it appears that most respondents did not have one set method, but instead adapted to the situation by completing some in the pharmacy, some at the LTC home before a RCC, or at the LTC home during the RCC. For example, one respondent stated that their pharmacists "… cannot remotely view a lot of a specific residents chart information in a timely manner."

While most respondents reported having dedicated pharmacist time to attend RCCs at the LTC home(s), only half reported that the pharmacist would be able to attend if the dispensary was busy. This appears to be a case of adapting to situations as they arise – while in theory the time is dedicated for the pharmacist, when the need arises said pharmacist is pulled into the dispensary for other duties.

Blister packing machines were by far the most popular packaging device used by respondents, followed by PACMED machines; some respondents use multiple types of packaging machines. As a reminder, pharmacies dispensing to LTC homes are required to be dispensed in a monitored dose or compliance packaging system, and this requirement was highlighted later on by some respondents as a barrier.

For respondents that provide LTC services to home(s) outside of the city/town where the pharmacy is located, respondents reported various methods of

completing medication reviews and attending RCCs, such as travelling to the home at set times and/or completing them in the pharmacy. Despite many respondents (or their staff) not having any specialized training, most reported a high level of confidence in their pharmacists skillset to properly assess medications in the LTC population. The low number of respondents reporting specialized training may be a reflection of a relatively limited choice in obtaining focused training, or it may be that much is learned informally and/or on an as-needed basis.

At RCCs respondents reported that only two-thirds of the time patient medications were discussed. This may be reflected in the fact that most reported that pharmacists do not always attend RCCs, and as a result medications are not discussed because of there being no pharmacist in attendance, or they are not aware that medications were discussed because they did not attend the RCC. However, respondents reported that most pharmacists spend greater than 15 minutes on one resident during a RCC.

Respondents highlighted limited access to charts and labs, (lack of) prescriber engagement, time, and remuneration as challenges and limitations to pharmacists ability to participate in medication reviews and RCCs. This emphasizes that pharmacists are limited, many times through no faulty of their own, in their abilities to be comprehensive in caring for residents.

Most respondents reported that funding for medication reviews, clinical education, and interdisciplinary teamwork support were forms of help that would be beneficial to providing care home services. Less than half of respondents reported being aware of the *Multidisciplinary Medication Review Guide*, and few reported that their pharmacy follows the MMRG or that the MMRG would result in changes in their next LTC contract.

Over half of respondent reported that pharmacists spend between 31 and 90 minutes per resident medication review. As a reminder, residents of care homes do not fall under the SMAP program, but instead remain eligible for the Medication Assessment and Compliance Packing policy (home care and mental health) through the Saskatchewan Drug Plan; furthermore, there are some differences between the two programs, such as no follow-up remuneration fee for home care residents. Most respondents reported having between 5 and 30 minutes per medication review to prepare for RCCs. With regard to the number of residents per hour while attending RCCs, most respondents reported discussing between 2 and 5 residents per hour.

Almost two-thirds of respondents reported having a formal contract to provide distribution and professional services to LTC homes. In order to secure a formal contract, most respondents reported providing free pill packing and medication related tools, such as medication carts; free delivery, fax machines, eMARs, etc.

Remuneration was a recurring theme throughout respondent responses to open-ended questions. Most respondents felt that adding a specific fee for medication

reviews and RCCs to LTC homes/contracts, and a fee for medication reviews were changes needed to the current payment model. As stated above, the Medication Assessment and Compliance Packing policy covers LTC medication reviews, but only one per year. Perhaps respondents felt the once annual fee they can bill for for each patient/resident was not nearly enough compensation for the time it takes to review medications in a traditionally complex population and/or that they complete more than one review per year for many LTC residents. This is evident in the fact that over half of respondent reported that pharmacists spend between 31 and 90 minutes per resident medication review, and the $60 fee itself does not cover the resources required to complete the reviews.

Continuing on with the discussion regarding financial aspects of servicing LTC homes, many respondents stated that having to purchase packaging machines, tighter profit margins, and LTC homes asking for further pharmacist presence at the LTC home, especially if physicians are not present, many times were barriers to providing services to LTC homes.

Overall comments and suggestions provided by respondents at the end of the questionnaire mimic many of the themes highlighted above. The unique nature of rural versus urban pharmacies and the LTC homes they service were highlighted as a reason why a 'one size fits all' approach to servicing LTC homes may be an issue for some. One respondent questioned the usefulness of a survey/study such as this one, feeling the findings "likely doesn't provide a lot more than common knowledge." And while this sentiment may be true for those 'in the trenches', for those at PAS and SCP making policy decisions and advocating for its members, studies such as this provide valuable information to help inform decisions. Furthermore, the respondent also stated that those who are not directly involved in providing services to LTC homes would benefit, and perhaps understand the issues better, by spending significant time in such a setting.

There was also the mention of the mismatch between providing services to LTC home residents, and providing services to the ambulatory geriatric population; furthermore, until the dichotomy between these two populations is addressed, some feel that the care provided to LTC residents will continue to receive substandard service compared to the ambulatory geriatric population. Along the same lines, there was mention of the fact that LTC residents, in some cases, are forced to receive pharmacy services from a provider that was selected by the LTC home manager and/or owner; this lack of choice may also result in substandard care for LTC residents, and may remove a long standing relationship between a LTC resident and a community pharmacist and/or pharmacy.

Conclusion

Overall there appears to be a general consensus that the remuneration model requires attention to more accurately reflect the services pharmacists/pharmacies are providing to LTC homes. As our population continues to age, the demands place

of pharmacists and pharmacies to provide services to LTC homes and residents is sure to increase.

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Appendix:

Study Questionnaire

NOTE: as data was collected online, the questionnaire does not reflect the layout respondents saw, but the content is the same

UNIVERSITY OF SASKATCHEWAN

Survey of Saskatchewan Pharmacies Providing Services to Long Term Care Homes

Jason Perepelkin, 2014 ©
College of Pharmacy and Nutrition
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This study is being conducted to gain a greater appreciation of the current environment for those pharmacies and pharmacists that provide services to long-term care (LTC) homes in Saskatchewan. The responses in this study are collected completely anonymously, and therefore there is no way to link responses to any individual/pharmacy. Once data is collected, only compiled, aggregate data will be reported on. It is anticipated that the results of this survey will help inform policy related to the provision of long-term care services by pharmacists and pharmacies. Both PAS & SCP have provided funding to make this project possible.

Do you provide services to a long-term care home (including special care home, nursing home, and/or personal care home) in Saskatchewan?

☐ Yes

☐ No

If the answer is NO, the questionnaire will end.

If YES, What type of home(s) do you provide services to? (Select all that apply)

☐ Special Care Home (Nursing Home)

Definition: The term "special-care home" refers to a nursing home or other facility that is designated by the Minister of Health and operated through a Regional Health Authority (RHA) or an affiliated or contracted agency of the RHA.

☐ Personal Care Home

Definition: Privately-run homes that provide lodging, meals, and assistance with or supervision of daily living are provincially regulated, but not part of the publicly-funded health system.

Is your pharmacy located in either Regina or Saskatoon?

☐ Yes

☐ No

In which health region is your pharmacy located?

☐	Cypress	☐	Kelsey Trail	☐	Regina Qu'Appelle
☐	Five Hills	☐	Mamawetan Churchill River	☐	Saskatoon
☐	Heartland	☐	Prairie North	☐	Sun Country
☐	Keewatin Trail	☐	Prince Albert Parkland	☐	Sunrise

How would you classify your pharmacy location?

☐ Rural

☐ Urban

How many pharmacists are employed your pharmacy location?

Full-time	
Part-time	
Casual	

How many pharmacy technicians/assistants are employed your pharmacy location?

Full-time	
Part-time	
Casual	

How many LTC residents does your pharmacy serve?

☐ < 20

☐ 21-50

☐ 51-100

☐ 101-200

☐ > 200

As you complete this questionnaire, please note the difference in questioning that refers to the process of performing a medication review (defined below) versus those that refer to attending or participating in a Resident Care Conference (RCC). A Resident Care Conference (RCC) refers to any collaboration with other members of the healthcare team, which may or may not include: physician, registered nurse (RN), licensed practical nurse (LPN), nurse practitioner (NP), care aid, patient, patient representative/carer, administrative staff, etc.

As a reference point in defining medication reviews, the SCP Definition of Medication Review as Defined in the *Supplementary Standards for Pharmacists Caring for Residents of Long Term Care Facilities, Medication Therapy Management Standards (pg. 8), September 2013* is utilized as outlined below.

a) All residents shall receive a medication review within 90 days of admission.

b) The pharmacist shall perform a medication review at least annually thereafter, or at any reasonable request of the resident, family or member of the health care team.

c) The medication review should ideally be done as a part of the resident care conference.

d) The pharmacist shall attend the resident care conference, when able.

e) Should the pharmacist be unable to attend the resident care conference, then all resident centered recommendations or suggestions are to be forwarded ahead of time for consideration at the conference.

f) The pharmacist shall review all applicable portions of the patient's chart when completing the medication review process, interview staff and meet with the patient and/or family.

g) Requests for appropriate tests (lab, cognitive, etc.) to assess and monitor drug therapy are to be made to the prescriber/practitioner.

h) The medication review shall identify and prioritize actual and potential drug therapy problems to determine if the resident:

   i. Requires drug therapy but is not receiving it,

   ii. Is taking or receiving the wrong drug,

   iii. Is taking or receiving too little of the right drug,

   iv. Is taking or receiving too much of the right drug,

   v. Is not taking or receiving the drug or is taking or receiving the drug inappropriately,

   vi. Is experiencing a drug-drug, drug-food interaction,

   vii. Is experiencing an adverse reaction,

   viii. Is taking or receiving a drug for no medically valid indication or substance abuse,

   ix. All recommendations from the medication review shall be documented in the chart by the pharmacist in the form of a therapeutic plan including monitoring and follow-up. If there are no recommended changes this shall be documented, as well.

1. Workflow

Pharmacist scheduling

Is there dedicated pharmacist time to perform LTC resident medication reviews?

☐ Yes

☐ No

If the dispensary is busy, can the pharmacist still perform LTC resident medication reviews?

☐ Yes

☐ No

What happens if a co-worker is unexpectedly absent from work (e.g. sick, weather, family emergency, etc.)?

☐ Medication reviews are deferred/delayed until adequate staffing level achieved

☐ Medication reviews are not done

☐ Pharmacy team rearranged to ensure medication reviews are completed

☐ Another pharmacy team member is called in to complete the medication reviews

☐ Other: _____

In your pharmacy, what **challenges/limitations**, if any, affect pharmacists' ability to complete LTC medication reviews (check all that apply)?

☐ Shortage of pharmacists

☐ Shortage of pharmacy technicians/assistants

☐ Lack of appropriate reimbursement for pharmacist time

☐ Pharmacist skills or lack of confidence

☐ Large number of LTC medication reviews being performed (too many to complete all of them)

☐ Other (please describe): _____

☐ No challenges/limitations

Where are LTC medication reviews completed/performed?

☐ In the pharmacy

☐ At the LTC home prior to the Resident Care Conference (RCC)

☐ At the LTC home during the RCC

☐ Other (please describe): _____

Is there dedicated pharmacist to attend RCCs at the LTC home(s)?

☐ Yes

☐ No

If the dispensary is busy, can the pharmacist still attend RCCs at the LTC home(s)?

☐ Yes

☐ No

What happens if a co-worker is unexpectedly absent from work (e.g. sick, weather, family emergency, etc.)?

☐ RCCs at the LTC home(s) are deferred/delayed until adequate staffing level achieved

☐ RCCs at the LTC home(s) are not done

☐ Another pharmacy team member is called in to attend RCCs at the LTC home(s)

☐ Other (please describe): _____

On average, how many pharmacists hours per month are dedicated to providing services (dispensing, RCCs, etc.) to the LTC home(s)? (split into dispensing and clinical)

☐ < 20 hours per month

☐ 21-40 hours per month

☐ 41-60 hours per month

☐ > 60 hours per month

On average, how many pharmacy technician/assistant hours per month are dedicated to providing services (dispensing, etc.) to the LTC home(s)? (split into dispensing and administrative)

☐ < 20 hours per month

☐ 21-40 hours per month

☐ 41-60 hours per month

☐ > 60 hours per month

Use of technology for packaging

What packaging devices does your pharmacy use for medication distribution (check all that apply)?

☐ Blister packs with punch out medication cells

☐ PACMED Machine

☐ Medication vials

☐ TCGRx Products

☐ Other (please describe): _____

☐ None

Does your pharmacy utilize a central filling location where LTC medications are packaged at a location other then the dispensing pharmacy?

☐ Yes

☐ No

If YES, do you also provide professional/clinical services (e.g. med reviews, prescribing, etc.) to patients for the centrally filled LTC medications that you dispense?

☐ Yes

☐ No

If YES, how are those LTC medications transported from the central fill location to the dispensing pharmacy (check all that apply)?

☐ Plane

☐ Bus

☐ Courier

☐ Staff

☐ Other (please describe):_____

If YES, have you ever had difficulties in getting the medication from central fill to the dispensing pharmacy?

☐ Yes

☐ No

If YES, what was the issue?

Do you provide medications to a care home that is located **outside of the town/city** where your pharmacy is located?

☐ Yes

☐ No

If YES, how are medication reviews managed/handled?

If YES, how are RCCs managed/handled?

2. Pharmacist Skills

Do you feel confident in your skills (or the skills of the pharmacist(s) providing services) to properly assess medications in this patient population (LTC)? Please indicate your answer on the sliding scale below: 9 - yes, I/we feel confident performing this activity; 1 - no, I/we wish I/we had more experience, education and/or support

1. _____ 9.

Have you (or your staff) taken any specialized training to further your medication assessment skills (check all that apply)?

☐ ADAPT (through CPhA)

☐ Certified Geriatric Pharmacist

☐ Certificate in Long Term Care Management

☐ Other (please describe): _____

3. Interdisciplinary/Team Approach

Are LTC medication patient/resident reviews discussed/assessed at every RCC?

☐ Yes

☐ No

How often does a pharmacist attend RCCs?

- ☐ Always
- ☐ Often, about 75% of the time
- ☐ Sometimes, about 50% of the time
- ☐ Rarely, about 25% of the time
- ☐ Never

If a pharmacist attends RCCs, how often do they attend?

- ☐ Daily (every day)
- ☐ Weekly (once a week)
- ☐ Monthly (once a month)
- ☐ Other (please describe): _____

How does the pharmacist attend RCCs?

- ☐ Always in person
- ☐ Using technology (e.g. telephone, videoconference, fax, etc.)
- ☐ Mix of in person and using technology
- ☐ Other (please describe): _____

Does the prescribing physician or prescriber (NP) attend RCCs?

- ☐ Yes, always
- ☐ Often, about 75% of the time
- ☐ Sometimes, about 50% of the time
- ☐ Rarely, about 25% of the time
- ☐ No, never

Are the nursing staff normally in attendance during RCCs?

- ☐ Yes, always
- ☐ Often, about 75% of the time
- ☐ Sometimes, about 50% of the time
- ☐ Rarely, about 25% of the time
- ☐ No, never

Are the family members and/or other carers normally in attendance during RCCs?

- ☐ Yes, always
- ☐ Often, about 75% of the time
- ☐ Sometimes, about 50% of the time
- ☐ Rarely, about 25% of the time
- ☐ No, never

Are the residents normally in attendance during RCCs?

- ☐ Yes, always
- ☐ Often, about 75% of the time
- ☐ Sometimes, about 50% of the time
- ☐ Rarely, about 25% of the time
- ☐ No, never

Are the Care home administration normally in attendance during RCCs?

- ☐ Yes, always
- ☐ Often, about 75% of the time
- ☐ Sometimes, about 50% of the time
- ☐ Rarely, about 25% of the time
- ☐ No, never

On average, how much time does the pharmacist spend on one resident during a RCC?

- ☐ < 5 minutes
- ☐ 5 to 15 minutes
- ☐ 16 to 30 minutes
- ☐ > 30 minutes

Are there challenges/limitations to pharmacist's ability to participate in LTC medication reviews/RCCs, such as timely access to relevant patient/resident information? (e.g. labs, charts, etc.) (please explain what challenges/limitations your pharmacy faces)

Are there any standards or bylaws that are barriers to providing services to LTC homes?

- ☐ Yes
- ☐ No

If YES, please list these barriers:

With regard to documentation, is your pharmacy maintaining patient records besides those for dispensing (e.g. care plans, medication therapy recommendations, etc.)?

☐ Yes

☐ No

Does your pharmacy/staff have access to patient records at the care home?

☐ Yes

☐ No

4. Enhancing support and services in LTC homes

What forms of support, if any, would be beneficial to your overall provision of care home services (check all that apply)?

☐ Clinical education

☐ Contract negotiations

☐ Contract standardization

☐ Advocacy

☐ Standards/bylaws

☐ Funding for medication reviews

☐ Interdisciplinary teamwork support

☐ Other (please describe):_____

☐ None required at this time

Are you aware of *Multidisciplinary Medication Review Guide* from the Saskatchewan Ministry of Health?

☐ Yes

☐ No

If YES, to your knowledge, do other healthcare professionals, care home staff, facility staff and regional staff follow/endorse the *Multidisciplinary Medication Review Guide*?

☐ Yes

☐ Sometimes

☐ No

☐ Not sure

Does your pharmacy follow the *Multidisciplinary Medication Review Guide*?

☐ Yes

☐ Sometimes

☐ No

If you have a formal contract, do you anticipate changes in your next LTC home contract because of the *Multidisciplinary Medication Review Guide*?

☐ Yes

☐ No

☐ We don't have a formal contract

5. Economic Model

On average, how much time is spent performing an individual medication review (including preparation/work up and follow up)?

☐ < 30 minutes

☐ 31-60 minutes

☐ 61-90 minutes

☐ > 90 minutes

On average, how often are individual residents' medication reviews performed at the care home that you provide services to (whether or not you are able to attend)?

☐ At least every 3 months (about 4 times a year)

☐ Every 4 months (about 3 times a year)

☐ Every 6 months (about 2 times a year)

☐ Every 12 months (about 1 time a year)

☐ Less frequently than every 12 months (less than 1 time a year)

On average, per resident medication review, how long does a pharmacist have to prepare (e.g. preparation and work up) to participate in the RCCs?

☐ None

☐ < 5 minutes

☐ 5-15 minutes

☐ 16-30 minutes

☐ > 30 minutes

On average, how many residents/patients are discussed in one hour during RCCs?

☐ 0-1

☐ 2-3

☐ 4-5

☐ > 5

Do you have an official written contract with the LTC home(s) to provide services?

☐ Yes

☐ No

In order to be the sole pharmacy providing services to a specific care home, do you have to provide any incentives beyond what you would provide to an individual patient/resident (check all that apply)?

☐ We do not provide any inducements

☐ Our dispensing fee is discounted

☐ Free pill packing is provided

☐ Medication related tools such as med carts are provided

☐ Non-medication related items are offered such as televisions

☐ Other (please describe):_____

Do you provide any additional on site services beyond dispensing LTC medication review (e.g. care home team education, consultation services, attendance at care conferences)?

☐ Yes

☐ No

If yes, what additional services are you providing?

Do you charge an additional fee for these services?

☐ Yes

☐ No

Do you feel your ***pharmacy*** is adequately remunerated for the care home services that your pharmacy provides to care homes?

☐ Yes

☐ No

If NO, what do you feel should be changed (select all that apply)?

☐ Adding a specific fee for medication reviews and RCCs to LTC homes/contracts

☐ Increase in amount received per patient

☐ When the pharmacy receives payment for the service

☐ Dispensing fee should be increased

☐ Fee for medication reviews

☐ Other (please describe):_____

What sort of remuneration model do you think works best for pharmacists and pharmacies?

☐ Current model

☐ Capitation (a set fee per patient for a specified period of time, whether they use your services or not)

☐ Mix of fee and service capitation

☐ Current model with appropriate increases

☐ Other (please describe):_____

Are there any financial barriers, not previously mentioned, that act as barriers to providing services to LTC homes (if yes, please describe)?

What percentage of your pharmacy's total dispensing volume is the result of dispensing to LTC homes?

☐ < 25%

☐ 25-49%

☐ 50-74%

☐ > 75%

☐ Prefer not to answer

If you have any comments and/or suggestions in regard to providing LTC services that you feel have not been addressed in this questionnaire, please feel free to list them below.

Thank you for taking the time to participate in this study – it is greatly appreciated!