

Role of Clinical Pharmacist in Primary Care Clinic

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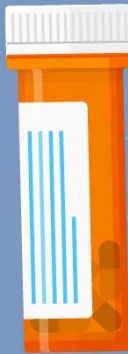





OSMA ANNUAL CONFERENCE

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Objectives

- **Understand the scope of practice for pharmacist and role in the care team**
- **Define medication management service**
- **Recognize process of providing patient-centered pharmaceutical care**
- **Be able to explain to patient and coworker the role of a pharmacist in the primary care setting**

What is your experience of working with pharmacists?

TIER	DRUG TYPE	COST
	1 Preferred Generics 	\$
	2 Generics 	\$\$
	3 Preferred Brands 	\$\$\$
	4 Non-Preferred 	\$\$\$\$
	5 Specialty 	\$\$\$\$\$



Role of Pharmacist Beyond Dispensing: Clinical Pharmacy Service

- Clinical Pharmacy Agreement:
 - Agreement between a pharmacist and practitioner/health care organization that permits pharmacist to engage in practice of clinical pharmacy for the benefit of patients
- Under clinical pharmacy agreement, pharmacist can:
 - Initiate, modify, discontinue medication therapy
 - Administer medication
 - Order and monitor drug therapy related labs

Types of Clinical Pharmacy Agreement

COLLABORATIVE DRUG THERAPY MANAGEMENT

- Individualized to health organization
- Usually disease-state specific
 - Diabetes
 - Hypertension
 - Hyperlipidemia
 - Congestive Heart Failure
 - Chronic obstructive pulmonary disease (COPD)
 - Depression / Anxiety
 - Polypharmacy

STATEWIDE DRUG THERAPY MANAGEMENT PROTOCOL

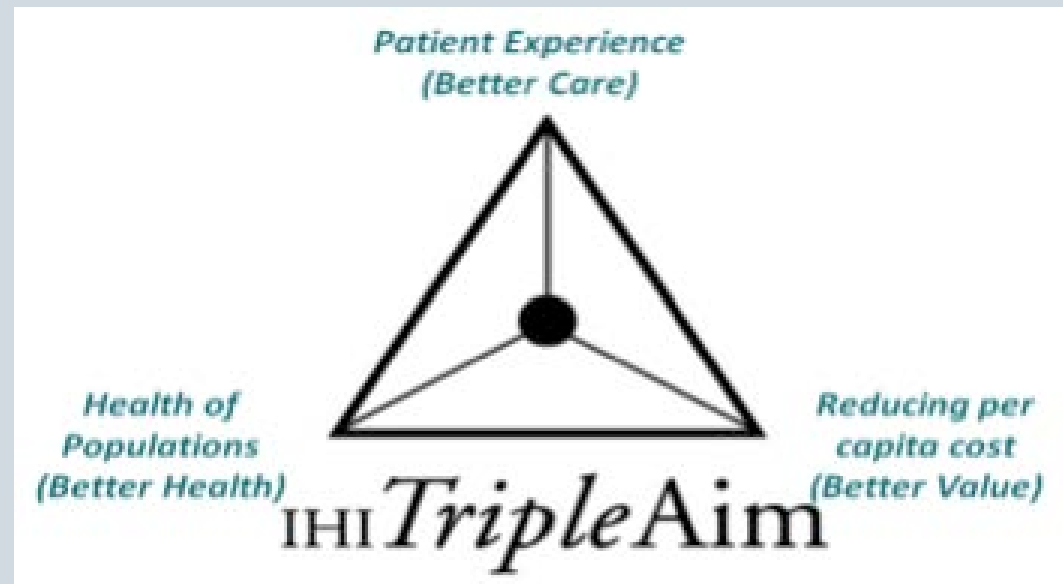
- Statewide (Oregon)
- Prescribe smoking cessation therapy
- Prescribe/ Administer immunization
- Prescribe hormonal contraceptives (HB2879)

HB 2028: Pharmacist as a provider

- Under HB 2028, pharmacists in Oregon are recognized as providers (2015)
 - Permits pharmacist to provide patient care services
 - Permits health insurers to provide payment for the clinical services provided by pharmacist

Clinical Pharmacy Service: A Tool to Improve Healthcare Outcome

- Triple Aim:
 - Improving patient experience of care
 - Improving the health of populations
 - Reducing the cost of health care

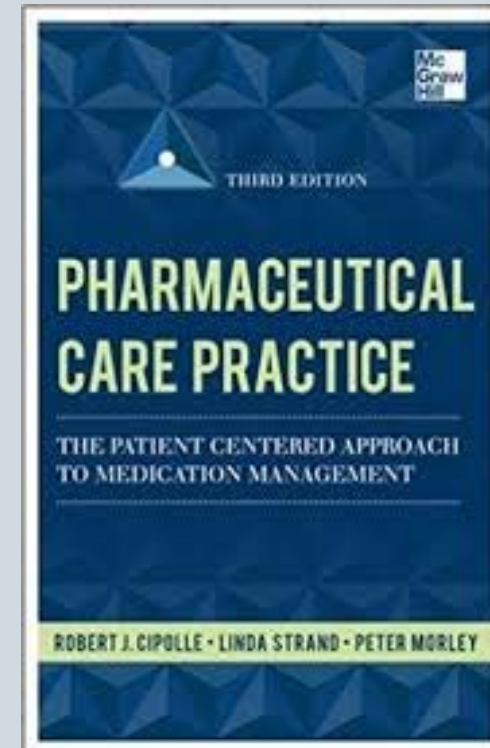


Primary Care: Patient-Centered Medical Home

- Philosophy of primary care that is **patient-centered, comprehensive, team-based, coordinated, accessible and focused on quality and safety**
- **Patient- Centered:** Caring patient as whole person, not by disease state.
 - Understanding pt's culture, values and preference
 - Empowering patients that they are decision maker in the care plans (shared decision making)
- **Comprehensive:** Includes physical and mental health; Prevention, wellness, acute, chronic care
- **Team-based:** Physician, advanced NP, PA, nurses, pharmacist, MA, nutritionist, social worker, educators, care coordinators
- **Coordinated:** Coordinates care across all elements of health care system
- **Quality and safety:** Using evidence-based medicine and having a system to measure/ evaluate performance
 - Contributing to population health by sharing data for changes in system-level, policy changes in state, federal level

Medication Management Service

- **Pharmaceutical Care:** Practice in which the practitioner takes responsibility for a patient's drug-related needs and is held accountable for this commitment
 - Patient- centered
 - Identify, resolve and prevent drug therapy problems
- **Drug therapy problem:** Any undesirable event experienced by a patient
 - involves drug therapy
 - interferes with achieving desired goals of therapy
 - requires professional judgment to resolve



Patient Care Process: Assessment

- Meet the patients and learn about their medication experience to identify drug-therapy problems

Indication

- Is there an indication for each of the medications?

Effectiveness

- Is each of medication working for his/her health condition?

Safety

- Is each of medication as safe as possible for patient?

Convenience

- Is patient able to get/take the medication as directed?

Patient Care Process: Care Plan

- Establish goal of therapy with patients
 - “I would like to see my A1C < 8% by this December”
 - “I want to be able to use insulin without seeing my sugar <80 mg/dL next 3 months”
- Resolve or prevent drug therapy problems

Drug-related needs	Drug Therapy Problems	Care Plan (example)
Indication	Unnecessary drug therapy	Stop or taper down
	Need additional therapy	Start a new drug
Effectiveness	Ineffective drug	Switch to alternative drug
	Dosage too low	Increase the dose
Safety	Adverse drug reaction	Stop drug
	Dosage too high	Decrease the dose
Convenience	Non-adherence	Education, cost saving, etc

Patient Care Process: Follow-up

- Determine patient's outcomes from drug therapy
- Compare the outcome with patient's goal of therapy

Patient Case

JW is 64 years old female, recently discharged from hospital with a new diagnosis of congestive heart failure (CHF), NYHA III. She was found to have cardiomyopathy due to alcohol and was connected to primary care clinic upon discharge. Patient was referred for medication review and education.

On 3/15/18 :

BP: 148/74

HR: 66

RR: 16

Temp: 98.3 F

CMP: unremarkable

PMH: Hypertension, COPD, nicotine dependence
ETOH abuse, Hyperlipidemia

Allergy: No known drug allergy

SH: Smokes 3-4 cigarettes daily

Has been sober from alcohol since hospital discharge

Medication list:

Albuterol HFA- Inhale 2 puff every 6 hours as needed

Spiriva Handihaler 18mcg- Inhale 1 puff daily

Carvedilol 3.125mg- take 1tab twice daily

Lisinopril 2.5mg- take 1 tab daily

Furosemide 40mg- take 1 tab twice daily

Atorvastatin 10mg- take 1 tab daily

Aspirin 81mg- take 1 tab daily

Folic acid 1mg- take 1 tab daily

Thiamine 100mg- take 1tab daily

Patient Case- Medication experience

- What is patient's chief complaint?
 - What can I help you with today? What is your expectation from our visit?
- What else do I want to know about this patient?
 - What is her support system looks like?
 - How much does she know about her medication and why she is taking them?
 - What has been her barriers in taking your medication since hospital discharge?

Patient Case- Assessment

- Do all of her medication indicated for her conditions?
 - CHF: Lisinopril 2.5mg, carvedilol 3.125mg, furosemide 40mg
 - ETOH abuse: folic acid 1mg, thiamine 100mg
 - COPD: albuterol HFA, Spiriva Handihaler
 - Hyperlipidemia: atorvastatin 10mg, aspirin 81 mg
- Are these medication working well for her?
 - BP is elevated above the goal of 130/80 mmHg. HR and O2 level are normal. No sudden change in wt
 - Physical exam: No SOB, orthopnea, leg edema
 - No change in her ability do carry daily activities. No change in sleep. Staying sober from alcohol
- Are these medication safe to continue?
 - No Electrolytes abnormalities, any neurological sxs
- How is her adherence to medications?
 - Has no insurance and limited income; Hasn't picked up Spiriva because they are over \$200
 - Does not understand why she's taking her medications

Patient Case- Care Plan

- What is her goal of therapy?
- What to do about drug-therapy problems?
 - Dosage too low
 - Non-adherence
- Follow-up plan

Why is it important for MA to know the role of the pharmacist?

- MA play important role in patient recruitment
 - MA already has established relationship with patient
 - MA can explain patient why provider has referred patient to meet with pharmacist
 - MA can explain patient what to expect for the visit with pharmacist
 - MA can recognize patient who may benefit from pharmacy service

How would you explain, to your patients or coworkers, what pharmacists do in the clinic?

Questions?