HARVARD MEDICAL SCHOOL

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Division of Pharmacoepidemiology and Pharmacoeconomics





Patient Medication Information: The Physician's Perspective

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What the Physician Wants...

- The content should be consistent
 - When 5 patients are prescribed a medication, all should receive the same essential content
- The format should be easy to read
 Standards can help
- There is a clear expectation about how this information is delivered
 - And the doctor likely does not want to be part of it...

Why does PMI matter?

- Doctors don't talk to patients much about their medications (Tarn, Archives 2006)
- Patients often do not remember what was discussed (Fletcher)
- Pharmacists often do not as well (Svarstadt)
- The label could be an important source of information Stays with the medication

We must think about PMI as a safety net for medication education

What is the "Label"ing?

1) Container Label



2) Patient Medication Information (PMI)



Shrank, Avorn. Health Affairs 2006 Avorn, Shrank. NEJM, 2006 3) Package Insert



4) Medication Guide

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Labeling in the US: A Fragmented System

	State Law	FDA	Software Vendors	Pharmaceutical Manufacturers	Data Management Companies	Pharmacies
Container Label	a de	61.19	Ũ			
Patient Medication Information (PMI)					a Color	
Package Insert						
Medication Guide						
🗊 = Format 🖉 = Content				•	•	•

Shrank W, Avorn J. Health Affairs, 2007

What is the optimal format and content of labels?

Systematic Review of the Literature

- Searched Medline
- Searched items related to two themes:
 - 1) prescription drug labels
 - 2) doctor-patient communication about prescription drugs
- Reviewed over 2000 articles and identified relevant articles from references and experts
- Included 104 articles that were targeted to our topic

CMI and Container Label Format Associated with Readability and Understanding

Organization

- List format
- Headers
- Bullets
- White space
- Topics ordered logically

<u>Print</u>

- Typeface sans serif
- Large print (greater than 10 point font)

<u>Language</u>

- 6th grade level
- Short, simple sentences
- Less jargon
- Numbers vs. prose
- Unclear if icons are helpful

Label Content: Literature Review Findings

Patients prefer:

✓ Directions – Avoid vague terminology

- ✓ Benefits of the medication (Indication)
- ✓ Warnings and possible side effects
- Suggested responses to side effects (e.g., when to call doctor or stop taking medication)
- ✓ Duration of therapy

Shrank W et al, Annals of Pharmacotherapy, 2007

Variability in Label Delivery

An evaluation of label quality and variability in the community

What Drugs:

Where: What Pharmacies:

Label Sample: Final Sample: Identically written prescriptions of: atorvastatin alendronate, TMP/SMX, ibuprofen Boston, Los Angeles, Chicago, Austin 6 pharmacies in each city: 2 Independents, 2 chain drug stores, 2 grocery stores Filled a total of 96 prescriptions. Received 11 over-the-counter ibuprofen bottles

A total of **<u>85 labels</u>** for evaluation

Container Label Content Variability: Items present on main container label

Item	Percent of labels containing item		
Any type of stickers	84.7		
Discard date	78.8		
Manufacturer	71.8		
Warning stickers	70.6		
Instruction stickers	62.3		
Patient address	56.5		
Original date	50.6		
Description of pill	28.2		
PIC name	17.6		
Pharmacist name	25.9		
Doc phone #	9.4		

Container Label Content Variability: Warning Stickers

atorvastatin

Warning stickers (n=24)	Number (%) of stickers with warning		
Number of bottles with stickers	19 (79.2)		
1. Do not take with grapefruit juice.	19 (79.2)		
2. Do not take if pregnant, suspect you are pregnant, or are breastfeeding.	10 (41.7)		
3. This medication may be taken with or without food.	4 (16.7)		
4. Do not take with other medications without checking with doctor or pharmacist.	3 (12.5)		
5. Take exactly as directed, do not discontinue or skip doses unless directed by a doctor.	1 (4.2)		
6. Take with 8 oz of plain water at least 30 minutes before first food/beverage/drug of the day. Do not lie down for 30 minutes.	1 (4.2)		

The "Delivery System"?

 NONE of the ibuprofen prescriptions were delivered with a Medication Guide, as required by law

 It is not enough to encourage new sources of PMI delivery → we must be very clear about who is responsible and how the labels will get to the patient

Metrics for Measuring Quality

- 1)Readability simplicity
- 2)Rate of delivery

3)Coordination between labeling components

1)Consistency

- can be solved with better standards

Defining the "Process"

- Not enough to say that other parties "can" participate
- Must be VERY clear who delivers the info, where it comes from, etc.
- Eliminate duplication

Role of the Doctor

- Doctors likely are not going to be the answer here lack of time and incentive
- Can deliver PMI if it is totally automated with E-Rx systems
- Pilots feasibility testing
 - Do doctors want to deliver this info?
 - Will they do so?
 - Will this enhance their communication about meds?

Solutions? Pilots?

- Keep it simple
 - 1) Single document,
 - 2)Standards for formatting,
 - 3) Consistency of content,
 - 4) Clear process for dispensing
- Actual use testing needed
- Stress standards over "innovation"
- Focus must be patient-centeredness
- Challenge tailor any of the content and warnings to patient characteristics?
- Mail order the role of the pharmacist