

Why am I Here?

- Last year, attendees indicated that they would like more information about:
 - **POLYPHARAMCY**
 - **And What is PolyPharmacy?**
- *The use of two or more products resulting in an unanticipated and unwanted result.*

SNF

Singulair (montelukast) 10mg $\dot{+}$ po qhs
 Cyabalta 60mg $\dot{+}$ po QD
 Lanthan Carbonate 300 $\dot{+}$ qam
 Wellbutrin XL 300 $\dot{+}$ po qam
 Cyabalta 30mg $\dot{+}$ po QD
 Oxycodone 5mg $\dot{+}$ po BID
 Vasobe 10mg $\dot{+}$ po QD
 Vitamin C 500mg $\dot{+}$ QD
 Vitamin D₃ 1000 $\dot{+}$ po QD \checkmark level D
 Albuterol inhaler nebulizer 2.5mg/ml $\dot{+}$ q40pm
 Epinephrine 0.05% $\dot{+}$ q40pm for eye irritation
 Proventil HF 1-2 puffs q4-6pm
 Prochlorperazine 10mg $\dot{+}$ q6pm

OTC

Folic 800mcg
 Biotin
 Doxycycline 100mg $\dot{+}$ BID
 Temazepam 30mg $\dot{+}$ po qhs prn for sleep
 Norco 10/325 $\dot{+}$ every 6-8pm - (total 1-2/dy)
 Celebrex 200mg $\dot{+}$ QD
 Percocet 10/325 $\dot{+}$ q4-6pm - (3/dy)
 Gabapentin 1mg $\dot{+}$ qhs
 1/2 qhs $\dot{+}$ 1 prn
 Nasorex $\dot{+}$ po QD
 Lipitor 40mg
 Levetiracetam 137 $\dot{+}$ QD
 Prevacid 30mg $\dot{+}$ QD

Atrium MDI

Polypharmacy

- While we normally think of polypharmacy as being caused by the combination of “a large” number of medications (I’ve heard numbers like 8, 10, and 12), from the patient’s perspective, a complication caused by the combination of even two drugs is unacceptable.

Polypharmacy

- Detecting polypharmacy is fairly easy.
 - Multiple scripts from different providers from the same therapeutic category
 - Multiple scripts being filled at multiple pharmacies
 - Drug Drug Interactions
 - Multiple scripts from the same therapeutic category
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Polypharmacy

- Drugs being used to treat side effects caused by other drugs
- Drugs requiring routine monitoring – absent from the Patient's E-HR
- Drugs prescribed for conditions not documented in the Patient's E-HR.

What tools do I use?

- CURES Reports
 - Profile reports from outside pharmacies
 - Chart Notes
 - Slip-of-the-tongue when patient's order medication with a prescription number that is not mine!
 - Calling pharmacies to whom we have transferred prescriptions in the past.

But the Real Question is....

- **What to do with the information when I identify Drug-Drug Interactions, drug induced complications, or multiple prescribers and/or multiple pharmacies?**

Polypharmacy

- From a Pharmacist's point of view, Polypharmacy occurs when there is no reasonable connection between a diagnosis and the medication to be dispensed, or when symptoms evolve consistent with the interaction of medications.

Examples

- Are 3 benzodiazepines indicated?
- Is it reasonable to prescribe Valium and Soma to a patient taking 200mg Morphine Equivalence daily?
- Are you aware that the patient also obtains medication from the V.A. (and they are not required to report to the CURES program)?

More Examples

- The patient is taking a Statin and a Fibrate and now arthralgia is a new diagnosis. Could this be caused by an interaction?
- The Patient is on a chronic pain contract. What do I do with the prescription for 20 Norco prescribed by the Dentist?

Polypharmacy

- The professional response to Polypharmacy is both
- reactive – after an event has been identified, and
- proactive – to prevent a drug caused problem from occurring.

Polypharmacy

- So, the important question is not what tools do I use to identify polypharmacy, but rather what is the legal mandate of my license and what do my Clinic Policies and Procedures empower me to do with the information that I find.
- To that end, let's proceed.....

Pharmacists in America

- What we do with information about our patient's involvement in and response to medications has changed over time. As we look to answer the question, "What do we do with the information?" we need to understand how changes in the profession have changed the professional and how the information is addressed.

What is a Pharmacist?

What do we do?

- For years, America had a clear and accurate understanding of the function and value of their pharmacist. That changed in the 1970's!
- Since the advent of chain pharmacies, mass merchandise pharmacies and mail order pharmacies --- that clarity is gone.

Perception becomes Reality

- In the lack of clarity, knowledge and experience, half-truths, misunderstandings and well-intended yet erroneous information will form perceptions... and those perceptions become “functional” reality.

A Changing Profession

- The Practice of Pharmacy has changed.
- Change brings with it opportunities not previously available.
- With new laws expanding the professional roles for pharmacists, and longer and more intensive training, pharmacists improving patient outcomes is a reality.

A Changing Environment

- Changes to Healthcare funding require creative and courageous thinking about using existing staff resources.
- As a condition of employment, all licensed professionals should be mandated to practice to the fullest extent of their legal and professional standards.

Changes in Funding

- Due to the Affordable Care Act
- Due to changes in accreditation
- Due to changing employment pools of licensed professionals
- Due to changes in Third Party Funding
- Due to changes in Pharmacy Training
- Due to changes in California Pharmacy Law.....

Changes Encourage a Paradigm Shift

- Clinic Management should...
 - Plan for and empower all professionals to practice their profession to the highest standards and broadest scope of care permitted by the State of California.
 - Select pharmacists who possess the demonstrated skills required to advance the care of our Native Community

Changes Encourage a Paradigm Shift

- Clinic Management should...
 - Use it's understanding of what new options for patient care and revenue can be achieved by permitting, encouraging, and designing clinic healthcare to include the full scope of care provided by a "Clinical Pharmacist".

So us Pharamcists

Who are we now?

What do we know?

What can we do?

What is our role within the
Healthcare Community

Who are we in the minds of.....

- Patients
- Providers
- Ourselves (Pharmacists)

Patient's Perceptions

- A seller of medications in a retail environment – marginally a profession
- An unseen but somehow sensed provider of medications called in by my nurse, or written by my Doctor.
- A part of the healthcare system, but not sure why or how.

Provider's Perceptions

- A valued knowledgeable ally in patient care.
- A wanna-a-be part of the team, but sometimes an inconvenience.
- An active member on the patient's healthcare team.
- My "Go-To" person for answers to specific drug related questions.

Pharmacist's Perception

- Over-worked Under-appreciated
- A valuable member of the patient's healthcare team.
- Protector of patients and providers alike.

What's the Truth?

- Legally
- Academically
- Functionally

Legally: Changes Abound



OBRA '90

- Federal Law mandating pharmacist patient consultations
- Federal Law permitting the use of Pharmacy Technicians to perform routine functions, permitting Pharmacists to provide patient consultations.

HIPAA

- Federal Law prohibiting the unwarranted disclosure of patient information.
- Appropriate sharing specifically includes:
 - For Billing Purposes
 - For Legal Purposes
 - For Patient Care Purposes

Corresponding Liability

- Makes California Pharmacists liable for damages resulting from the use of control substances (i.e. Opiates) even when the dispensed medication was properly filled and legally written by a properly licensed Provider.
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Pharmacists Now Providers

- 2014 California legally defined Pharmacists as healthcare providers
- With Clinic Protocols and Collaborative Practice Agreements, pharmacists may prescribe; order and interpret labs, initiate and modify therapies.

Pharmacist and Patient Care

- Communication of “Protected Health Information” (PHI) is not to be restricted from pharmacists when used for patient care, billing or legal purposes.

Academics: Changes

- In 1971 I was licensed to practice pharmacy. I went home and joined with my Father and Brother, and Fred, the soon-to-be-retired, part-time pharmacist
- Fred had a 2 year degree
- My Father a 3 year degree
- My Brother a 4 year degree
- And my state-of-the-art training; 5 years.

Current Pharmacy Education

- As a Pharmacy preceptor, I know that my students are accepted to a school of pharmacy after their B.A. or B.S.
- And when after 4 more years they graduate with their Doctor of Pharmacy degree, some will continue with a 1 or 2 year residency program.

Current Pharmacy Education

- Let's do the math....
- My B.S. Pharmacy was awarded after 5 years, and Lori, one of our 2013 students, e-mailed me that she was accepted into a 2 year residency: IHS-Alaska
- She will be ready to practice 10 years after High School Graduation!

Pharmacy Residency Programs

- Adult Medicine - Ambulatory Care
- Cardiology - Critical Care - Clinical Administration
- Drug Information - Education and Training
- Emergency Medicine - Endocrinology & Metabolism
- Geriatrics - GI/Liver/Nutrition - Health Outcomes
- Hematology/Oncology – Immunology/Transplantation
- Infectious Diseases – Nephrology – Neurology
- Pain and Palliative Care - Pediatrics - Psychiatry
- Pharmaceutical Industry
- Pharmacokinetics/Pharmacodynamics

Board Certified Pharmacy Specialties

- Ambulatory Care Pharmacy
- Critical Care Pharmacy
- Nuclear Pharmacy
- Nutrition Support Pharmacy
- Oncology Pharmacy
- Pediatric Pharmacy
- Pharmacotherapy
- Psychiatric Pharmacy

January 1, 2014

in California

- **Advanced Practice Pharmacists**, will be able to do the following :
- Perform patient assessments.
- Order and interpret drug therapy-related laboratory tests.
- Refer patients to other providers.
- Initiate, adjust, and discontinue medications under physician protocol.
- Work with other health care providers to evaluate and manage a patient's health issues.

Dispensing vs. Clinical Pharmacy

- Dispensing Pharmacists spend 90%+ of their time filling and dispensing medications prescribed by Providers.
- Clinical Pharmacists spend 100% of their time meeting with patients, reviewing Labs, chart notes and resources to direct the medication regimens.

Sonoma County Indian Health Project Pharmacy

- Large IHS clinics and hospitals, in other States, use Clinical Pharmacists routinely in their healthcare model. It is considered “state of the art”.
- Many (most) of our California Clinics are too small to effectively use the services of a full time Clinical Pharmacist.

Sonoma County Indian Health Project Pharmacy

- At SCIHP, we split our time performing both functions: Dispensing and Clinical.
- We're fairly clear on the background of the Dispensing Pharmacist. Let's look at a definition of Clinical Pharmacy.

Clinical Pharmacy

- *Clinical Pharmacy* is the branch of Pharmacy where pharmacists provide **patient** care that optimizes the use of medication and promotes health, wellness, and disease prevention. Clinical pharmacists care for patients in all health care settings. Clinical pharmacists often collaborate with physicians and other healthcare professionals.

- Driving the Paradigm Shift

Healthcare Models

- Service and Outcomes driven models both need to be seen from the perspective of funding
- One model reimburses for services rendered, and the other for outcomes achieved.
- Clearly, healthcare funding is making a shift to **Payments for Results**

Service Driven Model

- GPRA
- Partnership QIP
- Grant Program metrics
- *What we do / tests and services we provide imply quality care.*

Outcomes Driven Model

- Reduced Hospitalizations
 - Reduced visits to Specialists
 - Improvement in Quality of Life surveys
 - Reduced utilization of Opiates
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- *The positive and measurable changes in patient wellness demonstrate quality care.*

Planning for the Future

- *Change requires vision and courage.*
- The vision to see and understand factors that will effect our Clinic's future and our patients' wellness.
- And, the courage to make changes, some of which may be seen as "Breaking with Tradition" or "Upsetting the Status Quo".

Clinical Pharmacists as Part of a Clinic's Strategic Planning.

- A commitment to Employ Clinical Pharmacists is not sufficient. The “right” Pharmacist is one who has the desire and ability to:
- Assist patients with their wellness
- Wants to collaborate with other Providers
- Is empowered by the Clinic to perform professionally in new and more effective ways.

Value of a Clinical Pharmacy Program

- Improve GPRA numbers
- Improve Partnership QIP Percentages
- Reduced Drug related health complications
- Increase the number of patient's meeting goals; A1C's, BP, Lipids
- Improved Medication Adherence

Deciding to shift the paradigm

- Changes in the way the Federal Government pays for healthcare is changing rapidly.
- Public and private payors will be joining the change to paying for results (outcomes) rather than the successful completion of requisite services provided.
- How then does Clinic Administration plan for and adapt to this shift?

Shifting the Paradigm

- The answer will require soul searching for some, and for others mere pragmatism.
- Clinical Pharmacists, given the authority and privilege to exercise their professional skills – limited only by their competence and the law, is an appealing solution to present and future Clinic funding and demonstration of quality care provided.

A New Paradigm

- It specifically addresses:
 - Staffing Issues
 - Funding Issues
 - Quality of Care Issues

Pharmacy at SCIHP

- Having stated that I stand in both worlds; dispensing and clinical.....How does it really work in Santa Rosa?
- On a day-in and week-out basis, what is life in the pharmacy like?

Pharmacy at SCIHP

Excerpts from the New Employee Orientation

- Pharmacy is unique in that it receives prescriptions from Medical, Dental, and Behavioral Health. Our patient records reflect all of a patient's prescriptions written by SCIHP providers. As such, we are able to "see" interactions and contraindications sometimes not discovered in any one department.
- We may request that providers from different departments discuss a patient's medication needs if there exists drug conflicts or potential for additive risk.

Pharmacy at SCIHP

Excerpts from the New Employee Orientation

- The department is also unique in that we manage the entire operational cycle: Third Party Billing, Prior Authorizations, Purchasing, Recall Processing, Arrangements for the destruction of outdated medication, continual quality assurance monitoring and improvement.
- We arrange for new drug presentations to providers.

Pharmacy at SCIHP

Excerpts from the New Employee Orientation

- The pharmacy is responsible for proper handling of medication in all stages and in all SCIHP Locations.
- From acquisition and storage, transport to dispensing, in Santa Rosa, Pt. Arena, Cloverdale, Stewart's Point ---wherever we have staff and patients, the pharmacy is mandated to apply procedures to policies to assure the safety and efficacy of our medications.

Pharmacy at SCIHP

Excerpts from the New Employee Orientation

- **Special Disclaimer:**
- The practical role of pharmacy is to find errors. The profession can attract interesting people with “curious” personalities. It’s not for everyone and like baseball...”If it was easy, everyone could do it!” It’s not easy.
- It is demanding of focus and attention to details. Interruptions are common and each prescription and patient is different.

Pharmacy at SCIHP

Excerpts from the New Employee Orientation

- Because of all the interrelated functions, all pharmacies require a group of people willing to operate as a single team.
- 500 Scripts a day is 1 every 59 seconds!
- When we have a moment to release the stress of the focus, AND WE MUST, we can be goofy and even juvenile.

Pharmacy at SCIHP

Excerpts from the New Employee Orientation

From experience, this is the hallmark of a well working team:

Highly focused and patient oriented professionals, going beyond the expectation for hours at a time, interspersed by moments of playful mayhem!

It is mandatory to release the stress to maintain the balance needed to give each patient the highest level of care.

With Great Thanks and Affection for “my” team!

- We have pot lucks
- Play together in “mud runs”
- Mandatory Birthday embarrassment and cake and ice cream parties.
- Always willing to correct me when I’m wrong.
- Work tirelessly for the benefit of the Clinic, the Patient, and each other.

Sonoma County Indian Health Pharmacy Staff

- Pharmacy Technicians: (Team Blue)
 - *Nicole Lahee*
 - *Trent Jorgensen*
 - *Suzanna Calderon*
 - *Dennis Frank*
 - *Andrea Patrick*

Sonoma County Indian Health Pharmacy Staff

- **Pharmacy Clerks / Technician Graduates**
 - (the A-Team)

- ***Bianca Patrick and Danielle Fleming***

Pharmacy Clerk

Daylene Nevarez, MA (not stolen from Medical!)

Colleague and fastest draw in the west (Up-To-Date reference on her smart phone)

Ann Turner R.Ph.

Head Honcha and Ringleader:

Laura Wong, Pharm D, Department Director

County Emergency Health Communications at SCIHP



The Master of Disaster



Questions and Comments

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