

Diabetes management for allied health – clinical pharmacy – medication review

Pharmacist - Adam: Good morning guys. How are you going?

Community Nurse: Morning.

Client - Jemma: Morning.

Pharmacist - Adam: Jemma, my name's Adam. I'm the pharmacist here at the Atherton Hospital. Do you understand what we're doing here today? What I've got you in for?

Client - Jemma: No, not really no.

Pharmacist - Adam: Not really. That's okay. So, we're going to go through your medications just to have a look at what you're taking at the moment. I'd like to explain to you what you're using them all for and where they fit into your regime. And this is an opportunity for you to ask any questions if you'd like about your medications. I'm more than happy to answer any questions and we'll work together to make sure you understand what you need to be taking and why you're taking it. Does that make sense?

Client - Jemma: Yep. Okay.

Pharmacist - Adam: Yep. Fantastic. Alright, so I've contacted your pharmacy, the Discount Drug Store, to confirm the medications that you're taking at the moment. I'm just going to run through them one at a time and explain again where they fit into everything and whatnot.

So, I've got a note here that you've got sugar diabetes. Now do you understand what's happening with your body with your diabetes?

Client - Jemma: I have been told but I still can't work it out like you know. Still can't understand.

Pharmacist - Adam: That's okay. Yep. Yep, sure. So, with diabetes, your body's not managing sugar as well as it should be.

So, you're on a couple of different medications that will help manage those sugars, manage that fuel. So, the Metformin, which I touched on just before. It's a medication which you're taking to help your body utilise sugar better in the body. So, it sensitises your body to the hormone called insulin, which helps take up sugar out of the blood. Does that make sense?

Client - Jemma: Yep.

Pharmacist - Adam: Alright, now I see that you have had some insulin as well at some stage. Are you still using insulin?

Client - Jemma: Yes. Yeah, I still use it. Yeah.

Pharmacist - Adam: Okay. Do you mind running me through what you do with your insulin?

Client - Jemma: I only take it at night.

Pharmacist - Adam: Yep.

Client - Jemma: But I have to take ...you know I've got to keep on pricking my fingers all the time, but usually in the morning.

Pharmacist - Adam: Yep.

Client - Jemma: I see what the sugar level is in the morning when I get up, first thing in the morning. And the doctor told me that that makes for how much insulin I need to take at night then.

Pharmacist - Adam: Okay, cool. There is a dietitian which you can talk to similar to how we're talking today through the hospital which I can talk to them if you like about organising a time to see you if that would be easier for you to speak to.

Community Nurse: With that in mind Adam, Jemma's coming on board with the chronic disease program so the allied health referrals that will be done out of that will include - we've got you on board - but that will include the dietitian, the diabetic educator as well. And so that then becomes a structured approach with her diabetes and her hypertension.

Pharmacist - Adam: Jemma, just on the topic of we were talking about food. I just wanted to double check; do you go out bush much at all?

Client - Jemma: I do like to go out. Yes. Yes, I do like to go out the river. Sometimes, yeah.

Pharmacist - Adam: Yep. Okay, cool. So, when you go out, do you take your medications with you?

Client - Jemma: Maybe my tablets, but when it's with my insulin, I don't know how to look after the insulin, you know, when you take it away from out of the fridge. And, you know, where could I keep it? You know?

Pharmacist - Adam: Yeah, for sure. So that's a really good question and it's something that I just wanted to talk about because you can take your insulin with you if you do go bush. You don't have to keep the pen that you're using in the fridge. Did you know that?

Client - Jemma: Yeah. I think I was told that. Yes, but I didn't know how long you could use it like that.

Pharmacist - Adam: Yeah, yeah. So given the amount that you're using, how often...well, sorry, let me take a step back. How long would you go out bush for?

Client - Jemma: It could be a couple of weeks.

Pharmacist - Adam: Couple of weeks. Alright and do you keep the food you're taking cold at all?

Client - Jemma: Only until the ice runs out.

Community Nurse: Do you hunt out there? Gather?

Client - Jemma: Yeah.

Community Nurse: She hunts and gathers so it's not a matter of having ice.

Pharmacist - Adam: Okay, that's fair enough. Alright, so that's something that I just might make a note of for you Jedda because it is something which I know would be important to you. And what sort of food stuff do you eat when you go bush?

Client - Jedda: Try and catch plenty of fish, especially, you know fish. Maybe roo.

Pharmacist - Adam: Is that largely different to what you'd eat at home?

Client - Jedda: Yeah. Yes.

Pharmacist - Adam: Okay, cool. So, I'll make a note of that because that's something which we might need to consider. Because just so you know, I'll be in touch with your doctor as well after we've had our chat - just to make sure they're aware of anything that we've spoken about and also any recommendations that I might have about your medications. For example, you may not need to use your insulin when you go bush because of the different sort of things that you're eating and that sort of thing. So that's something which I'll have a look at after we've had a chat and I'll be in touch with you and your doctor afterwards, okay?

Client - Jedda: Yes, that'd be good.

Pharmacist - Adam: Alright, now you mentioned you're on some blood pressure medications. We often talk about blood pressure. It's something which is talked about in the TV, in the paper a lot. Do you know what we're talking about or what the issue is with blood pressure?

Client - Jedda: I know it's supposed to be under certain levels, but I think mine was pretty high at first and that's why I got put onto the tablet, you know.

Pharmacist - Adam: Yep. Okay, so we've all got blood pressure. I've got blood pressure but as you quite rightly said when the pressure is too big, it's not a good thing. So, for example, I often refer to blood pressure or your blood vessels like a running creek. So, for example, when the pressure's too big in the creek, your blood vessels or the water might burst outside the banks of the creek. So, with your medications, we're actually opening up your blood vessels. So, we're making the creek wider so that your blood, or the water as it may be, can flow much better.

Community Nurse: Jedda asked the question about cholesterol Adam. Before when we had the discussion about this before. We were having a telehealth so maybe you could help her with that.

Pharmacist - Adam: Yeah, yeah. Sure. So, with your cholesterol, that's something which we often talk quite a lot about. Do you know what the problem with cholesterol is?

Client - Jedda: No, I don't really. No. I don't really know. No.

Pharmacist - Adam: So, let's talk about the creek again that we were talking about just before. So, when the creek gets really silty and real muddy, it can get really shallow. It can block up, build up and that sort of thing. And so, for example, the waterhole might get really shallow. So, the same sort of thing can happen with you blood vessels. So that silt or the mud as it may be is similar to cholesterol.

We're not going to change anything right here and now. As I said, I want to have a little bit more of a think about your medications and after what you've spoken to me about. Because it's important that

your doctor's involved in anything as well. So, there's a couple of things that I might make a note for them about, like we mentioned if you have any trouble with your insulin when you go bush, things like that. I'll make a note of that for them to have a think about as well and we might be able to come up with something which best suits you.

Client - Jemma: Yes. No, I'm glad I did this now.

What telehealth intervention did you provide today?

Pharmacist - Adam: So, the service that we provide through the Atherton Hospital is a clinical pharmacy telehealth. In essence it's a medication review that we conduct via the video conferencing equipment.

The demographics that we've got, we cover an area of about 360 000 square kilometres. So, the reality is visiting everywhere in person is quite difficult and hence we use the technology, the video conferencing, as our means of delivering a clinical pharmacy service.

So, with Jemma today, we've conducted an initial assessment. I like to provide as much information to the patient as I possibly can to try to get a gauge of where they're at with their current treatments and therapies. I'll review her medications and look for anything that needs an immediate adjustment and I'll get in touch with her GP as it is. And then I'll follow up with her again in another one or two months, just to see how she's going.

What are the benefits of providing this intervention via telehealth?

Pharmacist - Adam: Patients do have access to a pharmacist. For example, today Jemma has access to a pharmacist in Ravenshoe which is about a half hour drive. But she doesn't have access to a clinical pharmacist or any clinical pharmacy services - the travel time is over an hour. So, the benefit of using telehealth is it means that she doesn't have to travel, the clinician or I don't have to travel. So, it minimises cost in between and it also improves the uptake. The patients are more comfortable in an area or in a place which they're used to.

What technology did you use for this telehealth intervention?

Pharmacist - Adam: We've chosen to use the stand-alone telehealth unit as our first preference. The technology is better given the limitations in our networks here in north Queensland. For example, when it comes to using mobile devices, mobile reception isn't as good, and Wi-Fi isn't as strong as well. So, using the fixed networks is really important with that. And using the stand-alone telehealth units, the definition is better. So, the quality that goes to both ends is better and doesn't get broken up as much.

So, we have used iPads, not necessarily with the clinic that we interviewed today but with another clinic where again, the mobile reception is better. She visits the patients in the home, and we take that opportunity to discuss the medications when the nurse is doing her routine visits.

Do you have to modify your intervention to provide it via telehealth?

Pharmacist - Adam: So sometimes we've had to modify how we undertake a session when the connection isn't strong. I've had to augment the consultation using a telephone, so that we can hear clearly what each other is communicating. So, the picture might still be a little bit fragmented but at least our verbal communication is still being passed through. I often ask the nurses to undertake observations before the consultation starts. So, that might involve taking blood pressure, pulses, your simple observations.

What advice do you have for other health professionals considering using telehealth?

Pharmacist - Adam: I think one of the things that's really important to of helped our service is the nurse at the other end and the clinician at the other end. They have been instrumental in developing the program themselves. They might not take credit for it, but they have. Their insight to the local community can't be paralleled. They understand who's in the community, what the patients need, and they also have built a rapport with a lot of the patients as it is. So, in order for someone who might be shamed by talking to someone they're not familiar with, having someone who's already there who they already know - they're comfortable talking to - has been hugely important and integral in the success of our program so far.

What works well when providing telehealth services to Aboriginal and Torres Strait Islander clients?

Pharmacist - Adam: So, what works well when dealing with the Indigenous patients I've been working with is having a really engaged community nurse. She knows the patients well and can provide information to me in a means the patient finds approachable as well. Now what I mean by that is sometimes the clinic nurse and I work really, really well in communicating the information. She'll often ask questions to me that the patient might be too afraid to ask and that's because she knows the patients well. So yeah, that's one tip.

The second tip, as I said, is tailoring the information to suit the individual. So early on, I tried to make an assessment, or I assessed how well Jedda would understand the information that I was providing. I didn't want to provide medical jargon to her. She was not going to understand that but using an analogy which she can relate to. For example, talking about the land is something that she may be able to associate with and so she's more likely to understand the information and take it on board.

What are the benefits of this telehealth service?

Client - Jedda: The travel time. If I had to go away out of town, it's that travelling time and it's the cost of petrol. Because this is away from the towns and cities, this area here, it's a rural area. So that time is a huge...you'd have to take a day off really.

Adam, the pharmacist, when he spoke to me, he illustrated different things, likened your blood for example to a river and so that really made sense. It really made it more clear to understand.

What things can an allied health professionals consider when providing telehealth to Aboriginal and Torres Strait Islander clients?

Client - Jedda: Ask that person if they would like somebody to sit in with them and give them that option, because it's a lot of information to take in. So, you know, people get confused and stuff. The

other person could be there as a prompt, just to remind them. And illustrations of the subject like you know using illustrations like the river likened to blood. That sort of thing.

Give people a bit of time to think about. Some people probably need that bit of time to think about it. I think you have to be aware of that. They do take a bit of time to answer questions so yeah. Know that they probably do need that bit of time to answer questions and give information because sometimes there is that pause, and people are thinking of what they're going to say. So yeah, allowing that time to happen. Otherwise, you'll probably end up with somebody saying, "oh I don't know".