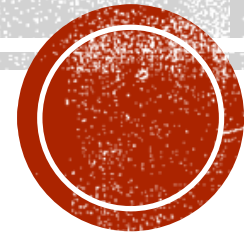


Rx

Here's Your Ticket! Creative Ways That Pharmacists Can Disrupt and Transform Healthcare in the US

Kelly W. Jones, Pharm.D.
McLeod Family Medicine Center
THE Pharmacy
kelly.jones@mcleodhealth.org





DISCLAIMER

ME!!





OBJECTIVES

1. Analyze the rationale behind the Medicare Wellness Visit.
2. Illustrate the process behind pharmacist-led annual wellness exams.
3. Define the prescription in 2023.
4. Expanding the role of orders when prescribing in 2023.
5. Discuss the history of how pharmacy has redefined itself over the years to expand practice.



...a piece of paper or small card that gives the holder a certain right



SELF- ASSESSMENT QUESTION #1

We received a ticket back in the 80's that facilitated pharmacist making rounds on patient care services in hospitals. What was the ticket based on?

- a) Formularies
- b) Unit dosing
- c) Pharmacokinetics
- d) 24-hour pharmacy services



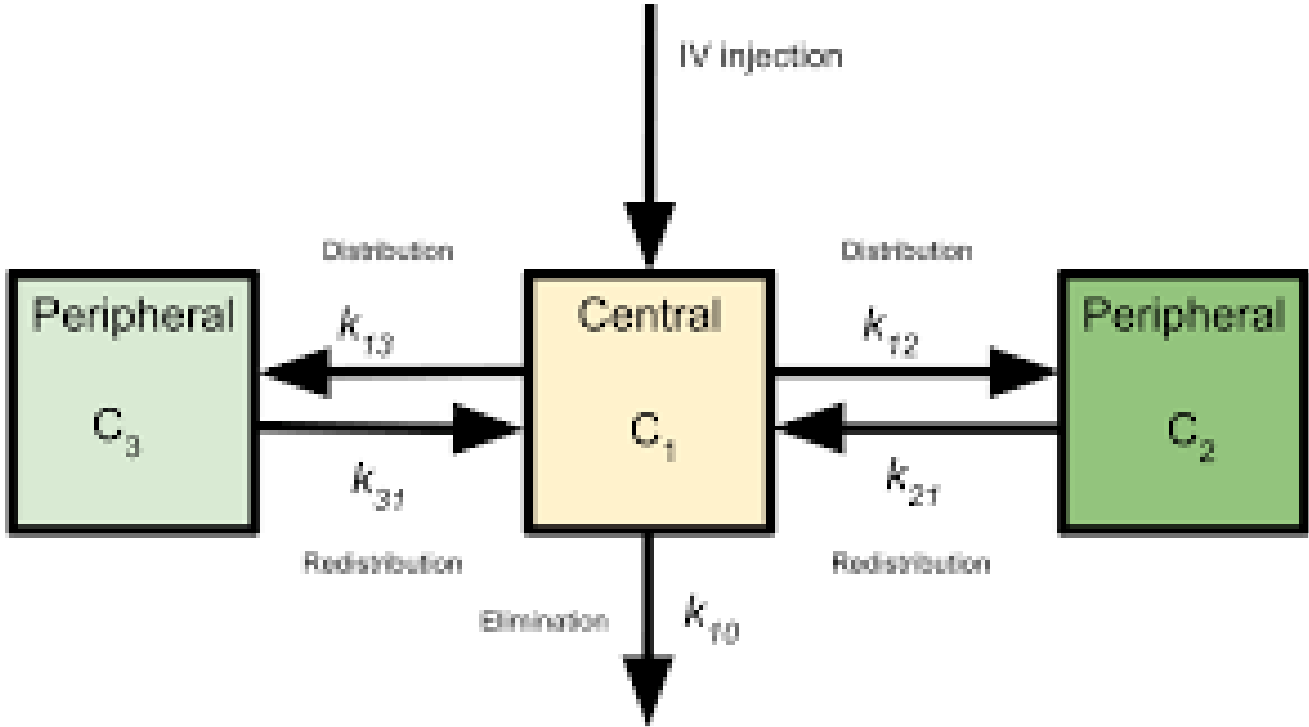
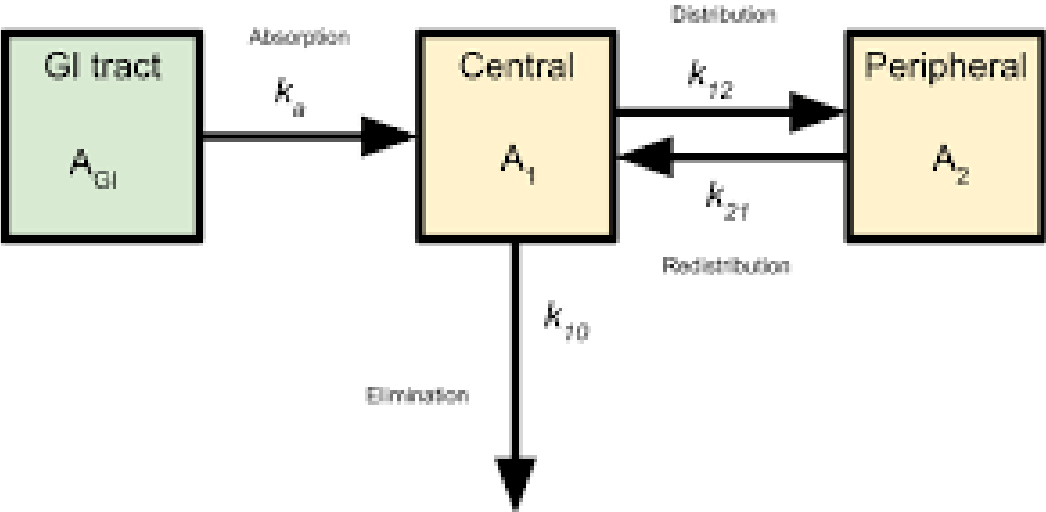
I RECEIVED THIS TICKET IN 1989



■ Pharmacokinetics



TRADITIONAL PHARMACOKINETICS



$$V = \frac{k_0(1 - e^{-k_e t'})}{k_e [C_{\max} - (C_{\text{predose}} e^{-k_e t'})]}$$

$$C = (k_0/Cl)(1 - e^{-k_e t}) = [k_0/(k_e V)](1 - e^{-k_e t})$$

HIGH ORDER MATH

**PHYSICIANS
ARE
MESMERIZED...
MAYBE**

Digoxin

Vancomycin

Gentamicin/Tobramycin

Lithium

Phenytoin

Valproate

Carbamazepine

Phenobarbital

Use to be quinidine

DO YOU REALLY HAVE THE TIME?

If you want to reduce toxicity

If you want to reduce side effects

If you want to reduce lawsuits

If you want to provide the best patient care

Then, you need me!!





INTERDISCIPLINARY ROUNDS



YOUR TICKET IS WORTH MORE



- Pre-ingestion
Pharmacokinetics



PRE-INGESTION PHARMACOKINETICS



Patient goes to physician

Patient is type 2 diabetic

You send the pharmacy a Rx (GLP-1 like semaglutide) \$

Pharmacy sends claim to insurance company through the PBM via electronic data network (Surescripts) \$

Claim comes back unpaid – needs a PA

PA is sent to your OFFICE via Cover My Meds \$

Your designated agent (nurse) fills out paperwork

Nurse calls you with a question (Metformin?)

Sends information to the PBM

PBM approves it (PBM charges insurance Co.) \$

Nurse calls pharmacy with approval

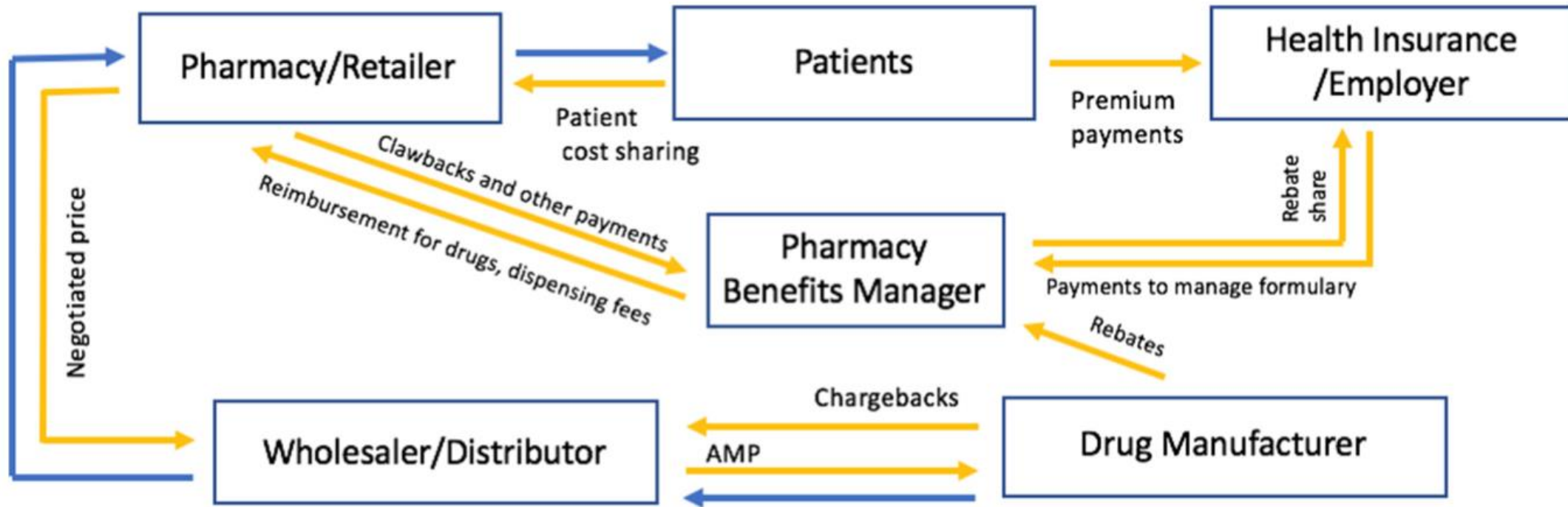
Pharmacy gets a paid claim

Copay to patient is \$47

Patient refuses to pay....prescription is abandoned



PRE-INGESTED PHARMACOKINETICS



Legend: Schematic representation of flow of physical drug (blue arrows) and monetary payments (orange arrows) illustrating central role of PBMs in how prescription pharmaceuticals are paid for in the US health care system. AMP=average manufacturer price. Adapted from Reference¹.



HERE IS YOUR TICKET TODAY!!



- Annual Medicare Wellness Visits

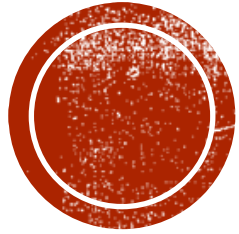


WELLNESS?

**EAT WELL
STAY FIT
DIE ANYWAY**



**MY FLESH AND MY HEART MAY FAIL,
BUT GOD IS THE STRENGTH
OF MY HEART AND MY PORTION
FOREVER.**



PSALM 73:26

True Wellness!!

SELF- ASSESSMENT QUESTION #2

The main rationale or goal behind the Medicare wellness visit is to:

- a) Address gaps in care
- b) Improve patient engagement
- c) Promote preventative care
- d) Reduce cost
- e) All the above



SELF- ASSESSMENT QUESTION #2

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FOUNDATIONS OF WELLNESS



Holistic and natural approaches



Self-care and healing



Preventive care



DEFINITIONS: WELLNESS

- The state of being in good health, especially as an actively pursued goal.
 - "measures of a patient's progress toward wellness"
 - *Websters Dictionary*
- The condition of good physical and mental health, especially when actively maintained by proper diet, exercise, and avoidance of risky behavior.
 - *Medical Dictionary*
- Wellness is the act of practicing healthy habits on a daily basis to attain better physical and mental health outcomes, so that instead of just surviving, you're thriving.
 - *Pfizer*
- World Health Organization (WHO), wellness is defined as an actively state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
 - *WHO*




WELLNESS IS OFTEN A CONFUSING IDEA

- Often confused with health, wellbeing and happiness
- Wellness is not a static state of being
 - being happy
 - in good health
 - a state of wellbeing
- Wellness is associated with an active process
 - being aware
 - making choices that lead toward an outcome of optimal holistic health and wellbeing





- **5 Step Plan**
- **Social connectedness**
- **Exercise**
- **Nutrition**
- **Sleep**
- **Mindfulness**
 - **meditate**



**KELSO'S
DIMENSIONS
OF WELLNESS**

- **5 Step Plan**
- **Go to church**
- **Exercise**
- **Eat right**
- **Get a good night's rest**
- **Being Mindful**
 - **Wear a seatbelt**
 - **Don't ever smoke**
 - **Do something that you think is positive for others**

MEDICARE WELLNESS VISIT

- Yearly “Wellness” visit are to develop or update your personalized plan to help prevent disease and disability, based on your current health and risk factors



Annual Wellness Visit



SELF- ASSESSMENT QUESTION #3

There have been several research trials of pharmacist led annual wellness visits. Which of the choices have been shown to be beneficial outcomes from this research?
(Mark all that apply)

- Community pharmacies can establish a relationship with a practice to provide annual wellness visits
- Pharmacist led visits pay 50% of the physician led visits
- Annual wellness visits conducted by PharmD's were noninferior to physician-led visits
- Physician led visits were better at discussing vaccine needs than pharmacist led visits
- Physicians were satisfied and used the Pharm.D. for other services



SELF- ASSESSMENT QUESTION #3

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PHARMACIST-LED ANNUAL WELLNESS VISITS (AWV)

- The idea of the wellness visit is to reduce the cost of chronic disease care by:
 - addressing gaps in care
 - improving patient engagement
 - promoting preventative care
- Pharmacists are in position to conduct these visits under the supervision of a physician.



PHARMACIST-LED ANNUAL WELLNESS VISITS (AVW)

- Systematic Review of the literature
- 11 reports (cites) were included out of 139 citations
- Pharmacists have a huge role in “putting it all together”
- Some outcomes noted in this review
 - PharmD salaries are easily provided through billing
 - PharmD had higher rate of medication and nonmedication related interventions than non-PharmD’s



PHARMACIST-LED ANNUAL WELLNESS VISITS (AWV)

- Some outcomes noted in this review (Cont.)...
 - Community pharmacies can establish a relationship with a practice to provide AWV
 - Provides interprofessional education for students
 - AWV conducted by PharmD's were noninferior to MD-led visits. PharmD's provided a higher rate of vaccines, advice and screenings
 - Patients were overall satisfied with the pharmacist
 - MD's were satisfied and used them for other services



PRACTICAL POINTS

There are several models

- Pharmacy-led model
- Integrated team approach



I am more familiar the team approach



INTEGRATED APPROACH

- MA assess the patient first to collect basic information
- Pharmacist goes in to reconcile medications and handles all vaccinations
- A physician is designated as the Annual Wellness Provider
 - They go in to assess screenings and also perform certain procedures that can be billed for, like checking feet
- A visit will take around 45 min to 1 hour
- Typically, 8-9 can be done in a day
- However, a good day can bring 14 visits



OTHER PHARMACY OPPORTUNITIES

From my experience:

- Help write internal policy – opiate policy, PA process, etc.
- Drug information for all practicing at the FQHC
- Making pharmacotherapy interventions
 - Interventions from the wellness visit
 - Chronic care management issues
 - Handle clinical issues from the site pharmacy



WHAT IS THE PHARMACIST'S ROLE IN WELLNESS

- Medication optimization
- *“an approach to **medication management** that focuses on all aspects of the patient’s journey from **initiation of treatment** (or decisions to forego treatment), to **follow-up**, to **ongoing review and support** of their medication treatment plan.”*



WHAT IS THE PHARMACIST'S ROLE IN WELLNESS

- **Annual Wellness Visits in the doctor's office**
- BP screening?
- Cholesterol screenings?
- Fingertick blood sugars?
 - (HbA1C?)
- Weight management?
- Risk assessment?
- Brown bag review?
- The question is, however, what do you do with the results?



WHAT DO YOU DO WITH A POSITIVE TEST OR RESULT?

- Send them to the ED?
- Hand them back a piece of paper and instruct them to see their doctor?
- [My act of wellness in my environment is]:
 - Making sure the patient has a primary care physician or practitioner!



TRY AND BE INVOLVED WITH THESE LIFESTYLE MEASURES?

Weight and diet suggestions

Exercise advice

Sleep hygiene

Smoking cessation

Alcohol moderation

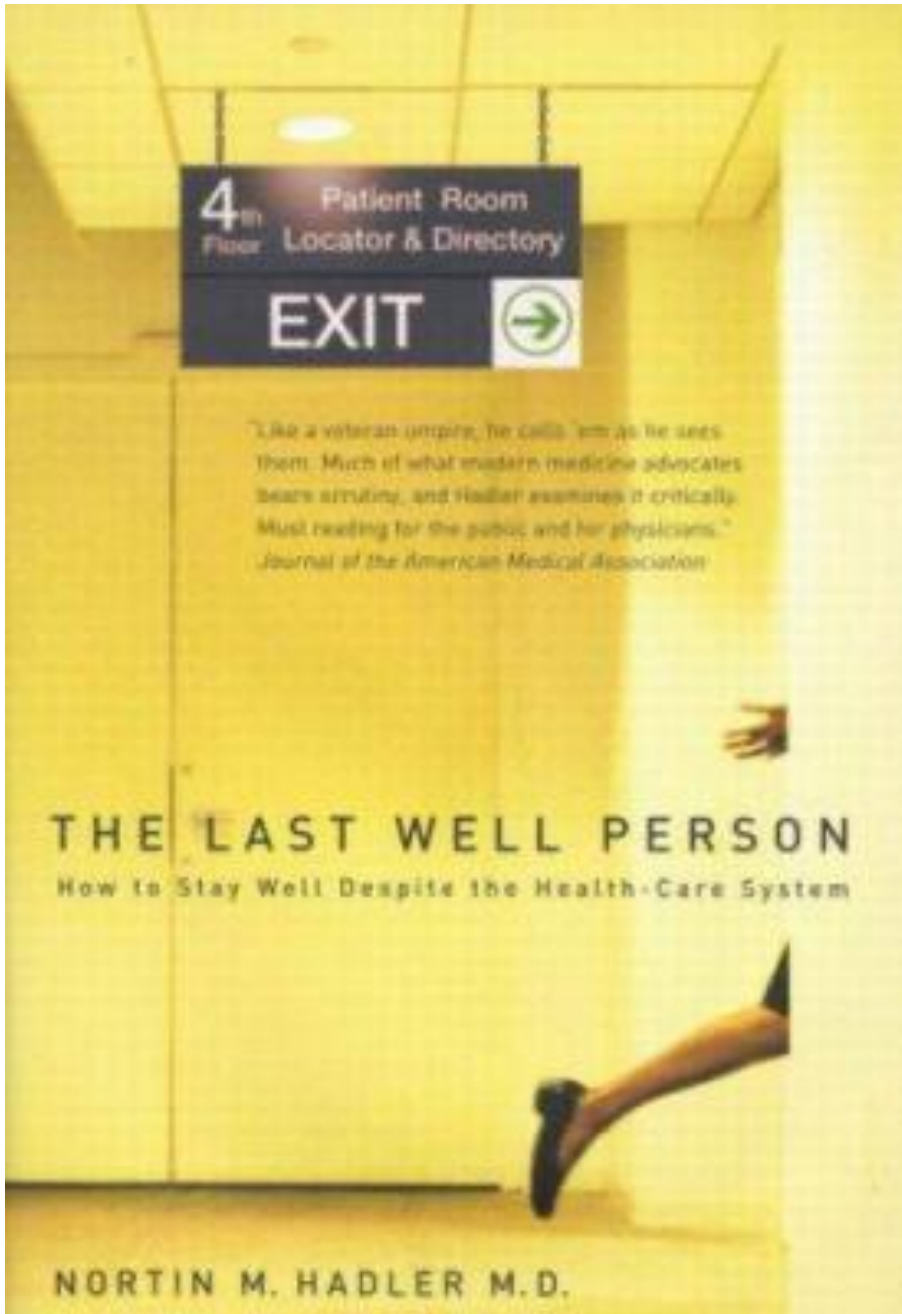
ASCVD assessment



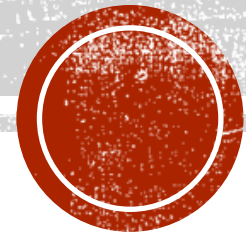
IMMUNIZATION

**OUR
BIGGEST
RECENT
SUCCESS!**





BOOK RECOMMENDATION



OVER-DIAGNOSED

MAKING PEOPLE SICK IN
THE PURSUIT OF HEALTH

DR. H. GILBERT WELCH,

DR. LISA M. SCHWARTZ, AND DR. STEVEN WOLOSHIN

BOOK RECOMMENDATION

- Is this Wellness?



BIBLICAL WELLNESS

- The Bible exhorts us NOT make any one of these wellness options central to our lives
- We should thrive on God, not a cholesterol level, otherwise it is idolatry
- Colossians 1:19–20
- [19] For in him all the fullness of God was pleased to dwell, [20] and through him to reconcile to himself all things, whether on earth or in heaven, making peace by the blood of his cross. (ESV)
- Wellness is a PERSON!
- At the center of wellness is reconciliation and peace (Shalom – also means harmony, wholeness, completeness)



TENANTS OF BIBLICAL WELLNESS

- Proverbs 3:7–8

[7] Be not wise in your own eyes; fear the LORD, and turn away from evil. [8] It will be healing to your flesh and refreshment to your bones. (ESV)

- Proverbs 14:30

[30] A tranquil heart gives life to the flesh, but envy makes the bones rot. (ESV)

- Proverbs 16:24

[24] Gracious words are like a honeycomb, sweetness to the soul and health to the body. (ESV)



TENANTS OF BIBLICAL WELLNESS

- 1 Timothy 4:7–8

- [7] Have nothing to do with irreverent, silly myths. Rather train yourself for godliness; [8] for while bodily training is of some value, godliness is of value in every way, as it holds promise for the present life and also for the life to come. (ESV)

- Proverbs 17:22

[22] A joyful heart is good medicine, but a crushed spirit dries up the bones. (ESV)

- Matthew 11:28–30

[28] Come to me, all who labor and are heavy laden, and I will give you rest. [29] Take my yoke upon you, and learn from me, for I am gentle and lowly in heart, and you will find rest for your souls. [30] For my yoke is easy, and my burden is light.” (ESV)



BIBLICAL VIEW OF PREVENTIVE MEDICINE?

- Jesus compares his mission with that of physicians
- Mark 2:17
- And when Jesus heard it, he said to them, “Those who are well have no need of a physician, but those who are sick. I came not to call the righteous, but sinners.



A TICKET FOR TOMORROW



■ Orders



SELF- ASSESSMENT QUESTION #4

For the most part, the tradition of the paper prescription is dead. It is time for the community pharmacist to see prescriptions as orders. Orders are stronger than collaborative practice agreements.

- a) True
- b) False



SELF- ASSESSMENT QUESTION #4

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- a) True
- b) False



THE RX IS DEAD

The image shows a standard prescription form. At the top left is a large 'Rx' symbol. To its right are two sets of horizontal lines for 'PATIENT NAME' and 'ADDRESS'. Below these is a long horizontal line for the 'Prescription:'. At the bottom, there are two horizontal lines for 'Date' and 'Signature'.

- Times have changed!
- * Time For a Practice Change: The Prescription is Really a Prescriber's Order

*Article under review for publication



THE PRESCRIPTION DEFINED

- Remington's Pharmaceutical Sciences defines a prescription as "an order for medication issued by a physician, dentist, veterinarian, or other properly licensed medical practitioner. Prescriptions designate a specific medication and dosage to be administered to a particular patient at a specific time."

Ansel HC. (1980). The Prescription. In A. Osol (Ed.). Remington's Pharmaceutical Sciences (16th ed., p. 1715). Easton, Pennsylvania: Mack Publishing Company.





RX'S AS ORDERS

What if the physician and other prescribers viewed the prescription sent to the community pharmacy as an order like is done in the hospital?

This could be a practice change in a community pharmacy

Instead of community pharmacy being prescription focused, it could be order focused

ADVANTAGE

Opens communication between pharmacist and prescriber

Enhances professionalism

Does away with collaborative agreements

Patient education

Picking out OTC products

Puts the pharmacist in the middle of the therapeutic management plan

Reduce unnecessary medications or waste (those meds discontinued that the pharmacist does not know about)



EXAMPLE

- MEDICATION ORDER: Increase metformin to 1000 mg, take 1 PO twice a day with meals. Quantity #60, Refills: 3
- MEDICATION ORDER: Lisinopril 20 mg daily, take 1 PO daily. Quantity #30, Refills: 3
- MEDICATION ORDER: Reduce Pantoprazole 40 mg to once daily on an empty stomach in the morning. Quantity #30, Refills: 3. Please counsel patient on this change.
- MEDICATION ORDER: refill current hydrochlorothiazide order, Refills: 3
- MEDICATION ORDER: pharmacist, please order starting dose of the weekly GLP-1 of choice per insurance, please inform me of the choice, educate on delivery, Refills: 3
- MEDICATION ORDER: refill albuterol prn, Refills: 11



OTHER NONTRADITIONAL ORDERS

- Pharmacist, please educate patient to take blood sugars 30 min before morning breakfast and 2 hours after dinner on Tuesdays and Thursdays and record results
- Pharmacist, please discontinue aspirin
- Pharmacist, please discontinue all other prescriptions and refills for PPI's
- Please help patient choose an OTC topical canker sore treatment
- Please offer Shingrix vaccination series



DISADVANTAGE

Increases
workload

Need more than
one pharmacist

Have to view
you clients as
patients and not
just customers

Liability





KELLY.JONES @ MCLEODHEALTH.ORG

