

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
APPE PPHR 7413 – Community Pharmacy Transformation Elective

Contacts

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Pharmacy contacts as assigned on a monthly basis.

Purpose

The purpose of the CPESN elective is to position students as internal facilitators for implementing care plan documentation in community pharmacy practice. Students will gain knowledge in value-based care and the structure and function of clinically integrated networks. They will educate, identify implementation strategies, and coach pharmacy teams to document care plans.

Goals and Objectives

- Describe advances in health information technology to support clinical documentation
- Describe the purpose of e-care plans and how they are used in practice
- List the components of a e-care plan and identify appropriate information to include in each section
- Discuss ways of adapting dispensing workflow to support enhanced community services
- Demonstrate ability to document actions taken to achieve desired outcomes.
- Demonstrate effective communication skills with the patient and health care team and in accompanying documentation exercises.
- Demonstrate professional and ethical behaviors related to patient centered care and interdisciplinary respect.

Rotation Description

This rotation includes time spent at both UAMS campus and within a CPESN pharmacy. The student will be trained in care plan documentation and as facilitator. Then the student will work with the pharmacy to assess the site, educate and coach staff and identify implementation strategies to increase care plan documentation. Each week, the student will report back to UAMS to the primary preceptor on progress and create action plans.

Assessment of the students will include written quiz at the beginning and end of week 1, final report and UAMS midpoint and final evaluations.

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Week	Activities	Weekly Action Items
Week 1	<ul style="list-style-type: none"> • Complete Background Reading • Complete training on eCare plans • Shadow pharmacist inputting eCare plan 	<ul style="list-style-type: none"> • Competent in eCare plan/systems • Self-training in how to be a change agent • Demonstrate competency in the process evaluation tool
Week 2	<ul style="list-style-type: none"> • Observe workflow and staff to see what is happening; • Identify where care plan could be used; • Complete assessment of pharmacy; • Practice eCare plan implementation themselves; • Meet with preceptor to talk about what they've done 	<ul style="list-style-type: none"> • Identify 'patient type' for pharmacy staff to focus on in week 3 • Create an implementation plan • Demonstrate care plan documentation • Track number of student-submitted care plans
Week 3	<ul style="list-style-type: none"> • Practice implementation • Gradual de-escalation of student-conducted eCare plans over this week...increase of staff doing this (staff doing 80% of plans) 	<ul style="list-style-type: none"> • Identify what is working and what is not working • Track number of student-submitted care plans
Week 4	<ul style="list-style-type: none"> • Students not doing plans anymore; back to observing and acting as resource only if needed 	<ul style="list-style-type: none"> • Submit final report on lessons learned and suggestions for continual improvement for the pharmacy. Report changes implemented and observed.

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Schedule June 2019

Monday	Tuesday	Wednesday	Thursday	Friday
3 UAMS 9am Dr. Smith office Orientation and initial assessment	4 UAMS 2:00pm Pharmacy at Wellington (for hands-on training)	5 UAMS Background reading	6 APA Convention	7 APA Convention Post-assessment
10 East End Pharmacy	11 East End Pharmacy Check in with Pharmacy at Wellington	12 East End Pharmacy	13 UAMS Meet Dr. Smith at 10:00am Midpoint Eval	14 East End Pharmacy
17 East End Pharmacy	18 East End Pharmacy Check in with Pharmacy at	19 East End Pharmacy	20 UAMS Meet Dr. Smith at 1:00pm	21 East End Pharmacy
24 East End Pharmacy	25 East End Pharmacy	26 East End Pharmacy	27 East End Pharmacy	28 UAMS, final wrap-up, reports due and final evaluation

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Background Reading

Clinically Integrated Networks

Complete orientation at: <https://www.ncpalearn.org/activity/6572597/detail.aspx>

Implementation Science and Facilitation

An introduction to implementation science for the non-specialist.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4573926/pdf/40359_2015_Article_89.pdf.

Implementation Science to Advance Care Delivery: A Primer for Pharmacists and Other Health Professionals. <https://accpjournals.onlinelibrary.wiley.com/doi/epdf/10.1002/phar.2114>

Implementation Facilitation Training Manual.

<https://www.queri.research.va.gov/tools/implementation/Facilitation-Manual.pdf>

About eCare Plans

Pharmacist eCare Plan Initiative. <https://www.ecareplaninitiative.com/>

Pharmacist eCare Plan Version 1.0. <https://www.ncpdp.org/NCPDP/media/pdf/Pharmacist-eCare-Plan.pdf>

Use of the Pharmacist eCare Plan in a Statewide Community Pharmacy Network. Presentation by Trista Pfeiffenberger.

https://www.asapnet.org/files/June2017/Presentations/ASAPJune17_Presentations06_Pfeiffenberger.pdf

Pharmacist eCare Plan: What's Next? Presentation by Trista Pfeiffenberger.

https://www.asapnet.org/files/June2018/Presentations/ASAPJune2018_Presentations_02_Pfeiffenberger-FINAL.pdf.

PioneerRx Demonstration of Patient Cases

Patient Case #1

Patient Test presents to your pharmacy with her empty bottle for lisinopril 20 mg written for #30 and to be taken one tablet by mouth daily. It's been 45 days since she last filled and picked up her lisinopril, so nonadherence is evident. After educating and convincing her of the benefits to get all medications on the same day each month, Ms. Test agrees to enroll in your medication synchronization program.

Care Plan components accomplished with this patient case:

Drug Therapy Problem: Nonadherence

Intervention: Medication Synchronization Program

[hyperlink to CPESN Video demo]

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Patient Case #2

Patient Test #2 was recently discharged from the hospital for a COPD exacerbation and now he has two prescriptions in the same medication class on file at your pharmacy:

Spiriva Respimat 2.5 mcg/inhalation: Inhale 2 puffs by mouth one time daily [filled 40 days ago]

Incruse Ellipta 62.5 mcg/inhalation: Inhale 1 puff by mouth one time daily [new prescription]

You contact Mr. Test's providers and determine that he needs to continue the Spiriva and discontinue the Incruse Ellipta prescription. You fill the Spiriva Respimat inhaler for Mr. Test.

[[hyperlink to CPESN Video demo](#)]

Patient Case #3

Patient Test #3 has diabetes, along with vision and dexterity issues, which prevents her from drawing up her Lantus[®] insulin from the Lantus[®] vials. The pharmacist contacts the provider to recommend a change from Lantus[®] vials to Lantus SoloSTAR[®] pens. After the pharmacy receives a new prescription for Lantus SoloSTAR[®] pens and attempts to process the prescription, a prior authorization is required because the Lantus[®] vials are preferred by her 2019 Medicare Part D plan. The pharmacy helps the provider acquire a prior authorization approval, which helps the patient improve her ability to self-manage.

[[hyperlink to CPESN Video demo](#)]

Patient Case #4

Patient Test #4 has a longstanding history of asthma and is enrolled in Medical Plan's asthma payer program at the pharmacy. The patient has requested an early refill on his ProAir[®] HFA inhaler for the past two months, which indicates overuse. Upon reviewing the patient's medication fill history, you notice that the Advair Diskus[®] 250/50 prescription is expired and the patient hasn't been receiving it regularly. Additionally, the patient hasn't been using the inhaler properly. The prescriber is contacted and a new prescription is received for the Advair Diskus[®] 250/50. The patient is educated on proper inhaler technique and educated about the appropriate use of the inhalers. Patient Test #4 is also a good candidate for the medication synchronization program and agrees to enroll.

[[hyperlink to CPESN Video demo](#)]

Patient Case #5

Patient Test#5 presents to your pharmacy for a refill on his oxycodone 30 mg because he is out of his medication. You check the prescription monitoring program and fill history at the pharmacy and notice that he still has five days remaining before he may fill it again. You note an early refill request has occurred each month for the past three months and you notify the provider. You discuss with the patient and document over-utilization.

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[[hyperlink to CPESN Video demo](#)]

Patient Case #6

Patient Test #6 is a 65-year-old male, who presents to your pharmacy for a Fluzone® High Dose Influenza vaccine. You screen the patient while checking the prescription for additional immunizations that are due. Patient Test #6 is due for a Prevnar 13® vaccine. Patient Test #6 does not want to receive the vaccine today, but he plans to come back in one week and requests a reminder phone call.

[[hyperlink to CPESN Video demo](#)]

Patient Case #7

Patient Test #7 is on two opioid medications and has a morphine milligram equivalent (MME) of 180. The CDC recommends naloxone for patients with a MME of 50 or greater. You recommend and educate the patient about naloxone. The patient accepts your recommendation but wants to know if it is covered by his insurance. You do some investigation and discover that the naloxone is covered at an acceptable copay and you counsel on and dispense naloxone.

Opioids Filled: oxycodone IR 20 mg: 1 tablet by mouth every 8 hours as needed for pain; oxymorphone ER 10 mg: 1 tablet three times daily.

[[hyperlink to CPESN Video demo](#)]

Patient Case 8

Patient Case: Patient Test #8 is in your pharmacy and states that she feels like her blood pressure is really high. You check the patient's blood pressure at the pharmacy and her BP is 190/100 mmHg. You know this patient's significant cardiovascular history and immediately refer her to emergency medical care.

[[hyperlink to CPESN Video demo](#)]