Community Pharmacy
Friend or Foe??
The challenges of managing Long Term Conditions

- The need to manage multiple co-morbidities
- On-going monitoring and management decision-making
- Workforce Limitations
- The need for expert knowledge
- Increased numbers of medications
- Cost
Collaborative Care
Collaborative Care

- Level 1: Purely operational efficiency designed to remove irritations from the prescribing/dispensing process
- Level 2: Cooperative and coordinated use of pharmacy services to support the GP/Pharmacy teams response to a patients need.
- Level 3: Therapeutic advice such as multidisciplinary complex case review and Medicines Therapy Assessment
Collaborative Care – What Might it Look Like?

• Clinical Meetings
• Acute and Long term care planning
• Shared access to PMS
• PSO supply
• Implicit trust in both directions
• Secure Instant Messaging (JITSI)
• Shared care record view
Patient Centred Care

Empowering the person with information/knowledge so that they are able to make their own decisions about how to manage their own disease

HbA1c

64 mmol/mol (8%)
53 mmol/mol (7%)
27% reduction in CVD risk

Pathology of Asthma

- Normal airway
- Asthmatic airway
- Asthmatic airway during attack
ET a 81 year old male patient contacted the pharmacy to order a repeat prescription. Upon talking to the pharmacist, a number of symptoms suggestive of worsening heart failure or infection were noted.

**Pharmacists notes:** Recent increase in metoprolol, very shaky and feeling light headed. Also had to lie upright in bed last night due to dyspnoea/oedema. ? infection ? excessive beta blockade? ?++heart failure?. Appointment brought forward for today and asked to come in.

**GP Notes:** see Pharmacist notes; Symptoms worse since increase in metoprolol; on examination looks flushed; pulse: 60 regular, temperature 38.5; chest - coarse creps left base and mid zone; oedema worse - no cellulitis; impression - heart failure plus infection; also last renal function slightly worse; Patient has been drinking less; advised need to increase fluids. Plan - back to 95 mg daily metroprolol, for antibiotics plus two days prescription for bendrofluazide. Check renal again tomorrow. Refer to acute demand.
What Pharmacy Brings to the Patient Centred Care

- Pharmacotherapeutic Knowledge
- Frequent Contact
- Ease of access
- Common message
Pharmacist Services

- Core medicines
- LTC Service
- CPAMS*
- Medicine Use Review (MUR)
- Medicine Therapy Assessment (MTA)
- Comprehensive Medicines Management (CMM)

Funded by some DHBs
Nationally Funded

*Community Pharmacy Anticoagulant Monitoring Service
Long Term Conditions (LTC) Service
LTC Service

• Process/Management strategies
  – Reconciliation
  – Synchronisation
  – Reminders
  – Adherence advice
  – Medicine management planning

Formalising medication support services to patient
Identifying LTC Service patients

• Points given according to patient factors:
  – Adherence to patient plan
  – Long-term conditions
  – Medicine factors
Medicine Reconciliation

- True picture of medicines from the patient perspective
Synchronisation

Before

1 Pick up
2 Pick up
3 Pick up

After

1 All Meds Single Pick up
Complexity of Medicine Taking
Medicine Management Plans

• Patient orientated plan on taking medicines
• Monthly contact with patient
• Patient held medication record
  – “Yellow card”
• Pharmacy support
  – Education
  – Reminders
  – Blister packs

Community Pharmacy Services
Key Messages for Prescribers

• Indicate on script if you would like pharmacy to assess for LTC service
• Write scripts for duration of supply – let pharmacy work out quantity the patient needs
• Note changes (such as increases or decreases in dose) on scripts
• Check pharmacy perspective in complex cases.
Community Pharmacy Anticoagulant Service

• How it came about
• Overview of the service
• Benefits of the service
CPAMS - Why

- Interest in anticoagulants
- Warfarin self-management trial using point-of-care testing
- Similar model in remote region of New Zealand
- HealthWorkForce New Zealand supported a pharmacy based service to relieve GP work load.
Problems

- Long waits
  - Lab tests
  - Contacting the doctor
- Inconvenience
  - Travel to the lab
  - Parking problems
- Inconsistent dosing
- No recall system
- No audit

Visit the lab  Wait in line  Phone for advice
Can we do better?

- Standardised service
- Computer dosing
  - Monitor control
  - Patient attendance
- Using near patient testing
  - At GP surgeries
  - Travelling nurses
  - Pharmacy
  - Patient self-testing
- Close audit
Our experience

Pharmacies

Nurse led clinics

Patient self-testing

INR Online

medtech NEW ZEALAND
TECHNOLOGY FOR HEALTH
Community Pharmacy Anticoagulation Management Service

Fast, easy and comfortable INR testing.

Find Out More
Setting the scene

Safety Questions

Has the patient missed any tablets since their last test?  
[ ] Yes  [ ] No

Has the patient had any bleeding or bruising since their last test?  
[ ] Yes  [ ] No

Has the patient started any new medication since their last test?  
[ ] Yes  [ ] No

Please enter drugs started:
Drugs:

Has the patient been admitted to hospital since their last test?  
[ ] Yes  [ ] No

Please enter the following information:
Date admitted:
Hospital name:
Reasons:
A capillary (finger prick) blood test using the CoaguChek meter, provides an instant result.
Mr John Smith: (NHI123)

02 August 1982

INR: 2.8

Dose:

- Take 6mg on Sun, Tue, Thu, Sat.
- Take 7mg on Mon, Wed, Fri.

Running from: Wednesday, 06 Aug 2014 to Wednesday, 03 Sep 2014

August 2014

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Reviewing results

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INR, on 06/08/2014 at 11:45
- Order number: [redacted]
- Facility: inronlin
- Observation date/time: 06/08/2014 11:45 AM
- INR: 2.7

POC Test at Pharmacy 44 by Anna Rufer
DOSE: 2.2mg, NEXT TEST: 03-09-2014
Missed tablets, started new medication
Has been stable on same dose for a long time so will leave as-is. Level is slowly coming down from Augmentin & tramadol last week. AR

Community Pharmacy Services
Supporting Patient Centred Care

Patients are involved in their own care

• Immediate, individualised care
• The ability to view result graph on the computer screen
• Improved understanding
Feedback from Patients

I wasn’t very good at getting my tests done before. You could wait an hour or more in the mornings at the lab.

This way is so much better! I understand my results now, and the chart helps me remember to take my tablets every day.

The best bit is getting the results straight away. No more having to wait for the phone to ring.....

The dose-chart helps me remember to take my other medicines too!
Supporting Patient Centred Care

Convenience and acceptability

• Test can be any time of the day and is fast
• A dosing calendar is provided to take away
• Automatic e-mail dosage charts and test-due reminders
• Virtually pain-free finger prick
• “One-stop shop”
Which would you prefer?

Conventional test

CPAMS fingerprick test
Supporting Patient Centred Care

Health benefits

• Improved Time in Therapeutic Range (TTR) and significantly less delay in getting test done.
• Reduced complications / adverse events
• Issues identified at time of test can be addressed immediately. (eg drug/food interactions)
MARThA! THIS Warfarin DRUG REALLY WORKS!

FINALLY! A CARDiac DRUG THAT SUITS TOM!

.... CAUSEs OF SUBTHERAPEUTIC INR5
Benefits for GPs and their practices

• Support of patient centred-care
• Increase in TTR → the potential to reduce complications
• Improved patient outcomes
• Test results received in the Provider In-Box
• Frees up practice staff time
Time in range

Below range | In range | Above range

2013: Jan - 76.4, Feb - 74.8, Mar - 74.0
2014: Jan - 76.4, Feb - 74.8, Mar - 74.0
Adherence with testing

On time | 1 day late | 1 - 3 days late | 3 - 7 days | 7 -14 days | >14 days
What is the Community Pharmacy Services Programme about?

Community pharmacists, DHBs, PHARMAC and the wider health sector have begun implementing a new service model which means significant changes for pharmacies and enhanced services for pharmacy users who need help managing their medicines.

Introduced on 1 July 2012, the new agreement is being phased in over three years and gives pharmacists the increased opportunity to put their expert clinical skills to good use.

Navigating through the Community Pharmacy Website

Select the links below to view other pages within this site:
- Implementation Updates
- Community Pharmacy Long Term Conditions Service
- Community Residential Care & Co-Dispensed Opioid Services
- Community Pharmacy Services Operational Group
- Community Pharmacy Services Governance Group
- CPSA Extension
- CPSA 2012 three year transition

What's hot!

- NEW - CPS Implementation Update No. 66
- NEW - CPAMS Case Studies
- NEW - Community Pharmacy Services Pharmacy Procedures Manual (Version Seven)
Benefits to Patients

- Improved Outcomes
- Reduced complexity
- Improved Health Literacy
- Reduced ADR’s
- Improved QOL
- Consistency of care
Patient Example

• MM a 75 year old Maori male, COPD, CHF, AF and depression. Takes multiple medications
• During questioning for INR rectal bleeding indicated.
• Notes made, INR completed (within range), appointment made and GP (locum) contacted.
• Doesn’t want to make a “fuss”

  e.g. *With a locum whom they may be less familiar with, and possibly understate the extent of their signs and symptoms.*

  *The following is a copy of the pharmacist’s notes and subsequent GP’s notes.*
LSC
has noted PR blood
possibly intermittent for past 2 mths
is going to Hastings for 4 days over the weekend to see his daughter who is terminally ill
(she has brain mets)
He has reported red blood PR for approx 2 mths - not with every motion.
He has no abdo pain. Some lower back pain
Appetite nml no nausea or vomiting
has lost approx 5kg in past 4 mths
Phx prostate ca - x radiation

oB BP 130/80
HR 72
chest clear
abdo soft nontender
distended abdo
PR - nontender
small amt red blood on glove no haemorrhoids
imp - lower GI bleed
p. ref for urgent colonoscopy
bloods today
if concerns while they are away in Hawkes Bay to see medical care there otherwise rv with Dr Sweeney next week - acute demand

Laboratory Order, Creatinine, K, Na
Weight (WE) - 87

PSC
met for INR test this AM, noted that has a 3/7 history of dark colored stools. GI bleed?: travelling to Napier 19/6 to see relative with terminal cancer. ES contacted and appointment made.

DR
Complete Bld Count - n
Iron Studies - n
Quantitative Crp - n
EastCare health and eastern pharmacies

- Longstanding interaction
- More of a relationship since Simon Church took over
- Ongoing development – communication, shared initiatives, IFHS process
Hi Marie we have just done a hospital script for [redacted]. She has been put onto a 2 week course for metronidazole and cephalexin. There is some evidence that metronidazole can increase INR levels - may be advisable to carefully monitor INR while on course.

Marie Burke
May 14, 2015 16:48:40

Thanks - I have asked Mich to organise an INR for tomorrow - cheers
Patient care

**MAB**

see simon's note
symptoms worse since incr in metoprolol
o/e looks flushed
p 60 reg t 38.5c
chest - coarse creps left base and mid zone
oedema worse - no cellulitis
imp - heart failure plus infection - also last renal
function sl worse - hs ben drinknig less - adv re
needs to incr fluids
plan - back to 95 mg daily metoprolol, for abs
plus 2/7 bendrofluazide
check renal agnain tomorrow
acute demand

Weight (WT) - 102
Blood Pressure (BP) - 130 - 80
30 - Metoprolol Succinate 95mg Controlled Release Tab - 1 ta
30 - Amoxycillin 500mg Cap - 1 tds
4 - Bendrofluazide 2.5mg Tab - 1 daily - short course
Laboratory Order , Creatinine, K, Na

**PSC**

Recent increase in metoprolol, very shaky and
feeling light headed. Also had to lie upright in
bed last night due to dyspnkea/oedema. ?
failure?. Apoointment brought foward for today
and asked to come in.
Marie just returned a high INR at 4.1, her range is 2.5-3.5. The plan would be to withhold tomorrow and continue at a slightly reduced dose of 2.5mg average and retest next Wednesday. Sound reasonable? Thanks Simon.

Marie Burke

Yes that would be fine - thanks - marie
The extra mile

• Delivering medication to a patient who was in the GP waiting room
• Offering delivery of medication to patients with mobility problems during severe roadworks
• Organising our meds cupboards
Clinical meeting

- Weekly
- Updates on processes/upcoming initiatives
- Promotes ongoing communication
- Social – promotes ongoing good relationships
Benefits

- Patient – better, sooner, more convenient care – coordinated
- Practice Nurse – fewer phone calls, able to concentrate on full scope of practice
- GPs – smoother running of systems, safety net
- All - good relationship, feeling part of a team, feeling as though we are making a difference
Harms?

• Cannot think of any
• For us now the idea of not working in the way seems incomprehensible
Conclusions

• Community Pharmacy is a “Friend” of General Practice
• Community pharmacy services have changed focus
• Funding mechanism to support change
• Education to deliver medicine management services
• National pharmacy organisations committed to supporting pharmacists in providing patient centred care
• Patient centred pharmacy services benefit patients.
Any Questions?

Disclosures

• Simon Church, Community Pharmacist, Chair of Canterbury Community Pharmacy Group.
• Marie Burke, General Practitioner, EastCare Health. Clinical Facilitator, Pegasus Health
• Paul Harper, Haematologist
  – Director of INR Online Ltd