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# AFPC Interprofessional Education Project e-prescribing & e-medication reconciliation

Janet Cooper, Executive Director, AFPC

(Slides presented at Canada Health Infoway conference Nov 14/18)

# AFPC Informatics for Pharmacy Students e-Resource



**Informatics for Pharmacy Students**  
E-RESOURCE

Informatics for Pharmacy Students   e-Resource English ▾   e-Resource Français ▾   You are logged in as Janet Cooper (Logout)

## Funded by Canada Health Infoway

**ALL STUDENTS**

Haven't received your confirmation email? We will automatically confirm your account within 24 hours. Just login later and you will be able to access the e-Resource.

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**Informatics e-Resource**

English and French versions accessed from upper menu bar -  
English version also accessed below

[Version 3 English Here](#)

**Getting Started and User Guides**

User Guides, Getting Started One Pager, and Table of Contents

[Here](#)

**Interprofessional e-Chapters**

e-Prescribing & e-MedRec Chapters (Version 1) Now Available for Medicine, Nursing and Pharmacy Students! Coming Soon: French Versions

[Here](#)

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## Preparing students for technology enabled practice


*Sponsor & Developer: Association of Faculties of Pharmacy of Canada*



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# AFPC Informatics for Pharmacy Students e-Resource



## Version 3 – 17 Chapters:

- Competency-based
- Peer-reviewed
- Modular & flexible
- Certificates upon completion
- Open access (Moodle)
- ~ 4300 users of v3
- [afpc-education.info/moodle](http://afpc-education.info/moodle)

1. Key Concepts in Informatics and e-Health
2. Electronic Health Records: Components and Standards
3. Privacy, Security and Confidentiality
4. Clinical Documentation
5. Digital Information Resources
6. Evidence Based Medicine: An Introduction
7. Clinical Practice Guidelines
8. Minor Ailments Virtual Patients
9. Vaccination Schedules, Registries and Resources
10. Consumer Health Informatics
11. Telehealth and Telepharmacy
12. Pharmacy Practice Management Systems (PPMS)
13. e-Prescribing
14. Order Sets, CPOE and e-Med Rec
15. Automation in Medication Distribution
16. Information Management and Technology in Healthcare
17. Optional Chapter: Computers, Networks and Computational Thinking

# AFPC Interprofessional Education: Digital Health




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# AFPC Interprofessional Education: Digital Health



- Objective: expand 2 chapters that will have broad appeal in **medicine, nursing and pharmacy**
- **Safe and effective use of medications** is a high-level system goal in our health care system
- Both **e-prescribing and e-medication reconciliation** are highly relevant as these electronic applications have a major impact on medication management and safety
- Utilize AFPC's validated and efficient process for **instructional design and project management** to rapidly create 2 chapters for use in interprofessional education (IPE)
- **AFPC, CASN, AFMC** collaboration: Working Groups & Subject Matter Experts

e-Medication Reconciliation Fundamentals (1.5 - 2 hours) ▶

e-Medication Reconciliation (Comprehensive Version: 2.5 - 3 hours) ▶

e-Prescribing Fundamentals (1.5 - 2 hours) ▶

e-Prescribing (Comprehensive Version: 2.5 - 3 hours) ▶

# AFPC Interprofessional Education: Digital Health



## Interprofessional Education: Digital Health

Open all ▶

Close all ▼

e-Medication Reconciliation Fundamentals (1.5 - 2 hours) ▶

e-Medication Reconciliation (Comprehensive Version: 2.5 - 3 hours) ▶


e-Prescribing Fundamentals (1.5 - 2 hours) ▶


e-Prescribing (Comprehensive Version: 2.5 - 3 hours) ▶

[afpc-education.info/moodle](https://afpc-education.info/moodle)

## e-Medication Reconciliation Fundamentals (1.5 - 2 hours)


### Introduction to Chapter

 Welcomes, Competency Framework, and Acknowledgements (Optional)


 IPE Digital Health e-Chapters User Manual

### Part 1: Interprofessional Medication Reconciliation (IP MedRec)

 Section 1: Core Concepts


 Take the MedRec Terminology Challenge!

 Section 2: MedRec in Acute Care

 Interactive Case: Medication Reconciliation at Admission

 Section 3: Patient Engagement

 Section 4: Focus on Safety, Roles and Systems


 Interactive Case: Best Possible Medication Discharge Plan


 Section 5: IP MedRec Wrap Up

### Part 2: e-MedRec

 Section 6: Core Concepts


 Take the e-MedRec Terminology Challenge!


 Section 7: e-MedRec: Views and Perspectives

 e-MedRec Process & Tools Sampler


 Section 8: Lessons from the Field

 Interactive Case: e-MedRec (Foundations Version)

 Section 9: e-MedRec Wrap Up

 Optional: References, Resources & Videos

### Part 3: Concluding Requirements

 Quiz: e-MedRec

 Evaluation Survey: e-MedRec (Fundamentals Version)

 Certificate of Completion: e-Medication Reconciliation (Fundamentals Version)



# e-Medication Reconciliation Fundamentals (1.5 - 2 hours)



**Menu**

- Medication Reconciliation at Admission
  - Introduction
  - Meet the Patient
  - Ambulance
  - In the Emergency Department
  - Medical History
  - Question 1
  - Question 2
  - Question 3
  - Diagnosis
  - Admission Note
  - Best Possible Medication History
  - BPMH: Drug Information System
  - Question 4
  - Question 5
  - Interprofessional Communication
  - BPMH: Patient Interview
  - Question 6
  - Question 7
  - Paula's BPMH
  - Admission Medication Orders
  - Question 8
  - Question 9
  - Medication Reconciliation: Compare
  - Medication Reconciliation: Compare
  - Classifying Discrepancies
  - Drag & Drop Activity**
  - Classifying Discrepancies
  - Documentation
  - MedRec Activity
  - Answer
  - Document & Communicate
  - Case Wrap-Up

**Medication Reconciliation at Admission** Resources

**Instructions:** From the list of discrepancies below, identify what you think are intentional discrepancies and unintentional discrepancies. Drag and drop each item to the appropriate icon at the bottom. Then, click submit to continue.

ramipril 2.5mg PO daily  
metoprolol 12.5mg PO BID  
ticagrelor 90mg PO BID  
nitroglycerin spray 0.4mg SL PRN  
chest pain

acetaminophen 500-1000mg PO Q6h PRN

vitamin B12 1000 mcg po daily  
valacyclovir 2 grams po bid x 1 day

rosuvastatin 10 mg po qhs

atorvastatin 80mg PO QHS

lithium 300 mg po tid

lithium 300 mg PO once daily

**Intentional Discrepancy**

**Unintentional Discrepancy**

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**Menu**

- Best Possible Medication Discharge Plan
  - Introduction
  - Paula's Course of Care
  - Paula's Discharge Planning
  - Discharge Planning
  - Community Interfaces
  - Other Care Transitions
  - Course of Care in Hospital
  - Updated Medication List
  - Question 1
  - Question 2
  - Question 3
  - Patient Education & Engagement**
  - Documentation of Medication Administration
  - Discharge Prescription Activity
  - Documenting Reasons = Seamless Care
  - Matching Activity
  - Question 4
  - Question 5
  - Question 6
  - Best Possible Medication Discharge Plan
  - BPMDP: Documentation
  - BPMDP: Elements & Recipients
  - Patient Education: Activity
  - Patient Education & Engagement: Activity
  - Patient Education & Engagement
  - Paula's Discharge
  - Conclusion

**Best Possible Medication Discharge Plan (BPMDP)** Resources

## PATIENT EDUCATION AND ENGAGEMENT

1

When Paula was on the ward, the nurses...

2

The nurses and residents addressed their concerns...

3

On the Tuesday, the pharmacist...

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## e-MedRec Process & Tools Sampler

### Unreconciled Medication Lists: Example 1

The following image shows an electronic version of the BPMH and Admission Medication Orders side by side in an e-MedRec tool prior to matching and comparing the medications.

Brian Baker				Dr. George Mitchells							
DOB: October 22, 1943 Sex: Male				Date: June 24, 2013							
Height: 75 IN Weight: 180 LBS				ID: 000000002							
Drug Allergies: Penicillin											
<b>Original Lists</b>				<b>Reconcile Lists</b>				<b>Exit</b>			
BPMH				Admission Medication Orders							
Medication	Dosage	Route	Frequency	Medication	Dosage	Route	Frequency				
Amlodipine	2.5 mg	Oral	Daily	Amlodipine	2.5 mg	Oral	Daily				
Aspirin	81 mg	Oral	Daily	-	-	-	-				
Atorvastatin	20 mg	Oral	Bedtime	Atorvastatin	20 mg	Oral	Bedtime				
Citalopram	40 mg	Oral	Daily	Citalopram	40 mg	Oral	Daily				
Digoxin	0.0625 mg	Oral	Daily	Digoxin	0.0625 mg	Oral	Daily				
Levothyroxine	0.1 mg	Oral	Daily	Levothyroxine	1 mg	Oral	Daily				
Metformin	500 mg	Oral	Twice Daily	Metformin	500 mg	Oral	Twice Daily				
Metoprolol	12.5 mg	Oral	Twice Daily	Metoprolol	25 mg	Oral	Twice Daily				
Rabeprazole	40 mg	Oral	Daily	Rabeprazole	40 mg	Oral	Daily				
Ramipril	10 mg	Oral	Daily	Ramipril	10 mg	Oral	Daily				
Tamsulosin	0.4 mg	Oral	Daily	Tamsulosin	0.4 mg	Oral	Daily				
St. John's Wort	300 mg	Oral	Daily	-	-	-	-				

**Requires Referral** **In Progress** **Approve**

Unreconciled Medication Lists: Example 1

1 2 3 4 5 6 7 8 9



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NEXT

# e-Medication Reconciliation Fundamentals (1.5 - 2 hours)




**Menu**




- Electronic Medication Reconciliation (e-MedRec)
  - Introduction
  - Meet Mr. Lambert**
  - Cyril's Medications
  - Provincial Drug Information System
  - Question 1
  - Question 2
  - Question 3
  - Cyril's Setback
  - Emergency Department Assessment & Admission
  - Admission Medication Orders
  - Technology-Enabled List Comparison
  - e-MedRec
  - Course of Care in Hospital
  - e-BPM DP
  - Discharge Medications
  - Patient Education
  - Cyril's Next Steps
  - Cyril's Discharge
  - Case Summary

**Electronic Medication Reconciliation (e-MedRec)**

## MEET MR. LAMBERT

Cyril Lambert is 63 years old. Up to this point in his life, Cyril has seen his family doctor for Post Traumatic Stress Disorder (PTSD) from his time in the military in various conflict areas in countries abroad (diagnosed 10 years ago). Five years ago, when he began suffering from a persistent cough, with intermittent episodes of shortness of breath, he was diagnosed with Chronic Obstructive Pulmonary Disease (COPD) with asthma.



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  - e-MedRec**
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  - Case Summary

**Electronic Medication Reconciliation (e-MedRec)**

## ELECTRONIC MEDICATION RECONCILIATION

After the medication orders are entered via CPOE, the pharmacist performs medication reconciliation. The suggestions below are made (*click to reveal!*).

1. CHANGE trazadone 25mg to trazadone 12.5mg po qhs (*as per home medication*)
2. CHANGE sertraline 100mg to sertraline 200mg once daily (*as per home medications*)
- 3
- 4
- 5
- 6

**e-Medication Administration Record (e-MAR)**

In Paula's case, we learned that Medication Administration Records (MAR) are completed by nursing staff, and we saw a paper version of a MAR. In Cyril's case, the hospital has an e-MAR, which is integrated with CPOE and, as we will soon see, the discharge MedRec software.

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# AFPC Interprofessional Education: Digital Health



## Interprofessional Education: Digital Health

Open all ▶

Close all ▼

e-Medication Reconciliation Fundamentals (1.5 - 2 hours) ▶

e-Medication Reconciliation (Comprehensive Version: 2.5 - 3 hours) ▶

e-Prescribing Fundamentals (1.5 - 2 hours) ▶

e-Prescribing (Comprehensive Version: 2.5 - 3 hours) ▶

## e-Prescribing Fundamentals (1.5 - 2 hours)

### Introduction to Chapter:

In this chapter, we'll explore the many dimensions of e-Prescribing, and learn about PrescribelT™ (Canada Health Infoway's national solution) with the goal of using emerging e-Prescribing systems safely and effectively.



Poll #1: Your Profession



Poll #2: Step on the Map!



Welcomes and Acknowledgements (Optional)

## Part 1: Current State of Prescribing and Dispensing in Canada



Section 1: Current State - Prescribing and Dispensing (FUNDAMENTALS)



Take the Prescribing Terminology Challenge!



Case 1: Current State - Prescribing and Dispensing



Poll #3: Is there e-Prescribing in your province?

## Part 2: International Examples & Introduction to e-Prescribing



Section 2: International Examples & Intro to e-Prescribing (FUNDAMENTALS)



Poll #4: e-Prescribing World Cup!



The Perfect e-Prescription (Fundamentals Version)

## Part 3: Emerging State of e-Prescribing in Canada & PrescribelT™



Section 3: PrescribelT: A National Solution (FUNDAMENTALS)



Poll #5: Lost and Damaged Prescriptions



Take the e-Prescribing Terminology Challenge!



Section 4: Opioid Crisis and Issues of Scale (FUNDAMENTALS)



e-Prescribing and Opioids Case

## Part 4: Concluding Requirements & Resources



Quiz: e-Prescribing (Fundamentals Version)



Evaluation Survey: e-Prescribing (Fundamentals Version)










Certificate of Completion: e-Prescribing (Fundamentals Version)

e-Prescribing Terminology Challenge

## Take the e-Prescribing Terminology Challenge!

**Instructions:** Drag each term on the left to its corresponding definition. Click submit when you have completed the activity.

 PrescribeIT™	 Electronic Prescribing (e-Prescribing)	<p>1) A national drug terminology based on Health Canada's Drug Product Database. It will provide a consistent approach to the identification and naming of medications, resulting in a drug terminology solution that allows PrescribeIT™ and other digital health solutions to share information about drug products and groups of drug products with otherwise incompatible proprietary systems used in practice management, pharmacy management, and provincial drug information systems.</p>	<p>2) Establishes the validity of a claimed identity and provides protection against fraudulent transactions. It may be 2-factor or 3-factor authentication and may include digital signature, personal identification number, token, etc.</p>	<p>3) The secure electronic creation and transmission of a prescription between an authorized prescriber and a patient's pharmacy of choice, using clinical Electronic Medical Record (EMR) and pharmacy management software.</p>
 Prescription Monitoring Programs	 Authentication	<p>4) Collect information about prescription and dispensing of controlled substances for the purposes of monitoring, analysis and education. In Canada, it is the responsibility of the provincial institutions to organize, maintain and run these.</p>	<p>5) Their use is regulated due to greater potential to negatively affect health if used inappropriately; they are included in Schedule I, II, III, IV or V of the Canadian Controlled Drugs and Substances Act.</p>	<p>6) Process of determining what activities are permitted; permission to perform certain operations or use certain methods or services.</p>
 Roles Based Authorization	 Vendor	<p>7) A national e-prescribing service in Canada that will allow prescribers to send prescriptions electronically from their office computer system to the client's preferred pharmacy.</p>	<p>8) A company or provide software support services (e.g. EMR and P...</p>	 Controlled Substances

**SUBMIT**

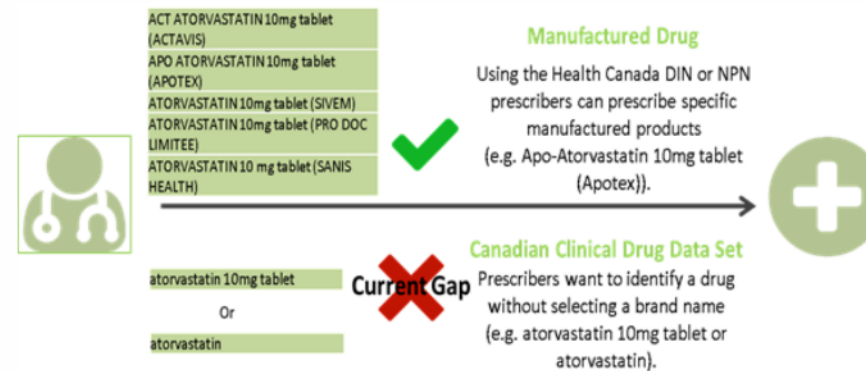


## 5 Canadian Clinical Drug Data Set

In order for e-Prescribing to be implemented, much work has been done - and continues - to standardize drug name terminology.

- This was necessary because many drug databases in EMRs and EHRs were not the same as those in pharmacy practice management systems - as seen in the image below.

The need to harmonize how we name medications - and their attributes, such as dosage form, strength and manufacturers - was long overdue.



In September 2017, Canada Health Infoway, as part of its PrescribelT™ initiative, released a new terminology - the Clinical Drug Data Set. Interestingly, it is derived from the Drug Product Database (*see Chapter 5*). Some facts:

# e-Prescribing Fundamentals (1.5 - 2 hours)



Menu

- e-Prescribing and Opioids
  - Introduction
  - Opioid Crisis
  - Opioid Prescriptions in Canada
  - Opioid Related Deaths
  - Opioid Related Harm
  - Joint Statement of Action to Address the Opioid Crisis
  - Opioid Awareness More Broadly
  - Opioid Stigma
  - Two Opioid Stigma Stories (Optional)
  - Mini Cases
  - Case 1: Meet Joao
  - Security
  - Interoperability
  - Increased Patient Convenience
  - Case 1: Wrap-Up
  - Case 2: Introduction
  - Case 2: Meet Matthew
  - Double Doctoring
  - e-Prescribing and Double Doctoring
  - Case 3: Meet Joel
  - Collaborative Care
  - Benefits of e-Prescribing of Opioids

e-Prescribing and Opioids

## E-PRESCRIBING AND OPIOIDS

*Interactive Module & Mini Cases*

The establishment of e-Prescribing in Canada will have many advantages for various healthcare delivery processes, and one major benefit lies in the prescribing of controlled substances, specifically opioids. This module will highlight some of the current issues with opioid prescribing in Canada, and illustrate how e-Prescribing can help address these issues.

Click here to proceed

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e-Prescribing and Opioids

## OPIOID PRESCRIPTIONS IN CANADA

Opioids are very effective pain-management medications. However, given their high risks for dependence and abuse, they have been overprescribed in Canada. **Click on the images below to see more.**

↑ 6.8%  
Number of opioid prescriptions in Canada increased between 2012 and 2016

↑ 9.7%  
Proportion of prescriptions for strong opioids increased in Canada between 2012 and 2016

1/5  
More than 20% of Canadian seniors received at least one opioid prescription in 2015–2016

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Menu

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e-Prescribing and Opioids

Resources

## CASE 1: MEET JOAO

Joao has developed painful Baker's cysts in his leg and goes to visit Dr. Sameer (his family doctor) to get a prescription for pain relief.

*Click on the icons below to see more.*



Menu

- ▼ e-Prescribing and Opioids
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e-Prescribing and Opioids

Resources

## BENEFITS OF E-PRESCRIBING OF OPIOIDS


PrescribeIT™ is part of Canada's action plan on the opioid crisis and it enables the safe and secure transmission of prescriptions.

**Supporting better prescribing practices**

e-Prescribing will facilitate the action point for supporting better prescribing practices by:

- promoting prescription monitoring programs
- allowing examination of pharmacy records
- sharing information between pharmacies and prescribers
- helping to decrease fraud
- increasing patient safety
- preventing abuse of opioids

View the poster online [here](#).



Health Canada's  
**ACTION ON OPIOID MISUSE**

**1** BETTER INFORMING CANADIANS ABOUT THE RISKS OF OPIOIDS: Promote prescription monitoring programs, advance pharmacy records, pharmacist education and e-learning tools. (Canada Health, Intergovernmental Council on Opioids)

**2** SUPPORTING BETTER PRESCRIBING PRACTICES: Promote prescription monitoring programs, advance pharmacy records, pharmacist education and e-learning tools. (Canada Health, Intergovernmental Council on Opioids)

**3** IMPROVING SAFETY AND SECURITY: Review and take action on evidence regarding the use of controlled substances, such as opioids, in supporting special populations for medications.

**4** SUPPORTING BETTER PATIENT OUTCOMES: Review and take action on evidence regarding the use of controlled substances, such as opioids, in supporting special populations for medications.

**5** IMPROVING THE EVIDENCE BASE: Conduct research to inform the development of evidence-based policies and programs.

Health Canada | Digital Canada

Canada

Return to Chapter

PREV

# e-Prescribing Fundamentals (1.5 - 2 hours)



HOME / MY COURSES / STUDENT E-RESOURCES / IPE DIGITAL HEALTH / E-PRESCRIBING (COMPREHENSIVE VERSION: 2.5 - 3 HOURS) /

QUIZ: E-PRESCRIBING (COMPREHENSIVE VERSION)

Question 1

Not yet answered

Marked out of 1.00

Flag question

Which of the following is TRUE concerning prescription formats?

Select one:

- a. Currently most prescriptions in Canada are written on a prescription pad or generated by an EMR.
- b. Handwritten prescriptions are considered the safest prescription format.
- c. Electronic prescriptions will not require clarification calls to prescribers.
- d. Verbal prescriptions are no longer a permitted prescription format.

Question 2

Not yet answered

Marked out of 1.00

Flag question

Transmission of prescription data through computers and networks is referred to as:

Select one:

- a. e-Dispensing
- b. e-Prescribing
- c. e-Transmitting
- d. Faxed prescriptions

Question 3

Not yet answered

Marked out of 1.00

Flag question

PrescribeIT™ features for the Limited Production release include:

Select one:

- a. Integration with existing hospital CPOE systems
- b. Lack of patient choice regarding format
- c. Extensive user testing
- d. One model for all provinces, regardless of their current approach

# AFPC Interprofessional Education: Digital Health



- Next steps:
  - French translation of ePrescribing & eMedRec chapters
  - Promote use in faculties of nursing, medicine, pharmacy
  - Assess educator needs for an **academic electronic health record solution (aEHR)**
  - Potential expansion or IPE chapters, focusing on ePrescribing – PrescribeIT