The Long-Term Care Medication Management Initiative is a demonstration project that is intended to enhance the quality of care delivered to residents while supporting health system sustainability through aligning prescribing practices for residents of Ontario Long-Term Care Homes (LTCH) with current best practices in medication therapy management.

This team-based approach will result in an individualized resident care plan that, where possible, maximizes the use of clinically equivalent, lower-cost medications while applying principles of appropriate prescribing to drive value and streamline medication choices for LTCH residents.

Individualized care will be maintained throughout this demonstration project. The LTC pharmacist will assess each resident's medication profile during the quarterly medication review and/or during the MedsCheck LTC process and make recommendations to the supervising physician or nurse practitioner (the prescriber). A plan will be developed for each resident based on his/her personal health profile. Blanket transitions will not be enforced as part of this initiative, and decisions to change therapy or maintain the current regimen will be made by the prescriber on a resident-by-resident basis. Resident consent will be required as per the usual process.

1. **What are the medications being targeted as part of this demonstration project and is this demonstration project mandated?**

There are seven drug categories in this initiative. These drugs are used in many common conditions such as high blood pressure, gastrointestinal disorders and osteoporosis. Please refer to the project protocol document for more information.

This demonstration project is not mandatory nor is it rolling out a specific LTC formulary. Participation by the resident in this demonstration project is voluntary and will require informed consent from the resident or substitute decision maker as per usual process with any changes to drug therapy.

2. **How will this demonstration project work in Long-Term Care Homes?**

The LTC pharmacist, working together with the prescriber and LTCH staff, will identify targeted medications eligible for a change as part of this initiative, either through a resident's usual quarterly medication review or through the MedsCheck LTC process.

Once a medication is identified for a change, the pharmacist will submit a formal recommendation to the prescriber along with a proposed transition plan, if warranted. Once the recommendation and proposed transition plan (if applicable) is reviewed and approved by the prescriber, he/she or a member of the health care team will explain and discuss the recommended changes with the resident or the substitute decision maker. Consent from the resident or substitute decision maker will be obtained and documented by a member of the resident's care team. The transition to the recommended drug product will be initiated at a mutually agreed upon time by the resident's care team and monitored closely by the team afterwards.
3. When will this demonstration project begin and how long will it run for?

This demonstration project will launch in September 2016 and will be formally assessed after one year for potential continuation with an accompanying evaluation report. Iterative evaluation after project launch will also seek to identify early challenges and successes from this initiative. Any change in medication will occur through the usual quarterly medication review or the MedsCheck LTC process, which may not necessarily occur immediately after the launch of this project.

4. Will implementation of this demonstration project require any changes to the quarterly medication review process?

The LTC Medication Management Initiative is not expected to change any element of the quarterly medication review. All considerations for changes in therapy in accordance with the parameters of the demonstration project will be incorporated into the quarterly medication review schedule as this corresponds with the timing of the prescriber’s onsite visit to the LTC home. From the perspective of monitoring post-change, the MedsCheck LTC annual and quarterly reviews provide an ideal opportunity for the LTC pharmacist to continually assess the effectiveness and responsiveness to any therapeutic changes.

5. How will pharmacists identify the list of targeted drug therapies?

As part of the normal preparation for the three-month quarterly review for each resident, the LTC pharmacist will assess the medication profile which will include a screening for all of the targeted medications based on the project protocol. A report will subsequently be generated for the prescriber highlighting all of the targeted molecules and will include the pharmacist’s recommendation for transitioning to that molecule’s suggested alternative.

6. Will resident consent be required to support a recommended change in therapy, and if so, who is responsible for obtaining it?

There is no change to the normal process by which medications are prescribed and managed. In the event that a resident’s prescriber receives a recommendation for a drug change as part of this demonstration project, all current regulatory requirements for informed consent apply. Therefore, LTCH residents (or their substitute decision-makers) should expect the same level of communication and information-sharing from the LTC home’s multidisciplinary team, including the medical practitioners, and be providing consent in the same way as with any other change or addition to their medication or treatment plan.

7. If the patient has already tried the recommended drug and cannot tolerate it, will he/she be allowed to stay on another medication he/she can tolerate?

Yes. If the resident has previously tried the recommended product and had either a demonstrated failure with it or suffered an adverse event, then a change in therapy would not be made and the resident would remain on his/her current regimen. This should be clearly noted on the resident’s medication records in the LTC home and in the LTC pharmacist’s PPMS.
8. **What if the resident prefers to stay on the drug that he/she have always taken and does not provide consent for a medication change?**

As per standard processes already in place, resident (or substitute decision maker) consent is required to support any change or addition to the resident’s medication or treatment plan. Therefore, if a resident (or substitute decision maker) prefers to continue taking their currently prescribed drug, he/she can.

Resident participation in this demonstration project is not mandatory. Any such refusal of consent must be communicated as soon as possible to all relevant healthcare providers – most notably the prescriber and the LTC pharmacist.

Additionally, if the prescriber recommends the resident remain on the same medication because he/she has tried it before or he/she previously experienced an adverse reaction to the particular drug, the resident can continue to take their currently prescribed medication. In this case, the prescriber should document this decision in the resident’s medication records to ensure the LTC pharmacist is aware a change in the resident’s medication was not initiated.

9. **How will rejections or authorizations for changes be documented?**

Standard processes will apply for any recommendations made by a LTC pharmacist to prescribers when considering a transition between medications. Unless the recommendation meets one of the eight defined criteria under the Ministry’s Pharmaceutical Opinion Program, there will be no funding provided to LTC pharmacists for recommendations made under the LTC Medication Management Initiative.

As it pertains to ongoing monitoring of all the resident’s medications, including therapeutic changes pursuant to the LTC Medication Management Initiative, the MedsCheck LTC Quarterly assessment remains as an eligible professional service in accordance with the program’s criteria.

10. **What processes are in place to care for the resident if he/she doesn’t react well to the change in therapy?**

As with any other prescribed medication, if the resident experiences a suboptimal response or adverse reaction as a result of the recommended change in therapy, LTCH staff and the resident’s care team should follow the usual process in place in the home for dealing with these circumstances.

If an adverse event is experienced by a resident, the adverse event should be documented on the resident’s medication profile within the LTCH. The supervising prescriber or the LTC pharmacist should also complete and submit a copy of the Canada Vigilance Adverse Reaction Reporting Form to Health Canada as per usual process.
11. What processes are in place to care for the resident if there is a problem with the supply of recommended medication?

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

12. How does this demonstration project ensure individualized care is maintained?

LTC pharmacists will assess each resident’s medication profile individually during the mandated quarterly medication review and/or during the MedsCheck LTC process. Decisions to change therapy or to maintain the current regimen will be made on a resident-by-resident basis.

13. How is this project different than the low-cost alternative policy under the ODB program?

For all recipients of the Ontario Drug Benefit (ODB) program, including residents of LTCH, the ODB program will pay for the lowest cost product for a given drug, where both generic and brand name products are available.

This demonstration project is not about generic drugs. This project involves identifying a drug within a specific drug category, and changing it to a different approved drug in the same category used for the same purpose. There are a variety of drugs in different categories prescribed to manage high blood pressure, and they vary in cost.

The medications chosen for this initiative are just as safe and effective as the medications that were originally prescribed to LTCH residents. Streamlining and standardizing medication choices in seven categories among residents of LTCH may help to further enhance the quality of care delivered to residents as well as overall medication safety within the home.

14. How will this demonstration project be monitored and if successful, what will be the next step?

This demonstration project will be formally assessed after one year for potential continuation with an accompanying evaluation report. Claims submissions by the LTC pharmacist to the Ministry of Health and Long-Term Care’s Health Network System (HNS) will be assessed to monitor the progress of this demonstration project.

Iterative evaluation after project launch will also seek to identify early challenges and successes from this initiative. The ministry will also be relying on feedback from LTCH Administrators, residents, and their respective health care teams to determine the utility of this demonstration project to inform future steps.
15. Are there other examples of medication management initiatives ongoing in other jurisdictions?

There are many examples of different medication management initiatives ongoing in multiple practice settings throughout Canada. For example, hospitals in Ontario and many other jurisdictions have their own standardized drug lists. Long-Term Care Homes in Alberta also follow a similar model.

16. Are there other projects underway in Ontario that aim to enhance the quality of care delivered to Long-Term Care residents?

Yes, another ongoing project in Ontario is the Appropriate Prescribing in nursing homes Demonstration Project (‘APDP’) which has designed an intervention protocol to de-prescribe antipsychotic medications for Ontario LTC residents. This pragmatic, cluster-randomized control trial and embedded process evaluation seeks to determine the effect of adding academic detailing to audit and feedback on prescribing of antipsychotic medications in nursing homes, compared with audit and feedback alone.

17. Where can I find evidence-based resources to support resident transition to a new medication?

There are a variety of resources and clinical practice guidelines that can be consulted should health care providers require support or guidance in helping residents prepare for and understand their care which may include a change in their medication regimen.

Evidence-based guidelines that may be of interest include those published by the Registered Nurses Association of Ontario on person- and family-centered care, facilitating client centered learning, care transitions and interprofessional collaboration, available at: http://rnao.ca/bpg. The Long Term Care Toolkit may be of particular relevance.