

PRACTICE ENHANCEMENT EXAMPLES

Section 8 and Adverse Drug Reaction Forms

A. Enhancement Objectives

Section 8 Form

Incorporating the Section 8 form into a practice's electronic medical record (EMR) system makes it easier for physicians to use.

Adverse Drug Reaction (ADR) reporting form

Adding an ADR reporting form to the EMR encourages physicians to report any ADRs their patients experience. Reporting is often not a common practice, but can lead to long-term benefits for patients. If ADRs are reported, the pharmaceutical companies learn of long-term effects of medications, which could affect their use and prescribing practices.

B. Tool or Enhancement Description

Section 8 Form

A one-page electronic form, with some fields that autopopulate, that is added to a shared folder in the practice site's computer network. All practice site physicians have access to the file in the EMR when needed.

ADR Reporting Form

A one-page electronic form, with some fields that autopopulate, that is added to a shared folder in the practice site's computer network. All practice site physicians have access to the file in the EMR when needed.

C. Medication Management Improvements

Section 8 Form

Adding Section 8 forms to the EMR is important for achieving **better health** outcomes. It increases the use of the forms, which increases the chances patients have of gaining access to and a means to pay for medications they need.

Patients' drug therapy improves because they have access to medications not normally covered by their drug plans or by the government. Increased access to a variety of **therapy choices** leads to improvements in health outcomes and disease states.

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An electronic Section 8 form can have patient-specific fields that automatically self-populate for the physicians, such as the date of birth, health card number, etc., which were filled in manually by the physicians in the past. Physicians benefit from an increase in **efficiency** because of the decreased time required to complete the form. There are also fewer chances for error (e.g., incomplete fields, transposed numbers), which improves the likelihood of **approval** on the first submission.

By allowing practice site physicians to complete and send Section 8 forms to the Ministry of Health electronically, there is an increased probability the forms will be returned more quickly. **Faster** response time means patients receive their medications faster, benefiting eligible patients.

Community pharmacies also benefit from the efficiency, because approved medications reach them faster.

With the form directly available on the EMR, the physicians have direct access to important clinical **information**, such as the status of and reasons for forms already sent.

While patient monitoring does not improve with the Section 8 form on the EMR, the monitoring **results** can because patients start taking medications that work better for them.

ADR Form

The ADR reporting form provides Health Canada and pharmaceutical companies with information on different reactions patients have with medications.

Using the form can improve medication management for patients. If ADRs are reported more frequently, more data

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can be gathered, providing a **more complete picture** of a medication. That in turn allows pharmaceutical companies to communicate the particular benefits or warnings regarding a specific drug to physicians — all of which could impact drug therapy. Pharmaceutical companies could also develop better drugs or information to assist physicians in making their decisions regarding drug therapy for their patients.

Physicians would have to devote some **time** to filling out the form to make it effective.

D. Development Process

Both the Section 8 and ADR reporting forms are available in physician reference books and from the provincial government. When required for a patient, these forms are photocopied and filled in manually.

Section 8 Form

When a pharmacist begins working at a practice site, he or she may be approached by the practice site physicians for clarification regarding certain details or fields on the form. The pharmacist may decide that an electronic version of the form would be more efficient.

This enhancement can assist the physicians to become more comfortable using the Section 8 form, and an electronic form will be more user-friendly for physicians who work in a paperless practice site.

A significant portion of patients can benefit from this practice enhancement, depending on the practice site's demographics.

Suggest the enhancement at a meeting held with the practice site physicians. Gauge whether the physicians would use the electronic version of the form if it were made available.

If the EMR system used at the practice site is new or unfamiliar, approach other team members for information on where to place the electronic form on the shared drive.

The physicians can also provide feedback and suggestions on how to have certain fields in the Section 8 form populate automatically.

ADR Reporting Form

When a pharmacist begins working at a practice site, he or she can speak with the practice site physicians to determine if the ADR reporting form is used at the practice site.

"I can understand why some physicians loathe filling out insurance forms and Section 8s. If there is no standard template, it can be a lengthy process. [I wrote a Section 8 form this month.] Luckily the EMR had a fill-in-the-blank template so... it didn't take too long."

— IMPACT demonstration project participating pharmacist

In the long term, a significant portion of the practice site's patients can benefit from an electronic version of the ADR reporting form.

If the form is currently not being used at a practice site electronically or manually, speak with the practice site physicians to determine why and if there is some way in which it would be used. When asking for approval from the physicians for this enhancement, ask them for feedback, such as negative aspects of the paper-based form. For example, after the form is completed and submitted, pharmaceutical companies often call physicians to gather more information, which takes great amounts of the physicians' time.

If the EMR system used at the practice site is new or unfamiliar, approach other team members for information on where to place the electronic form on the shared drive.

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E. Implementation Process

The paper Section 8 and ADR reporting forms that are available in the physician reference books or through the provincial government can be scanned to create electronic files of the forms. The electronic files can then be placed onto the shared drive, which ensures all physicians have access to them.

If the software is new or unfamiliar, approach the clinic/office manager to learn how to use it and to determine the best method to implement the enhancement.

If difficulties are encountered while trying to have fields automatically populate, approach the physicians or other team members more familiar with the software.

After a preliminary electronic version of the form is created, ask a physician to test it to ensure it is functioning correctly before it is made available to all physicians at the practice site.

After the forms have been pilot-tested by a physician, make the forms available to all physicians at the practice site. The pharmacist can informally (e.g., mention in passing) or formally (e.g., send an email) inform the practice site physicians that the forms are available electronically.

F. Overcoming Challenges

A pharmacist may face challenges during the development of the electronic forms if he or she lacks experience working with computers generally, or specifically, working with the software used at a practice site. For example, when creating a form with fields that self-populate, the pharmacist must ensure that the appropriate information appears, and that the punctuation and spacing appear correctly. Overcome this challenge by approaching the practice site physicians, personnel or the company that created the EMR software for help.

Challenges can also happen when trying to get physicians to use the forms. Although the physicians may have been informed of their availability electronically, reminders may be needed periodically to overcome this challenge.

Challenges that may be difficult to overcome

Because physicians are not required to complete the ADR reporting form, encouraging them to use the electronic version may be a challenge, especially if the physicians are concerned about the time required to do so. It is also challenging if the practice site is not EMR-based, or if the EMR used by the practice site does not support autopopulation in the form.

G. Facilitating Factors

There are specific characteristics of a practice site that can facilitate implementing this enhancement: the practice site is EMR-based and the practice site physicians prefer to have all forms available in an electronic format because they are easier to use.

H. Evaluation Results

No strategy to evaluate this enhancement was undertaken.

Example Note: As this enhancement is an electronic file that autopopulates specific fields for members of the practice site, it is not possible to include a paper document in this guide that illustrates the enhancement.


The IMPACT Program

*Pharmacists in Family Practice:
A Resource*

PRACTICE ENHANCEMENT GUIDE

Optimizing Medication Use in Family Practice: Medication-focused Practice Enhancements

Get the most out of your IMPACT Pharmacist



The IMPACT Program
*Pharmacists in Family Practice:
A Resource*

REFER IF YOUR PATIENT:

- Needs help with optimal control of a **chronic condition** (such as diabetes, blood pressure, cholesterol, pain, arthritis)
- Is taking **multiple medications** (to simplify, ensure appropriate dosing times, manage or prevent drug related problems)
- Might be having an **adverse drug event**.
- Has **recently been hospitalized** (for counselling on medication changes)

Most Common Inhaled Bronchodilators

Agent	Short-Acting B ₂ -Agonists		Long-Acting B ₂ -Agonists		Anticholinergics		Combination
	Salbutamol	Terbutaline	Salmeterol	Formoterol	Ipratropium	Tiotropium	Salbutamol/Ipratropium
Brand Name	Ventolin® Generics	Bricanyl®	Serevent®	Oxeze®	Atrovent®	Spiriva®	Combivent®
System	MDI Diskus® Inhalation	Turbuhaler®	MDI Diskus®	Turbuhaler®	MDI Inhalation	HandiHaler®	MDI Inhalation
Colour	Blue	Blue bottom					
Onset	5-15 min	5-15 min					
Duration	4-6 h	4-8 h					
Adult Dose	1-2 pfs TID-QID PRN	1-2 pfs TID-QID PRN					

Table 1: How Medication-focused Practice Enhancements Improve Medication Management

Medication Management Process	Problems in Family Practice	Example of Enhancement Developed
Provide group education regarding medications	Patients need additional information on their condition; physician unable to provide all that is needed	Cholesterol Clinic Day (Chapter 5) — provides information that would benefit the patients and physicians of the practice site, and that is often not
Completing Section 8 forms	Forms are neither available nor easily completed	
Reporting adverse drug reactions (ADR)	Rarely done; voluntary system; forms not readily available or easily completed	

DIABETES PATIENT CARE FLOWSHEET

Practice Site Letterhead

Name: _____ D.O.B.: _____ Chart # _____ Diagnosis Date: _____ Type of DM: _____

Risk factors: Obesity Fam Hx Smoker CVD BP Lipids Gest DM

Complications/Comorbidities: Retinopathy Nephropathy Neuropathy Foot Disorders Other

Past Medical/Surgical Health: _____

Medications	Date				
Diabetic medications: Oral Insulin					
BP medications: ACEI/ARB Diuretic Beta blocker CA++ channel blocker					

Chart Audit for Prevalence of Drug and Disease Indicators

Patient sex: M F

Patient age: _____ or DOB (yy.mm.dd): _____

Date of last visit (yy.mm.dd): _____

Physician name: _____

Chart #: _____

Site #: _____

Date: ____/____/____
D M Y

Excluded patients

Less than one visit to the family physician in the last 12 months Yes No Don't Know

More than 20 visits to the family physician in the last 12 months Yes No Don't Know

Awaiting placement to a nursing home or long-term care Yes No Don't Know

Alcoholism Yes No Don't Know

Palliative care patient Yes No Don't Know

Family physician only sees as a home visit (i.e., patient cannot come to the clinic) Yes No Don't Know

If you chose Yes for any of the above criteria, DO NOT collect any further information on this form.



The goal of the IMPACT program, as the acronym suggests, is to Integrate family Medicine and Pharmacy to Advance primary Care Therapeutics. A growing body of research supports our belief that having pharmacists working in family practice settings enhances patient care.¹ This guide is the product of more than 10 years of planning and collaboration between investigators, government and community leaders.

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1. Sellors J et al., A Randomized Controlled Trial of a Pharmacist Consultation Program for Family Physicians and their Elderly Patients. *CMAJ* July 8, 2003;169(1):17-22.