

## Group Organizer Tips

Rx Snapshot is an action plan designed so that individuals and groups can help older friends and neighbors manage their medications, communicate more effectively with their health care providers and potentially save money. Your involvement will help make a difference in the lives of people you care about.

Among the options for helping others to benefit from Rx Snapshot is to encourage people in your group to help friends or neighbors with this project. You can make copies of the “Personal Medication Record” and “Tips For Everyday Living,” hand them out and ask everyone to commit to helping someone else, say, within a month’s time. You could also invite a pharmacist to speak to your group about medication management to encourage people to use the Personal Medication Record and to review it with their pharmacists.

Alternatively, you can organize a Medication-Review Session for people in your community.

### **Organizing a Group Medication-Review Session With Local Pharmacists**

In an ideal Group Medication-Review Session, three or four local pharmacists volunteer to come to your group and review each person’s medications. The professionals look for side effects, drug duplication and dangerous interactions. They discuss drug-related issues with each participant, encourage use of a Personal Medication Record, answer questions and suggest concrete action steps for improving medication safety and effectiveness. If the pharmacist notices any dangerous problems, he or she will provide written recommendations for the participant to bring to the doctor.

### **Tips for Getting Started**

1. Determine whether you will start from scratch and organize a medication-review session or whether you will incorporate the session into an already scheduled event (for example, a health fair or flea market). Check with your pharmacists for their preferred days and times.
2. Each individual review session can take 15–20 minutes. So assume that one pharmacist can do four reviews in an hour. With that in mind, consider holding a two-hour session, inviting four pharmacists to attend and limiting your group to 25 people.
3. Try to provide Personal Medication Record forms to participants ahead of time so they can fill them out at home and remind them to bring the completed forms to the review session. Anyone who hasn’t filled out a form in advance can complete it while waiting for his or her own Medication Review.
4. Consider asking the pharmacist to recommend a speaker who can talk about the importance of managing medications or about related health topics.

# Group Organizer Tips

## Planning the Group Session:

1. Determine the program. Who will open it? Will there be speakers? Will you need a microphone or other audio/visual equipment?
2. Plan the space for the pharmacists and the participants. You will need secluded spaces for the individual review sessions. You will also need space for participants to fill out their Personal Medication Records. Tables would be ideal.
3. Determine how to schedule each participant with a pharmacist. Should it be first come, first served, or should there be designated times? Put a volunteer or two in charge of assigning times and coordinating the schedules for the participants' review sessions.
4. Determine other volunteer roles. Volunteers can welcome people or help them fill out their Personal Medication Records.
5. Make sure you have copies of the necessary forms and materials. The materials in this kit include the following:
  - Rx Snapshot Medication Review: You can give this to each attendee prior to the event so they know what to bring.
  - Personal Medication Record: You can give this to each attendee before the meeting, or attendees can complete their records at the event with help from your volunteers.
  - Easy Tips For Everyday Living: This is a one-page tip sheet you can hand out to attendees to take home.
  - Pharmacist Medication-Review Recommendation Form: The pharmacist can complete a form for each participant and can share his or her findings and suggestions on the form; make sure you have copies for every attendee — plus some extras.
6. When the event is over, please remember to share your experience at [www.AARP.org/CreateTheGood](http://www.AARP.org/CreateTheGood). To offer feedback, complete our online survey.

# Planning Sheet: Organizing A Group Medication-Review Session

**General Project Goal:** To provide the opportunity for a pharmacist to review the medications the people in your group take and to teach them the importance of managing their medications.

**Specific Goals for Our Group:** \_\_\_\_\_ (# of people helped)

**Key Message:** Reviewing your medications with your pharmacist can reduce dangerous drug interactions, save money — and perhaps save your life.

**Call to Action:** Bring all your medicines to a Medication-Review Session with our local pharmacists. Join us on \_\_\_\_\_ (date).

**Project Organizer:** \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Location:** \_\_\_\_\_

**Key Handouts:** Personal Medication Record and Easy Tips For Everyday Living

**Announcement and Promotion Plan:** At least three weeks prior to the project, place announcements in faith-group bulletins, neighborhood newsletters and on community bulletin boards. Use the back of this page to write your promotion plan, key dates and contacts.

## Key Contacts/Pharmacists/Planning Committee Members:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Budget Needed (if any):** \_\_\_\_\_

**Plan for Recognition and Thanks:** As an immediate thanks and as a follow-up promotion, you can summarize the results of your event and place the story in a newsletter.



# Sample Announcement: If You Want To Organize A Group Medication-Review Session

**Note:** If you are organizing a Group Medication-Review Session, use the sample below to help get the word out. Submit the announcement to the appropriate publication at least three weeks prior to the date of the event. Places to include your announcement may be faith-group bulletins, neighborhood newsletters or community bulletin boards.

## Join Us at the Group Medication-Review Session.

### Learn how to:

- **Manage your medications more effectively.**
- **Identify what questions you should be asking your doctor.**
- **Potentially save money on prescriptions.**

The members of \_\_\_\_\_ (group name) are invited to a Medication-Review Session with local pharmacists on \_\_\_\_\_ (date, time and meeting location).

A problem increasingly faced by millions of Americans, particularly those 50+, is how to manage the high number of prescription and over-the-counter drugs they take in a way that is not harmful to their overall health. The key to using medicines safely and effectively is to keep a medication list and to share that list with all your health care professionals.

**Join us for an Rx Snapshot Medication-Review Session with several of our community pharmacists. Bring all your medications in a bag for the pharmacist to review with you, one-on-one, in private. To help someone else, bring a friend along!**

Participation will be limited so that the pharmacists can see everyone who attends. RSVP is required, so please contact me today to save a spot for you at this helpful session. Contact \_\_\_\_\_ (project organizer name) at \_\_\_\_\_ (phone, email).



# Rx Snapshot — Medication Review

Join us on \_\_\_\_\_ at \_\_\_\_\_ (location and time).

## PUT IT IN THE BAG.

The following are items that we ask you to put in a bag (or bags) and bring to the Medication-Review Session. We suggest that you bring *all* the drugs you have in your home. Empty your cabinet. PLEASE DO NOT BE SHY. THIS IS YOUR INFORMATION AND YOUR HEALTH.

No one will see the contents of your bag except you and a pharmacist in a private space. Please bring all your medications in their ORIGINAL containers.

- Medications prescribed by your doctor(s)
- Vitamins that you take
- Herbal or nutritional supplements that you take
- Pain medication (prescribed or over-the-counter)
- Cold and cough medicines that you have
- Allergy medications
- Antidepressant/mood medications
- Sleep medications
- Constipation/diarrhea medications
- Drops and ointments (e.g., eye drops)
- Skin products, such as prescription creams, lotions or topical treatments
- Other

# My Personal Medication Record

## My Personal Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Relationship  
& Phone Number: \_\_\_\_\_

## Primary Care Physician

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Other Physicians

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## My Allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## How to use this Record:

- Use this Record to keep track of your medications, including prescription drugs, over-the counter (OTC) drugs, herbal supplements and vitamins.
- Keep a copy of this Record with you and share the information with your doctors and pharmacists at every visit.
- Use a pencil so you can easily update and revise the information in your Record as needed.

## You should review this Record when:

- Starting or stopping a new medicine.
- Changing a dose.
- Visiting your doctor or pharmacist.

Last updated: \_\_\_\_/\_\_\_\_/\_\_\_\_

## My Medical Conditions

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What I'm Taking	Reason for Use	Form <i>(pill, patch, liquid, injection, etc.)</i>	Dosage	How Much & When	Use <i>(regularly or occasionally)</i>	Start/Stop Dates <i>(1/5/05 – 3/5/05) (1/1/94 – ongoing)</i>	Notes or Special Directions
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Be sure to include ALL prescription drugs, over-the-counter drugs, vitamins and herbal supplements.

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# Easy Tips for Everyday Living

Use this checklist as a guide for managing your medications.

## At the doctor

1. Bring your Personal Medication Record and any questions you have to your next doctor appointment. Make sure you talk about what's important to you.
2. Confirm the name of the drug and the dosage of any new prescription with your doctor. Be sure you understand how, when and for how long you should take it. Write the information down and read your notes back to the doctor.
3. Ask the doctor or nurse to explain what the drug will do. Ask about side effects. Ask if you need any lab tests to check if the drug is working.
4. Ask if a generic version of the drug exists. Generics can cost from 30 to 80% less.

## At the pharmacy

1. Give the pharmacist your updated list of medications when you bring any new prescription to the pharmacy. If your pharmacy keeps a list of the medications you take, ask for a copy to make sure the information is current.
2. Confirm the directions with the pharmacist. Ask about dangerous drug interactions, food-drug interactions, alcohol-drug interactions and necessary monitoring tests.
3. Pause before signing for your prescription. Let the clerk or the pharmacist know if you have questions *before* signing for your medicine.
4. Check the drug's name and directions when you receive your medicine to be sure they are the same as what your doctor told you.

## At home

1. Keep your Personal Medication Record updated. Keep a copy with you at all times in case of emergencies. Give a copy to loved ones and post a copy on your refrigerator.
2. Buy a pill organizer so you can easily see if you need to take a pill or if you already took it. Many brands include both an a.m. and p.m. section for each day.

**AARP Create The Good<sup>SM</sup> encourages everyone to make a difference in the lives of others. Share your experiences with this activity and find other ways to help in your community at [www.AARP.org/CreateTheGood](http://www.AARP.org/CreateTheGood).**

# Pharmacist Medication Review Recommendation Form

Pharmacist Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

As part of a Medication-Review program, \_\_\_\_\_ (name) has been screened for the following:

- Indications for all medications
- Appropriateness of dosages
- Drug-drug interactions
- Contraindications
- Adverse drug reactions
- Compliance issues
- Duplications
- Missing drug therapy
- Appropriateness of length of drug therapy

**Recommendations:**

Pharmacist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Schedule an appointment with your primary physician today and take this document with you.**

