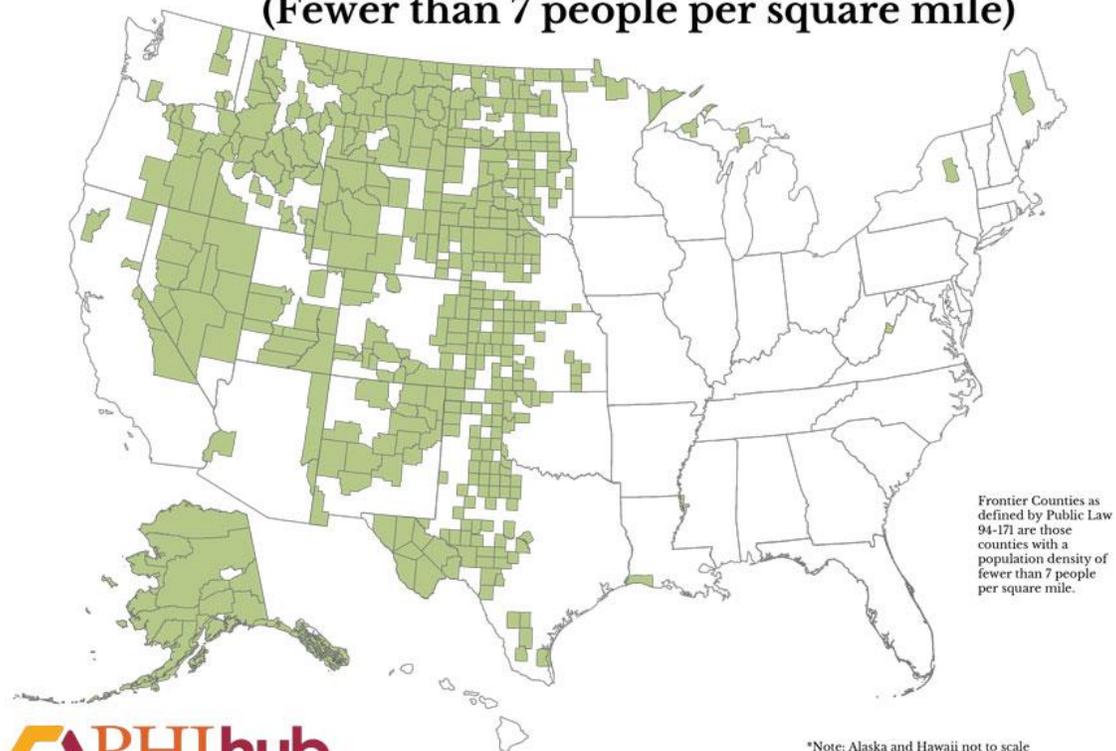


The Role of Pharmacists in Chronic Disease Prevention and Health Promotion

Scot Schmidt, PharmD & Amy Schmidt, MSW

Wyoming is literally the great Frontier!

Frontier Counties (Fewer than 7 people per square mile)



Rural residents are at higher risk of chronic diseases and premature death from all five leading causes of death.

- ▶ Heart Disease
- ▶ Cancer
- ▶ Unintentional Injury
- ▶ Chronic Lower Respiratory Disease
- ▶ Stroke

Compared to urban areas, rural areas have:



Higher rates of unhealthy behaviors.



Less access to healthcare.



Less access to healthy foods.

Why utilize pharmacists in the community setting?



CPESN® Pharmacies are Focused on More than Just Filling Prescriptions



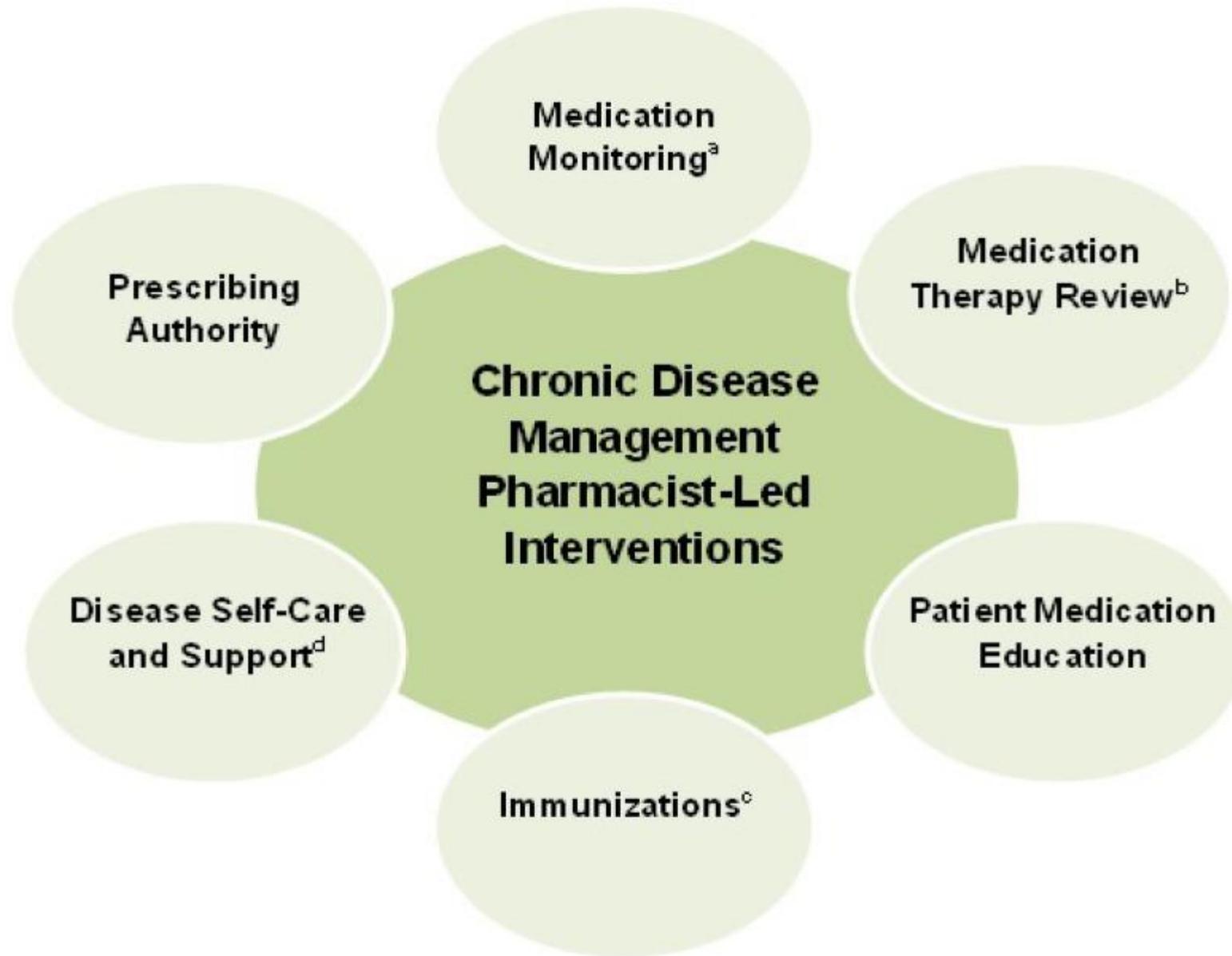
Provide medication optimization activities and enhanced services for patients



Collaborate with the extended care team to improve patient health



Focus on interventions that change patient behavior lead to better health



CPESN Minimum Service Sets

- ▶ **Medication Reconciliation:** Comparing a patient's medication orders to all of the medications the patient has been taking to avoid medication errors during care transitions
- ▶ **Clinical Medication Synchronization:** Timing a patient's routine refills with a pharmacist's clinical disease state management and monitoring progress toward desired therapeutic goals
- ▶ **Adherence Packaging:** Assisting the patient with a system to help organize medications, take them at the correct time of day and improve patient compliance
- ▶ **Immunizations:** Screening patients for recommended immunizations, educating patients about needed immunizations, and providing immunizations or referring to other health care providers
- ▶ **Complete Medication Reviews with Chronic Care Management:** Providing ongoing evaluation of a patient's chronic disease states, collaborating with other health care providers to ensure safe and effective medication use
- ▶ **Face to Face Access:** Providing each patient receiving a dispensed medication from the participating pharmacy ready access to unscheduled **face-to-face** meeting(s) with a pharmacist employed by the participating **CPESN** pharmacy during operational hours

Medication Monitoring

- ▶ follow-up after prescription for medication effectiveness and safety, drug-related problems
 - ▶ Pharmacy Software
 - ▶ Auto Refills
 - ▶ Drug-Drug Interactions
 - ▶ Compliance Matrix
 - ▶ Continuum of Care
 - ▶ Hospitalist verses Primary Care Physician Patient Care Relationships

Medication Therapy Review / Medication Reconciliation

- ▶ Medication Therapy Review: includes medication reconciliation
 - ▶ **Medication Reconciliation:** Comparing a patient's medication orders to all of the medications the patient has been taking to avoid medication errors during care transitions
 - ▶ Similar barriers as in Medication Monitoring
 - ▶ Requires workflow implementation, buy-in of pharmacy staff, buy-in of patient and

TIME

Patient Medication Education/ Medication Reconciliation



Immunizations

- ▶ Screening patients for recommended immunizations, educating patients about needed immunizations, and providing immunizations or referring to other health care providers
 - ▶ Increases accessibility to everyone ages 7+
 - ▶ Targeting patients that may not have a primary care physician or out of the country travelers
 - ▶ Provides increased education on immunizations and misconceptions
 - ▶ Increases reporting to state registry
 - ▶ No appointment necessary
 - ▶ No cost for an office visit

Disease Self-Care and Support/Adherence Packaging/Medication Synchronization

- ▶ **Disease Self-Care and Support:** Facilitates access to other health care professionals, education about disease, life style changes, etc.
- ▶ **Adherence Packaging:** Assisting the patient with a system to help organize medications, take them at the correct time of day and improve patient compliance
- ▶ **Clinical Medication Synchronization:** Timing a patient's routine refills with a pharmacist's clinical disease state management and monitoring progress toward desired therapeutic goals

Types of Adherence Packaging used at North Star Pharmacy and Infusion



Types of Adherence Packaging used at North Star Pharmacy and Infusion



Complete Medication Reviews with Chronic Care Management

- ▶ **Complete Medication Reviews with Chronic Care Management:** Providing ongoing evaluation of a patient's chronic disease states, collaborating with other health care providers to ensure safe and effective medication use

What Does the Medical Neighborhood Look Like?



The E-Care Plan

- ▶ A standard that allows for pharmacy technology providers to have a common method of exchanging information related to care delivery, including patient goals, health concerns, active medication list, drug therapy problems, laboratory results, vitals, payer information and billing for services.

eCare Plan 101

- The Pharmacist eCare Plan is a data repository and transmission standard
- It contains the latest clinical data for a given patient
(Active med list, drug therapy problems, lab results, vitals, health concerns, patient goals, and more)
- It is not a platform
- It is not a clinical documentation system
- It is impartial to vendor
(Can work with any system that has adopted it)
- It is an “open” standard
(Any system can adopt it; Specifications are published)
- It is not a CPESN construct. It is an industry standard.



Pharmacist Care Plan

Workflow Wednesdays - December 5, 2018

3 of 3

Encounter Type: Initial **Encounter Reason:** Transitions of Care **Encounter Date:** 11/21/18

Test Patient (DOB: 4/24/1950) is enrolled in your pharmacy's medication adherence program and was discharged from the hospital 1 day ago due to a COPD exacerbation.

During the encounter with Ms. Patient, you confirm that she is up-to-date on her immunizations.

After speaking with Ms. Patient, she states that prior to the hospital she did not use the Spiriva Respimat consistently prior to her hospitalization. During her hospital stay, she states that she was thoroughly educated on the importance of using the Spiriva every day her hospital stay and has committed to do better. You assist Ms. Patient in creating a patient-centered goal for being more adherent, which she will be reassessed at next visit.

Health Conditions:

COPD
Diabetes
Hypertension
Generalized Anxiety Disorder

Allergies:

Penicillin
Reaction: hives

Active Medications:

Spiriva Respimat 2.5 mcg/inhalation
Inhale 2 puffs by mouth one time daily

ProAir 8.5 g/ 200 actuations
Inhale 2 puffs by mouth every 4-6 hours as needed for shortness of breath and/or wheezing

Metformin ER 1000 mg
Take 1 tablet by mouth two times daily

Glipizide 10 mg
Take 1 tablet by mouth one time daily

Lisinopril 20 mg
Take 1 tablet by mouth one time daily

Hydrochlorothiazide 25 mg
Take 1 tablet by mouth one time daily

Sertraline 100 mg
Take 1 tablet by mouth one time daily

Serevent Diskus 50 mcg/inhalation
Inhale 1 puff by mouth two times daily

Azithromycin 500 mg
Take 1 tablet by mouth one time daily for 3 days

Patient Demographics:

Prescription Payer: Rx Plan (Bin # 634321)
Medical Payer (if different): Wellness Plan
Home Phone number: 987-634-4321
Mobile Phone Number: 320-436-6789
Email Address (if available): test.patient@gmail.com
Address: 763 Freedom Drive; Greenfield, MO 63661

Pharmacy Demographics:

Getwell Pharmacy NPI:
9876543210
Care Plan Author:
Charles Ray, RPh

Drug Therapy Problems

- Identification of inhalers in the same class of LAMAs
Multiple medications taken for condition appropriately treated with single medication therapy SNOMED code: 43381000124101

Interventions

- Provide Medication Reconciliation
Medication Reconciliation SNOMED code: 430193006
- Call prescriber(s) to clarify which LAMA the patient should be taking
Discussed with doctor SNOMED code: 394696007
- Prescription medication discontinued SNOMED code: 4751000124100

Problem Observations

- Screened Ms. Patient for immunizations, in which she is up-to-date.
Up-to-date with immunizations SNOMED code: 17128008

Patient-Centered Goals

- Take both of my COPD inhalers on a daily basis as prescribed by my doctor, which will allow me to walk to the mail box daily without getting out of breath.

FREE TEXT

Care Plan Components Documented for Encounter:

- | | |
|---------------------------------|----------------------------|
| 1. Demographic Information | 5. Encounter Type |
| a. Patient | 6. Encounter Reason |
| b. Pharmacy | 7. Drug Therapy Problems |
| 2. Active Medications | 8. Interventions |
| 3. Allergies | 9. Problem Observations |
| 4. Health Conditions (optional) | 10. Patient-Centered Goals |

Pharmacist E-Care Plan: Heart Failure Patient Case



Patient Case: TL is a 78 year-old African American male with a 9-month history of heart failure (HF). TL was recently discharged from the local hospital after being admitted for an acute HF exacerbation. Upon discharge, the patient remained on maintenance medications and started furosemide 40 mg QD. He was referred to his PCP for follow-up within 2 weeks post discharge.

TL was contacted by care management and agreed to enroll in disease state management. His personal goals include returning to his baseline activity as much as possible. (Before this hospitalization, TL was active maintaining his home, two apartments and a large flower and vegetable garden.) During a routine phone call, the care manager discovers that the patient has yet to pick up his post-discharge prescriptions from the pharmacy. The care manager contacts the pharmacist to identify possible barriers to care and works with the pharmacist to schedule a convenient pick up time for the patient. Upon further investigation in providing medication reconciliation, the pharmacist notices that the prescription for carvedilol is written for once daily, when typically the prescribed dose is BID for HF patients. The pharmacist calls the prescriber and the prescription is changed to reflect BID dosing.

When TL arrives at the pharmacy, the pharmacist performs an initial encounter. The pharmacist counsels him and his wife on medication adherence and heart failure management. Upon discussion with TL, the acute HF exacerbation seemed to have been triggered by drinking >2 L of fluid per day and eating fast food with high amounts of sodium. TL weighed 1 day earlier before the initial encounter with a weight of 180 lbs. Today he weighs, 184 lbs. Pharmacist will follow-up with PCP to discuss TL's weight gain. TL admits he has trouble remembering to take his chronic medications and isn't sure how he is going to remember to take them on time. The pharmacist suggests adherence packaging and helps TL set alarms on his cellphone.

The pharmacist also reviews reading nutrition labels with the patient and it becomes clear that TL is very overwhelmed by all the values. The pharmacist spends additional time counseling the patient. Also, the pharmacist discussed and implemented a follow-up plan with TL which includes a patient-specific weight capture process.

Encounter Reason and Type:

- Heart failure medication review: 473226007
- Heart failure education: 423475008
- Initial assessment: 315639002

Medication List:

- Lisinopril 40 mg QD
- Carvedilol 3.125 mg BID
- Spironolactone 12.5 mg QD
- Furosemide 40 mg QD

Vitals:

- Body weight: 29463-7
- 184 lbs (4 lb increase in 24 hours)

Patient Goals:

- Being able to garden and complete normal activities after hospitalization
- Reduce caregiver burden on family
- Minimize trips to the emergency room for heart failure exacerbation

Referral from Transition Care Nurse: 308045005

Penicillin Allergy: Rx Norm - 70618

Drug Therapy Problems/Problem Observation:

- Medication non-adherence: 702565001
- Medication dose too low: 448152000
- Dietary sodium high: 162528004
- Noncompliance with fluid volume management: 129833008

Interventions:

- Educated patient and patient's wife on nutrition label reading and how to cook a low sodium diet: 61310001
- Educated patient on how to appropriately self-monitor weight and symptoms: 423475008
- Reviewed heart failure medication and confirmed dose of beta blocker with prescriber: 473226007
- Obtained new prescription from provider for beta blocker in order to comply with treatment guidelines: 428821000124109
- Counseled patient on the importance of medication adherence and offered blister packaging services to patient: 410123007
- Low salt diet education 183063000

Care Coordination Notes:

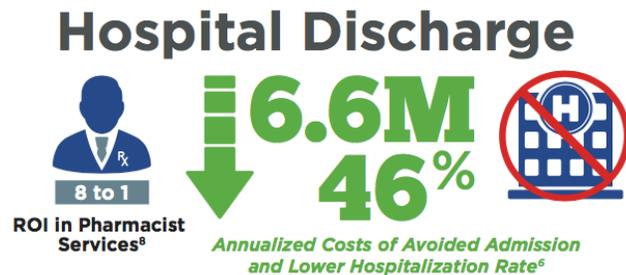
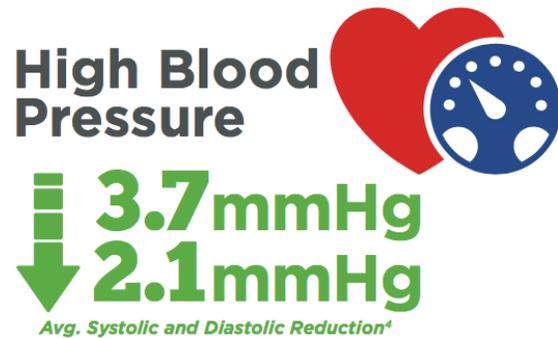
- Referral to physical therapy to help TL reach goals
- Contact PCP about furosemide dose
- Pharmacy to follow-up with patient in 2 weeks

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Results from pharmacists active involvement
using enhanced patient care



CPESN[®] Pharmacies are Not Just Delivering Medication, but Results



Dreaming BIG...what could pharmacists do?

- Point of Care Testing
 - Flu and Strep Testing
- Opioid Antagonist
- Prescription of Oral Contraceptives
- Epinephrine Auto Injectors and Administer
- Administer Injectable Anti-Psychotics
- Continue Existing Therapies to Keep Adherence
- Access to EHR (WYFI)
- Lifestyle Coaching
 - Smoking Cessation, Weight Management, Hemoglobin A1Cs
- **OVERALL INCREASES PRESENCE IN HEALTHCARE TEAM**