

From Arrival to Aisles: Pharmacy Support for Newcomers

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Minnesota Center of Excellence in Newcomer Health

Acknowledgment

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Learning Objectives

- Describe common barriers to medication adherence faced by refugees and immigrants
- Discuss opportunities for anticipatory guidance and patient education to support appropriate medication use
- Identify tools to assist refugees and immigrants to improve adherence and navigation of a local pharmacy

Agenda

- Overarching principles that impact newcomers' ability to safely take medications
- Outline 3 common cases and consider opportunities for misunderstanding and education
- Opportunities and solutions to build knowledge and skills around medications

Today's Speakers



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(Moderator)



Newcomer Patients are Diverse

- *No one-size-fits-all situation*
- Health system in country of origin
- Language needs – spoken and written
- Health literacy levels
- Support in the U.S.
- Transportation access
- Financial & employment status

Triple Trauma Paradigm

Pre-Flight

Home country

Harassment, intimidation, threats

Loss of job, home, etc

Separation from family, friends

Victim of/Witness to violence

Torture

Flight

Country of Refuge

Fear of being caught

Fear of/Victim of/Witness to violence

Malnutrition

Lack of medical care

Unsanitary conditions

Uncertainty about the future

Post-Flight

Resettled country

Low socioeconomic status

Lack of legal status

Language, transportation, service barriers

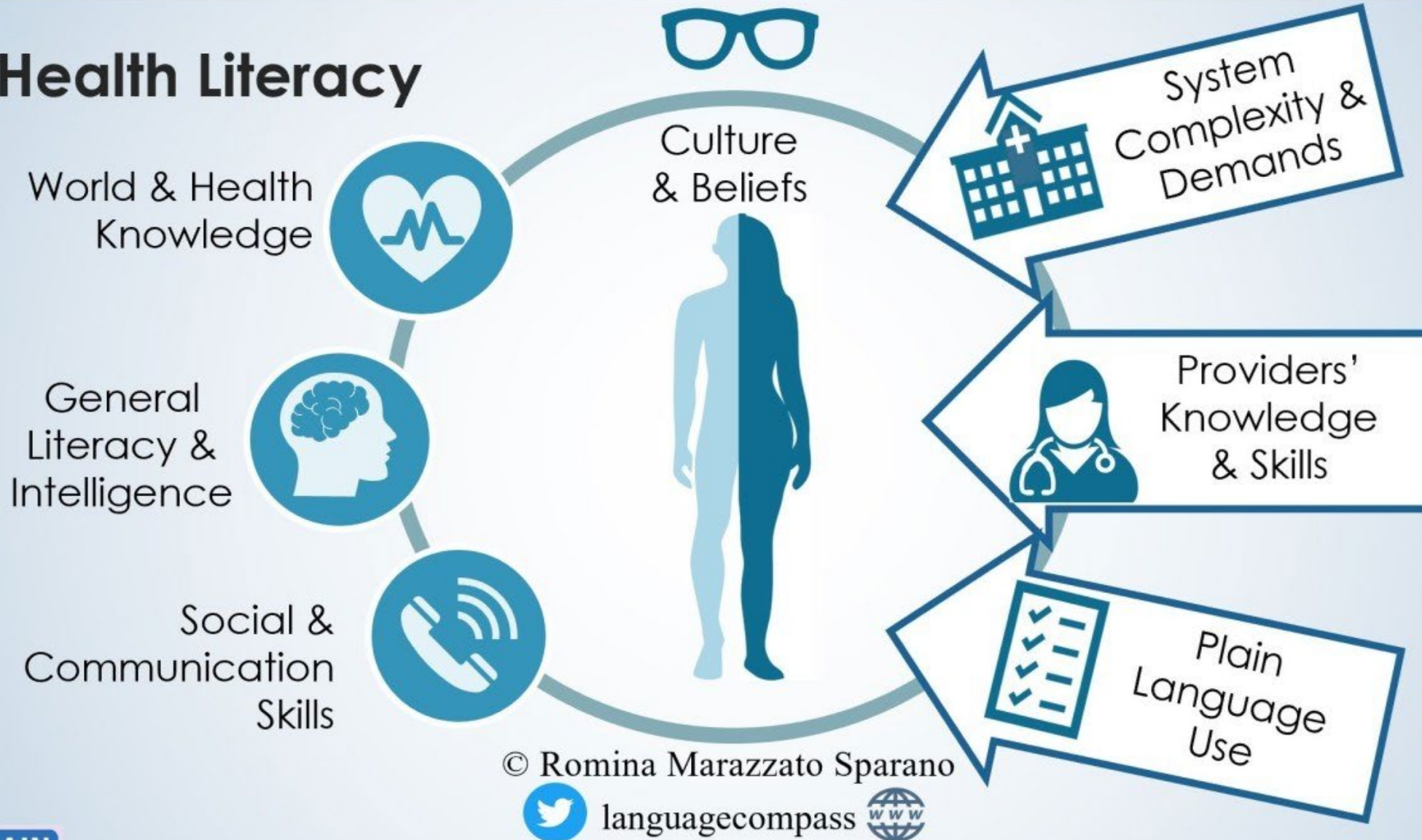
Unemployment, underemployment

Discrimination

Social and cultural isolation



Health Literacy



PLAIN



Unfamiliarity or Mistrust

- New to Western medicine principles
- Preference for traditional remedies
- Cultural personal beliefs about medications
 - Chronic disease management
 - Psychotropic medications
- Use of non-traditional pharmacies
 - Markets, mail, friends & family
- Worry about side effects and medication interactions
- Barriers to communicating with providers
 - Medical terminology, language, time



Potential for Misunderstanding

- Medications are complicated
- So many medications!
- Change color and shape
- Multi-step instructions: frequency, timing, food
- Separation of clinic and retail pharmacy
- Navigating refills
- Cost, insurance coverage, prior authorization
- Prescription versus over-the counter

*Medications are
challenging for many
U.S. born/English
language preferred
speaking patients*

Patient: LK – Short Term Medications

LK is a new arrival to the United States, from southeast Asia, who presents to the family medicine clinic for their domestic health screening. During this screening, LK tests positive for strongyloidiasis, an intestinal worm common to her home country.

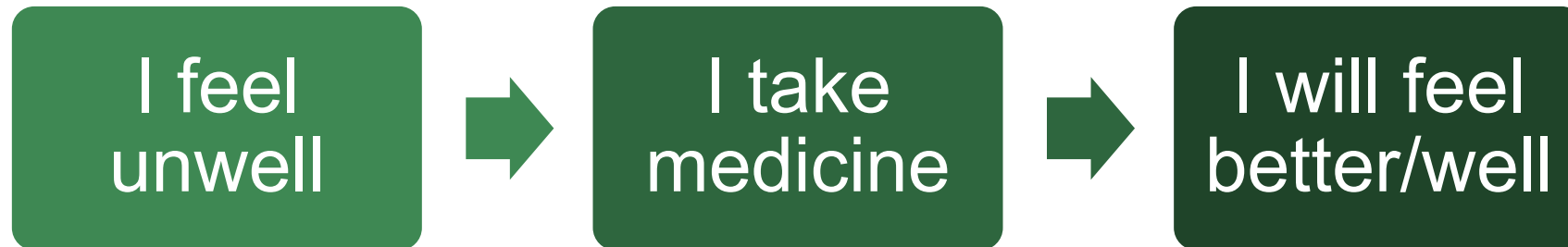
The physician prescribes:

- Ivermectin 6mg tablets, to take 3 tablets today, and 3 tablets again in 2 weeks

What potential issues could come up?

Potential Issues with Short Term Medications

- Typically, many newcomers understand short term medications to treat infections quite well



- This particular regimen might have some potential misunderstandings
 - Are all three tablets supposed to be taken at the same time? Or maybe throughout the day?
 - Will they understand needing to take follow up doses in 2 weeks? Will they remember to take that dose in 2 weeks?

Potential Issues with Short Term Medications

- Finishing the entire medication
- Take with or without food
- Potential side effects
- Return to clinic if symptoms not improving or come back
- Testing for cure or resolution
- Antibiotics/other medicines from outside sources

Patient: LK – As Needed Medications

LK returns to the clinic in a month. She is doing the best she can in this new country, but she finds that she is unable to fall asleep at night as she worries about her family still in her home country. Additionally, 1 to 2 times per week, she describes having a feeling of impending doom, her heart races, and she can't breathe.

The physician prescribes:

- Hydroxyzine 25mg, to take up to three times per day for anxiety, or trouble sleeping

What potential issues could come up?

Potential Issues with As Needed Medications

- Does the patient understand when the medication is needed?
- Confusion with vocabulary
 - Some common U.S. medical phrases do not translate well in other languages:

Anxiety, Dizziness, Heartburn, Insomnia

- Will the patient recognize their symptoms as anxiety, and know that the hydroxyzine might be of benefit?
- Cultural perspectives of mental health and treatment
- Nuance between “every 8 hours” and “three times per day” (or other similar directions)
 - How many pills are appropriate at a time or per day/episode?
 - Fear about taking pills if not necessary - side effects, run out of pills

Potential Issues with As Needed Medications

- Many are over the counter and not always covered by insurance
- If they are “over the counter” (OTC) and covered, clinicians may not know to prescribe them
 - Cost can be a major factor!
 - Added explanation of use by the pharmacist
- Some are indicated for multiple uses
 - Fever AND pain
- Change in dosing with patient size and weight
 - Pediatric patients
 - Different doses for different children in the family
- Patient may not realize they have refills



Patient: LK – Chronic Medications

LK comes back into the clinic 6 months later and is doing well with the as needed hydroxyzine.

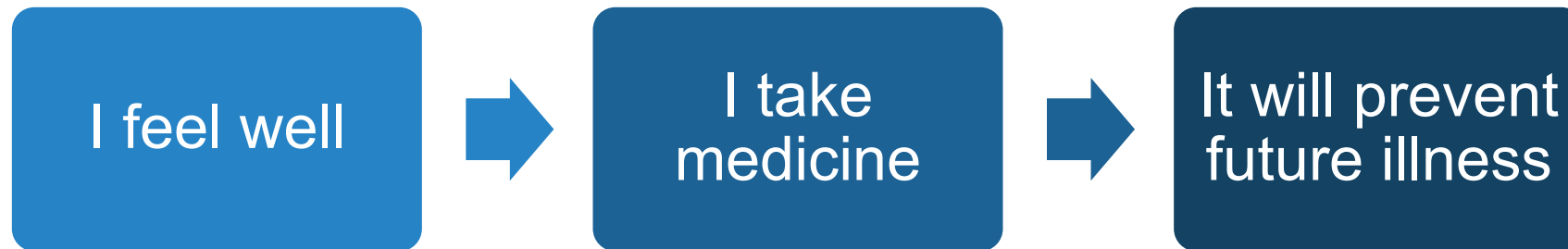
Now, the physician recognizes that LK's blood pressure has been elevated for the past few visits and prescribes:

- Lisinopril 20mg daily, with 3 refills

What potential issues could come up?

Potential Issues with Chronic Medications

- Some newcomers have trouble understanding a chronic medical condition, and the need for chronic medications
 - Particularly if the patients feel well and are without symptoms



- Why do I need to take a medication if I don't feel my high blood pressure?
- Why do I need to take this medicine if it won't cure my illness?
- I completed bottle - why do I have to keep taking this medication?
- You mean I will have to take this medicine FOREVER?

Potential Issues with Chronic Medications

- Understanding and navigating refills can be difficult
 - How many refills do I have?
 - When and how do I get a refill?
 - Online apps and phone trees are often only in English (sometimes Spanish)
 - Language is also barrier at the pharmacy
- It gets complicated when more medications are added
 - Why do I need all these medications for things I don't feel?
 - Can I take all these medications at once? Do I need to separate them? How do I remember to take them?
- Again, nuance between “every 12 hours” and “twice daily”

Potential Issues with Chronic Medications

- Many chronic medications require titration to effective dose
 - Blood pressure, diabetes, antidepressants
- Potential side effects
 - Short term vs. long term side effects
- Slow onset of action
 - Ex. Selective Serotonin Reuptake Inhibitors (SSRIs)
- Requirements for monitoring labs, kidney function
- Different generic pills may be different colors and can change
- Changes in living situation
 - Ex. with various family members
- Irregular work and family schedules and hours

Solutions

- Create an effective team
- Educate, empower, and reinforce
- Use visual aids to explain, simplify, and remind
- Use feedback

Every patient needs a team

- Patient
- Family
- Home nurse
- Personal Care Assistant (PCA)
- Clinician
- Pharmacist
- Nurse
- Community Health Worker (CHW)
- Care Coordination



Finding Partner Pharmacies

- Community based
- Easy to contact
- Offer consistent language support
 - Title VI of the Civil Rights Act of 1964
 - Section 1557 of the Affordable Care Act
- Education on site
- Home delivery of medications
- Communicate with medical record and/or after visit summary (AVS)

Support in the home



- Medication set up
- Reminders
- Safe storage
- Monitor for side effects
- Second set of ears
- Advocate

Bring ALL of your medications to every visit



Never Miss an Opportunity to Educate!

- What is the medication name?
- What is this medication used for?
- Why is it important to take this medication?
- How often should it be taken?
- How long should it be taken?
- Are there any refills on the medication?
- Anticipate and explain potential side effects, concerns, and pitfalls

What Might That Look Like?

*“We are going to start lisinopril, a medication for high blood pressure or hypertension. It is a medication that we want you to **take everyday** to keep your **blood pressure in a healthy range**. Decreasing your blood pressure helps keep your **heart healthy** and strong. It decreases risk of kidney problems, heart attacks, strokes and brain bleeds. Most people **won’t feel different** whether or not they take this medication. It is **still important** that you take the medication everyday. I have **sent in refills** for you - when the bottle gets down to less than 5 pills, please get a refill from the pharmacy. Some patients will get a **cough** on this medication - if this happens to you, please **call the clinic** and schedule an appointment.”*

Educating with Prescription Bottles

- Show patients the bottle and pill!
- Bottle with written medication name
- Pill shape, size and color
 - What is this for?
 - When do you take it?
 - How do you know when to take it?
 - How many refills do you have left?
 - What happens if you need a refill?



Use Pictures



Use Videos



Use Videos



Vermont Language
Justice Project:
How to Navigate
The Pharmacy
(YouTube Playlist)
([https://www.youtube.com/
playlist?list=PL0uaGz81U--
6c1Lcoa9FXkePuKcuMXRyZ](https://www.youtube.com/playlist?list=PL0uaGz81U--6c1Lcoa9FXkePuKcuMXRyZ))

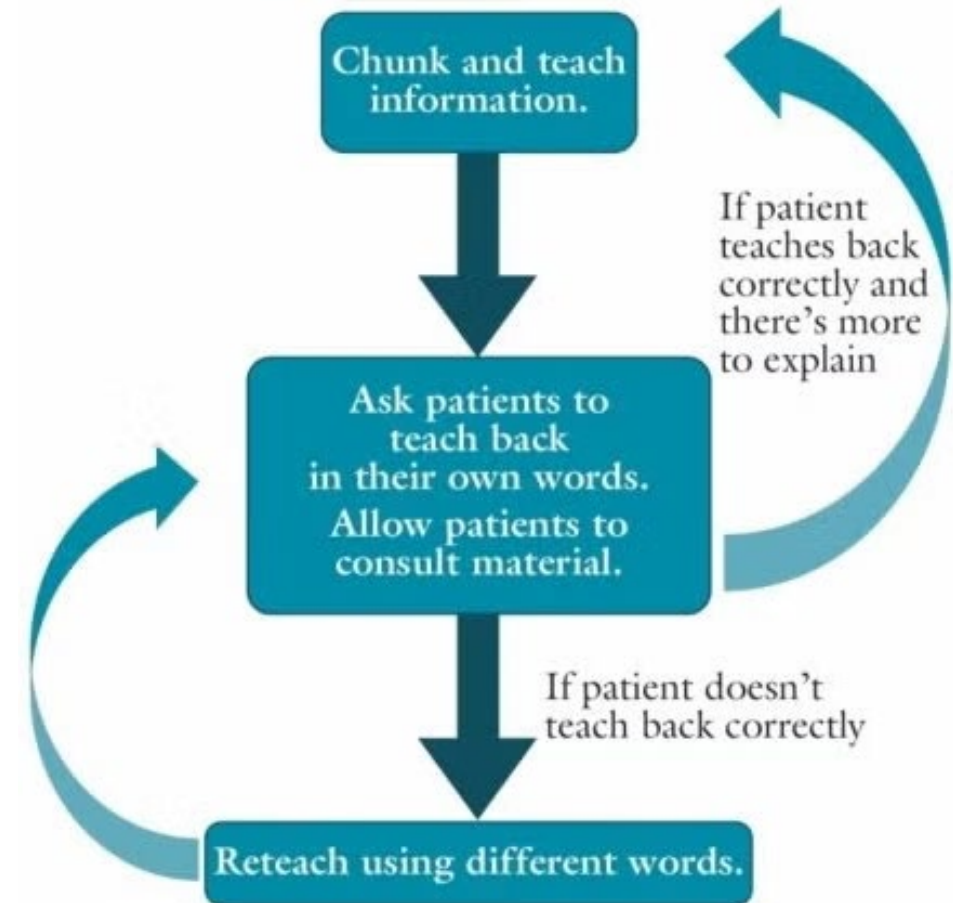
Available in 15
languages



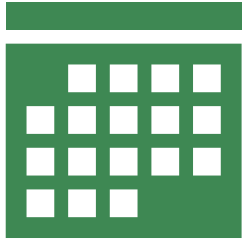
Teachback

- Use a caring tone, easy body language
- Use plain language
- Ask the patient to explain in their own words
- Use non-shaming, open-ended questions
- Avoid yes or no questions
- Emphasize that the responsibility is yours
- Re-explain with different words
- Use print materials to support learning
- Start with the most important message
- Limit to 2-3 key points per visit
- If possible, have the patient to show you

How do I use it?



Primary Care Tips



- Encourage patients to schedule with the same clinician, clinic, and pharmacy for regular care
- Schedule follow up appointments at the end of each visit



- Two sets of ears are better than one – bring a family member
- Utilize phone alarms and reminders



- Use pictures/labels on instructions and pill bottles (carry a sharpie)

Refugees & Pharmacies

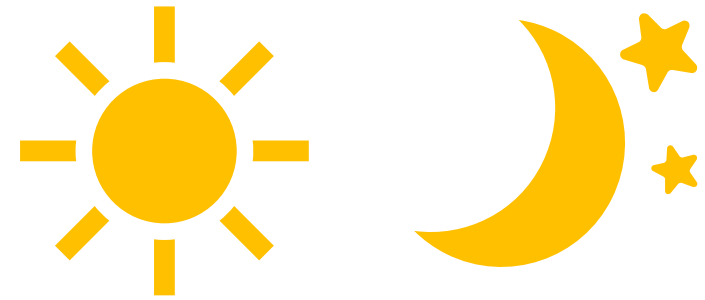
- The Americans with Disabilities Act and the Affordable Care Act requires that a meaningful attempt be made to communicate medical information (including prescription drug instructions, information) to patients with limited English proficiency
 - Interpreters
 - Written instructions
 - Verbal instructions

Newcomers & Pharmacies

- Sometimes taking a chronic medication is a new concept
- Obtaining refills is complicated!
- Lack of communication between medical office & pharmacy when medications or doses are changed
- Most pharmacies do not offer delivery; setting up mail is complicated

Pharmacy Tools

- Access to language lines, multilingual staff
- Labels in patient's preferred language
- Use of 'talking' prescription bottles
- Use of stickers/visual aids
- Use of adherence aids, like pill boxes



Other suggestions?

What tips have **YOU** learned?

- Patient education
- Sharing information
- Communication with clinics
- Communication with pharmacy
- Remembering medications



Please add your thoughts to the **CHAT**

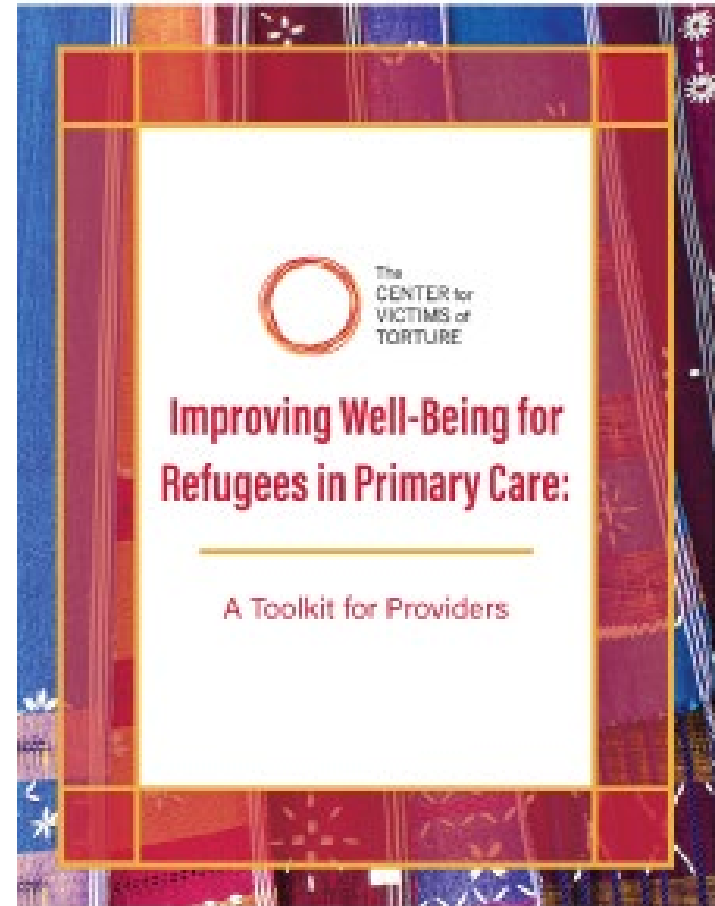
Things to remember...

- Medications and pharmacies are confusing
- Anticipate potential challenges
- Carefully outline acute and as needed meds
- Chronic disease and long-term daily medications may be new
- Build a team, including family and home supports
- Educate and re-educate over time.
- Use pill bottles, visual aids, and labels
- Incorporate teach back

Resource

Improving Well-Being for Refugees in Primary Care: a Toolkit for Providers

<https://healtorture.org/improving-well-being-for-refugees-in-primary-care-a-toolkit-for-providers/>



Questions?



Thank You!

Please remember to complete your evaluation



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