

NCPA 2017 INNOVATION IN COMMUNITY PRACTICE POSTER SESSION

Submitted Abstracts

Community Pharmacy Foundation Grant Funding for Innovative Independent Community Pharmacy Projects

Presenters: Anne Marie Kondic, PharmD; Dorinda Martin, RPh; Linda Garrelts MacLean, BPharm, FACA; Randy Myers, RPh

The Community Pharmacy Foundation (CPF) is a non-profit organization dedicated to advancing community pharmacy practice and patient care delivery through grant funding and resource sharing. CPF was established in 2000 as the result of a pre-trial class-action discriminatory pricing lawsuit settlement, filed by the Pharmacy Freedom Fund, against brand name prescription drug manufacturers. Approximately 18.5 million dollars was initially awarded and the foundation was managed by five original board members which has grown to seven. Since grant funding started in 2002, CPF has funded over 170 grants and projects totaling over 8.3 million dollars. The average grant award is around \$40,000 and excludes indirect and equipment costs. CPF funds innovative community pharmacy practice ideas in the form of grants that are replicable in other practices; transferable to share knowledge and resources; and, ultimately financially sustainable in future implementation. The purpose of this poster is to share an overview of CPF grants funded to independent community pharmacy grantees and discuss the submission process.

Development of a Medication Synchronization Common Language for Community Pharmacy

Presenters: Chelsea Phillips Renfro, PharmD; Michael Patti, PharmD Candidate; Jordan Ballou, PharmD; Stefanie Ferreri, PharmD

Purpose: To develop a common language document for medication synchronization.

Methods: A systematic and iterative process was used to create and refine a common language document. First, a review of all available medication synchronization-related documents was completed. Second, a systematic scoping literature review was conducted to determine what core components of medication synchronization have been implemented by community pharmacies. Third, semi-structured interviews were conducted with community pharmacists and key stakeholders to identify principles and practices that guide successful work. Findings from the document review, systematic scoping review, and semi-structured interviews were integrated to develop an initial draft of the common language document. Then, researchers and key stakeholders vetted the initial draft using a systematic process to obtain feedback. Lastly, the common language document was utilized to develop a web-based, self-assessment tool.

Results: This process generated a common language document that includes: 1) philosophy and values of medication synchronization, 2) descriptions of core components, and 3) activities to be conducted during each core component. Five core components were identified as part of the medication synchronization process: 1) identification and enrollment of patients, 2) completion of a medication review and patient assessment, 3) alignment of medication refills, 4) preparation for medication delivery, and 5) delivery of medication and other services.

Conclusion: The development of the medication synchronization common language document will allow for the promotion of consistency across community pharmacies. Consistency in implementation will allow for better interpretation of patient outcomes such as adherence or other clinical measures.

Development of a Prescription Dispensing Data Infographic to Facilitate Collaboration Between Community Pharmacists and Prescribers

Presenters: Luke Berenbrok, PharmD; Kyle McCormick, PharmD; Stephanie Smith Cooney, PharmD; Melissa Somma McGivney, PharmD, FCCP, FAPhA

Objective: To develop a prescriber-specific infographic containing prescription dispensing data that facilitates initial conversations for community pharmacist and prescriber collaboration.

Methods: Prescription dispensing data from an independent community pharmacy in Western Pennsylvania was collected to generate highly visual infographics for the most frequent prescribers to the pharmacy. Infographics were individualized by prescriber and included information on shared patients between the pharmacy and the prescriber. Infographics were then shared with prescribers during semi-structured, audio recorded interviews. Interview questions elicited feedback on prescriber medication-related needs, quality and performance measures, infographic format and utility, and prescriber-pharmacist collaboration. Interviews were transcribed and coded using qualitative analysis software. A thematic analysis of the interview data was conducted.

Results: A total of eight interviews were conducted with prescribers. The infographic prompted the following discussion points which later emerged as five distinct themes: 1) shared patient populations and prescribing patterns; 2) timing and frequency of sharing prescription dispensing data 3) coordination of medication-related care; 4) the prescribers' need for identification of clinical gaps in care and meeting quality metrics; and 5) recognition of potential collaborative opportunities with community pharmacists.

Conclusion: This project highlights the availability of data at community pharmacies and its utility in creating infographic tools which can assist pharmacists with initiating collaborative working relationships with prescribers. This project provided data which supported a larger grant-funded study further investigating the use of prescription dispensing data infographics to facilitate pharmacist-prescriber collaborations.

Early Implementation of the Pennsylvania Pharmacists Care Network Initial Payor Contract

Presenters: Melissa Somma McGivney, PharmD, FCCP, FAPhA; Melinda Kozminski, PharmD, BCACP; David Pope, PharmD, CDE; Luke Berenbrok, PharmD; Pat Epple, CAE

Purpose: To describe early phase implementation of an initial payor contract for provision of comprehensive medication management (CMM) within the Pennsylvania Pharmacists Care Network (PPCN) pharmacies.

Implementation Process: This case study describes the initial roll-out of a Medicaid Managed Care Organization (MCO) contract within a community pharmacy enhanced services network. Three major implementation stages (exploration, installation, and initial implementation) have occurred so far. Major tasks within these phases of implementation included: 1) network leadership team and structure formation; 2) stakeholder engagement and feedback; 3) pharmacist engagement and training; 4) solidifying key partnerships; and 5) patient care implementation and continuous quality improvement.

Results: There are 171 community pharmacies participating in PPCN. Of these, 128 pharmacies were eligible to participate in the current payor contract based on geographic location of patients in the payor's network; 86 pharmacies signed the provider agreement by the second month. As of mid-September 2017, 66 patients received care. Over 30 pharmacies have shared initial experiences during the first period of bi-weekly key informant interviews.

Future Directions: Quality improvement initiatives, full scale implementation, and conversations with a second Medicaid MCO payor are ongoing.

Conclusion: Implementation of a new payor contract to provide CMM to Medicaid patients through a state-wide practice network has launched in Pennsylvania. Strong partnerships with various stakeholders have ensured the success of this launch. Sharing these learnings may guide implementation of reimbursable patient care services by other networks in the future.

Establishment of an Independent Pharmacy Owner Mentorship Program

Presenters: Caden Cox, PharmD Candidate; Hudsadong Novansy, PharmD Candidate; Dustin Roe, PharmD Candidate; Jeff Gray, PharmD, CDE

The American Association of Colleges of Pharmacy encourages co-curricular learning which is aligned with the student's professional interests. At ETSU's Bill Galton College of Pharmacy (BGCOP), the NCPA Student Chapter plans to provide students with an innovative ownership experience vital to their entrepreneurial aspirations. We recognize, as an organization and as a college of pharmacy, that many of the skills required for successful pharmacy careers are difficult to teach in a traditional core curriculum. Through NCPA and the new one-on-one mentorship program, it is our goal for students to have targeted learning opportunities for skills which dictate sound decision making in independent pharmacy. The area surrounding ETSU is highly populated with successful independently owned community pharmacies who are highly engaged with the NCPA chapter. This poster will describe the mentorship program, selection, progression, learning topics, and meeting best practices. Students who volunteer for this mentorship program will be paired with their mentor near the end of their first year at BGCOP and will be scheduled at least eight formal meetings with this mentor at which they will discuss a variety of topics ranging from ownership to insurance billing issues. If the student so chooses, they will also be able to spend one of their fourth year APPE pharmacy experiences with their assigned pharmacy mentor in a designated ownership APPE. Through support of the ETSU college, the NCPA Student Chapter hopes to expand ownership focused learning opportunities and facilitate long-term professional relationships that will last entire careers.

Pharmacy Technicians as Immunizers: Pilot Training Program

Presenters: Kimberly C. McKeirnan, PharmD, BCACP; Kyle Frazier, PharmD

Background: New Idaho State Administrative Rule 330.04 now allows an immunizing pharmacist to delegate the technical task of administering an immunization to a certified technician who has completed a course on immunizations. The research team created an accredited training program to comply with this new rule.

Objectives: The objective of this study was to develop and deliver a training program designed to teach pharmacy technicians to administer immunizations and to evaluate the effectiveness of the training program.

Methods: A training program was developed to educate pharmacy technicians on vaccine administration. Twenty-five certified pharmacy technicians were trained in December of 2016. The pharmacy technicians were required to pass a 10-question exam and demonstrate competency administering two saline injections to complete the training program.

Results: All twenty-five technicians completed the training course, passed the multiple-choice exam with a score of at least 70%, and demonstrated proper injection technique. Between December 2016 and May 2017, the 25 trained technicians administered 953 immunizations with zero reported adverse events.

Conclusions: For the first time, pharmacy technicians can legally administered immunizations in the United States. There may a public health benefit when pharmacy technicians are included in the immunization. Immunization rates may be increased with a lower workflow burden on pharmacists with technicians as immunizers. As the role of the pharmacist continues to expand, utilizing pharmacy technicians to administer immunizations may improve workflow and allow pharmacists more time to focus on providing other clinical services.

Tuberculin Skin Test Training Utilizing Pharmacy Students

Presenters: Taylor Bertsch, PharmD; Kimberly McKeirnan, PharmD, BCACP; Shannon Panther, PharmD, BCACP

Purpose: To train and evaluate how to properly place and interpret a tuberculin skin test (TST) with pharmacy students.

Method: Team-Based Learning (TBL) was utilized to teach TST training to all second-year students pharmacists (n=120) in a patient care lab course. After the training was complete, student feedback was gathered with an 11-question Likert scale survey. This survey was an inquiring student agreement with statements regarding their experience. IRB exempt status was granted for this research.

Results: Overwhelmingly, student pharmacists reported that they believed the lab based approach aided in their learning. All 120-student pharmacists were evaluated and met competency during the skills evaluation of the TST placement and interpretation. Most students met competency on the first attempt, although some required a second or third attempt. Out of 120 students, 59 (49%) felt confident in their abilities to pay for the Washington State Pharmacy Association (WSPA) Certificate. This allowed them to practice TST in a community pharmacy setting according to state regulations.

Implications: This innovative training model enhanced students' ability to meet the TST learning objectives described in the course, as well as increase their knowledge and confidence. This activity could be replicated and taught at other locations, furthering the development of pharmacists who are confident in their ability to provide TST services within the community.

Utilization of pharmacy learners to develop non-dispensing services delivered to underserved rural patients via telepharmacy: challenges and successes

Presenter: Shanna O'Connor, PharmD

Background: Bengal pharmacy is an independent pharmacy created out of a partnership with Idaho State University with the mission of delivering pharmacy services to rural communities in Idaho. In addition to the home store, there are 3 telepharmacy sites located 2, 3, and 8 hours away. The initial focus of the pharmacy was exclusively dispensing, but a shift towards financially sustainable non-dispensing services is underway. The shift in focus is aided by utilization of students and residents for pilot, assessment, and rollout of non-dispensing services. Using lower-cost but highly trained pharmacy staff to develop non-dispensing services allows pharmacists to maintain focus on dispensing while diversifying services offered at the pharmacy.

Purpose statement: Financial risk of rollout of new non-dispensing pharmacy service can be mitigated by utilizing students and residents for implementation; this approach carries inherent challenges that can be mitigated in part via planning and oversight.

Methods: Three resident or student-run non-dispensing services are described: medication synchronization, medication therapy management, and pharmacist prescribing (birth control). Challenges with this approach and potential solutions are presented. Future state services are outlined.

Conclusions: Planning and oversight of resident and student-developed non-dispensing services help to smooth the way for successful integration into pharmacy practice.

Utilization of pharmacy students to create a new community-based service while enhancing business

Presenters: Ashley Wengrove, PharmD Candidate; Tera Sisson, PharmD Candidate

Community pharmacy is an optimal location to create and utilize personalized services based on the demands of the community. Do you know what your community needs are and how you can manage a service while completing day to day pharmacy operations? This is where pharmacy students are able to assist you. Today's pharmacy students are trained in a capacity that allows them to run community programs independently with minimal disruptions in the day to day operations of the pharmacy. Our poster proposal outlines the steps that independent pharmacy owners can take to build a community based service that will not only improve patient outcomes, but help to build trust and enhance business.

Utilizing home visits to provide a comprehensive medication review

Presenters: Kyle R. Frazier, PharmD, BCACP; Kimberly C. McKeirnan, PharmD, BCACP

Background: Pharmacists are an accessible resource to help reach patients who may be struggling or having difficulty reaching therapy goals. Home visits provided by pharmacists are a novel approach to help prescribers monitor, assess, and evaluate barriers and successes on therapy regimens.

Objectives: The goal of this project was to create a program for conducting patient home visits.

Methods: Two pharmacists planned to conduct patient home visits during the spring and summer of 2017. Participants were identified by social workers who had an established relationship with the patient. Included participants were over age 50, diagnosed with hypertension, hyperlipidemia, and/or diabetes mellitus, and were not currently treated to target blood pressure, cholesterol, and/or A1C goal levels based on current guidelines. Pharmacists involved will continue to follow these patients for 6 months.

Results: Social workers referred 15 patients covered by Medicaid to participate in pharmacist home visits. One patient was hospitalized prior to meeting with the pharmacists and did not participate in the project. The other fourteen patients met with a pharmacist to discuss medications and lifestyle. Each home visit, included a comprehensive medication review, a health screening, and motivational interview.

Discussion: By providing patient home visits, pharmacists were able to gain a deeper understanding of patients' lives, overall health, and drug-related problems. Addressing these drug-related problems is an important first step toward bringing patients and their prescribers closer to disease-state specific goals and preventing negative health outcomes.

Student Business Plan Presentation: DSM Pharmacy

Presenters: Kayla Hughes, PharmD Candidate; Olivia Hopton, PharmD Candidate; Abigail Olszewski, PharmD Candidate

DSM Pharmacy serves as a model for clinical community pharmacy practice by cultivating innovative partnerships with providers to ensure optimal patient care, providing the highest quality diabetic healthcare services to our patients, and adapting to the unique needs of our community while reducing overall healthcare costs, optimizing clinical outcomes, and applying a cutting-edge service model and treatment plan. DSM Pharmacy is located in Ankeny, Iowa and is composed of 3 main components that allow our pharmacists to apply their clinical expertise while overseeing clinical diabetes care management, technician product verification programming, and distribution of our retail pharmacy products and services. Pharmacists at DSM Pharmacy provide specialized diabetes services that meet the individual needs of each patient. Products and services provided at DSM Pharmacy include diabetic supplies, transitions of care services, adherence packaging, medication therapy management, immunizations, and more. DSM Pharmacy is a proud member of the Iowa CPESN. DSM Pharmacy advances healthcare practice by promoting patient education, professional collaboration, and customized diabetic medication services.

Student Business Plan Presentation: ORxGANICS Pharmacy & Dispensary

Presenters: Emily Eline, PharmD Candidate; Rachel Amanda Zamora, PharmD Candidate; Allison Cowett, PharmD Candidate; John Hodgson, PharmD Candidate

ORxGANICS Pharmacy & Dispensary, LLC aims to be the leader in both pharmaceutical and medical cannabis services. Our primary objective is to provide innovative and integrated health services to ensure optimal patient health outcomes in the Lutherville-Timonium, Maryland area. ORxGANICS Pharmacy is a full service pharmacy that features medication therapy management (MTM) services, free medication delivery services to community members within a 5 mile radius, and blister pack delivery to three local long term care facilities. ORxGANICS Dispensary will provide medical cannabis consultations for prescribed patients, an extensive medical history data collection, and an informed, patient specific medical cannabis recommendation. Our medication and cannabis experts will provide high quality recommendations and personalized care. ORxGANICS will provide educational classes focused on specific disease state management, proper medical cannabis use, and overall health improvement. Our business is in close proximity to two established, approved medical cannabis provider practice sites and multiple healthcare providers. Our incorporation of a medical cannabis dispensary will provide treatment options to those who have failed previous first line therapies. We strive to break down barriers and stigmas associated with medical cannabis and offer innovative treatment alternatives. Through the profit from our dispensary, we will have a greater opportunity to subsidize MTM services in our pharmacy unlike any other in the Lutherville-Timonium area. With our unique business model, ORxGANICS Pharmacy & Dispensary will change the way pharmacy and medical cannabis services are provided while greatly improving patient outcomes and quality of life.