

ID-MAP Booklet

Please complete one booklet per patient

Pharmacy ID:

Patient ID:

IMPORTANT

Ensure you have completed all aspects of screening and recruitment before proceeding with Appointment 1

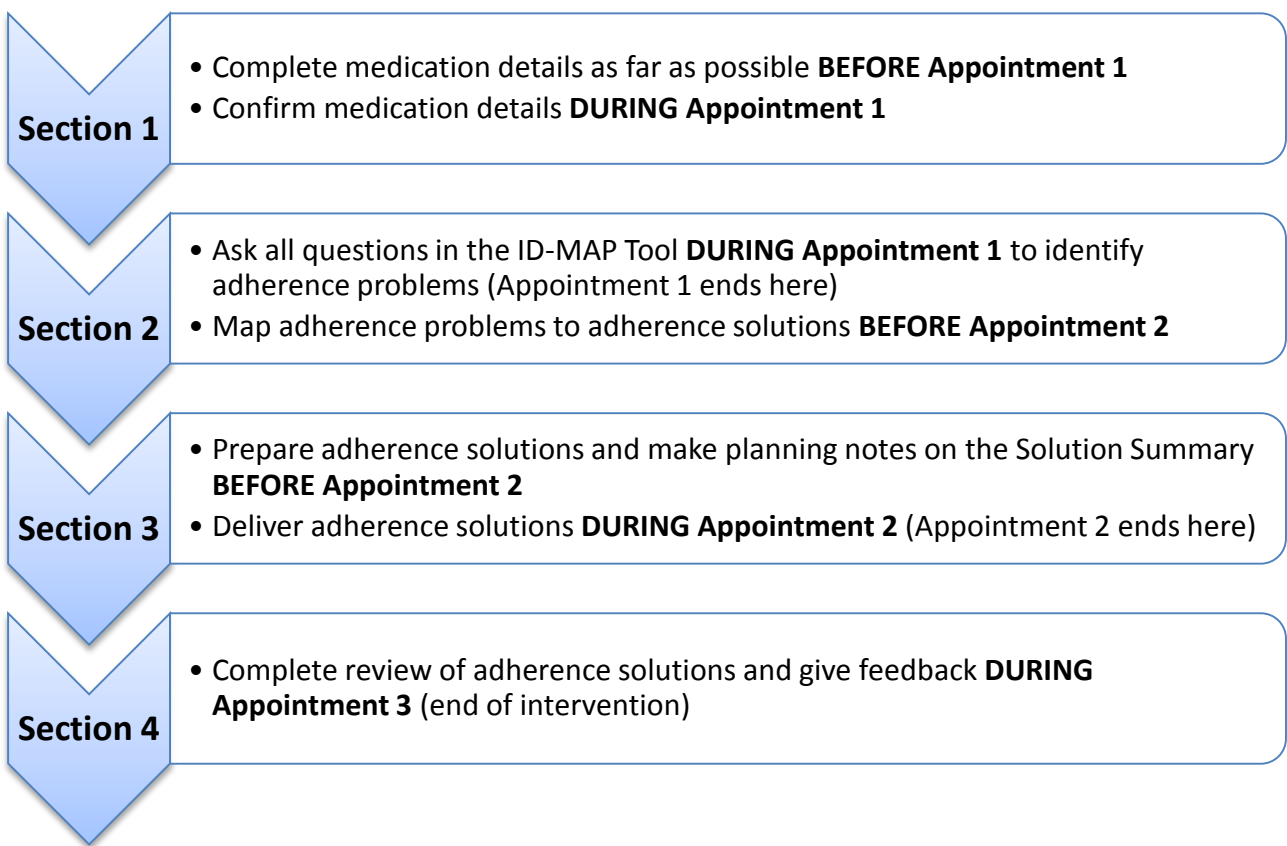
Consent Form 2 completed (please tick)

Health-related quality of life questionnaire completed (please tick)

Please complete appointment information on page 2 at the START and END of each appointment

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Reminder instructions for pharmacists

- This booklet will help guide your discussions with the patient for each appointment of the ID-MAP Intervention.
- Please refer to the intervention manual for detailed instructions on how to complete this booklet.
- Brief reminder instructions are provided at the top of each section in blue boxes.
- Examples of what to say to the patient are also included.
- **Remember to complete the checklist at the end of each appointment.**
- All of the materials you will need to deliver the adherence solutions can be found in the Solutions Folder (including laminated copies of the solution guides).
- You will also need access to a computer with printing facilities (black and white ink).

Appointment information

Please complete for each appointment:

Date of Appointment 1:

Time started:

Time finished:

Carer/relative present (please tick)

Date of Appointment 2:

Time started:

Time finished:

Carer/relative present (please tick)

Date of Appointment 3:

Time started:

Time finished:

Carer/relative present (please tick)

Section 2: ID-MAP Tool

Reminder Instructions for pharmacists

- The questions in this tool will help you identify individual adherence problems. Use prompts if necessary.
- **IMPORTANT:** Question 1 should be asked in conjunction with the medication list on the previous page. Ask the **WHAT, WHY, WHEN** and **HOW** aspects of this question for **EACH** medication. Place a question mark (?) in the corresponding box in Section 1 if a knowledge issue is identified.
- For all seven questions in this ID-MAP Tool, tick either the YES or NO box for each “Adherence problem” statement in the left hand column and make brief notes of the key issues in the space provided (e.g. which medication/s, specific reason for forgetting, misconceptions about their medicines etc.)
- Ignore the adherence solution(s) column during Appointment 1.

What to say to the patient: “As I mentioned previously, the aim of this discussion is to find out a bit more about how you take or use all of your medicines and to see if there is anything we can do to help you get the most from them. If it is ok with you, I would like to start by asking you a few questions about the medicines you are currently taking (or using). If you don’t mind, I will take some notes as we go along.”

Question 1 (Patient’s Knowledge) *Use in conjunction with medication list (Section 1) *****

- What** • “Can you tell me **WHAT** medications you are currently taking (or using)?” *(Confirm each medication in list)*
- Why** • “Do you know **WHY** you are taking/using this medication?” *(Go through each medication in list)*
- When** • “**WHEN** do you take/use this medication?” *(Go through each medication in list)*
- How** • “Do you know **HOW** to take this medication/use this device?” *(Ask as appropriate for each medication in the list)*

| Adherence problem | YES | NO | Notes | Adherence solution(s) |
|---|--------------------------|--------------------------|-------|---|
| Lacks knowledge of WHAT medications they are taking/using | <input type="checkbox"/> | <input type="checkbox"/> | | 1. Where knowledge gaps are identified, explain what each medication is and why they need to take/use it 2. Emphasise this by directing the patient to the back page of their medication diary (Solution A) |
| Lacks knowledge of WHY they are taking/using their medication(s) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Lacks knowledge of WHEN to take/use medication(s) or incorrect timing | <input type="checkbox"/> | <input type="checkbox"/> | | 1. Give verbal feedback on what they are doing incorrectly 2. Explain importance of taking/using medications at correct time/following any special instructions/ correct dose 3. Emphasise this by directing the patient to the back page of their medication diary (Solution A) |
| Taking/using incorrect dose or other medication error(s) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Lack of or incorrect knowledge on HOW to take their medication(s)/ use devices | <input type="checkbox"/> | <input type="checkbox"/> | | 1. Give verbal feedback on what they are doing incorrectly 2. Emphasise importance of correct use and if possible, write this in the special instructions section on the back page of their medication diary (Solution A) |

Question 2- (Routine/organisational barriers): “Can you describe your typical daily medicine routine or tell me how you go about taking/ using your medicines when you are at home?”

Prompt- “Do you set your medications out in advance?”

Prompt- “Do you ever forget to order your medications and have to go without them?”

| Adherence problem | YES | NO | Notes | Adherence solution(s) |
|--|--------------------------|--------------------------|-------|---|
| Lack of an effective routine | <input type="checkbox"/> | <input type="checkbox"/> | | <ol style="list-style-type: none"> 1. Advise to link medication use to routines already in place e.g. meals/ brushing teeth/TV show (Solution B) 2. Emphasise the importance of using the medication diary every day as they develop their routine (Solution A) |
| Lack of planning (e.g. forgets to order medication) | <input type="checkbox"/> | <input type="checkbox"/> | | <ol style="list-style-type: none"> 1. Emphasise the importance of using the medication diary every day as they develop their routine (Solution A) 2. Advise patient to mark re-order dates on the diary provided (e.g. a star beside medications that need re-ordered that week) |

Question 3-(Practical barriers): “Do you have difficulty taking (or using) any of your medicines?”

Prompt- “Do you have difficulty opening the packaging/ using your devices/ swallowing the medication/ reading or understanding the labels?”

| Adherence problem | YES | NO | Notes | Adherence solution(s) |
|--|--------------------------|--------------------------|-------|---|
| Difficulty opening medication packaging | <input type="checkbox"/> | <input type="checkbox"/> | | <ol style="list-style-type: none"> 1. Provide/source appropriate containers or administration aids if possible (e.g. inhaler aids) OR refer to GP/arrange appropriate solution (example if MDS is required) 2. Put a note on the PMR to ensure on-going support OR Complete GP communication form (Solution B) |
| Difficulty with administration/ accessing medication | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Problem with the formulation (e.g. difficulty swallowing) | <input type="checkbox"/> | <input type="checkbox"/> | | <ol style="list-style-type: none"> 1. Use your professional judgement to decide on the best course of action. Refer to GP if it is affecting adherence 2. Complete GP communication form (Solution B) |
| Problem with regimen (e.g. too complex) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Difficulty reading or understanding labels | <input type="checkbox"/> | <input type="checkbox"/> | | <ol style="list-style-type: none"> 1. Provide patient with LARGE PRINT labels that are clear/easy to understand 2. Put a note on the PMR (Solution B) |
| Other (Please document) | <input type="checkbox"/> | <input type="checkbox"/> | | <ol style="list-style-type: none"> 1. Decide on an appropriate course of action OR refer to GP (Solution B) 2. Complete GP communication form |

Question 4- (Social support): “Does anyone at home help you with your medicines?”

Prompt- “Do you have any friends or relatives that might be able to help?” (For example, help you to order your medicines, collect prescriptions/medicines or remind you to take/use your medicines)

Prompt- “Could the pharmacy staff do anything to help you?” (For example, prescription collection or delivery)

| Adherence problem | YES | NO | Notes | Adherence solution(s) |
|---|--------------------------|--------------------------|-------|---|
| Current lack of social support from family/friends | <input type="checkbox"/> | <input type="checkbox"/> | | Encourage patient to ask a relative/friend to remind them or help organise medications (order, collect, dispose) AND/ OR |
| Current lack of social support from healthcare professionals | <input type="checkbox"/> | <input type="checkbox"/> | | Arrange for social support from pharmacy staff/other healthcare professionals e.g. prescription collection or delivery (Solution B) <i>Note- the patient may not want additional social support</i> |

Question 5 (Forgetting): “Think back to the last time you forgot to take (or use) your medications, can you tell me why you think you forgot to take (or use) them?”

Prompt- “Were you out of the house, on holidays or just busy doing other things?”

Prompt- “Does someone usually remind you or do you have something else in place to help you remember, for example an alarm or mobile phone reminder?”

| Adherence problem | YES | NO | Notes | Adherence solution(s) |
|---|--------------------------|--------------------------|-------|--|
| General difficulties remembering | <input type="checkbox"/> | <input type="checkbox"/> | | 1. Emphasise the importance of the daily medication diary (Solution A) |
| Forget when busy with other household tasks | <input type="checkbox"/> | <input type="checkbox"/> | | 2. Advise to link medication use to routines already in place e.g. meal times/ brushing teeth/TV programmes AND/OR Advise storage of medications in a visually prominent place |
| Lack of routine | <input type="checkbox"/> | <input type="checkbox"/> | | AND/OR Encourage the use of reminder stickers in visually prominent places (Solution B) |
| Lack of reminder strategies | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Forget when not at home/ out-of-routine (e.g. day trips, meetings, appointments, holidays) | <input type="checkbox"/> | <input type="checkbox"/> | | 1. Emphasise the importance of the daily medication diary (Solution A) 2. Advise patient to mark travel dates on the diary (e.g. with the letter H) AND/OR place a reminder sticker (Solution B) in their own travel itinerary when planning their holiday |
| Forget when no-one is there to remind them (e.g. spouse, family) | <input type="checkbox"/> | <input type="checkbox"/> | | 1. Emphasise the importance of the daily medication diary (Solution A) 2. Encourage the use of reminder stickers in visually prominent places at home AND/OR Advise storage of medications in a visually prominent place (Solution B) 3. If patient lives alone, encourage them to get other relatives /friends involved in helping them (if possible) e.g. reminder phone calls (Solution B) |

Question 6- (Intentional non-adherence): “People sometimes miss taking (or using) their medicines for reasons other than forgetting. Have you ever cut back or stopped taking (or using) any of your medicines without telling your doctor?”

If YES- In relation to the medicine(s) you don’t take (or use) as often as you should, can you tell me why?”

Prompt- “Are you experiencing, or worried about, side effects or long-term effects of your medicine(s)?”

Prompt- “Do you find the medication is not working for you?”

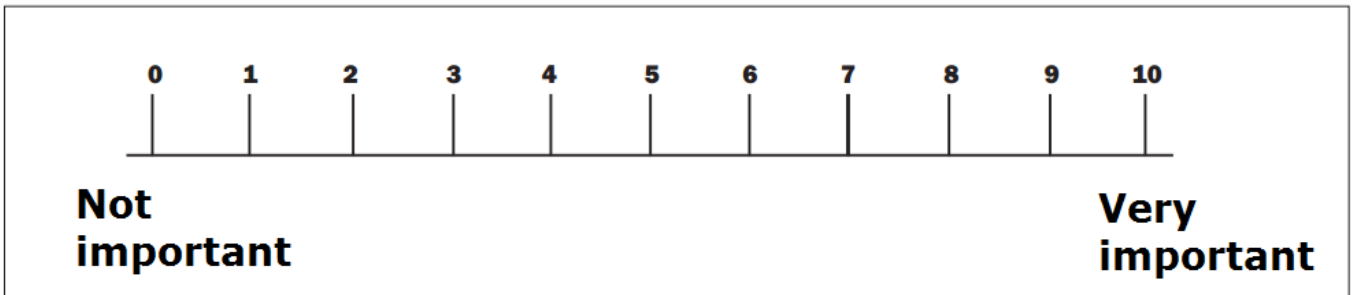
| Adherence problem | YES | NO | Notes | Adherence solution(s) |
|--|--------------------------|--------------------------|-------|--|
| Patient makes decision to stop, cut-back or alter dose of medication(s) without informing GP | <input type="checkbox"/> | <input type="checkbox"/> | | <ol style="list-style-type: none"> 1. Give feedback on what they are doing incorrectly 2. Emphasise/discuss why the medication should not be stopped/alterd 3. Provide/discuss ‘Voicing concerns about your medication’ leaflet (Solution C) |
| Has experienced side effects | <input type="checkbox"/> | <input type="checkbox"/> | | <ol style="list-style-type: none"> 1. Can the side effect(s) be managed? If not, refer to GP. Complete GP communication form (Solution B) OR if side effects can be managed, reassure the patient and discuss any misconceptions (Solution C) 2. Provide/discuss ‘Voicing concerns about your medication’ leaflet (Solution C) |
| Worried about side effects and/or long-term consequences | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Thinks the medication isn’t working | <input type="checkbox"/> | <input type="checkbox"/> | | <ol style="list-style-type: none"> 1. Inform them of the benefits/necessity of ALL their medications and discuss any misconceptions 2. Provide/discuss ‘Voicing concerns about your medication’ leaflet (Solution C) |
| Thinks one (or some) medications are less important than others | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Unsure of the consequences of non-adherence | <input type="checkbox"/> | <input type="checkbox"/> | | <ol style="list-style-type: none"> 1. Give feedback on what they are doing incorrectly 2. Explain consequences of non-adherence AND/OR discuss importance of not missing doses if it can be avoided 3. Provide/discuss ‘Voicing concerns about your medication’ leaflet (Solution C) |
| Thinks it is OK to miss a few days/doses of medication | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Believe generic medicines are less effective compared with branded medicines | <input type="checkbox"/> | <input type="checkbox"/> | | <ol style="list-style-type: none"> 1. Provide/discuss ‘Voicing concerns about your medication’ leaflet 2. Provide/discuss ‘Generic Medicines Fact Sheet’ (Solution C) |
| Concerns about generic medicines | <input type="checkbox"/> | <input type="checkbox"/> | | |

Question 7- (Patient's motivation): "On a scale of 0 to 10, how important is it for you to take (or use) all of your medicines as prescribed?" (Show patient the scale below and circle score)

If patient indicates a score of 7 or less on scale then ask: "What would motivate you to take (or use) all of your medicines as the GP has prescribed?"

Prompt- "Is there anything that you would like to achieve from taking/using your medicines?" (E.g. stay healthy/active, stay out of hospital, stay at home, be free from symptoms, reduced symptoms)

| Adherence problem | YES | NO | Notes | Adherence solution(s) |
|---|--------------------------|--------------------------|-------|---|
| Patient's motivation to take/use medications could be increased by setting a positive general health goal <i>(Tick NO if patient appears to be already highly motivated i.e. score of 8 or above on the scale below)</i> | <input type="checkbox"/> | <input type="checkbox"/> | | Together with the patient, set an overall general health goal. <i>(Note: this goal will be in addition to the patient's specific medication use goal/s).</i> This goal should be focused on a positive outcome of taking/using their medicines e.g. stay out of hospital (Solution D) |



*******This is the end of Appointment 1*******

What to say to the patient: "Those are all the questions I have for you today. Is there anything you would like to ask me? The next stage is to look at what options we have to help you get the most from your medicines. I would like to arrange another appointment to take place in 1-2 weeks if that suits you? This will give me some time to prepare a medication diary for you and arrange other solutions that I think you might find useful. Would any particular day or time suit best?"

Appointment 1 check list

Fill in this checklist at the end of Appointment 1

ALL blue boxes **MUST** be ticked. White boxes should be ticked if applicable.

Section 1- Medication Details section has been completed and confirmed as accurate

Section 2- ID-MAP Tool has been completed (at least one problem identified)

Urgent adherence problems have been resolved and GP contacted (if necessary)

Appointment 2- Date and time arranged _____

| |
|--|
| |
| |
| |
| |

Reminder instructions for pharmacists

- Go back through Section 2 and map adherence problems (red YES column ticks) across to adherence solutions.
- Note: **All patients will receive Solution A (Medication diary) AND Solution D (Goals and action plan sheet).**
- Please **tick any additional optional solutions** (B and/or C) required (on coloured boxes on page 10 & 11)
- A space for planning notes is provided for each adherence solution: **use a RED pen for planning notes.**
- Additional space is provided for any notes made during Appointment 2: **use a BLACK pen for additional notes**
- Prepare adherence solutions in advance (instructions and materials can be found in the Solutions Folder).
- Make brief summary notes on the adherence problems discussed at Appointment 1 (black box below). This will allow you to quickly recap on these discussions at the start of Appointment 2.

What to say to the patient: “Thank you for coming along today. The purpose of today’s appointment is to discuss things that might help you with taking (or using) your medicines. To start us off, I would like to recap on some of the things we discussed at the last appointment.”

Recap of discussions from Appointment 1 (Summary notes)

Space for additional notes

Solution Summary (page 2 of 3)

Solution A – Patient medication diary (compulsory)

- Prepare medication diary in advance using the confirmed list of medications (*prescribed medications only*).
- Provide **ALL PATIENTS** with medication diary during Appointment 2 and explain how to use it.
- Ask the patient to bring the diary along with them to their next appointment (*at least four weeks later*).

Please tick if additional verbal advice/feedback is required (e.g. knowledge gaps identified).

Planning notes:

Additional notes:

Solution B – Practical, reminder and social support options (optional) (tick if delivered)

- Tick possible options identified using the ID-MAP Tool and if necessary prepare these before Appointment 2.
- During Appointment 2, agree which option is most suitable (**Note:** may require more than one option).
- Provide resource(s)/make notes in PMR where necessary.

Possible options

Option agreed with patient

| | |
|---|--------------------------|
| <input type="checkbox"/> Provide more suitable packaging _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Provide large print labels /clearer wording _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Link medication taking to other routines _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Advise storage in a visually prominent place _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Provide reminder stickers _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Social support plan (relatives/friends/healthcare team) _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Other (please detail) _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Referral to GP (Fill in GP communication form: reason(s) _____ | <input type="checkbox"/> |

Planning notes:

Additional notes:

Solution Summary (page 3 of 3)

Solution C – Discussion around medication concerns (optional) (Tick box if delivered)

- Make planning notes in relation to issues that need to be discussed during Appointment 2.
- During Appointment 2, discuss these issues using the 'Voicing concerns about your medicines leaflet' as a visual aid. **Emphasise the health consequences of non-adherence.**
- Complete section on the back of the leaflet ('Who to contact if you have concerns').
- If the patient has concerns about generic medicines, also provide/discuss 'Generic medicines fact sheet'.
 - Please tick if the 'Generic medicines fact sheet' is also required.

Planning notes (issues to discuss):

Additional notes:

Solution D – Goals and action plan sheet (compulsory)

- List possible medication use goals, general health goals (optional) and action plans in the planning section below in advance of Appointment 2.
 - Please tick if an overall general health goal is also required (to help increase motivation)
- Purpose of setting goals and having an action plan should be explained during Appointment 2.
- Fill in the goals and action plan sheet for **ALL PATIENTS**. You may need to prompt them to set goals.
- Give top copy to patient. Keep duplicate copy for your records.

Planning notes (potential medication use goal/s):

Examples- take my blood pressure medicines every day/take my inhalers when I am out for the day

Planning notes (potential general health goal if required):

Examples- to stay well and in my own home/to be free from night-time asthma symptoms

Planning notes (potential action plan/s):

Can include: details of new routine, exactly when/where to take, who to contact if concerned, who will provide support etc.

Examples- IF I am concerned, THEN I will speak to my pharmacist/ IF I see my medicines sitting on the kitchen bench, THEN I will take them

Additional notes:

*******This is the end of Appointment 2*******

What to say to the patient: “Hopefully you have found today’s appointment useful. Do you have any further questions you would like to ask?”

Please let me know if you have difficulties with the medication diary or anything else we discussed today. If any of your medicines change during the next four weeks, please contact me as soon as you can. We can make any changes needed to the diary if this happens.

I would like to arrange another appointment for four weeks’ time if that suits you. We can find out how you got on with everything at this next appointment. Would any particular day or time suit best?

Appointment 2 check list

Fill in this checklist at the end of Appointment 2

ALL blue boxes **MUST** be ticked. White boxes should be ticked if applicable.

Section 3- Solution Summary pages have been fully completed

Solution A- Purpose of the medication diary explained

- **Personalised** medication diary provided to patient

- Additional information provided **if** knowledge gaps were identified

- Patient asked to bring completed medication diary to the next appointment

Additional solution B provided **if** necessary

- Recommended action taken/resources provided/advice given

Additional solution C provided **if** necessary

- Leaflet(s) discussed and completed if necessary

- Patient given leaflet(s) to take home

Solution D- Purpose of setting goals and having an action plan explained to the patient

- Goals and action plan sheet completed

- Top copy given to patient, bottom copy retained for records

Appointment 3- Date and time arranged _____

Section 4: Review of solutions/feedback

Reminder instructions for pharmacists

- At Appointment 3 you will find out how the patient got on with the recommended adherence solutions.
- You will need to review compulsory solutions A and D.
- You will also need to review optional Solutions B and/or C if these were delivered.
- Indicate “N/A” or “Not applicable” in the notes section if a solution was **not** delivered.
- The table below will help guide this appointment. Make brief notes about your discussions.

What to say to the patient: “Thank you for coming along again today. The purpose of today’s appointment is to review how you got on with everything we discussed at the last appointment. If it is okay with you, I would like to start by taking a look at your medication diary—did you bring this along with you?”

| Solution | Steps to review it | Notes |
|---|---|-------|
| Solution A: Medication diary | <ol style="list-style-type: none"> 1. <u>Did they use the daily medication diary?</u> If not, discuss why. Discuss reasons for missed doses. 2. <u>If possible, give the patient feedback on their adherence behaviour based on the diary.</u> Was there any improvement or is there still some room for improvement? 3. Ask if they are happy for you to <u>keep the diary for the research team to examine!</u> You can print out a separate list of medications if the patient would like this for their own reference. <i>**Ensure this is kept up-to-date**</i> | |
| Additional solution B (practical, reminder, social support) | <ol style="list-style-type: none"> 1. <u>Did the recommendations help?</u> (Refer to page 10 & 11 for what was recommended) 2. <u>Are any further actions required?</u> If so, please make a note of these. | |
| Additional solution C (discussion around medication concerns) | <ol style="list-style-type: none"> 1. <u>Did they find the leaflet(s) helpful?</u> Do they have any more concerns that they wish to discuss? 2. <u>Are they aware of the health benefits</u> of taking/using their medications as prescribed and the possible consequences of non-adherence? | |
| Solution D: Goals and action plan | <ol style="list-style-type: none"> 1. <u>If an overall general health goal was set, is this still their motivation</u> for taking/using their medicines? 2. <u>Did the patient meet their medication use goal(s)?</u> If the medication diary indicates that they did not fully meet their goal(s), then discuss the possible reasons why. 3. <u>Complete the ‘Review of goal’ section on Goals and action plan sheet</u> for each medicine use goal by ticking the relevant option (goal met or goal not met). | |

*******This is the end of the ID-Map intervention*******

What to say to the patient: *“Thank-you for coming along to all three appointments; I hope you have found them useful. This is the last official appointment but if you have any more questions about your medicines please feel free to call into (or telephone) the pharmacy at any time. I would be happy to answer any questions you may have. To find out more about what you thought of the appointments, the research team will telephone you over the next few days; does any particular time suit you best?”*

Appointment 3 checklist

Fill in this checklist at the end of Appointment 3

ALL blue boxes **MUST** be ticked. White boxes should be ticked if applicable.

Section 4- Solution review table has been completed/notes made

- Medication diary has been returned by the patient
- Medication list supplied (if requested by patient)
- Further recommendations made (if necessary)

Patient advised that the research team will follow-up with them in the next few days

Most appropriate time for research team to telephone _____

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

