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Pharmacist Drug Adherence Work-up Tool (DRAW©)

Montana Diabetes Program
Chronic Disease Prevention & Health Promotion Bureau

PATIENT INFO: Name _____ Age_____ ☐ Male ☐ Female **METHOD OF WORK-UP:** ☐ In Person ☐ Over the Phone

Directions: Choose **four** of the patient's medications where adherence may be a problem. For each medication, ask each question, and **check the circle for a "YES" response**. For each YES, consider the suggested actions using the guides on the next page. Take action and document it in the space provided.

Pharmacist initials _____ **Date of work-up** _____ **How long did this DRAW work-up take?** _____ **(minutes)**

PATIENT INTERVIEW	YES	SUGGESTED ACTIONS	ACTION TAKEN OR PLAN
1. Please tell me how you take your medication every day.	N/A	Verify adherence; Identify any discrepancies; Add to their knowledge	
2. Do you feel like you have too many medications or too many doses per day?	○	Reduce number of meds per day by stopping/ changing medications; Simplify regimen (A) (C) (D)	
3. Do you sometimes forget to take your medication on routine days?	○	Adherence aid, alarm or specialized packaging; Med calendar; Memory aid; Rule out anticholinergic meds (A) (E)	
4. Do you forget on non-routine days such as weekends or when traveling?	○		
5. Are you concerned that your medication is not helping you?	○	Patient education; Guided counseling (B) (C)	
6. Do you feel that you do not need this medication?	○		
7. Have you had any side effects?	○	Guided counseling; Switch medications; Symptom management; Adjust regimen (B) (C)	
8. Are you concerned about side effects?	○		
9. Is the cost of this medication too much?	○	Switch to less costly medication; cost reduction strategy (D)	
PHARMACIST: **10.** At any time during this interview, did you sense an issue about decreased cognitive function?	○	Rule out anticholinergics; Discuss with other area providers; Referral to assistance resource; Recommend or support medication assistance including aids and/or caregivers (A) (E)	
11. Is there a limitation on instrumental activities of daily living to affect adherence and/or use of adherence aids?	○		
FOLLOW-UP: • **If any non-adherence issue exists, schedule a follow-up.**	○	Plan a follow-up; Discuss at next refill, follow-up phone call, face-to-face visit (F)	

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A

Reminder tools, adherence aids or alarms range from helping the patient set a cell phone alarm to an automated medication dispensing machine. Aids typically organize, prompt or both. To view a wide range of compliance aids, go to **www.epill.com**.

- Use specialized organizers, such as the day/time pill containers;
- Use of special blister packs if available;
- Institute a medication calendar if patient can and will use it.

Simplifying regimen includes:

1. Using long acting drugs where possible
2. Reducing number of medications

B

Patient education addresses any identified knowledge deficiencies. Refrain from reiterating that their physician ordered it. Positive reinforcement of the benefits sounds better than being told about the negative outcomes from non-adherence.

C

Guided counseling addresses concerns about the effectiveness or necessity of the medication.

- Helping a person resolve their medication issues requires you to listen well and understand their concerns in order to work with the patient.
- Use open-ended questions to understand their concerns and motivations. Example: Ask, "On a scale of 1 to 10, 10 being the most important, how important is it that you take this medication?" If the score is low, a follow-up question could be, "What can I do to help you raise your score to a 9 or 10?" Upper range is used to induce a dialogue with patient.
- Listen for indicators of the patient's DESIRE, their ABILITY, their REASONS, and their NEED to make changes. Also listen for their COMMITMENT and TAKING STEPS to make changes. When you hear these, they are motivators or actions to encourage.
- For more information, see **www.motivationalinterview.org.**

Symptom management:

- Consider if the symptoms are consistent with side effects of medications the patient is taking.
- Consider if the symptoms need to be treated or if there is a need to make a change in treatment.
- For memory decline, refer to section E.

D

Cost reduction strategies:

- Reducing number of medications
- Use of combination drugs when possible
- Tablet splitting
- Generic substitution
- Therapeutic interchange

E

Cognitive issues: Patient may require additional assistance from alternative care givers such as a competent relative, visiting nurse, assisted living, other community resources that provide assistance for daily activities in order to maintain medication regimen. Action options include 1) referral to a geriatric assessment unit, 2) discussion of available options with other area providers with appropriate referral to a local resource. Maintaining a current list of local and/or best available resources is recommended.

Anticholinergics: Consider whether or not: 1) anticholinergics could be contributing to cognitive memory decline, 2) any cholinesterase inhibitors are being counteracted by anticholinergics. Consider a substitute for the anticholinergic medication and recommend physician/patient resolution.

Instrumental activities of daily living (IADL): Consider if the patient is able to prepare their meals, phone for refills, or use an adherence aid without assistance. Consider any visual restrictions, quality of hearing, as well as their dexterity when considering the type of compliance aid. The ability to recognize the correct medication is essential. A caregiver may need to implement one or more aids. Maintaining a current list of local and/or best available resources is recommended.

F

Follow-up: Adherence interventions require a follow-up visit with your patient to verify ease of use, usefulness and effectiveness of the intervention method(s) employed.

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