



COMPLETED GRANT SYNOPSIS

Rural Physician-Pharmacist Collaborative Practice Agreements Managing Patients in Supportive Living and Assisted Living Memory Care Facilities

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Objectives

The main objective of this study was to implement a feasible and financially sustainable clinical pharmacist service within the local rural supportive living and assisted living memory care facility, Hancock Village Senior Services. In collaboration with rural physicians and nurse practitioners through collaborative practice agreements (CPAs), the pharmacist would manage four disease states including hypertension, hyperlipidemia, diabetes mellitus, and warfarin anticoagulation therapy in accordance with current national guidelines established by evidence-based medicine. The pharmacist would also work to enhance communication pathways between the pharmacy, doctor's office, and nursing staff at the facilities along with empowering residents to become an active participant in their health care.

Methods

Design	<ul style="list-style-type: none"> • Case Study • Study Population: approximately 60 residents residing at Hancock Village Senior Services • Completed initial in-depth chart review, completed monthly chart review thereafter, visited each resident face-to-face monthly, or more often, and adjusted medications in accordance with CPAs for hypertension, hyperlipidemia, diabetes, and anticoagulation <ul style="list-style-type: none"> ○ Breakdown of disease states managed (number reflects total residents managed): hypertension - 14, hyperlipidemia - 9, diabetes - 3, anticoagulation - 1
Study endpoints	<ul style="list-style-type: none"> • Data collection period: 2/28/17-8/31/17 (6 months) • Ended with 15 study participants of an approximate 60 residents total <ul style="list-style-type: none"> ○ Timeline of enrolled tenants (numbers reflect total participants studied each month): February – 4, March – 6, April – 6, May – 10, June – 13, July – 14, August – 15 ○ 11 supportive living residents (Hickory Grove) and 4 assisted living residents (Maple Grove) • Pharmacist access to nearby health system's electronic medical record to obtain objective data

Results

- 73 face-to-face visits completed
- Pharmacists had access to the facility medical EMR data and nurses had read-only access to the pharmacy medication administration records (MARs) for a real-time medication list.
- Identified 23 drug therapy problems (DTP) with 19 pharmacist-initiated recommendations accepted by providers, 82.6% acceptance rate
 - Breakdown of DTPs: Unnecessary drug - 4 (4/0), Wrong drug - 4 (3/1), dose too low - 4 (3/1), dose too high - 1 (1/0), adverse drug reaction - 3 (3/0), inappropriate adherence - 4 (4/0), needs additional drug therapy - 3 (1/2)
- Assessed previous vaccination history and provided vaccinations to get residents up-to-date per CDC guidelines
 - Administered Prevnar13 – 7 vaccines, Zostavax – 4 vaccines, High-Dose Fluzone – 11 vaccines
- Financial sustainability was not obtained during the study

Conclusion

Including a community pharmacist as an active participant in the clinical management of the aging resident promises positive impact on the health of residents. Providing education to residents and nursing staff and improving pathways of communication through consistency and follow-through made the clinical pharmacist service feasible. Nursing staff at

the facilities began to see the pharmacy as a source for information and medication-related solutions rather than strictly as a dispensing pharmacy. The aging population is slow to adapt to change, but once benefits from the study were realized the residents became more willing to participate and even appreciated the specialized care they were receiving. Financial sustainability was not achieved during the study; however, several potential methods of financial sustainability have been identified and are being pursued. An outline of a best practice model for implementing a community pharmacist clinical service in the supportive living and assisted living setting was created.