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BEST POSSIBLE MEDICATION HISTORY (BPMH)

The BPMH is the best possible list of medications the client is currently taking

- It includes all prescription and non-prescription medications
- It is a systematic medication history using multiple sources of information plus a client interview
- Ideally, all medication information is verified by more than one source.

WHEN IS THE BPMH DONE?

Inpatient	Outpatient
At CAMH, the BPMH is done at admission before the admission orders are written. It is used to order the client's admission medication orders.	At CAMH, the BPMH is done at admission to outpatient clinic and updated at a minimum of every 6 months. Refer to Medication Reconciliation for Outpatients policy: http://insite.camh.net/policies/f_4_51_medication_reconciliation_for_outpatients-84599.pdf

WHO DOES THE BPMH?

Inpatient	Outpatient
At CAMH, the BPMH is completed by the admitting prescriber, with the assistance of the pharmacist and nursing staff.	At CAMH, the BPMH is done by the outpatient prescriber. If the clinic has a pharmacist, he/she may assist with the process. Also, nurses may assist prescribers in determining the BPMH.

OVERVIEW OF THE BPMH PROCESS

There are many sources you should consider while creating a BPMH. The most common sources you will use at CAMH are:

- Community pharmacy medication profile(s)
- Connecting Ontario
- Medication vials, dosettes, and/or blister packs (from the client)
- ODB Drug Profile Viewer (ODB Profiler)
- Medication Administration Record (MAR) (if transferred from another facility)
- MedsCheck (obtained from community pharmacy)
- I-CARE
- Family members and/or friends
- MD or other outpatient clinician(s)
- Client Interview

WHERE DO I ENTER THIS INFORMATION?

This information is entered in I-CARE in the **Document Medications by History** section of **Orders** in PowerChart.

Please refer to the **Document Medications by History How To** in I-CARE Help for information on how to do this.

Sources

Community Pharmacy Medication Profile

Always ask the client if they are using more than one pharmacy. You can also check which pharmacies the patient is frequenting using Connecting Ontario or the Drug Profile Viewer (if the patient is on the ODB)

Ask the pharmacy to fax a medication profile that covers **at least the past 6 months**. This will allow you to:

- View medications that are not dispensed frequently, e.g., depot antipsychotics and Depo-Provera[®]
- View a history of changes that have taken place
- View specific directions
- Review medications that are not covered by ODB

The pharmacist may know if certain doses were **changed** or if medications were **stopped**. They might also be able to tell you about compliance problems and therapeutic successes/failures.

Connecting Ontario

Connecting Ontario is an electronic information system which enables the Ministry of Health and Long Term Care to share different types of clinical information with health care providers for the purpose of providing care. The medication information is included for recipients of Ontario Drug Benefit (ODB) and Trillium Drug Program. Any narcotics that are billed in the Narcotics Monitoring System (NMS) also appear on the medication section of Connecting Ontario, regardless whether it was billed through ODB.

Caution:

- It is a list only of prescriptions billed through ODB or run through NMS. You
 cannot assume that the medication was picked up or taken as prescribed.
 Confirm with the clients how they have been taking each medication
- It does not provide directions for medication administration
- Do not make assumptions regarding dosing frequency
- It is best to obtain a complete medication profile from the pharmacy as it includes directions for how the client should be taking the medications and/or speak with the client to learn how he/she has been taking the medication
- Connecting Ontario does not tell you whether the dose has been changed by the prescriber or whether the medication has been discontinued since it was billed through ODB

Limitations

Connecting Ontario does **not** include the following medications:

- Limited use drugs: if the client does not meet the limited use criteria, the drug will not be on their profile
- Non-formulary drugs: such as clozapine, zopiclone, and bupropion SR/XL for smoking cessation

Note: If the client has special authorization, these medications will be included.

- Most over-the-counter medications
- Vitamins/herbals/alternative remedies
- Medications paid for with cash or another drug plan
- Medication samples received from the prescriber (not through a pharmacy)

For the list of medications ODB does cover, refer to the ODB e-Formulary: https://www.formulary.health.gov.on.ca/formulary/

Methadone

Never use Connecting Ontario to confirm a **methadone** dose. The client's methadone dispensing pharmacy **must be** contacted to determine the dose and the date of the last observed dose before dispensing methadone.

ODB Format

Dispensed Date 🕶	Generic Name	Brand Name	Strength	Form	Quantity	Est. Days Supply	Pharmacy	Prescriber
25 Aug 2018	OLANZAPINE	Olanzapine	2.5mg	TAB	10	5	SHOPPERS DRUG MART #1410	
14 Aug 2018	MEDROXYPROGESTERONE A	Apo-Medroxy	5mg	TAB	10	10	SHOPPERS DRUG MART #1410	
07 Aug 2018	LEVOTHYROXINE (SODIUM)	Synthroid	0.05mg	TAB	30	30	SHOPPERS DRUG MART #1410	
16 Jul 2018	MEDICATION REVIEW	Meds Check			1	1	SHOPPERS DRUG MART #1410	
09 Jul 2018	MEDROXYPROGESTERONE A	Apo-Medroxy	5mg	TAB	10	10	SHOPPERS DRUG MART #1410	
09 Jul 2018	LEVOTHYROXINE (SODIUM)	Synthroid	0.05mg	TAB	30	30	SHOPPERS DRUG MART #1410	
07 Jul 2018	CITALOPRAM HYDROBROMIDE	Citalopram	20mg	TAB	60	60	SHOPPERS DRUG MART #1410	
17 Jun 2018	MEDROXYPROGESTERONE A	Apo-Medroxy	5mg	TAB	10	10	SHOPPERS DRUG MART #1410	
17 Jun 2018	OLANZAPINE	Olanzapine	15mg	TAB	60	60	SHOPPERS DRUG MART #1410	

Columns from left to right:

Dispense Date: 25 Aug 2018

Note: This represents the date that the claim was submitted. It may not be the day that the prescription was picked up and the prescription may have been discontinued or changed since then.

Generic Name, Strength & Dosage Form: OLANZAPINE, 2.5mg TAB

Brand Name: Olanzapine

Qty (Quantity): 10

Est. Days Supply: 5

Note: Estimated days supply of 5 (10 tabs/5 days= 2 tabs per day). However, it does not indicate whether the 2 tabs are taken at the same time of day, 1 tab is taken two times a day, or whether the client is taking it as directed.

Vials, Dosettes and Blister Packs

Always remember to check the contents of vials, dosettes and blister packs to ensure the contents appear to match the label. Sometimes clients put new medications into old containers. Check the date on each label and check that it is labelled with the client's name and not someone else's name. Compliance can be assessed by reviewing the date and quantity remaining in the package. You should also always as the patient or whomever is responsible for medication administration, to assess compliance.

Note: the patient may not bring in all the medications that they are taking. It is good practice to call the phone number of the pharmacy on the label of the medication vial, to confirm with the pharmacy whether the patient has been prescribed any other medications. In addition, patients often only bring in prescription medications and will not bring in their over-the-counter medications, natural health products, vitamins and minerals.

ODB Drug Profile Viewer

The ODB Drug Profile Viewer/ODB Profiler is an electronic information system which enables the Ministry of Health and Long Term Care to share prescription drug claim histories with health care providers for the purpose of providing care for recipients of Ontario Drug Benefit (ODB) and Trillium Drug Program.

Caution:

- It is a list only of prescriptions billed through ODB. You cannot assume that the medication was picked up or taken as prescribed. Confirm with the clients how they have been taking each medication
- The ODB Drug Profile Viewer does not provide directions for medication administration
- Do not make assumptions regarding dosing frequency
- It is best to obtain a complete medication profile from the pharmacy as it includes directions for how the client should be taking the medicationsand/or speak with the client to learn how he/she has been taking the medication
- The ODB Drug Profile Viewer does not tell you whether the dose has been changed by the prescriber or whether the medication has been discontinued since it was billed through ODB

Limitations

The ODB Drug Profile Viewer does **not** include the following medications:

- Limited use drugs: if the client does not meet the limited use criteria, the drug will not be on their profile
- Non-formulary drugs: such as clozapine, zopiclone, and bupropion SR/XL for smoking cessation

Note: If the client has special authorization, these medications will be included.

Most over-the-counter medications

- Vitamins/herbals/alternative remedies
- Medications paid for with cash or another drug plan
- Medication samples received from the prescriber (not through a pharmacy)

For the list of medications ODB does cover, refer to the ODB e-Formulary: https://www.formulary.health.gov.on.ca/formulary/

Methadone

Never use the ODB Drug Profile Viewer to confirm a **methadone** dose. The client's methadone dispensing pharmacy **must be** contacted to determine the dose and the date of the last observed dose before dispensing methadone.

ODB Format



Columns from left to right:

Dispense Date: 29 Oct 2007

Note: This represents the date that the claim was submitted. It may not be the day that the prescription was picked up and the prescription may have been discontinued or changed since then.

Generic Name, Strength & Dosage Form: LITHIUM CARBONATE, 300mg LA

Tab

Qty (Quantity): 120 **Brand Name:** Duralith

Est. Days Supply: 30

Note: Estimated days supply of 30 (120 caps/30 days= 4 caps per day). However, it does not indicate whether all 4 capsules are taken at the same time of day, 1 cap is taken four times a day, or whether the client is taking it as directed.

Medication Administration Records (MAR)

Dose administration records help to evaluate compliance and verify the date/time of the last administered dose.

MedsCheck

This service is a free one-on-one 30 minute appointment between the client and their community pharmacist to review their medications.

Eligibility: all Ontarians taking a minimum of 3 chronic medications

The pharmacist provides the client with an accurate medication list that clients are encouraged to bring with them when they see another health care professional or go to the hospital.

Reference: Ministry of Health and Long Term Care

Family Members and/or Friends

Collateral information is helpful when the client is unable to communicate with the interviewer, e.g., due to mental status or language barrier.

MDs and other Clinicians

Healthcare professionals are good sources for providing information about a client's medication history.

The Client Interview

The client interview is the ideal time to clarify any compliance or medication related questions you may have. Do not forget to ask about the following types of medications:

Liquids	Patches	Eye/Ear Drops
Injectable	Creams	Nasal Sprays
Vitamins	Herbals	Inhalers

For more information/tips, please refer to the ISMP Best Possible Medication History Interview Guide:

https://www.ismp-canada.org/download/MedRec/SHN_medcard_09_EN.pdf

BARRIERS TO GETTING THE BEST POSSIBLE MEDICATION HISTORY

Non-English speaking client and/or client's level of consciousness / cognitive ability	Solution: family members, interpreters, caregiver
Client does not understand the importance of obtaining an accurate medication history	Solution: proactively explain importance, empower client to actively participate
Poor perception of what a medication is. Client may not mention their use of OTCs, herbals, vitamins, non- traditional products, birth control pills, or street drugs	Solution: effective prompting or probing questions
Poor client recall of the complete list of medications or pharmacy name or number	Solution: community pharmacy search via Ontario College of Pharmacists - OCP or www.411.ca
Identification of medications in unlabelled containers	Solution: e-CPS and/or consult with CAMH pharmacist
Medication Use ≠ Medication Prescribed	Solution: focus on medication use ; Seek clarification (from community pharmacies, primary care physicians, family members, caregivers)
Client may not know the name of a medication just the appearance.	Solution: obtain detailed description of med (dosage, form, strength, size, shape, colour, markings, etc.) consult with CAMH pharmacist

All information adapted from Olavo Fernandes, UHN Medication Reconciliation Education & Validation Program