

**Utilizing Enhanced Patient Care Services to Improve Patient Adherence**

Brenna Neumann, Pharm.D.  
Pharmacist in Charge  
Collier Drug Store Willow Creek  
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APA Annual Convention

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**Financial Disclaimer**

I reported that no relevant financial relationship(s) exist.

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**Learning Objectives**

1. Describe how enhanced patient care services can be applied to improve medication adherence.
2. Summarize the steps necessary to ensure compliance with the Arkansas Board of Pharmacy rules with regards to delivery of enhanced services such as multi-dose packaging and medication administration.
3. Formulate a policy and procedures outline for delivery of each enhanced patient care service aimed at medication adherence.
4. Determine how to utilize support staff in the delivery of medication adherence strategies.
5. Specify ways in which to engage with other healthcare providers to facilitate delivery of pharmacy services aimed at improving medication adherence.

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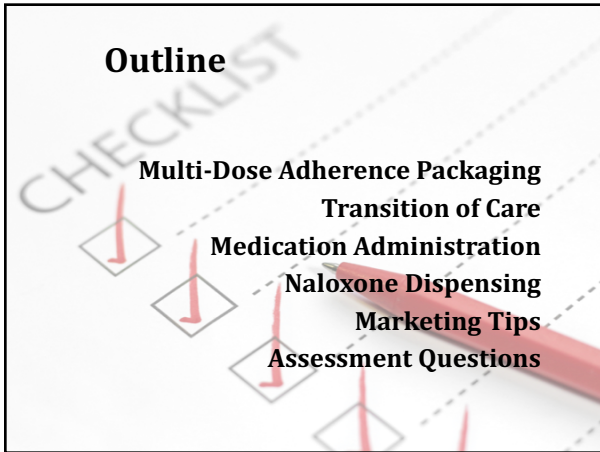
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**Outline**

**Multi-Dose Adherence Packaging**  
**Transition of Care**  
**Medication Administration**  
**Naloxone Dispensing**  
**Marketing Tips**  
**Assessment Questions**



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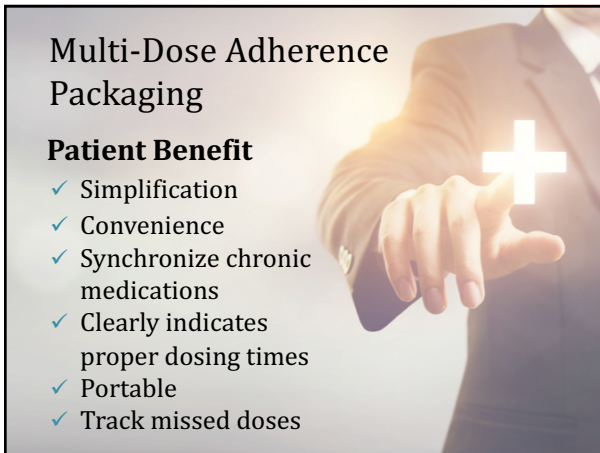
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**Multi-Dose Adherence Packaging**

**Patient Benefit**

- ✓ Simplification
- ✓ Convenience
- ✓ Synchronize chronic medications
- ✓ Clearly indicates proper dosing times
- ✓ Portable
- ✓ Track missed doses



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**Multi-Dose Adherence Packaging**

**Pharmacy Benefit**

- ✓ Attract chronic care patient populations and gain loyalty
- ✓ Improve patient adherence, therefore boosting STAR ratings, Outcomes, etc.
- ✓ Increase revenue



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### MDAP: Target Patients

- Mental Health
- Foster children
- Vision impaired
- Seniors
- Caretakers who manage weekly pill boxes
- Assisted or Independent Living
- Those with multiple medications

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Medicine·On·Time  
Filled with Confidence

**8:00 AM**  
Sunday  
March 06

1 FERROUS SULFATE	325 MG
1 LISINAPRIL/HCTZ	20/12.5 MG
1 PRILOSEC OTC	20 MG

**Parata**  
PASS Pack

parata.com  
(888) PARATA1

PARATA PASS PACK

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**DISPILL**

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**MDAP: Rules**

- Signed Memorandum of Understanding with AR BOP
- Max 93 day supply
- Pharmacy must educate patient/caregiver to notify pharmacy of medication changes
- Educate on how & when to dispose of unused or expired meds in conformity w/ state laws

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**MDAP: Rules**

Policies and Procedures must address:

- ✓ Controls
- ✓ PRN meds
- ✓ DC'd meds or order changes
- ✓ OTC meds must have a prescription
- ✓ Establish policy for how PRN, short term meds, do not crush meds, and Narrow therapeutic index meds (warfarin, phenytoin, ...) will be handled if included.

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**MDAP Procedures: Intake**

- Train technician(s)
- Intake form
  - Patient demographics
  - Contact/caregiver demographics
  - Delivery method & preferred times
  - Payment method
  - Medication list including OTCs
  - Current med pass times

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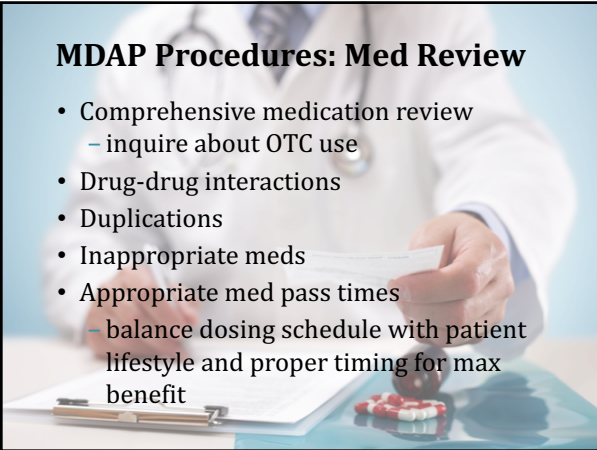
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### MDAP Procedures: Med Review

- Comprehensive medication review
  - inquire about OTC use
- Drug-drug interactions
- Duplications
- Inappropriate meds
- Appropriate med pass times
  - balance dosing schedule with patient lifestyle and proper timing for max benefit



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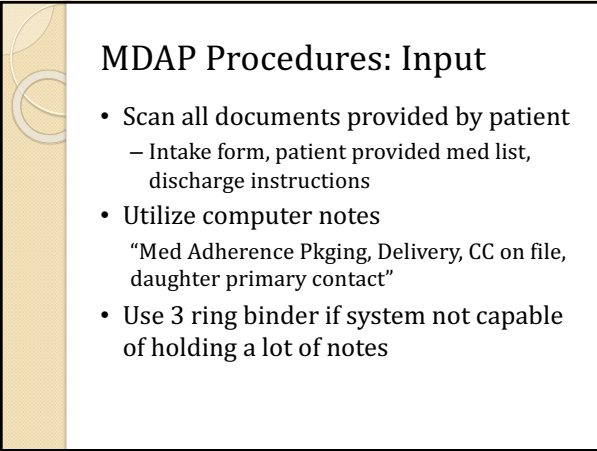
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### MDAP Procedures: Input

- Scan all documents provided by patient
  - Intake form, patient provided med list, discharge instructions
- Utilize computer notes
  - “Med Adherence Pkging, Delivery, CC on file, daughter primary contact”
- Use 3 ring binder if system not capable of holding a lot of notes



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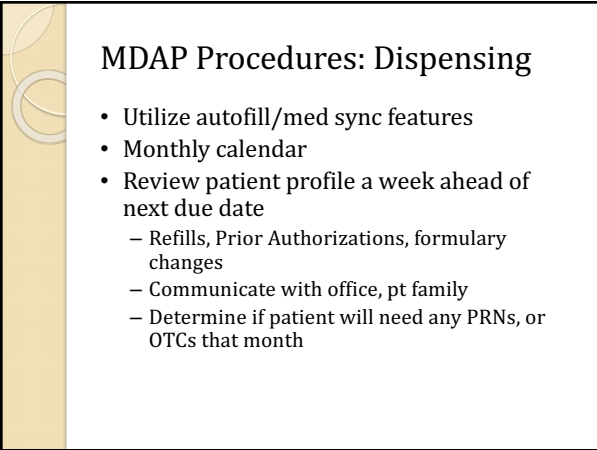
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### MDAP Procedures: Dispensing

- Utilize autofill/med sync features
- Monthly calendar
- Review patient profile a week ahead of next due date
  - Refills, Prior Authorizations, formulary changes
  - Communicate with office, pt family
  - Determine if patient will need any PRNs, or OTCs that month



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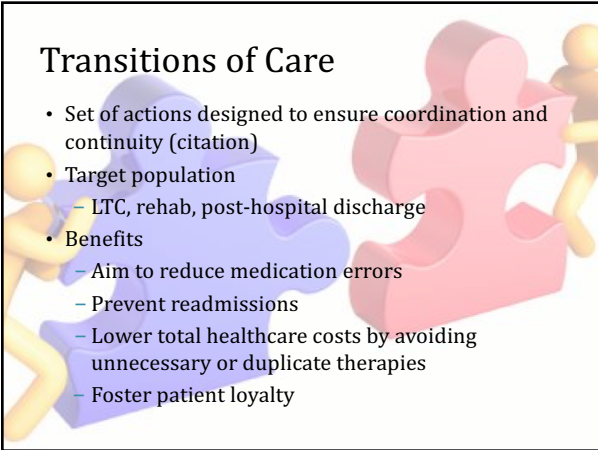
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### Transitions of Care

- Set of actions designed to ensure coordination and continuity (citation)
- Target population
  - LTC, rehab, post-hospital discharge
- Benefits
  - Aim to reduce medication errors
  - Prevent readmissions
  - Lower total healthcare costs by avoiding unnecessary or duplicate therapies
  - Foster patient loyalty




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### TOC: Procedures

- Attempt to obtain discharge documents
- Transition of Care documentation form
- Complete a medication reconciliation
- Provide a copy to patient/caregiver and fax a copy to PCP /specialist
- Follow up with patient after PCP or specialist visit (hopefully with new RXs)
  - often the pharmacy is aware of the transition prior to the outpatient office




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### TOC: Role of Community Pharmacies

- Expand patient education of medications and new disease states
- Increase patient access to medications upon discharge
- Reaffirm discharge instructions
- Clarify discrepancies
- Address uncertainties and reservations patients may have about new therapies/disease states

<http://ncpa.co/issues/APJUN16-TOC.pdf>




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### Medication Administration

- AR BOP Authority to Administer required
- Age 7 years or older
- Per prescription or via disease state management protocol
- Medication name, dose, site of administration
- Practitioner name
- Date of original order
- Identify RPh who administered

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### Medication Administration

Authority to Administer signed consent form

- Signed patient consent with patient name
- Medication name
- Description of risks and side effects
  - Monograph
- Lot and expiration
- Date of Administration

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Practice Guidance for Pharmacy-Based Medication Administration Services

American Pharmacists Association. Practice Guidance for Pharmacy-Based Medication Administration Services. December 2017. Available at: [www.pharmacist.com/medicationadministration-services](http://www.pharmacist.com/medicationadministration-services)

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### Medication Administration

- Depo-Provera
- HCG
- Depo
  - Testosterone
  - Medrol
  - Estradiol
- Long acting antipsychotics
- Insulin- for educational purposes



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### Medication Administration: Clinical Pearls

- Adapt same process as with immunizations
  - use same consent form modified to meet requirement for either scenario
- Develop policy/procedures share with neighboring facilities
  - Contact charge nurse, director of nursing
- Set an administration fee separate from the drug cost

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### Medication Administration: Gluteal Intramuscular Injections

- Needle size
  - In adults 18+ years old, use 1" – 1 ½"
  - 19-25 G
- Injection technique
  - 90° angle
  - Imaginary diagonal line between greater trochanter and posterior superior iliac crest
  - Inject laterally and superior to diagonal line
  - This avoids coming close to sciatic nerve and vessels surrounding nerve

[https://www.bd.com/documents/in-service-materials/syringes-and-needles/MPS\\_HY\\_Intramuscular-injection-guidelines-poster\\_IM\\_EN.pdf](https://www.bd.com/documents/in-service-materials/syringes-and-needles/MPS_HY_Intramuscular-injection-guidelines-poster_IM_EN.pdf)

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## Gluteal Intramuscular Injections

- Dorsogluteal
  - Easier access
  - Risk of too much adipose tissue
- Ventrogluteal
  - Better access to muscle
  - Free of blood vessels and nerves
  - Good site to teach self-injection
- Patient should be instructed to relax muscles in the area
- Use 'Z-track' technique
- 2-3 ml generally maximum volume per injection site

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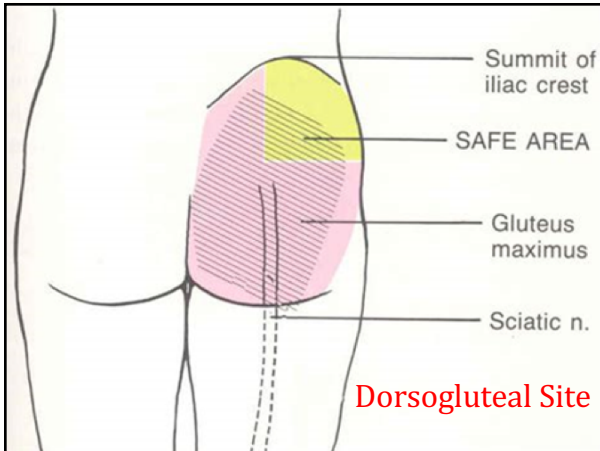
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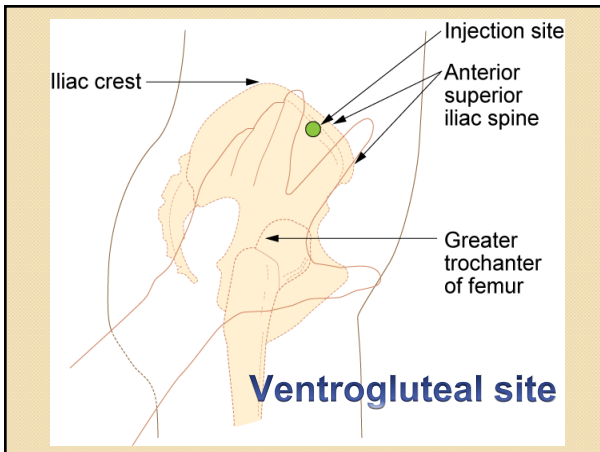
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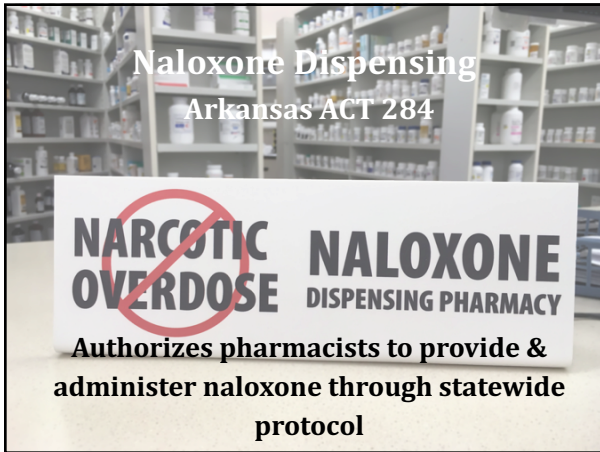
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### Naloxone Dispensing

Pharmacist initiated dispensing scenarios:

1. Individual on opioid therapy (MAY be filled on insurance)
2. Individual in proximity to opioid use (Usually NOT filled on insurance)
3. Organization use (Pain Management Clinic, EMT/Paramedic, Law Enforcement Agency, etc.) (MAY NOT be filled on insurance)
4. Direct administration in the pharmacy by a staff member to a person experiencing opioid overdose (billing determined by administering entity)

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### Naloxone Dispensing: Requirements

#### Requirements

1. Provide written record of drug/device provided.
  - a) Advise the patient to consult with physician of patient's choice
2. Provide standardized fact sheet shall be provided and shall include:
  - Refer to Arkansas Act 284
3. Primary care physician notification

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**Emergency Naloxone Dispensing**

- RPh uses clinical judgement to determine if opioid overdose event is occurring
- RPh/ staff may admin naloxone when indicated
- Place 911 call
- RPh must counsel patient to seek medical treatment after receiving naloxone
- Process naloxone as a RX for organization
- Billing (determined as an organization)
- RPh shall complete the med administration form detailing incident & file in designated location in store

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**Naloxone: Emergency Administration**

Clinical Pearls

- Bloodborne Pathogen policy comes into play when administering
- Activate emergency protocol, ensure staff are trained or aware of emergency protocol. Should be similar to how we would proceed if ADR occurs post vaccination

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**Naloxone: Clinical Pearls**

Additional Patient Education:

- Naloxone fact sheet and monograph given
- Importance of having naloxone in household
- How to recognize signs of opioid overdose
- How to administer naloxone?
- What to expect after reversal?
  - What does reversal mean?
- What is an opioid?

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**Naloxone: Clinical Pearls**

Prescriber Engagement

- Notify of patient refusal or product dispensed
- Discuss strategies with prescribers in advance
- Offer to share educational materials & statewide protocol

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**Naloxone: Clinical Pearls**

Reassuring patient concerns:

- Comparison to an epinephrine pen or CPR mask
- Will not harm patients in situations of overdose not related to opioids, or other medical crises
- Deny /unaware of accidental overdose risk
  - For protection of family
  - Mistakes happen (taking 5 oxycodone 30's instead of prednisone)

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**Naloxone Dispensing: Clinical Pearls**

- Utilize RIOSORD form to engage patient about overdose risk.
- Objective tool
- Develop quick/short SIG for each naloxone product
- Attempt to dispense Narcan® first
  - Most user friendly, separate nasal atomizer not needed, higher dose

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**Naloxone: Clinical Pearls**

- Develop Naloxone file for quick access to forms in dispensing area
- Document in patient's profile when physician has been notified of naloxone dispensing. Scan notification form into profile
- Determine frequency pharmacist will address need for Naloxone replenishment. Let patient know they will not be badgered every month, but they can ask/inquire about replacement doses at anytime.

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**Marketing**

- Be visible in community
- Attend health fairs
- Talk to support service organizations
- Develop a one page flyer
- Have sample packs made up and available to hand out
- Include service description on website

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**Acknowledgements**

- Nicole Scott, UAMS Pharm.D Candidate
- Jessica Baker, Pharm.D
- Sera Snow, Pharm.D

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### References

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### Contact Information

Brenna Neumann, Pharm.D.,  
AR CPESN Board Member  
Collier Drug Store Willow Creek  
5201 Willow Creek Drive  
Springdale, AR 72762  
Store Phone (479) 521-7876  
Store Fax (479) 521-7889  
Mobile (479) 6440910  
[Brenna.neumann@gmail.com](mailto:Brenna.neumann@gmail.com)

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