

ASHP BEST PRACTICES AWARD

Advancing Pharmacy Practice in a Rural Area

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Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have direct or indirect interest in the subject matter of this presentation:

Authors have nothing to disclose.



Introduction

Healthcare Facility

- Northern Navajo Medical Center (NNMC) is one of five facilities located within the Shiprock Service Unit, the largest service unit on the Navajo Nation
 - Offers inpatient and ambulatory care services
 - Serves >80,000 enrolled patients, averaging >600 outpatient visits per day
- Pharmacist involvement in ambulatory patient care:
 - Anticoagulation
 - Chronic Care
 - Epilepsy
 - HIV, PrEP, and Hepatitis C
 - Rheumatology
 - Same Day (walk-in clinic, new acute complaints, and chronic follow-up)

Background

- Growing primary care provider shortages impact patient access to care, especially in rural settings^{1,2}
- Pharmacists have demonstrated improved outcomes, decreased costs, and increased access to care for hypertension, anticoagulation, pulmonary clinics, and depression³⁻¹¹
- At NNMC, Pharmacist Clinicians work under a collaborative practice agreement. Pharmacist Practitioners are credentialed as part of the medical staff and have diagnostic privileges.
- In each pharmacist-managed clinic, there is an overseeing medical provider. Pharmacists can see patients independently and have authority to order labs, medications, and studies. The overseeing medical provider is cosigned on all visit notes and is available for consultation as needed.
- Initial limitations to provider buy-in for Pharmacy Clinician/Practitioner services included lack of comprehensive physical assessment training, poor verbal presentation skills, and inexperience in evaluating new acute complaints.

Purpose

- To alleviate provider shortages by using Pharmacist Clinicians and Practitioners for both chronic disease management and new complaint evaluation
- To expand the availability of physical assessment training to federal pharmacists, to include:
 - Training to evaluate common new acute complaints
 - How to better communicate with medical providers
 - To assess the usefulness of this training to pharmacists outside of this facility

Description & Experience with the Program

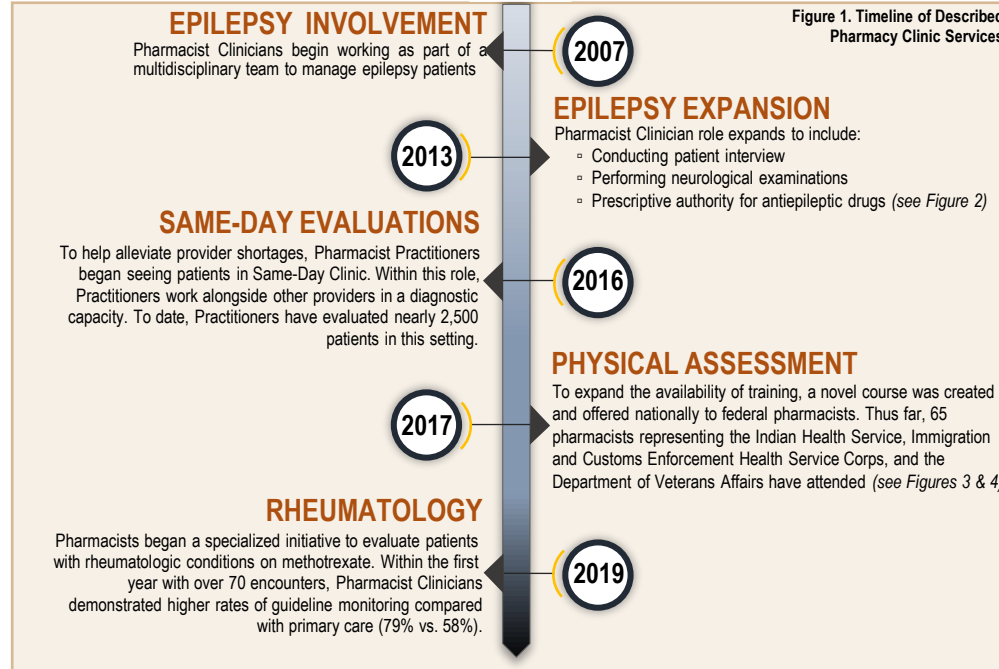


Figure 1. Timeline of Described Pharmacy Clinic Services

Figure 2. Number of Pharmacist-Led Epilepsy Clinic Visits by Year

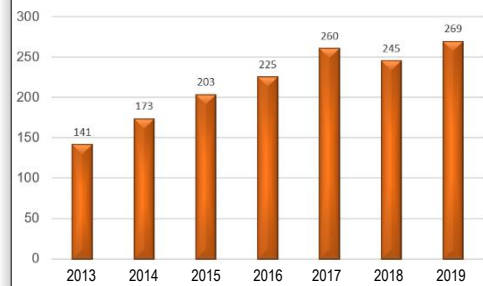


Figure 4. Physical Assessment: Anonymous Pre- and Post-Course Enrollee Self-Assessments

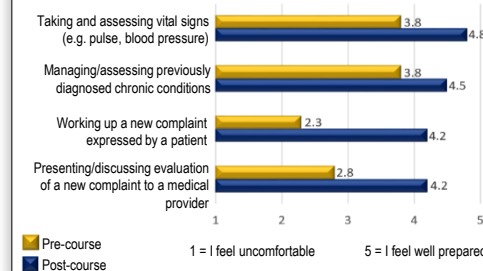


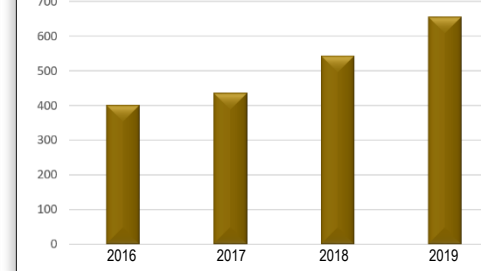
Figure 3. Physical Assessment Course Curriculum

CORE PHYSICAL ASSESSMENTS*	ACUTE PHYSICAL ASSESSMENTS*	SPECIAL TOPICS (Didactic Only)
Head, Eyes, Ears, Nose, Throat (HEENT) Exam Neurological Exam Cardiac Exam Pulmonary Exam Abdominal Exam Musculoskeletal Exam	Headaches Chest Pain Abdominal Pain Lower Back Pain Knee Pain	Dermatology Male Genital, Rectal, and Female Breast Exams Mental Status Older Adults Pediatrics

*Have both didactic and exam room-based instruction/practice

1 CHRONIC COMPLAINT + 1 ACUTE COMPLAINT → Verbal presentation to a medical provider → Averaged exam score of ≥ 80% to successfully complete course

Figure 5. Number of Patients Evaluated in Same-Day Clinic By Year



Discussion and Conclusion

- While opportunities at NNMC grew due to provider shortages, pharmacists practicing at the top of their license have the ability to significantly improve access to care, particularly in areas revolving around medication management
- The use of Pharmacist Clinicians and Practitioners allows for medical providers to spend more time with complex patients
- With regards to physical assessment training:
 - This course is the first to teach pharmacists how to further work-up new acute complaints, which inevitably arise in chronic disease management
 - This course is also unique by requiring verbal presentation of patient cases to a provider/proctor
 - Limited access to advanced physical assessment training can hinder growth of pharmacists
 - Course attendees improved from baseline in a survey assessing comfort in aspects of both chronic and acute management (Figure 4)
- While the ability of pharmacists to diagnose may be site-specific, ruling out emergent situations, concisely presenting an evaluation to a provider, and facilitating appropriate follow-up may help build rapport with medical providers

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