2020 VISION

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MPA/IPhA 2020 Annual Meeting - Abstracts

INNOVATIVE PRACTICE:

TITLE: CLINIC TO COMMUNITY COLLABORATION: EFFECT OF PHARMACIST-PHARMACIST COMMUNICATION ON MEDICATION ADHERENCE AMONG MUTUAL PATIENTS

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BACKGROUND: Barriers to effective and efficient communication exist across healthcare settings. This pilot project set out to improve Kilgore's Medical Pharmacy's star ratings and clinic-based health registry metrics for a mutual patient cohort.

OBJECTIVE: To establish a sustainable process of enhanced communication between pharmacists across a community setting to clinic to improve adherence for mutual patients.

METHODS: A community pharmacy intern queried a pharmacy database for patients prescribed diabetes-related medications by physicians at the collaborating clinic. Baseline medication possession ratio (MPR) was evaluated for statin and oral diabetes medications as well as the percent met for achieving star rating metrics. To further assess statin adherence proportion of days covered (PDC) was also calculated. Medication lists were faxed from the community pharmacy at the time of patient's clinic appointments to communicate adherence and discrepancies to the clinic-based pharmacist. Clinic-based health registry metrics evaluated lipid lowering therapy, lipid lowering therapy-diabetes, and lipid screening. To optimize workflow and pharmacist-pharmacist communication the team met virtually weekly and reviewed a secure spreadsheet. Measures collected include change in star rating by achieving a goal MPR of 80% adherence or PDC, health registry metrics, and pharmacist-to-pharmacist communications.

RESULTS: There was an average increase MPR of 16% for all patients (n=19). Statin adherence increased by 37% and 23% from baseline for MPR and PDC, respectively. MPR adherence scores for oral diabetes medications showed a statistically significant increase with 8 patients reaching the 80% threshold (p=0.03). Among the cohort, 66% met clinic-based health registry metrics. Between August 2019 and June 2020, 29 pharmacist-pharmacist communications were made for our cohort of 19 mutual patients including: 19 faxed medication lists, 3 direct phone communications, 4 recommendations to physicians, 2 referrals to medication synchronization, and one pill planner given.

CONCLUSION: Pharmacist-to-pharmacist communication can improve medication adherence and provide opportunities for pharmacist interventions across care settings.

ENCORE:

TITLE: ASSESSING RISK OF BURNOUT AND MENTAL WELLNESS IN MISSOURI COMMUNITY PHARMACISTS

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BACKGROUND: Community pharmacists report more burnout and constant stress in their jobs, with current day-to-day often characterized by pharmacists working long hours and the pharmacy being inadequately staffed, thus leading to increased anxiety and depression. The increased pressure on pharmacists, as well as other healthcare providers, leads to burnout. Previous studies have associated burnout with a higher number of medical errors in previous studies.

Currently, there is no data to express the level of burnout or state of mental health of community pharmacists in Missouri. This is needed to determine if patients are at risk for being negatively impacted.

OBJECTIVE: The primary objective of this study was to determine the risk of burnout and poor mental health in Missouri community pharmacists.

METHODS: A mental wellness and burnout survey for community pharmacists was designed to assess the risk of burnout and mental wellness of community pharmacists in Missouri. This survey contained 5 demographic questions and 20 questions specific to mental wellness and burnout. The survey provided was developed using two validated surveys, the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) and the Patient Health Questionnaire-9 (PHQ-9). A total of 140 points were assigned to the 20

specific questions, each worth 7 points. Scores were stratified into five categories (high, medium/high, low/medium, low and no risk for burnout).

RESULTS: 122 responses met inclusion criteria and were included in data analysis. Of the pharmacists that responded, 50% were employed at a grocery chain pharmacy, 28.35% at a corporate chain, and 21.26% at an independent. Over 50% of participants reported working more than 40 hours per week. The mean total score of was 78.57 points out of 140 points.

CONCLUSION: Based on the analysis of the results from the mental wellness and burnout survey, Missouri pharmacists are at a medium-to-high risk of having poor mental health and/or experiencing burnout.

Title: OVERCOMING REGULATORY HURDLES TO ALLOW INTERNATIONAL PHARMACISTS AND STUDENTS TO ENGAGE AT CLINICAL PHARMACY PRACTICE SITES

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Service:

The St. Louis College of Pharmacy (STLCOP) Office of International Programs (OIP) has developed mutually beneficial exchanges of faculty members and students with several international pharmacy partners. International partners visiting the U.S. are interested in learning about pharmacy education, practice, and desire shadowing at clinical pharmacy practice sites. Because licensure issues make it difficult to host international partners at these sites, STLCOP has worked with the Missouri Board of Pharmacy (Board) to develop procedures to overcome these challenges.

Justification:

The Board requires a pharmacist or pharmacy technician license to spend time in a pharmacy. One of the Board requirements for licensure is a Social Security Number (SSN), which international visitors lack. The Board values these experiences for our students and visitors; working to find accommodations so international visitors can have learning experiences that promote the advancement of clinical pharmacy practice abroad.

Adaptability:

The Board will allow international pharmacists and student pharmacists to apply for a pharmacy technician license. The Board accepts a passport number in lieu of a SSN and waives the background check requirement. Once the application is submitted, they are eligible for pharmacy shadowing. STLCOP helps with fingerprinting, drug screenings, notary services, immunization records, and liability insurance prior to pharmacy shadowing so international visitors are allowed to engage at pharmacy

settings soon after arriving. Barriers still exist, as some institutions lack the policies to allow access to international visitors (e.g., Veterans Affairs).

Significance

The exchange of learners/educators between international partners should be reciprocal and mutually beneficial. One of the most desired experiences for international partners is clinical pharmacy practice site shadowing. Their main objective is to learn new, innovative and novel approaches to enhancing patient care and returning to their home institution to implement these practices. These regulatory obstacles must be overcome to allow international visitors to further clinical pharmacy abroad.

TITLE: POINT OF CARE TESTING UTILIZATION FOR COMMUNITY/INDEPENDENT PHARMACIES

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BACKGROUND: Point of care (POC) testing can be difficult for patients to access, especially during our current COVID-19 pandemic. Pharmacies provide affordable access to healthcare for patients, which is especially important for those with chronic diseases that require more frequent testing. Pharmacies offer POC testing for acute infections (e.g., influenza) as well as chronic disease monitoring (e.g., HbA1C). Pharmacies accept commercial and government insurance or a charge a specified POC testing fee for patients that do not have insurance.

OBJECTIVE: The objective of this poster is to 1) elucidate POC testing, 2) examine how POC testing can be used within a community pharmacy, 3) evaluate the barriers of POC testing, and 4) assess how POC testing can increase adherence to other medications.

METHODS: Point of care testing, in particular in community pharmacies, was examined via a web-based search in order to assess the study objectives. There are a variety of testing options covering many disease states/infections. Upon the patient's request, testing can be administered/distributed at the patient's/prescriber's request.

RESULTS: Point of care testing within pharmacies increases access to patients, which can likewise improve adherence and patient outcomes. The POC testing can be provided in the pharmacy or via at-home diagnostic kits, with the results being reported to the patient as well as the primary care physician, whereby the pharmacists and physicians can monitor and adjust the medications accordingly.

CONCLUSION: Community pharmacies play a large role in aiding patients and improving healthcare. Point of care testing helps both pharmacies and patients by providing quick and reliable access to results that are available in hours instead of days.