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Pharmacists Play a Key Role in Care Team at Holyoke Health Center

By Claire Hutkins Seda, Associate Director of Communications, Migrant Clinicians Network

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Photo from Jerril Varghese, PharmD, RPh. Courtesy of Holyoke.

North of Springfield, Massachusetts lies the small city of Holyoke, which is said to have the highest population per capita of Puerto Ricans outside of Puerto Rico. "That's our patient population," explained Alyssa Puia, PharmD, BCACP, CDCES, Clinical Pharmacist at Holyoke Health Center, a community health center serving the communities in and around Holyoke for over 50 years. To address the health needs of the community, Holyoke has implemented numerous promising practices that have integrated the pharmacy staff of roughly 20 pharmacists and technicians, clerks, and community health workers into the care team. In fact, the pharmacy team works just across the hall from providers, on the same floor – structural confirmation of their close collaboration. The three pharmacist-centered programs and one emergency care program highlighted in this article are rare among health centers, but Holyoke relies on them to close gaps in care and ensure that patients understand and adhere to their prescription regimens.

Medication Therapy Management

Patients sometimes do not follow their treatment plans "because the patients don't know enough about their disease states or their medications, or they're experiencing side effects that they haven't voiced to anyone yet," confirmed Dr. Puia. Holyoke's Medication Therapy Management fills in that educational gap by allowing providers to hand off care to a pharmacist for a 30-minute to one-hour appointment where patients get to know their medications – a big shift from the short consultation with the pharmacist that most patients expect. The pharmacist can reinforce messages that the provider already voiced, and build on the patient's knowledge of their condition, in addition to helping patients better understand their medications. After the appointment, the pharmacist writes up a summary of the appointment in the patient's medical record and makes recommendations to the prescribing clinician about therapy optimization and strategies to reduce side effects.

The Holyoke patient population has about a 10% illiteracy rate, so the pharmacy built a

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Personalized medicine organizers, or med boxes, are filled by hand at Holyoke.

Pharmacists Play a Key Role in Care Team at Holyoke Health Center

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low-literacy and bilingual packaging strategy that is built into the Medication Therapy Management program. Patients can receive a "med box," a personalized medication organizer that has each day's medications separately packaged and labeled for each time of day to take the confusion out of multiple medications. The med box also has a key so that patients can identify the medications in each pill compartment. Holyoke not only packages these medications free of charge, but, because transportation is frequently a barrier, their delivery program also ensures patients receive their weekly packages once a month at no additional cost. During the Medication Therapy Management appointment, the pharmacist can review the med box with the patient to again emphasize the importance of taking each of the medications at the correct time and ensure the patient understands what to do when they get home with their med box.

Transition of Care Service

Another fundamental service at Holyoke focuses on patients who have recently been discharged from the hospital and are transitioning to care at the health center. The health center recognized that patients needed a bridge between inpatient and outpatient care. "Most of the issues that were arising…had less to do with whatever brought them to the hospital, and more to do with problems with their medications – and so it seemed like a pharmacist was the best one to intervene at that point," Dr. Puia said. This led to the development of the Transition of Care Service. The full-time pharmacist assigned to this program reads the discharge summaries of recently hospitalized patients and meets with them before their upcoming appointment with their primary care provider. Dr. Puia listed out some of the numerous prescription hurdles that this pharmacist can work out. Sometimes, a patient is started on a medication in the hospital as a substitute for a medication in the same class because the hospital doesn't carry the exact medication of the patient. When the patient leaves the hospital, due to poor health literacy, low literacy, or insufficient communication, the patient ends up taking both medications simultaneously. "That's an issue. But other times, it's just they can't afford the medications that they were prescribed, [or] they don't understand the role of the meds they were prescribed," Dr. Puia added. When the patient meets with the primary care provider, these prescription hic-

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cups and barriers are already solved with the pharmacist, allowing the provider and patient to focus their time on a longer-term care plan and getting well.

Collaborative Drug Therapy Management

Dr. Puia primarily works in Holyoke's Collaborative Drug Therapy Management program, which is possible in Massachusetts due to a law in the state that allows pharmacists to prescribe medication, pursuant to a collaborative practice agreement to treat chronic disease states. "Anything that we discussed with the provider and get a protocol signed off on, we can manage," Dr. Puia stated. For now, Holyoke pharmacists under this program focus on hypertension, type 2 diabetes, and tobacco cessation, with an eye on future protocols for asthma, hyperlipidemia, and other health conditions. The program launched with hypertension, which was then expanded into diabetes, a large concern in their Puerto Rican community in particular. Nationwide, 12.4% of Puerto Rican adults have a diabetes diagnosis.[1]

"There's such a burden of diabetes in this patient population; that, in and of itself, could be a full-time job, so we stayed working with that. We recently added in tobacco cessation because it pairs nicely with the other two disease states," Dr. Puia added.

In this program, Dr. Puia is linked with a physician, who refers patients to her. The referred patients often have uncontrolled blood pressure or diabetes, or are interested in tobacco cessation. Dr. Puia meets with these patients independently as frequently as she deems fit. "Sometimes in the beginning, especially… if we're doing insulin titration, it's every one or two weeks… [to] once a month, while we get their disease state under better control," she said.

For a patient whose diabetes is out of control, Dr. Puia spends "a lot of time talking to them about different things they're doing in their life – diet, exercise, those things that influence their control. But a lot of it is… education," she admitted. "Sometimes, they don't have a good understanding of their disease state, or the role of the meds, or they have preconceived notions." She talks with patients about their

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Community Health Workers Sheila Rodriguez (left) and Sheila Velazquez (right)

Photo from Jeril Varghese, PharmD, RPh. Courtesy of Holyoke.

Myths and Misconceptions Around Diabetes

Dr. Puia spends much of her time working with patients whose diabetes is not under control. Some of these patients have refused insulin. "A lot of them have family members that have diabetes, and they'll say to me, 'Well, I don't want to use insulin because my mom had diabetes, she was on insulin,' and they feel that the bad things that happened to her were because of the insulin," Dr. Puia explained. Another common myth is that diabetes is genetic; that patients were inevitably going to have it. Both of these issues, Dr. Puia believes, can be addressed by breaking down the myths. "Oftentimes, the bad things happen when diabetes is uncontrolled – and that is coincidentally also when insulin is most used, as it is the most effective medication to control high blood sugars," she said. "I work to dispel the myths that the bad things happen because of the insulin, instead of because of the disease state."

Migrant Clinicians Network's new Misinformation and Disinformation Toolkit features numerous resources and educational articles for providers as well as tools and handouts to share with patients or fellow providers. The online toolkit is available in English and Spanish. Access the toolkit at: https://www.migrantclinician.org/misinformation-and-disinformation-toolkit-clinicians-and-public-health-workers.html

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Alicia Poole, PharmD, Rph

Photo from Jeril Varghese, PharmD, RPh. Courtesy of Holyoke.

goals, determining what they would be agreeable to, and together they build a plan that addresses their concerns and works toward their goals. (See sidebar on misconceptions around diabetes.)

Once the patient's diabetes or hypertension is controlled, she offers follow-up appointments every three to six months, "but they always have that touch point with me – and it's easier, usually, to get an appointment kind of urgently with me, if they feel their blood pressure or blood sugar numbers are going up," she noted. Under the protocols, she can also issue prescriptions, or refer the patient to relevant care follow-up, like for eye care or nutrition.

Pharmacists' Inclusion in Climate Disaster

Migrant and immigrant communities require health centers to consider emergency plans relating to climate disasters not just in their region, but in the countries from which their migrant populations came. After Hurricane Maria, Holyoke received a strong influx of migrants from Puerto Rico, fleeing disaster. Many left without their medications or medical records, and the health center had no way to communicate with their Puerto Rican health centers or pharmacies, as the hurricane caused much of the infrastructure including the electricity grid to collapse.

"We deployed a team of pharmacists to the floor that were full time, just trying to direct people and understand what disease states they had, and maybe some semblance of what meds they used to be on, so we could bridge them as best as possible from the care they were receiving there, to primary care here," Dr. Puia recalled. "But it was a hard job." Many of the above-mentioned programs were put on hold and the pharmacists were pulled into these new patient bridge visits.

Throughout this period, Holyoke's clinical teams, or "pods," were seeing roughly 10 new migrant patients a day, in addition to their regular patient panel. As in other areas of Holyoke care, the pharmacist is a key member — each pod includes a pharmacist. The flow continued for about three months. "We didn't get back into our usual day-to-day, probably until about six months out," she recalled.

In anticipation of future disasters, Holyoke providers remind their patients – regardless of where they are from – to keep a list of their diagnoses and medications in their wallet, "so that when you pack up and leave, you've at least got the bare minimum," Dr. Puia said. In the aftermath of the hurricane, Holyoke's Chief Medical Officer, who is now Chief Executive Officer, brought supplies and aid to the Island, in hopes of cementing relationships between health centers there and Holyoke, but future Puerto Rican disasters will likely result in similar increased numbers of patients, Dr. Puia said.

Emphasis on – and Trust In — Pharmacists

Holyoke's unique pharmacist-centered programs are testament to their dedication to pharmacists – and their commitment goes beyond these programs. Holyoke has a pharmacy residency program, one that Dr. Puia herself completed before signing on to Holyoke as a pharmacist. "A lot of our residents that we train here, they go someplace else, and they bring the kinds of programs that we're running to other community health centers," Dr. Puia proudly noted. She says for such efforts to be successful, the organizational support is essential, "but also our providers are so receptive to pharmacy intervention – and that really kind of makes it or breaks it, because they want to work with us," Dr. Puia emphasized. "They see value in the recommendations that we put forward. They trust us."

Reference

1 American Diabetes Association. About Diabetes: Statistics About Diabetes. Available at: https://diabetes.org/about-diabetes/statistics/about-diabetes

Health Network:
Enabling Heart Surgery for a Young Asylum-Seeking Migrant

By Robert Kinnaird, Communications Project Coordinator, Migrant Clinicians Network

Children of immigrants, even those with US citizenship, can face significant barriers to accessing health care. Lola* was born in Texas with both atrial and ventricular septal defects that created increased pressure on her lungs. Her parents, newly arrived asylum seekers, were still migrating to their final destination in the mid-Atlantic when they sought care for newborn Lola. Health care obstacles for such families are plentiful, and teams of case workers, advocates, and doctors often need to work together to create a plan of action.

For a newborn, these heart defects can be detected early by tracking growth, labored breathing, and exhaustion the baby experiences when doing activities like feeding. Lola was on track when it came to growth, but the signs of exhaustion prompted doctors in Texas to perform an echocardiogram, which uncovered the defects. Surgery to repair the holes would be needed to ensure Lola could live a happy and healthy life. Because the family intended to move, the infant was quickly enrolled into Health Network, Migrant Clinicians Network's virtual case management system for migrants with ongoing health needs. While Lola's doctors did not believe Lola needed emergency surgery in Texas before moving, the severity of her condition warranted approval of travel plans by her medical team before she could leave the state.

After enrollment, Lola's case came to Camila Valasquez, Health Network Associate and the case manager for MCN's Specialty Care Access Network, or SCAN, MCN's network of pediatricians and pediatric specialists around the country dedicated to rapidly connecting the most vulnerable patients we serve to the specialty care they need. Our SCAN champions focus on their local region, using their connections in the health care system to help Health Network Associates find the right specialty clinician for their patients' needs. Velasquez reached out to the SCAN champion in the mid-Atlantic region where Lola and her family intended to move, in search of a pediatric cardiologist. First, her family had to migrate.

"The truth is that when you're dealing with little kids, even little amounts of pressure differences can be a lot for a tiny heart," said MCN's Laszlo Madaras, MD, MPH, Chief Medical Officer, who oversees SCAN patients. Soon, her doctors approved a flight plan for Lola and her family. Her medication would keep her stable until the surgery could be performed.

Photo courtesy of United Farm Workers of America (UFW)

The Texas immigration shelter where Lola's family was staying while she was in the hospital had to use their resources to ensure that a flight would be available to the family as soon as possible. Velasquez and our SCAN champions on the East Coast activated their networks to guarantee that once the family was on a plane, transportation would be waiting for them at the airport to take them to a hospital. Velasquez transferred medical records so that the hospital had the needed case information and was ready to proceed with the lifesaving surgery. Such interstate case management and inter-organizational planning are by nature complex and delicate, and every part of this system needed to be working in sync and to be in constant communication.

This coordination between doctors, hospitals, and our team was completed in just over a week from Lola's enrollment in Health Network to her arrival at the hospital on the East Coast. From there, the hospital was able to bring social workers onto the case who enrolled Lola and her parents into a financial aid program to ensure that Lola's surgery would be affordable for her family. "I was in contact with the family five times, and I reached out to SCAN champions and health centers a total of 12 times," Velasquez reported, demonstrating a highly efficient process in which an active SCAN champion assisted readily with finding and enrolling local care. The case was closed on Health Network's side by the next week after some final conversations with the parents where they confirmed Lola was stable and that the hospital was taking over the case, moving forward with the plans for surgery.

"It was really satisfying to be able to feel at ease knowing that she got into care quickly and that she received the best possible care," said Valasquez. "It felt like it lined up as perfectly as a case can. It was one of those cases where you were at ease the whole time because the child was in good hands." ■

Learn more about Health Network, including how to enroll patients: https://www.migrantclinician.org/our-work/health-network.html

Learn more about SCAN and how to become a SCAN Champion: https://www.migrantclinician.org/our-work-virtual-case-management/specialty-care-access-network.html

* Name and some identifying details have been altered to protect the patient's identity.

Masking in Health Care Settings: A Perspective from Dr. Laszlo Madaras

By Laszlo Madaras, MD, MPH, Chief Medical Officer, Migrant Clinicians Network

In the summer of 2023, I was called to the emergency room to admit a patient in her 70s who was lightheaded after working in her garden. After a close examination, history, and physical, I determined she was dehydrated, and, given her age, I chose to send her to the medical floor for gentle IV fluids overnight. The following day, she developed joint and muscle aches, and then experienced chills and rigors – indicators of a likely viral infection.

She tested positive for COVID-19. A few days later, I, too, tested positive for COVID, which kept me away from my hospital in Pennsylvania for six days. Not long after I returned from being sick, we intubated two patients with COVID, the harbinger for the fall and early winter to come. By December, concerning upticks of COVID and respiratory syncytial virus (RSV) were evident in wastewater across the nation.[1] Respiratory disease season had arrived.

On December 14, 2023, the Centers for Disease Control and Prevention (CDC) issued an official Health Alert Network Health Advisory to advise health care providers of low vaccination rates against influenza, COVID-19, and RSV. The advisory recommends that providers should administer vaccinations now to eligible patients, recommend antiviral medications as needed and appropriate, and counsel patients on preventative measures like "coughs/sneezes, staying at home when sick, improving ventilation at home or work, and washing hands to protect themselves and others against respiratory diseases."

Masking is not mentioned in the introduction. It is included as the final of five recommendations for health care providers, where it says patients can wear "a well-fitting mask if a patient chooses to wear a mask" as a preventative measure. Nowhere is it recommended that health care providers themselves don a respirator. Yet, the masking of health care providers with a respirator like an N-95 is an important tool we can use to protect our patients and ourselves.

In recent months, like many clinicians, I did not consistently wear a surgical mask, much less an N-95 respiratory mask, for every emergency room patient that I evaluated. I only wore a mask for patients with upper respiratory symptoms, or when I myself had respiratory symptoms. The hospital did not require masking.

For me, these late summer COVID patients and my own bout of illness, were loud reminders that masking during the respiratory disease season in health care settings is warranted.

Laszlo Madaras (right) and a colleague at the height of the pandemic in full personal protective equipment. While he no longer dons full PPE while seeing patients, he says clinicians can reduce the spread of infection by wearing a respirator.

Masking is an effective measure to reduce the transmission of COVID-19.[2,3] Within a clinical setting, hospital-acquired respiratory infections cause significant morbidity and mortality.[4] Over the course of the pandemic, we also refined our understanding of asymptomatic and presymptomatic case transmission.[5] Extrapolating from these studies, one can infer that masking can play an important role in reducing respiratory infection spread within health centers as well, particularly among vulnerable patients with higher susceptibility to infection.

Nationwide, there is understandable fatigue around masking. In a clinical setting, there is also burnout and trauma from three

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Resources to Support Your Work

By Claire Hutkins Seda, Associate Director of Communications, Migrant Clinicians Network

More Resources

Migrant Clinicians Network and our partners in the Farmworker Health Network (FHN) offer numerous resources for clinicians to better serve their farmworker and migrant patients. Here are some resources that readers of Streamline may be interested in.

FHN 2023 Key Resources for Agricultural Worker Health: This resource links to updated resources on a wide range of topics, from outreach, to clinical mental health support, to COVID.

Health Network: A Care Coordination Program for Patients who Move during Treatment: This archived MCN webinar from December 2023 introduces Health Network and how to enroll. It is available in English and Spanish: https://www.migrantclinician.org/webinar/health-network-care-coordination-program-patients-who-move-during-treatment-2023-12-07.html

Introduction to the MCN Portal for Enrolling Patients into Health Network: This archived MCN webinar from November 2023 is a follow-up to the above webinar, with a deep dive into how to enroll patients, upload documents, and check in on the status of patients. https://www.migrantclinician.org/webinar/introduction-migrant-clinicians-network-portal-enrolling-patients-health-network-2023-11-30

Easier Access

With this issue of *Streamline*, we are launching a new feature: an updated webpage on MCN's website where you can access all of the resources mentioned in the issue. You can find this page at https://www.migrantclinician.org/streamline/resources or point your phone's camera at the QR code below for instant access.

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years of pandemic care. There is a kind of anxiety that comes over the health care team when we again start to intubate and ventilate COVID patients. Some may be flashing back to the horrors of that not-so-distant past.

Perhaps this fatigue and trauma are why so few health care providers are masking up, even as we see cases of respiratory illness in our own clinics and hospitals, illnesses whose spread can be reduced with respirators.

Masking can be cumbersome and uncomfortable over the long hours of a shift. Masks or respirators can disrupt communication with patients, blocking our facial cues and reducing effective understanding when there are language barriers. But the benefits outweigh the risks. Our job is to protect and improve the health of our patients, and masking — at least during the respiratory disease season, during waves of airborne infectious diseases, if not year-round, and when working with our high-risk patients – is our duty. Returning to pre-pandemic protocols is irresponsible, with our improved understanding of asymptomatic and presymptomatic spread of diseases, plus ongoing COVID, RSV, and influenza transmission.

Of course, masking is not the only preventative step we need to take. As the CDC's Health Alert emphasizes, immunization against COVID, influenza, and RSV is strikingly low, and we need to do everything we can to promote vaccination. (See Resources for some downloadable and customizable materials to use with patients.)

Only 17% of the US population got the 2022 bivalent vaccine. Yet, that 17% saw 60% effectiveness against urgent care and emergency department visits and 65% effectiveness against hospitalization – a stunning reduction in severe disease.[6] Those who are eligible should get the updated COVID vaccine, the flu shot, and the RSV immunization, to support the vulnerable around us, and help providers stay safe and well.

COVID is no longer top-of-mind, but the lessons we learned shouldn't be forgotten. Masking is a simple step which, along with other preventative measures like vaccination, must be promoted within the health care setting to protect health care workers and vulnerable populations.

Resources:

Migrant Clinicians Network recently updated our COVID Hub to help you find the resources you need. The Hub is available at: https://www.migrantclinician.org/explore-issues-migrant-health/covid-19.html or use our navigation bar and select "Explore" and then "COVID-19." Here is a preview of three of the eight sections:

- ***Vaccine Resources:*** This section includes updated resources and printable handouts in English and Spanish to educate about and encourage vaccination. Many of these resources, like our *"Yo me la puse"* vaccination posters, are relevant for other vaccinations beyond COVID, and are available as editable templates.
- ***Population-Specific Resources:*** This section rounds up numerous farmworker-specific resources from agencies like the CDC, National Council for Occupational Safety and Health, and National Center for Farmworker Health.
- ***Respirators and Masks:*** This section includes MCN's fact sheet, "Protecting Ourselves and Others with Respirators and Masks," in English, Spanish, and Haitian Creole, and numerous other downloadable resources in English and Spanish.

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Just Play it Cool – Community Health Center Resources to Address Heat & Climate Change
March 13
National Association of Community Health Centers & Migrant Clinicians Network
Virtual Seminar
https://www.migrantclinician.org/webinars/upcoming

30th Anniversary Celebration & Leadership Summit
April 12-13
National Hispanic Medical Association & National Hispanic Health Foundation
Washington, DC
https://www.nhmamd.org/30th-anniversary-summit

2024 Midwest Stream Forum
April 16-18
National Center for Farmworker Health
Albuquerque, NM
https://www.ncfh.org/midwest-stream-forum.html

29th Health Equity Conference
May 6-7
National Rural Health Association
New Orleans, LA
https://www.ruralhealth.us/events/schedule-of-nrha-events