Chapter 5 - Care Plans
A care plan is the method by which the pharmacist helps the patient achieve a pre-determined health care goal.

Care plans MUST be developed cooperatively between the pharmacist and patient.

Physicians should always be informed, and usually be involved.
Prioritizing Problems

- If a patient has $\geq 1$ DTP, it is usually preferable to solve them one at a time, not all at once.
- Acute problems versus serious problems
  - #1 priority - DTP is acute and serious
  - #2 priority - DTP is acute, but not serious
  - #3 priority - DTP is serious, but not acute
Acute & Serious Definitions

- Acute and serious - problem could possibly be life threatening and there is no time to waste in solving it.
- Acute but not serious - problem may or may not be life threatening, but there is no time to waste in solving it.
- Serious but not acute - problem may or may not be life threatening, but you have time.
Examples

- Priority 1 - acute and serious - diabetic ketoacidosis, serious infection, stroke. These could be fatal, no time to lose.

- Priority 2 - acute not serious - pain, diarrhea. Not fatal, but patient hurts now.

- Priority 3 - serious not acute - hypertension, diabetes. May be fatal in the long run, but you have time to spare solving it.
Minicase

- A patient comes to the pharmacy seeking therapy for a sunburn. He is also diabetic and takes Glucophage 500 mg bid which upsets his stomach. His am sugars run 140-160mg/dL.
- Identify and prioritize his DTP’s.
Goals for pharmacotherapy

- Before you can develop a care plan, you must develop a goal
- A goal is simply the outcome you want the patient to achieve
- Who has goals for therapy?
- How are they stated?
Goals are

- Measurable
- Achievable
- Consistent with the pharmacist’s responsibilities
- E.g., a patient requires radiation for pain for bone mets. What goal should the pharmacist set?
  - Trick question - radiation is outside our scope of practice
Goals are not

- Vague or ill defined
- E.g., a patient with hypertension is poorly compliant with her Vasotec 5 mg po bid. BP is 150/105
- Consider goals like “improve compliance” or “control blood pressure.”
- Is compliance from 50% to 70% “improved”? Is BP decreased to 140/86 “controlled”? 
A patient needs help to relieve a headache or diarrhea

How would your goal be "measurable"?

In these cases, the measurement is qualitative, not quantitative

E.g., "patient no longer complains of intolerable pain."
Other problems - 2

- If your care plan is educational in nature, how do you measure if you have achieved your goal?
- E.g., “Patient demonstrates understanding of…….”
Other problems - 3

- The wording of a goal may depend on your practice setting.
- E.g., a patient has a HgBA1c of 8.6% due to non-compliance
- How would the goals of pharmacists working in a diabetes clinic differ from those working in a chain store setting?
  - Clinic pharmacist can set goal HgBA1c
  - Chain pharmacist can set goal of patient understanding of need for compliance
Other problems - 4

- Be sure not to confuse a goal with a plan.
- If a patient is not compliant with therapy, the goal is NOT to educate the patient - that’s the plan.
- In general, if your goal is worded so that the pharmacist must ACT, then it is usually a plan, not a goal, i.e., see to whom the verb applies & it shouldn’t be you!
Developing a care plan - 1

- Considering everything I know about this patient, her disease states and drug therapy, what are all the possible things I could do to correct her DTP?

- Of all these choices, which is the best choice (or at least which is the least bad choice)?
Developing a care plan - 2

- The best care plan is rarely the first one that comes to mind, i.e., THINK before you act.
  - E.g., if Indocin upsets the stomach, saying “take it with food” is not very useful if the better option is to discontinue the drug.

- What do you want to do?
  - Before answering, what are all your choices and which is best/least bad?

- You may need to do additional research.
Three kinds of care plans

- Patient-focused care plans
- Drug-focused care plans
- “Do nothing” care plans
Patient-focused care plans

- Usually do not require the physician’s cooperation, so they are popular with beginners
- Include compliance training, patient education, intensive monitoring, non-drug therapies, referral to other providers
- Lend themselves well to disease management programs
Drug-focused care plans - 1

- Require a change in a patient’s drug therapy
- Usually require physician’s cooperation (unless OTC)
- Add a drug, d/c a drug, change a dose, dosing interval or dosage form
- BE SPECIFIC - “Let’s start him on a beta blocker” is NOT a care plan
- Start metoprolol 100 mg po qd IS a care plan
Drug-focused care plans - 2

- Try to make 1 intervention at a time when possible
- If you do 3 things at once, and something happens, how can you tell which intervention was responsible for which change?
- Work with your local doctors before starting to use these care plans - let them know what you are planning to do
“Do nothing” care plans

- Historically, “do nothing” was pretty much the pharmacist’s default option.
- “Do nothing” is rarely appropriate but needs to be at least considered.
- “Do nothing” is appropriate when actively doing anything else is likely just to make things worse.
- Rule this out deliberately, not accidentally.
Pharmacist’s fears

- Many (most?) pharmacists feel OK with patient-focused care plans but are terrified of drug-focused care plans
  - “If I act here, maybe I’ll make it better, but maybe I’ll make it worse. I think I will just “monitor” the patient.”

- Drug therapy problems result in deaths and excess costs each year - do you really think you will make things worse?
Implementing care plans - 1

- Care plans require pharmacist’s action to implement them
- You need to make sure that all parties:
  - Agree with the care plan
  - Understand who is responsible for what & when
  - Are capable of complying with the care plan
Implementing patient care plans

- Does the patient agree with it and understand it?
- Does the patient have everything necessary to put the care plan into action?
- Does the patient know when to follow up and with whom?
- Does the patient agree to follow up if needed?
Lifestyle-related care plans

- Stop smoking, lose weight, start exercising etc.
- Lifestyle-related care plans are absolutely the most difficult to implement and are generally best handled as part of a formal disease management program, not a routine intervention.
- Leave them to the experts.
Drug focused care plans - 1

- Very difficult if you have not developed a relationship with the doctor
- Physicians will often be initially skeptical with pharmacist’s interventions so be patient, develop collegial relationships and market, market, market what you do.
Drug-focused care plans - 2

- Consider the advantages and disadvantages of:
  - Calling the MD office
  - Writing the MD office
  - Having the patient carry the message to the MD

- Writing physicians is an art. Written words can be misunderstood and give accidental offense. Write, read, wait, re-read, re-write, then print
Patient monitoring

- How else will you know if your goal has been achieved?
- Make sure the patient knows you will be following up
- Consider when you will follow up, where, and how (by phone, in person, by email, by appointment, etc.)
Patient monitoring

- Is a narrowly-focused interview.
- What therapeutic effects would you expect and how would you recognize them?
- What adverse effects would you expect and how would you recognize them?
- Make sure no new problems have developed.