

*CSHP Board and Branch Reference Manual*

<b>CATEGORY: 4.2 Publications</b>	<b>PAGES: 4</b>
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<b>TITLE: Canadian Medication Optimization Policy</b>	<b>REVISED:</b>

**PURPOSE:**

To establish a framework by which Canadian Medication Optimization Briefing documents are developed and published by CSHP.

**POLICY:**

Canadian Medication Optimization Briefing will be distributed without warranty of any kind, either expressed or implied. It remains the responsibility of the user of the publications to judge their suitability for their particular purpose within the context of his or her practice and the legislative framework. In no event shall CSHP or any persons involved in the development and review of these publications be liable for damages arising from their use.

The Canadian Medication Optimization Briefings are subject to and protected by copyright owned by CSHP, and requests for permission to reproduce or translate them in whole or in part, whether for sale or for non-commercial distribution, shall be addressed to the CSHP Publications Administrator. Decisions to approve or deny such permission shall be made on a case-by-case basis using the criteria outlined in the procedures.

The content of the Canadian Medication Optimization Briefing (brief) is developed by volunteers from CSHP membership (and partnering organizations as warranted).

Co-authoring a brief with another organization is acceptable practice, provided there is a shared clinical link to the topic. In all such instances, CSHP staff will work with the partnering organization to manage the administrative aspects of the publication, such as the approval and publishing processes.

*This policy applies to the following:*

1. All CSHP volunteers who are involved in committees, affiliated boards, task forces, and working groups
2. CSHP Official and Branches that rely on the contribution of volunteers in developing publications and other products for CSHP.

**DEFINITION:**

The Canadian Medication Optimization Briefing is a 2-page brief that serves to guide clinical pharmacy practice. It is an adaptation of the [Medicines Optimisation Briefing](#) developed by the Royal Pharmaceutical Society (RPS) and the Centre for Pharmacy Postgraduate Education in Great Britain.

By definition, a Canadian Medication Optimization Briefing is not considered an Official Publication of CSHP.

**PROCEDURES:**

- 1) The Coordinator—Professional and Membership Affairs and the Pharmacy Practice Publications Steering Committee (P3SC) determines the quota of Canadian Medication Optimization Briefings that can be published per year.



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- 2) A topic for a Canadian Medication Optimization Briefing is proposed by CSHP members. (Any number of CSHP members can propose a topic.) The request is submitted using an online form designed to assist in reviewing the proposal.
- 3) The Publications Administrator maintains a bank of requests.
- 4) The Coordinator, Professional and Membership Affairs reviews each request for alignment with CSHP's strategic plan, and to avoid duplication with other CSHP publications. P3SC is consulted as needed.
- 5) The Coordinator, Professional and Membership Affairs gives feedback to the persons whose request did not meet criteria. The status of the request is updated in the bank.
- 6) The Coordinator, Professional and Membership Affairs submits a list of requests (which met criteria) to the relevant PSN chair(s) for review.
  - a. The PSN chair(s) are asked to prioritize the topics for their respective PSN, consulting with the members of the relevant PSN(s), as needed. This step should assist with subsequent prioritization of requests.
- 7) The list of requests is submitted to the PSN Coordinating Committee Chair.
- 8) The PSN Coordinating Committee approves the topics for the briefing, in keeping with the quota.
- 9) For each briefing, the following steps are undertaken.
  - a. A group of CSHP volunteers is invited to draft the brief. Depending on the topic, the invitation may be sent to all members (via the eBulletin or eAnnouncement), only members of a PSN and/or members who have identified that their work is relevant to the topic.
    - i. Where a Canadian Medication Optimization Briefing is co-authored with another organization, the invitation to write (or review) the brief will be extended to persons from the partnering organization, and the approval and publishing processes will include the partnering organization.
  - b. The brief is written using the approved template provided in the appendix to this procedure. The Coordinator, Professional and Membership Affairs works in an advisory capacity to the writing group.
  - c. The writing group (or Coordinator, Professional and Membership Affairs) forwards the brief to the Publications Administrator.
  - d. The Publications Administrator identifies 2 peer reviewers for the brief (e.g., via the PSNs, or the Canadian Journal of Hospital Pharmacy's editorial board or its team of reviewers).
  - e. The peer reviewers evaluate the brief; their blinded reviews are shared with the writing group via the Publications Administrator.
  - f. The writing group addresses the feedback provided by the peer reviewers, and submits the revised paper to the Publications Administrator.
  - g. The Publications Administrator arranges for the copyediting of the brief. Feedback is shared with the writing group.
  - h. The Publications Administrator sends the draft briefing to the relevant content expert or PSN chair(s) for final review. If more than 1 PSN is involved in the brief, each chair reviews the brief before it is approved for publishing. If another organisation is co-authoring the brief, the brief is also approved by that organisation. In the absence of a relevant PSN chair, the PSN Coordinating Committee will be asked to approve the brief.
  - i. The Publications Administrator formats the brief using the approved graphic design and layout.
  - j. The brief is published in electronic format (e.g., PDF) on CSHP's website to advertise the brief and make it accessible to CSHP members via a password protected area.
  - k. The Publications Administrator issues a communique to CSHP members about the availability of the brief.
- 10) At least every 2 years, the brief is reviewed by a group of CSHP volunteers.
  - a. A group of CSHP volunteers is invited to review the brief. Depending on the topic, the invitation may be sent to all members (via the eBulletin), only members of a PSN and/or members who have identified that they work in a particular clinical area.
  - b. The process to revise a brief occurs as outlined in step 9.

Related policies or guides:

- Policy 4.2.2 Developing Official Publications / CSHP PSN Member Handbook
- CSHP PSN Executive Team Handbook

## Appendix A

### Template for the Canadian Medication Optimization Briefing

Patient Experience	Practice Model	Stewardship	Partners
<p>Describe the patient (e.g., cultural beliefs and values), health concerns, and the disease, and how the disease affects the patient and how the patient influences decisions about treatment</p> <ul style="list-style-type: none"> <li>• Include issues that might affect adherence [see <a href="#">WHO's 5 factors affecting adherence</a>] e.g., patient's readiness to accept treatment (or de-prescribing), physical limitations (dexterity, mobility, ability to swallow, etc.), emotional, mental state, cognitive abilities, homelessness, social stigma, symptoms (including absence of symptoms), perceived benefit or risks of treatment, burdensome treatment regimen [e.g., oral v parenteral, frequency, duration], cost, time to effect, follow up [e.g., lab tests], perceptions of healthcare provider trustworthiness</li> <li>• Describe possible goals and concerns (short-term and long-term) the patient may have</li> </ul> <p>Describe steps you can take</p> <ul style="list-style-type: none"> <li>✓ Individualize a communication plan with the patient (and caregiver)</li> <li>✓ Demonstrate an understanding of the patient's culture—beliefs, and values—and how the patient's condition might affect the patient relative to his cultural beliefs and values.</li> <li>✓ Acknowledge the patient's (and caregiver's) goals and concerns</li> <li>✓ Offer practical advice that will help the patient make informed decisions about the options for therapy</li> <li>✓ Provide health information in a way that the patient will understand, according to his level of health literacy (including numeracy)</li> </ul>	<p>Describe a plan that is evidence-based and customized for the patient</p> <ul style="list-style-type: none"> <li>• Include the patient's (and caregiver's) goals for treatment</li> <li>• Name the (classes of) drugs used</li> <li>• Refer to clinical guidelines</li> <li>• Include the possibility of de-prescribing</li> <li>• Consider issues that may arise for certain patient populations e.g., access to essential medicines</li> <li>• Tailor standards of care to develop a customised plan for the patient which includes these elements: <ul style="list-style-type: none"> <li>○ Assessment</li> <li>○ Plan</li> <li>○ Implementation</li> <li>○ Follow up</li> </ul> </li> </ul> <p>Describe steps you can take</p> <ul style="list-style-type: none"> <li>✓ Keep the regimen as simple as possible and customized for the patient (and caregiver)</li> <li>✓ Engage in shared decision-making, obtaining agreement with patient on when, how to take treatment (see table 3.5 in <i>Developing pharmacy practice</i>)</li> <li>✓ Develop the plan taking into account the patient's cultural factors, preferences for treatment</li> <li>✓ Develop a means to assess and intervene in adherence problems (go beyond providing just education: include cognitive, behavioural, and affective [motivational] components)</li> </ul>	<p>Describe ways in which medication stewardship is built into practice</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Describe the need for patients and caregivers to know how to take/administer the drug safely, and how long to take the drug</li> <li>• Promote rational use (stopping/preventing inappropriate self-medication, polypharmacy, non-adherence, wastage, resistance, etc.)</li> <li>• Identify at-risk patients (for not being diagnosed, not being treated, or not receiving prophylaxis)</li> <li>• Identify conditions for which treatment might be considered, but for which patients (or the public) would benefit from a different course of treatment</li> </ul> <p>Describe steps you can take</p> <ul style="list-style-type: none"> <li>✓ Educate, motivate the patient towards adherence</li> <li>✓ Develop a system to identify 'at-risk' patients who would benefit from an intervention</li> <li>✓ Educate patients (including their care givers) and healthcare workers on the safe handling and disposal of medications and related supplies</li> </ul>	<p>Describe the core care team and the role of the pharmacist in the team in strengthen the team</p> <ul style="list-style-type: none"> <li>• Describe the team via multidisciplinary approach to care, including the patient (and caregiver)</li> <li>• Describe smooth transitions in care, continuity of care, which includes smooth transitions and an emphasis on communication</li> <li>• Include reminders of how to manage side effects, wastage, treatment plan, follow up</li> <li>• Promote medication safety and stewardship</li> <li>• Encourage participation in a peer/community support group which include healthcare providers</li> <li>• Increase awareness and knowledge of problems/successes with adherence</li> </ul> <p>Describe steps you can take</p> <ul style="list-style-type: none"> <li>✓ Develop a plan to follow up with patient (or transfer care) to assess adherence (every patient who self-administers a drug is at risk for nonadherence)</li> <li>✓ Communicate changes in treatment plans to the primary healthcare provider</li> <li>✓ Help patients (and their caregivers) understand the importance of taking and managing (e.g., storing, sorting, administering) the medication correctly, following up on lab or diagnostic test results, reporting serious side effects</li> <li>✓ Tell the patient about suitable, reputable support groups, agencies or services, and other healthcare professionals who can help</li> </ul>



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<b>Patient Experience</b>	<b>Practice Model</b>	<b>Stewardship</b>	<b>Partners</b>
<ul style="list-style-type: none"> <li>✓ Offer advice on fitting in treatment into activities of daily living, supporting adherence</li> <li>✓ Develop cultural competencies</li> </ul>			

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<b>Case Studies</b>	<b>Obstacles and Pitfalls</b>	<b>Lifestyle advice for patients</b>
<ul style="list-style-type: none"> <li>• Brief description of scenarios that pharmacists are likely to encounter on a regular basis</li> </ul>	<ul style="list-style-type: none"> <li>• E.g., implementing adherence-promoting interventions</li> <li>• How to avoid them</li> <li>• Solutions to address them</li> </ul>	<ul style="list-style-type: none"> <li>• Advice for daily living</li> </ul>
<b>Resources for Patients</b>	<b>Learn More: Pharmacists</b>	
<ul style="list-style-type: none"> <li>• Websites to support communities, education, reporting tools</li> </ul>	<ul style="list-style-type: none"> <li>• Websites to keep up to date on information Textbooks and other publications</li> </ul>	

In developing the Canadian Medication Optimization Briefing, the Canadian Society of Hospital Pharmacy received permission from the Royal Pharmaceutical Society to adapt the Medicines Optimisation Briefing developed by the Royal Pharmaceutical Society (RPS) and the Centre for Pharmacy Postgraduate Education in Great Britain.