



MIGRANT CLINICIANS NETWORK



Somos una fuerza dedicada a la
justicia en salud

A force for health justice

Nuestra misión es crear soluciones prácticas en la intersección entre vulnerabilidad, migración y salud.

Nuestra visión es de un mundo justo y equitativo en relación a la salud, en el que la migración nunca sea un impedimento para el bienestar.

Our mission is to create practical solutions at the intersection of vulnerability, migration and health.

We envision a world based on health justice and equity, where migration is never an impediment to well-being.

The Role of Pharmacists as Part of the Clinical Care Team

Thursday, May 30, 2024

The Role of Pharmacists as Part of the Clinical Care Team

ALYSSA PUIA, PHARM.D., BCACP, CDCES
CLINICAL PHARMACIST



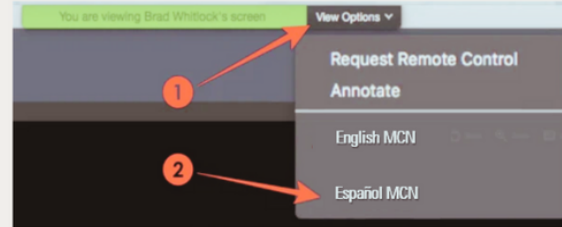
Building healthy communities

HOLYOKE HEALTH

MEDICAL | DENTAL | PHARMACY

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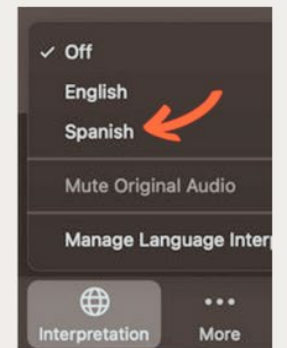


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Use of Simultaneous Interpretation in Zoom

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- Click the Interpretation Globe and select "Spanish"



About Me - Alyssa Puia, PharmD, BCACP, CDCES

- Graduated University of Rhode Island
- Completed PGY-1 Residency at Holyoke Health Center
- Clinical pharmacist since 2019
- Job roles & responsibilities:
 - CDTM visits
 - Resident & student precepting
 - Grants - vaccine hesitancy, diabetes



About Us - Holyoke Health Center

Serve 20,000+ patients across 2 locations

Holyoke, MA

In-house pharmacy established Jan. 2007

Chicopee, MA

In-house pharmacy established Nov. 2009

Demographics:

Low-income, underinsured (55% insured via Medicaid)

Majority Hispanic/Latino (65%), Spanish-speaking (54%)

Patient Centered Medical Home



Primary Care



Dental



Pharmacy



Optometry

Retail Pharmacy Services



50+ pharmacy staff



330,000 prescriptions



1000+ patients enrolled
in Adherence Packaging

HHC Medbox Program

- 7-day Blister Cards
- Morning, Noon, Evening, Bedtime bubbles
- Color Coded
- Pictorial Identifiers
- Fill 30 days monthly

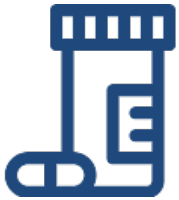


Clinical Pharmacy Services



Collaborative Drug Therapy Management (CDTM)

4 Collaborative practice pharmacists, focusing on 4 chronic disease states



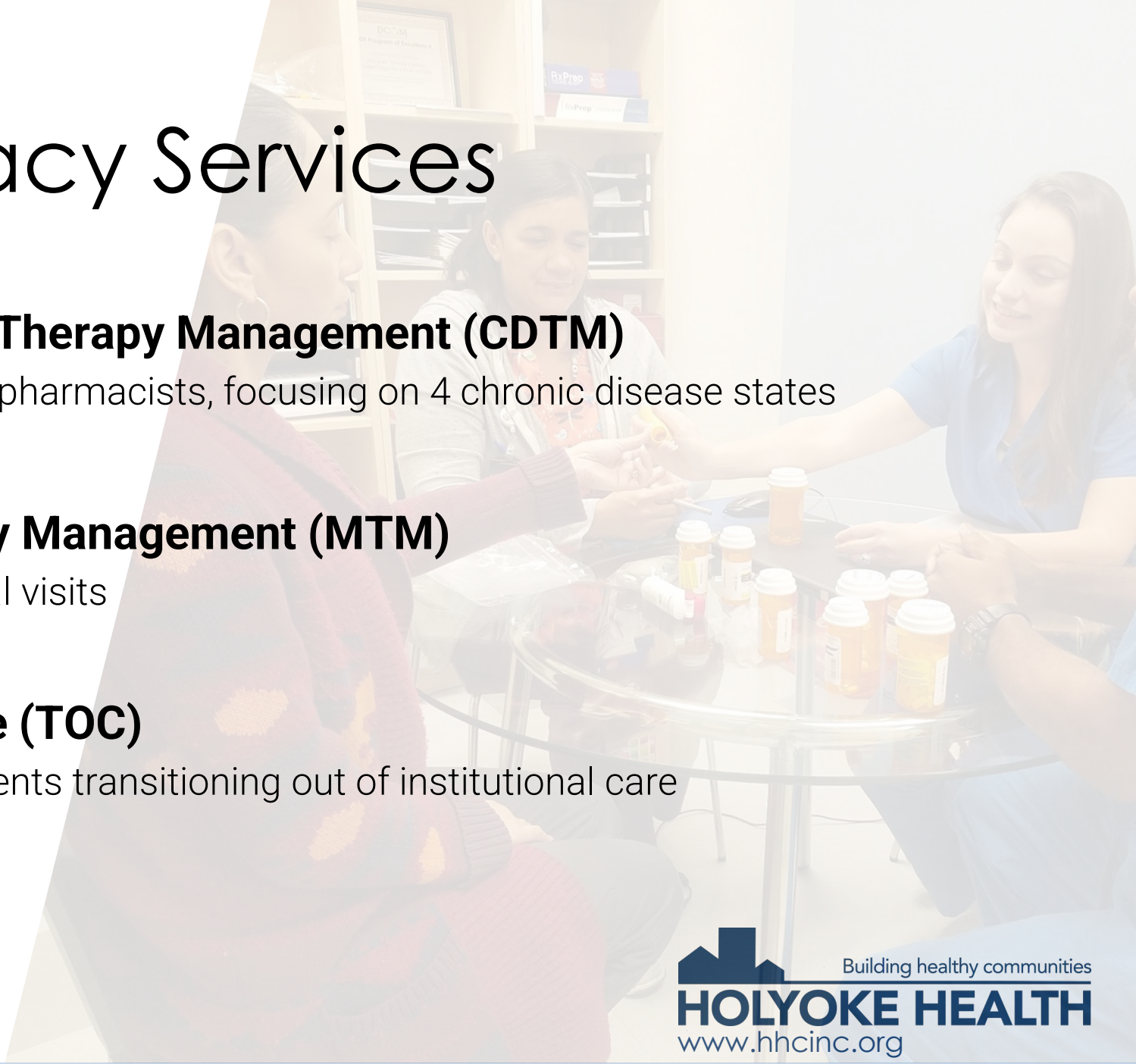
Medication Therapy Management (MTM)

Over 5400 annual clinical visits



Transitions-of-Care (TOC)




Attend to 98% of all patients transitioning out of institutional care



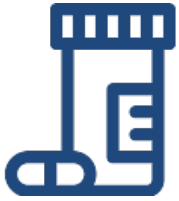
Learning Objectives

- 1 Identify and discuss promising practices for inclusion of pharmacists into the care team
- 2 Understand how pharmacists can increase access and quality of care to migrant and immigrant populations.

Road Map:

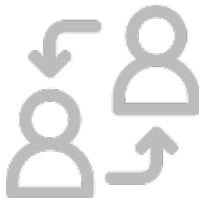
-  Explore various clinical pharmacy service
-  Highlight the integration of Community Health Workers (CHWs) in this work
-  Consider the role of the pharmacy team in emergency preparedness

Clinical Pharmacy Services



Medication Therapy Management (MTM)

Pharmacist-Patient driven visit to clean-up patient medication lists and provide education about how medications work and how adherence improves outcomes



Transitions-of-Care (TOC)

Pharmacist-Primary Care team effort to identify patients who were recently discharged from institutions to rectify medication changes and ensure patient access to sudden formulary changes



Collaborative Drug Therapy Management (CDTM)

Agreement between physician and pharmacist to manage chronic-diseases through medication management and therapy optimization

Medication Therapy Management (MTM)

Education & Assessment

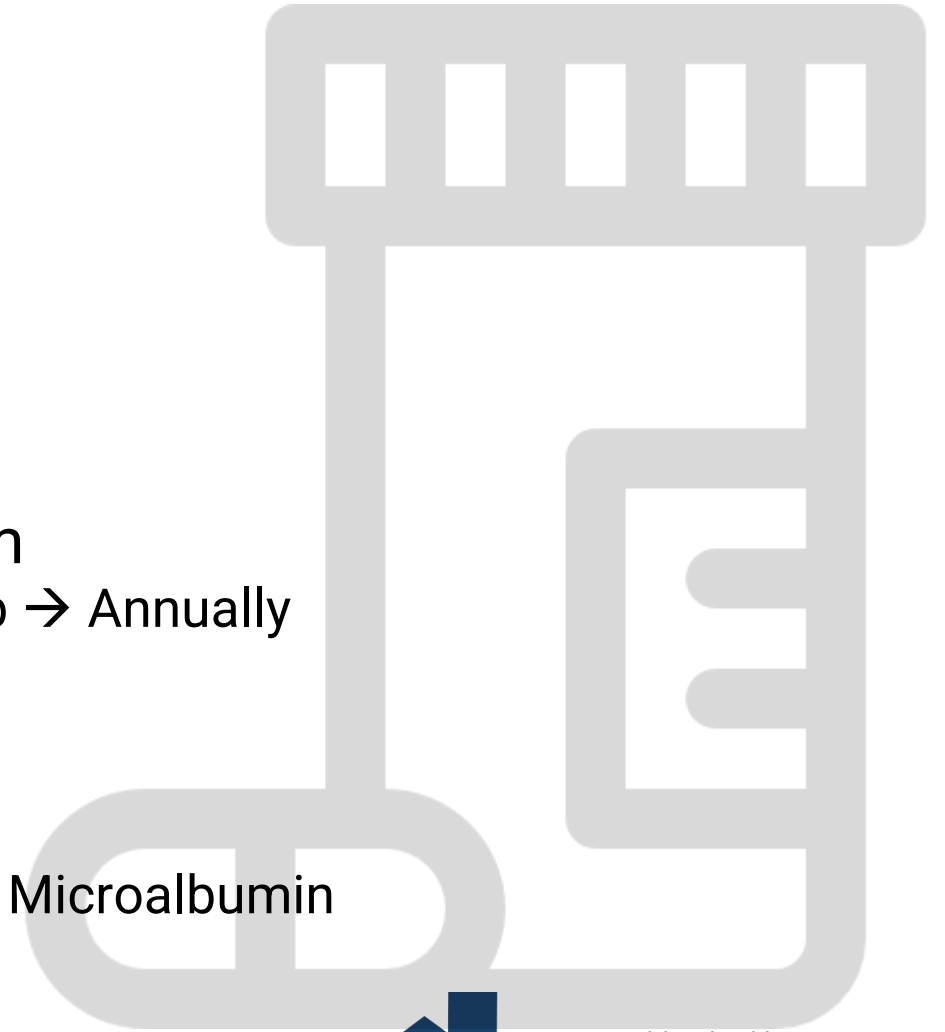
- Comprehensive Medication Review (CMR)
- Drug and disease education

Adherence

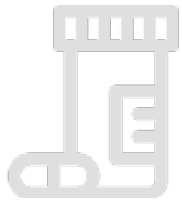
- Enrollment in Medication Adherence Program
 - Clinical visit for enrollment → 1-2 month follow up → Annually

Care Gaps

- Utilization of standing orders for
 - Routine labs: A1c, BMP, FLP, LFT, TSH, B12, Urine Microalbumin
 - Adult immunizations



Clinical Pharmacy Services



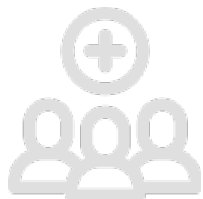
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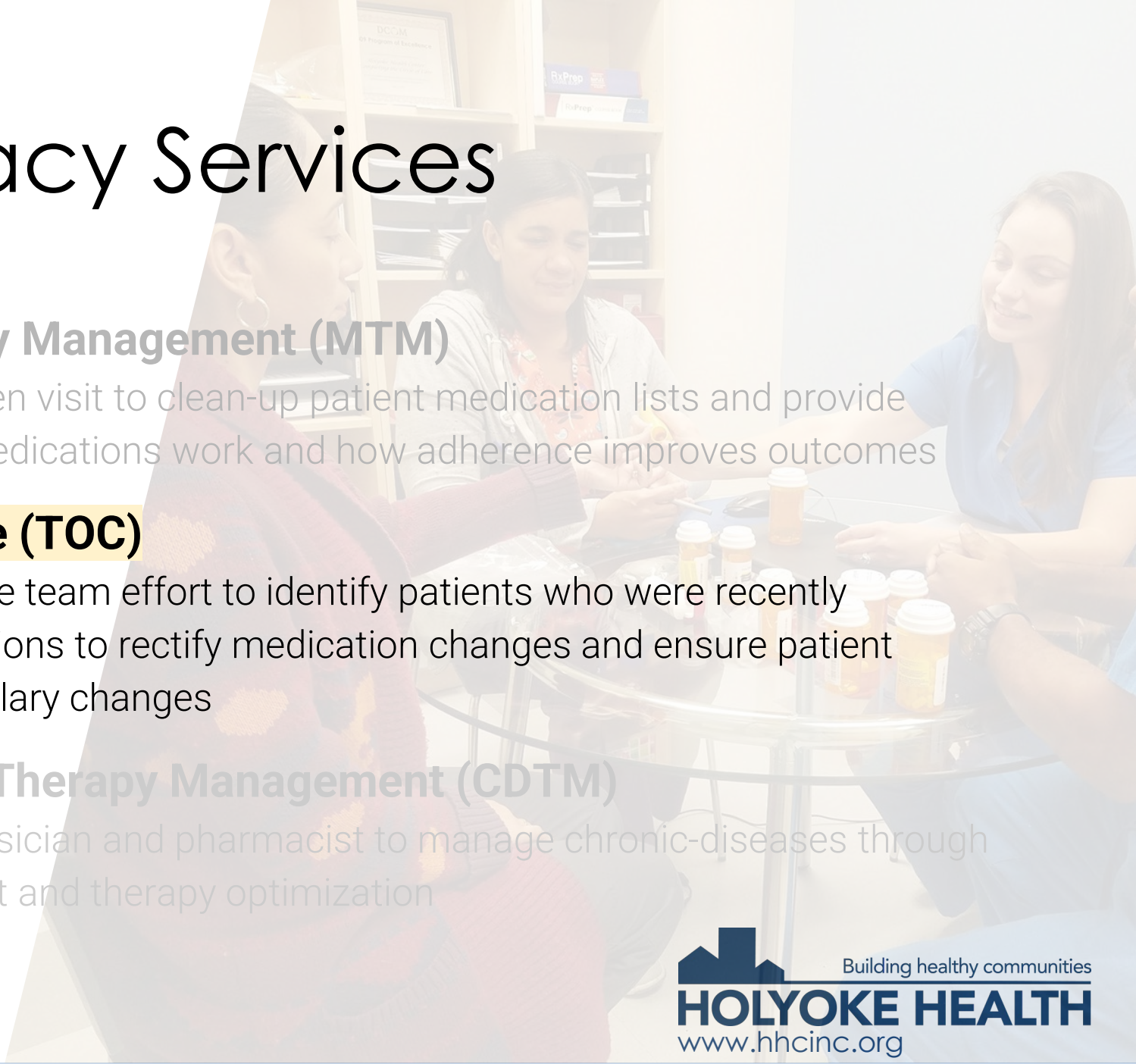
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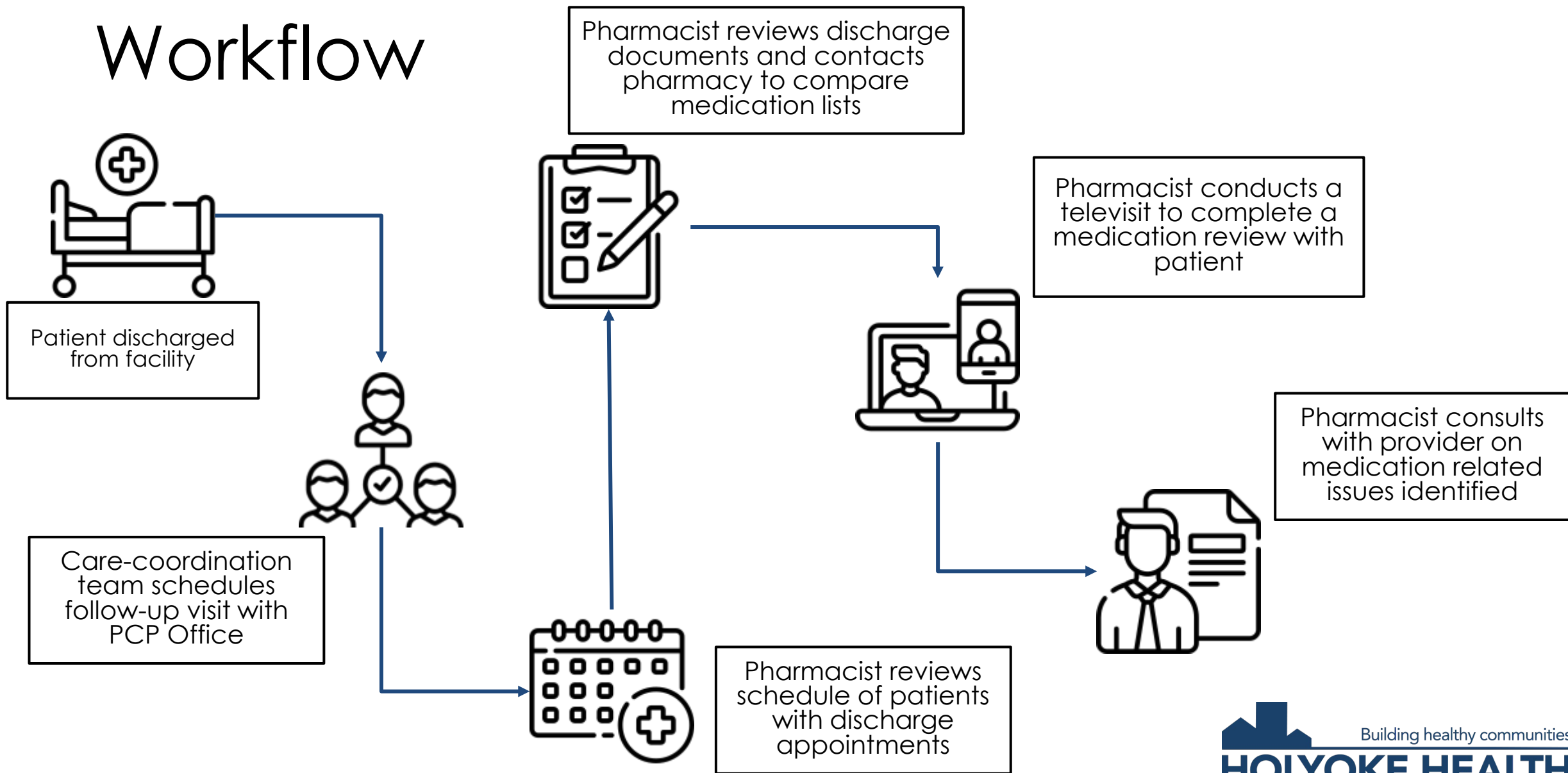


Collaborative Drug Therapy Management (CDTM)

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Workflow



Pharmacist role in TOC



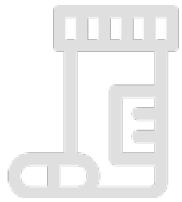
CMR (comprehensive med review)

- Medication reconciliation ahead of provider visit
- Identifies medication documentation discrepancies
- Documents patient's adherence to hospital care plan
- Pharmacist time to do CMR vs provider visit of 15-20 mins for HDF visit

Care Plan

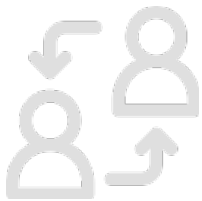
- Offers recommendations to ensure continuity of care beyond provider visit
- Queue refills to lower burden on other clinic staff

Clinical Pharmacy Services



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Collaborative Drug Therapy Management (CDTM)



"Collaborative drug therapy management" the initiating, monitoring, modifying and discontinuing of a patient's drug therapy by a pharmacist in accordance with a collaborative practice agreement.

M.G.L. c. 112, § 24B½

Adoption of CDTM



- Massachusetts passed legislation in 2009 regarding implementation of CDTM
 - Holyoke Health Center initiated our program in 2018
- As of August 17th, 2023 every state in the United States now recognizes collaborative practice agreements (CPAs) between pharmacists and prescribers

CDTM - Workflow



Authorized Physician sends a referral to the authorized pharmacist

***NOTE:** The ultimate care of the patient lies with the authorizing physician.*



Pharmacist will conduct patient visit and make changes as authorized



Documentation will be provided to authorizing physician as outlined by CPA



CDTM vs. MTM

- CDTM provides all of the benefits of traditional MTM while giving the pharmacist more authority to facilitate the management of particular disease states
 - Hypertension
 - Diabetes
 - Asthma
 - Dyslipidemia
 - Smoking Cessation



Components of CDTM

- Comprehensive Medication Review (CMR)
- Drug and disease education
- Point of care vital (BP, HR) and testing (A1c)
- Vaccine administration
- Ordering and evaluating laboratory tests
- Implement or modify medications per agreed upon collaborative practice protocols



CDTM Case

Pre-CDTM Enrollment

A1c: >11% for 2+ years

Medications:

- Metformin ER 1,000 mg PO BID
- Tresiba (U-100) 30 units subQ daily
- Humalog 5 units subQ TID AC
- Trulicity 0.75 mg subQ weekly

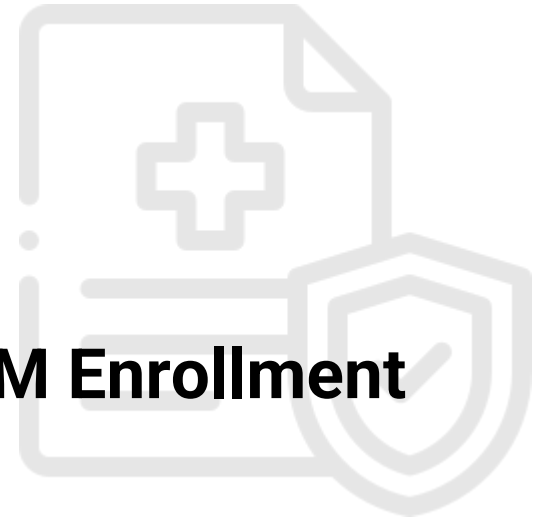
8 Months Post-CDTM Enrollment

A1c: 6.8%

Medications:

- Metformin ER 1,000 mg PO BID
- Tresiba (U-100) 26 units subQ daily
- Trulicity 3 mg subQ weekly

Appointments kept during the 8 month period:
2 PCP Visits, **6 CDTM Visits**



Additional Pharmacist Roles

Other roles:

- Oversee Prior Authorizations
- Refill Request Team
- Anticoagulation Team
- Infectious Disease: PReP, HIV, HepC
- Immunizations
- Annual Wellness Visits

Committees of opportunity

- Women's Health Committee
- Drug and Alcohol Recovery Support Services
- Quality Committee
- Formulary medication management (P&T committee)

Road Map:

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Community Health Workers (CHWs)

Job responsibilities

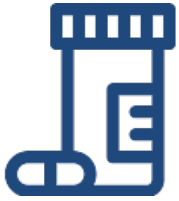
- Patient outreach / scheduling
- Translation
- Cultural connection

Community Health Workers (CHWs)

- Patient outreach
- Translation and cultural connection

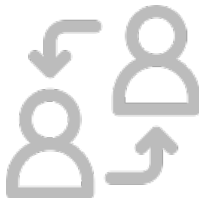


CHW impact on Pharmacy Services



Medication Therapy Management (MTM)

Scheduling, Translation
Cultural Connection (alternative medicines)



Transitions-of-Care (TOC)

Translation
Cultural Connection (the role of the family)

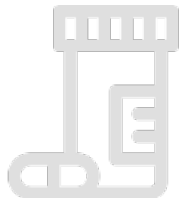


Collaborative Drug Therapy Management (CDTM)

Scheduling, Translation
Cultural Connection (dietary modification)



CHW impact on Pharmacy Services



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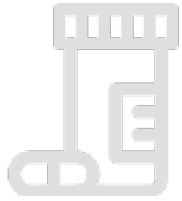


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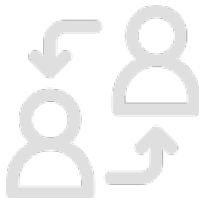


CHW impact on Pharmacy Services



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Natural Disasters

- Hurricane Maria, Sept. 2017
 - Sept to Dec 2017 HHC saw >500 evacuees
 - Clinical pharmacy service put on hold
 - Deployed a team of pharmacists to the medical floors
 - Primary job role: medication reconciliation
 - CEO & CMO brought supplies & aid to the island

COVID-19 pandemic

- Influenza-like Illness (ILI) Clinic
- Curbside Rx pick up
- Self monitoring of blood pressure
- Vaccination clinics
 - 1st staff clinics held within 24 hrs of receiving vaccine
 - >3000 doses administered in community over ~4 months



Community Response

- Roof collapse, Apartment fire
 - Pull lists of patients at address
 - Staff onsite with first responders
 - Outreach to assess needs
 - Meds refilled
 - Delivered to shelter



Summary

- Varied ways for pharmacists to integrate into the care team
 - Improve access to & quality of care
- Community Health Work integration allows this work to succeed
- Pharmacy team can be a vital part of emergency preparedness



Q&A / Evaluation

**Please remember to submit the
evaluation.**

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our online presentations.



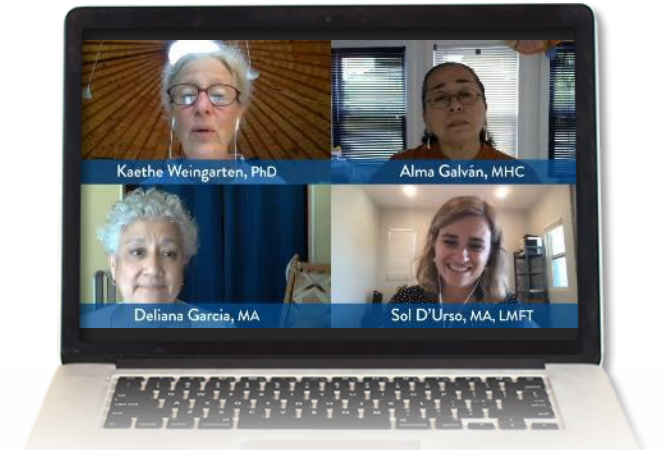
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latest resources



Get updates
from the field



Attend our
virtual trainings

and a lot more at

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Thank You!

Contact:

alyssa.puia@hhcinc.org



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