MTM STUDENT PHARMACY PROJECT

May 18, 2023

NDPhA NORTH DAKOTA PHARMACISTS ASSOCIATION

NDSU SCHOOL OF PHARMACY

NORTH Dakota Be Legendary. | Health & Human Services

AGENDA

- Pharmacy Project Overview
- Overview of Prediabetes, Diabetes and Hypertension
- Pharmacy Manual
- Virtual Binder
- Patient Engagement/Data Tracking
- Questions

HOUSEKEEPING

Please mute your phones/computers when not speaking

This training is being recorded – and will be available for you to access after the training.

When asking a question, please turn on your camera, if possible.

INTRODUCTIONS

NDSU School of Pharmacy: Dr. Elizabeth Skoy, Dr. Natasha Petry

North Dakota Pharmacists Association: Dr. Jesse Rue

North Dakota Dept of Health and Human Services:

Brianna Monahan and Tiffany Knauf

PHARMACY PROJECT OVERVIEW

Elizabeth Skoy, PharmD

1815/2300 STUDENT SCHOLARSHIP PROGRAM

Supported through grant with the ND Department of Health and Human Services (DP18-1815 and DP2304/DP2320).

- The purpose of these grants are to implement and evaluate evidence-based strategies to prevent and control diabetes and heart disease especially for underserved populations in North Dakota, through work with Health Systems, Pharmacies and community partners.

Objective

- To fulfill the mission of North Dakota State University as a land grant institution and serve the citizens of North Dakota by assisting pharmacists to expand the provision of community pharmacist delivered clinical services.

Introduction of scholarship program to students (September)

Scholarship applications

- Matched 27 rotations

Disbursement upon successful completion of all requirements (per MOU signed)

- Successfully complete the rotation
- Fulfill 1815/2300 scholarship obligations (reports/surveys)

WHAT WILL YOUR ROTATION LOOK LIKE?

Goal: Through collaboration between the North Dakota Department of Health and Human Services (ND DHHS), NDSU School of Pharmacy and community pharmacies, the goal is to improve policies and processes that help people control high blood pressure and cholesterol, and prevent or manage diabetes.

Key objectives:

- Through weekly patient encounters, we hope you will complete the following targets:
  - **5 Social Determinants of Health (SDOH) screenings per week**
  - **5 hypertension/blood pressure interventions**
  - **5 prediabetes screenings – with 1 referral to the National Diabetes Prevention Program (NDPP)**
  - **1 SMBP loaner cuff and remote monitoring per rotation**
  - **5 immunization reviews and delivery per week**
  - **2 MTM per week**
  - **1 CGM analysis per week**
  - **Verify the community's referral options once per rotation (transportation help, heating assistance, etc)**
  - **Population health panel—about 40 patients that you will monitor and move towards optimal care goals**
- These will be tracked weekly, and entered into an online survey platform. We'll go into depth on this later.

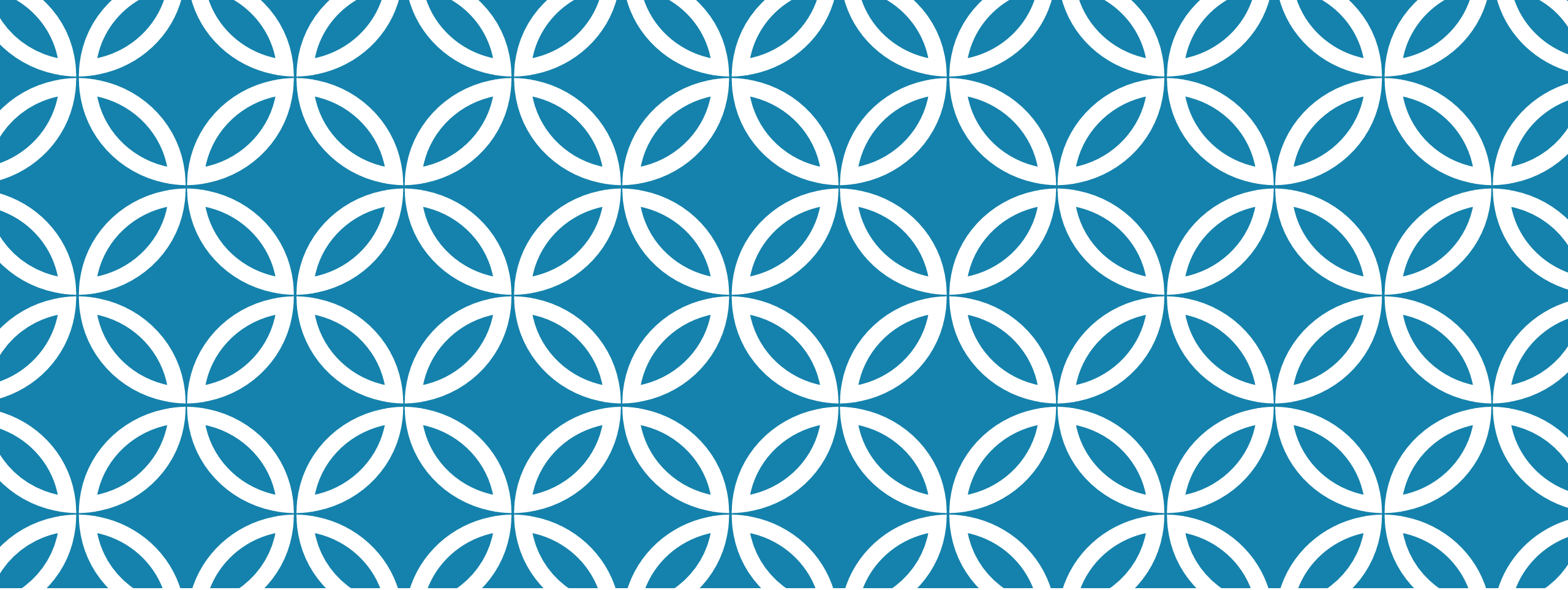
TARGET POPULATION

Identified priority population: individuals experiencing low socioeconomic status (SES)

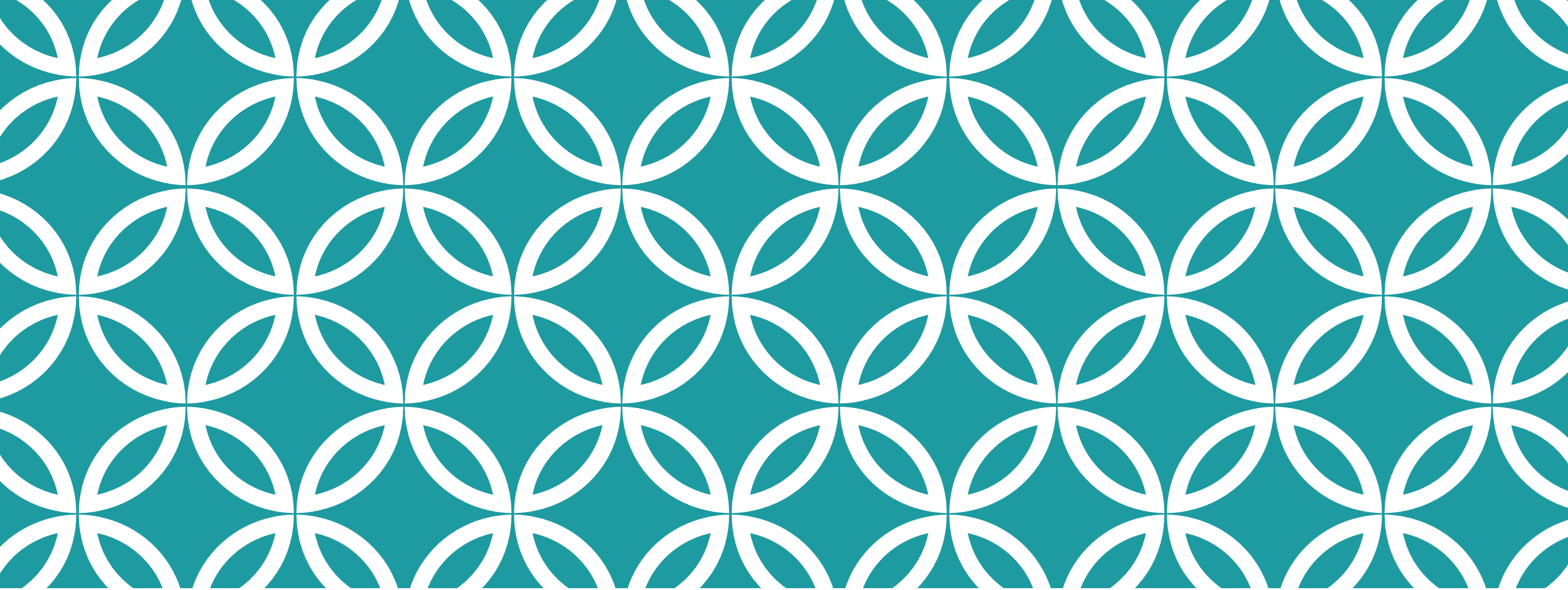
- Focus - individuals who are uninsured, are covered by North Dakota Medicaid or North Dakota Medicaid Expansion

Medicaid Data: June 2021- June 2022

- 10,733 North Dakota Medicaid members and 6,856 North Dakota Medicaid Expansion members had an assigned diagnosis code for hypertension.
  - This indicates the current overall hypertension diagnosis rate for these two populations is 22.9%.
  - This diagnosis rate is well below North Dakota's state rate for hypertension (33%).



OVERVIEW OF SDOH, PREDIABETES, DIABETES HYPERTENSION



SOCIAL DETERMINANTS OF HEALTH

Screening and Referral

Figure 1

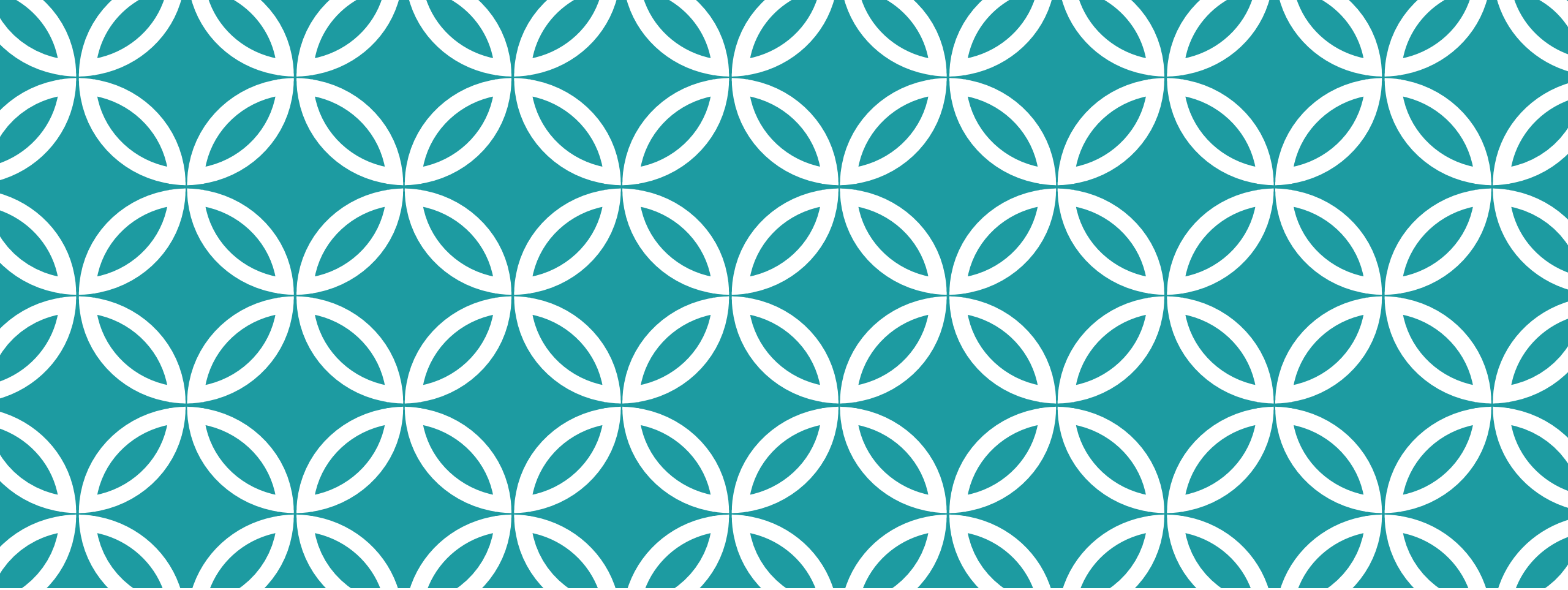
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF
HENRY J KAISER FAMILY FOUNDATION



PREDIABETES

PREDIABETES

A condition marked by blood sugar above the normal range, but not so high as to be diagnosed as diabetes

Diagnosis criteria:

Hemoglobin A1c 5.7% - 6.4%

Fasting blood glucose 100 - 125 mg/dL

2-hour OGTT 140 - 199 mg/dL

Prevalence:

96 million American adults (>1 in 3) are estimated to have prediabetes

>80% of people with prediabetes have never been diagnosed and are unaware of their risk

In ND, 8.9% of adults have been diagnosed with prediabetes

Risk factors:

Overweight and Obesity
- Abdominal adiposity

45 years or older

Family history of type 2 diabetes

Hypertension (HTN)

Physical inactivity

History of gestational diabetes

Having polycystic ovary syndrome

African Americans, Hispanic/Latino Americans, American Indians, Pacific Islanders, and some Asian Americans are at higher risk.

PREDIABETES CASE

LW presents to the pharmacy as a new cash paying patient with a generic hypertension prescription and no insurance. Student offers prediabetes risk test. LW's prediabetes risk test score was a 9.

Student counseled patient on risk of diabetes, provided patient education on suggested lifestyle modification, referred patient to primary care provider for follow up and referred patient to the National Diabetes Prevention Program.

If point of care testing is available, could consider offering test for BG/A1c (consider $)

Student logged information in Prediabetes Screening Log

PREDIABETES STUDENT DATA

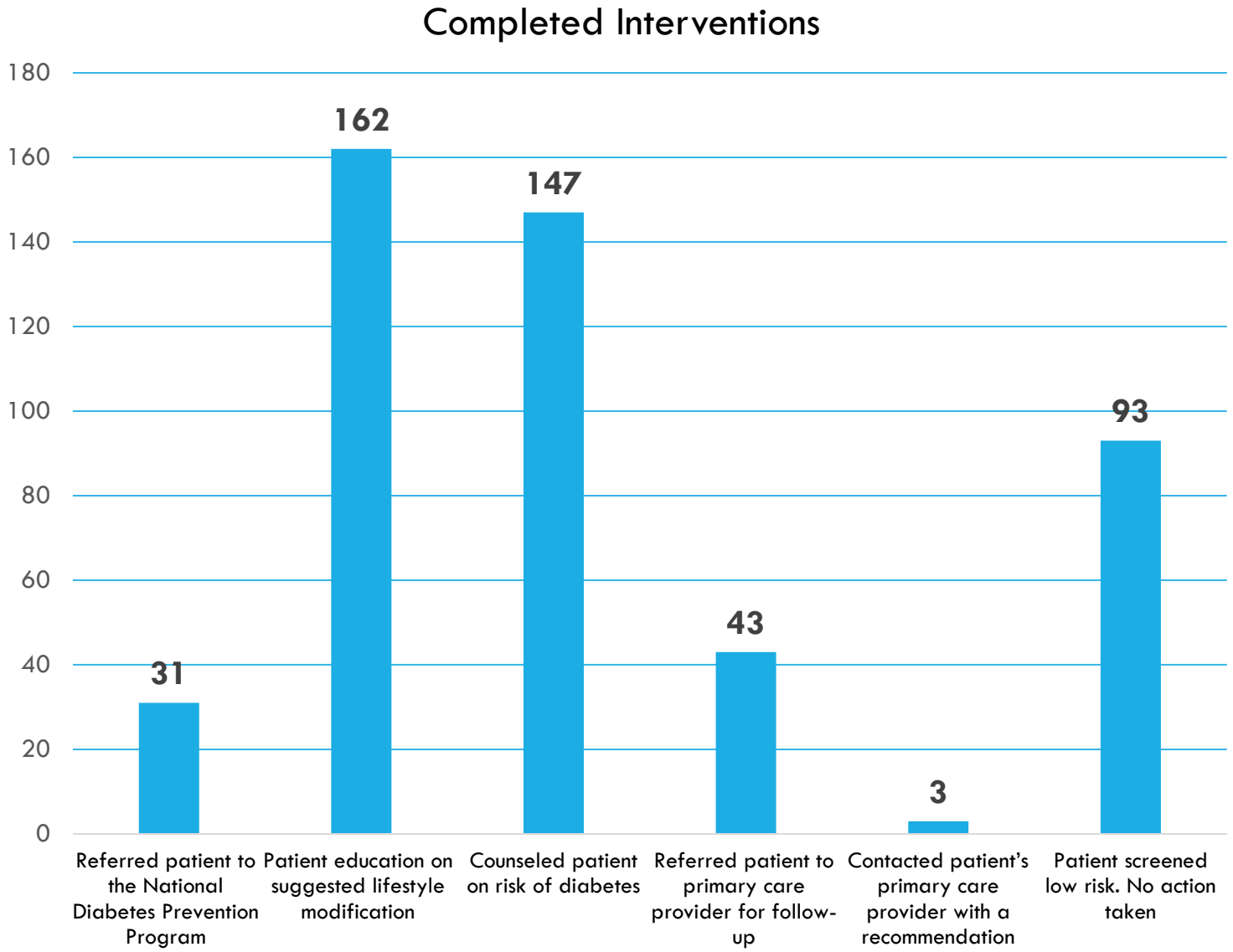
2021-2022

of Patients Screened: 255

- # High Risk: 136
  - 53% of those screened

How long did this intervention take?

- Less than 3 minutes – (n=20)
- 3 to 5 minutes – (n=42)
- More than 5 minutes – (n=8)

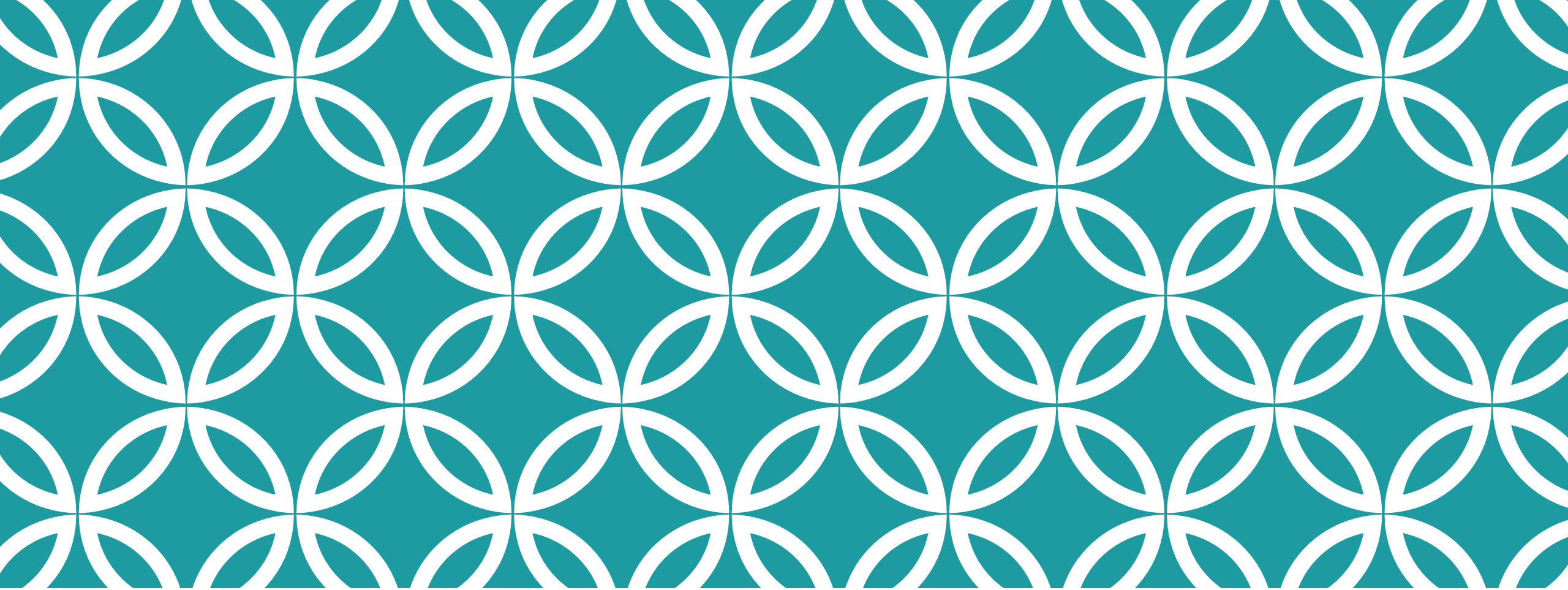


SUCCESS STORIES FROM STUDENTS

I looked through the patient's labs and did not find an A1c value. I contacted the PCP and recommended ordering an A1c lab at the patient's next visit.

I checked the blood glucose and it was 99. We had a long conversation about diet and exercise changes to his daily health plans.

Patient does not have Medicare drug coverage. To save money, he states he doesn't take meds on one day each week. This doesn't line up with fill history (90DS every 150 days), however I didn't seem to change his mind. Trying to figure out other cost-effective options for him. Hopefully discussion about prediabetes risk and potential cost of diabetic medications will sway him to be more adherent with current medications.



DIABETES

DIABETES

Diagnosis criteria:

HbA1c >6.4%

Fasting blood glucose >126 mg/dL

2-hour oral glucose 140-199 mg/dL

Random blood glucose level of > 200 mg/dL plus presence of symptoms

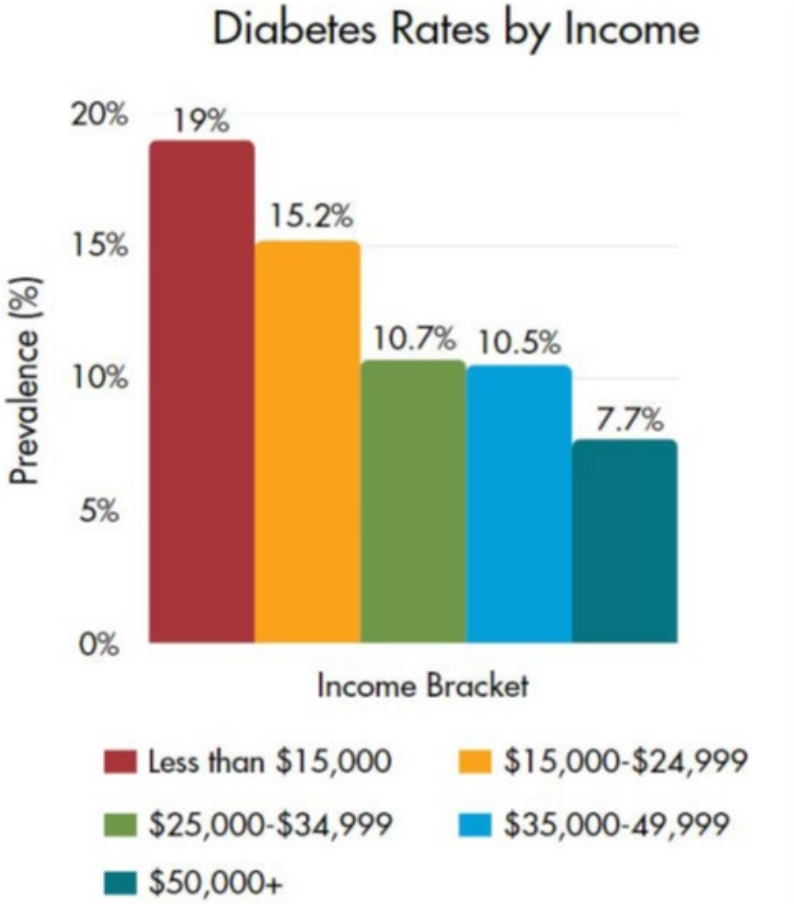
Prevalence:

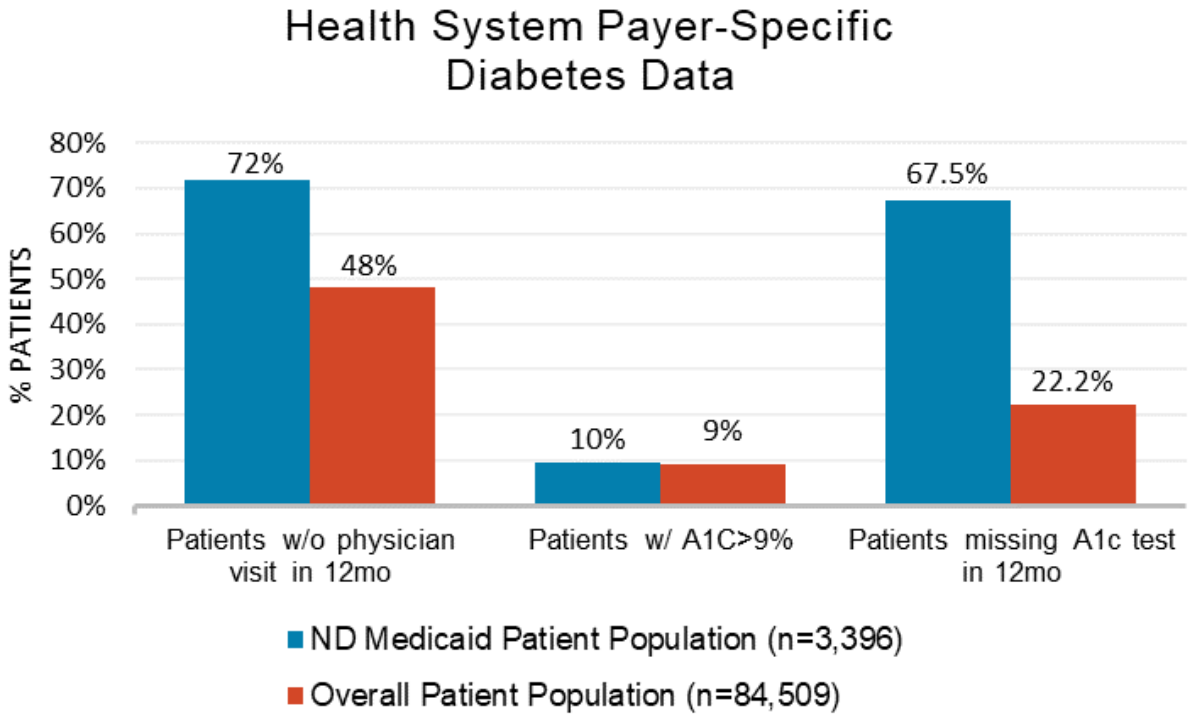
37 million Americans have diabetes and 1 in 5 are undiagnosed

Rate of diabetes varies significantly by demographic in ND

Approximately 90-95% of cases are type 2 diabetes

DISPARITIES IN DIABETES





DIABETES CONTROL

Well-controlled is typically HbA1c <7%

- Avg BG 154 mg/dL (8.6 mmol/L)

Target range may be more (A1c >6.5%) or less stringent (A1c <8%) depending on patient's:

- Potential risk of hypoglycemia
- Disease duration
- Life expectancy
- Comorbidities
- Vascular complications
- Preferences
- Resources/support systems

Health system quality metrics = HbA1c <9% (212 mg/dL)

Effective diabetes management requires:

- Routine care
- Multidisciplinary team approach
- Appropriate therapeutic interventions
- Medication adherence
- Self-monitoring
- Patient education
- Support system
- Appropriate lifestyle choices

DIABETES CASE

CM is 57 years old and a well-known Medicaid patient of the pharmacy. CM currently takes insulin glargine 18 units subcutaneously at bedtime. CM comes into the pharmacy today and when asked reports blood sugars are “fine.” After further prompting, CM reports a recent blood glucose of 258 fasting this morning (source: SMBG).

Student counseled CM on SMBG management, provided patient education on recommended lifestyle modifications, and contact patient’s primary care provider with a recommendation to increase insulin glargine by 4 units.

Next steps: provide follow up information to patient and student to log information in the Diabetes Assessment Log

DIABETES STUDENT DATA

2021-2022

of Patients w/ Intervention: 159

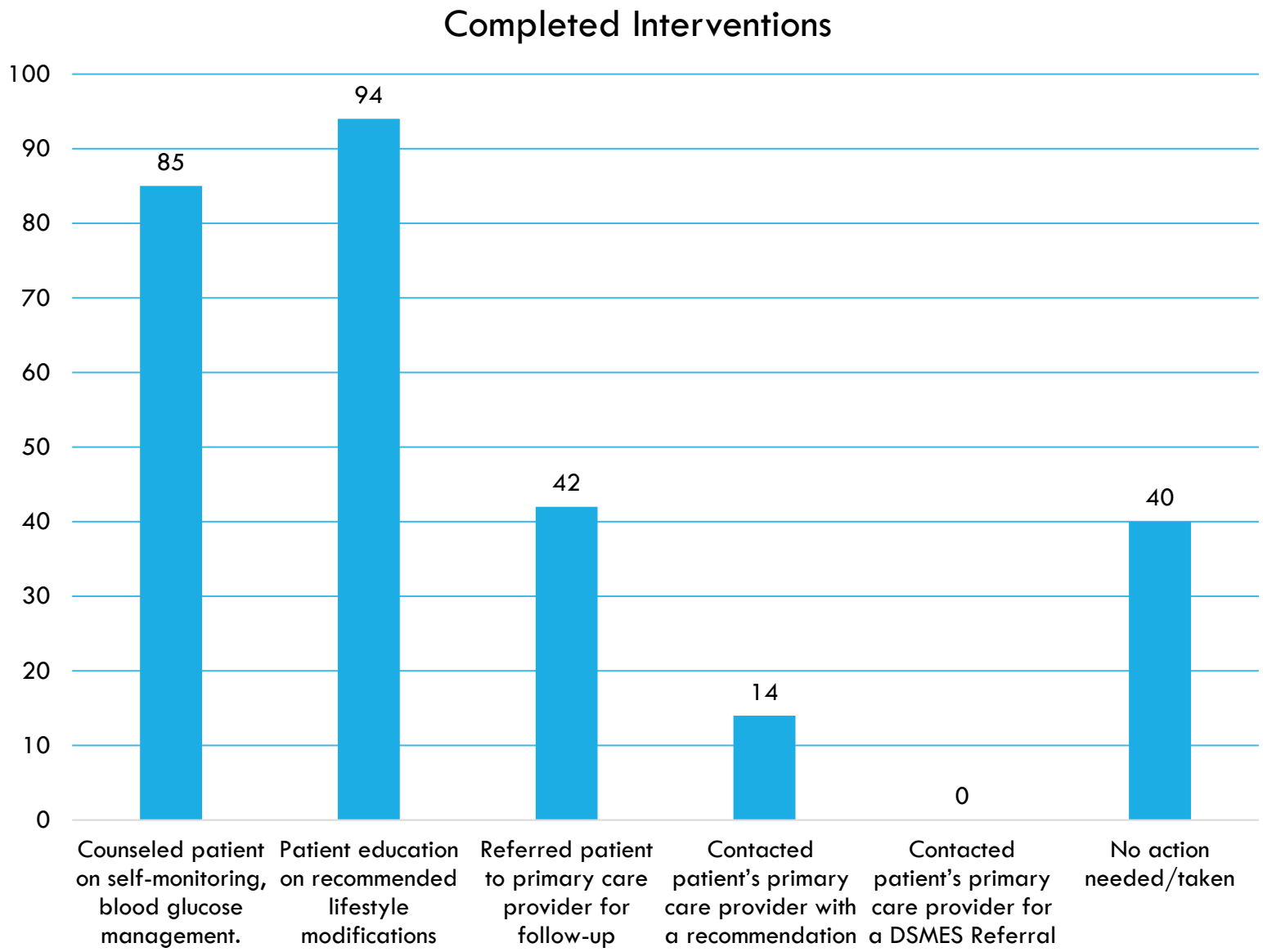
- Of the 154 pts that provided recent blood glucose or A1cs,
  - 49 were elevated (A1c > 7)
- Source of A1cs
  - Patient Self-Report (n=52)
  - Patient medical record (n=90)
  - Unable to obtain (n=9)

Estimated date of most recent A1c?

- Less than 3 months (n=109)
- 3-6 months (n=34)
- 6-12 months (n=11)
- More than 12 months (n=2)

How long did this intervention take?

- Less than 5 minutes – (n=24)
- 5 to 10 minutes – (n=34)
- More than 10 minutes – (n=10)



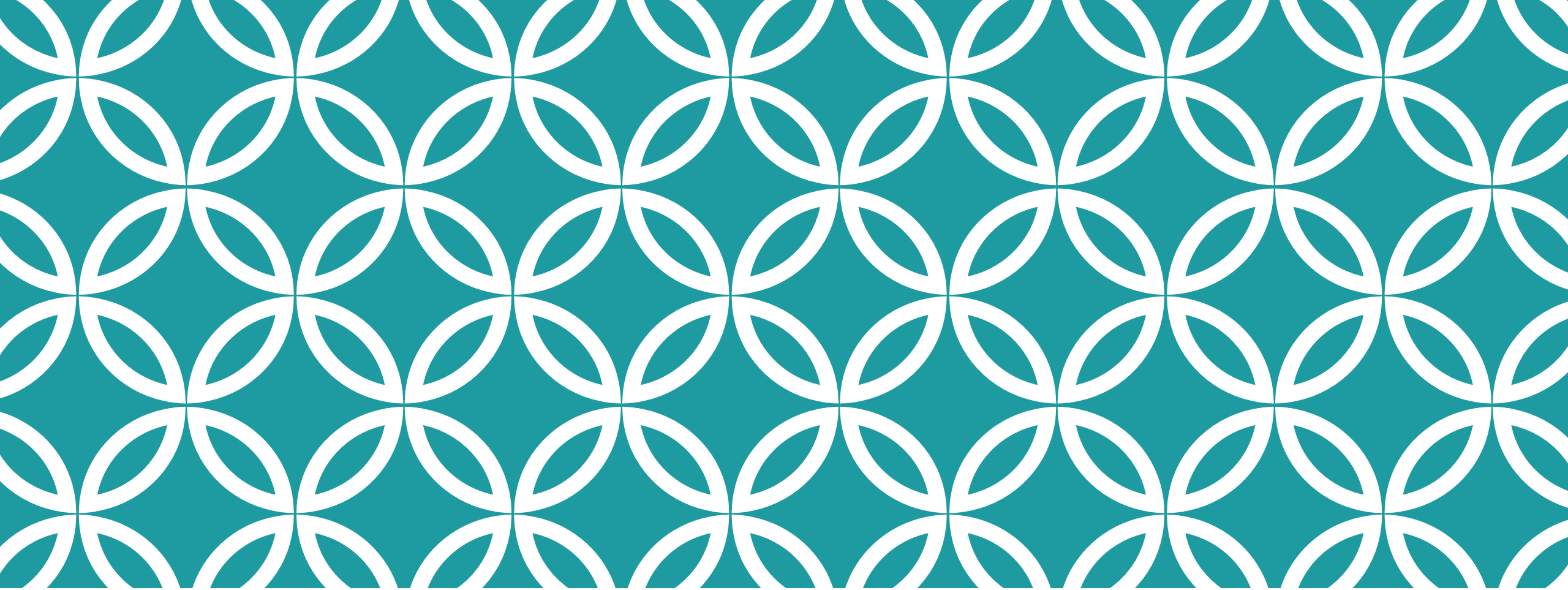
SUCCESS STORIES FROM STUDENTS

Patient was not administering insulin properly, he was not inserting the needle straight in and straight out and was instead bending the needle. I instructed him how to properly administer insulin.

Patient was wondering if insulin pens or vials would be cheaper for her. I looked into it and found that the vials were cheaper. She prefers the pens as they are easier to draw up/measure for use with her insulin pump.

I met with this patient for a diabetes initial visit. We reviewed his diabetic medications which were all going great for him and even helped his A1c drop from 11 to 8.4 since July. I explained to the patient about being on a statin and how it will help lower his cholesterol and triglycerides which he was struggling with dropping. I also spoke about the risk reduction for heart attack and stroke. He was onboard for adding a statin, so I followed up with his provider for this addition.

Due to the patient's insurance, the patient's long-acting insulin was recently switched to a different long-acting insulin. The directions for the patient's old insulin had the patient injecting 10 units in the morning and in the evening, but the new directions had the patient injecting 10 units in the morning and 20 units in the evening. The patient experienced low blood sugars in the 50's and 60's and started taking her insulin as 10 units in the morning and evening. This resolved the low blood sugar issues and the patient's blood sugar reading were well controlled with her A1C being 6.2 as measured by lab prior to her visit with me. The pharmacist was able to adjust the patient's insulin dosing through a collaborative practice agreement and decreased the patient's insulin dose to how she is taking it. The provider was notified of this adjustment.



HYPERTENSION

HYPERTENSION

Diagnosis criteria:*

Two or more elevated readings at 2 separate appointments/locations.

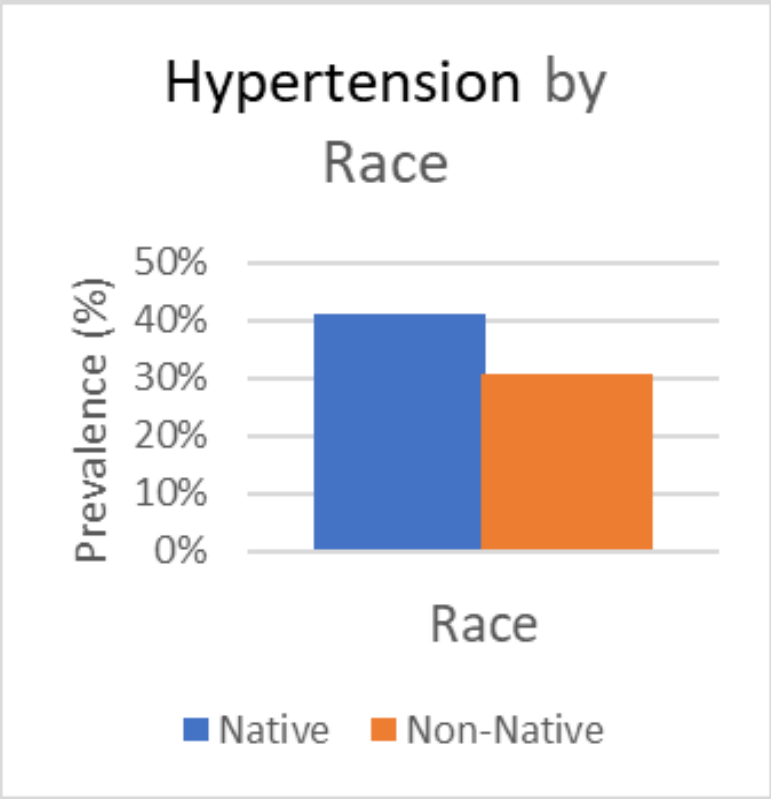
Category	Systolic		Diastolic
Normal	Less than 120	AND	Less than 80
Elevated	120-129	AND	Less than 80
Hypertension (1)	130-139	OR	80-89
Hypertension (2)	140 or higher	OR	90 or higher
Hypertension Crisis	Higher than 180	AND/OR	Higher than 120

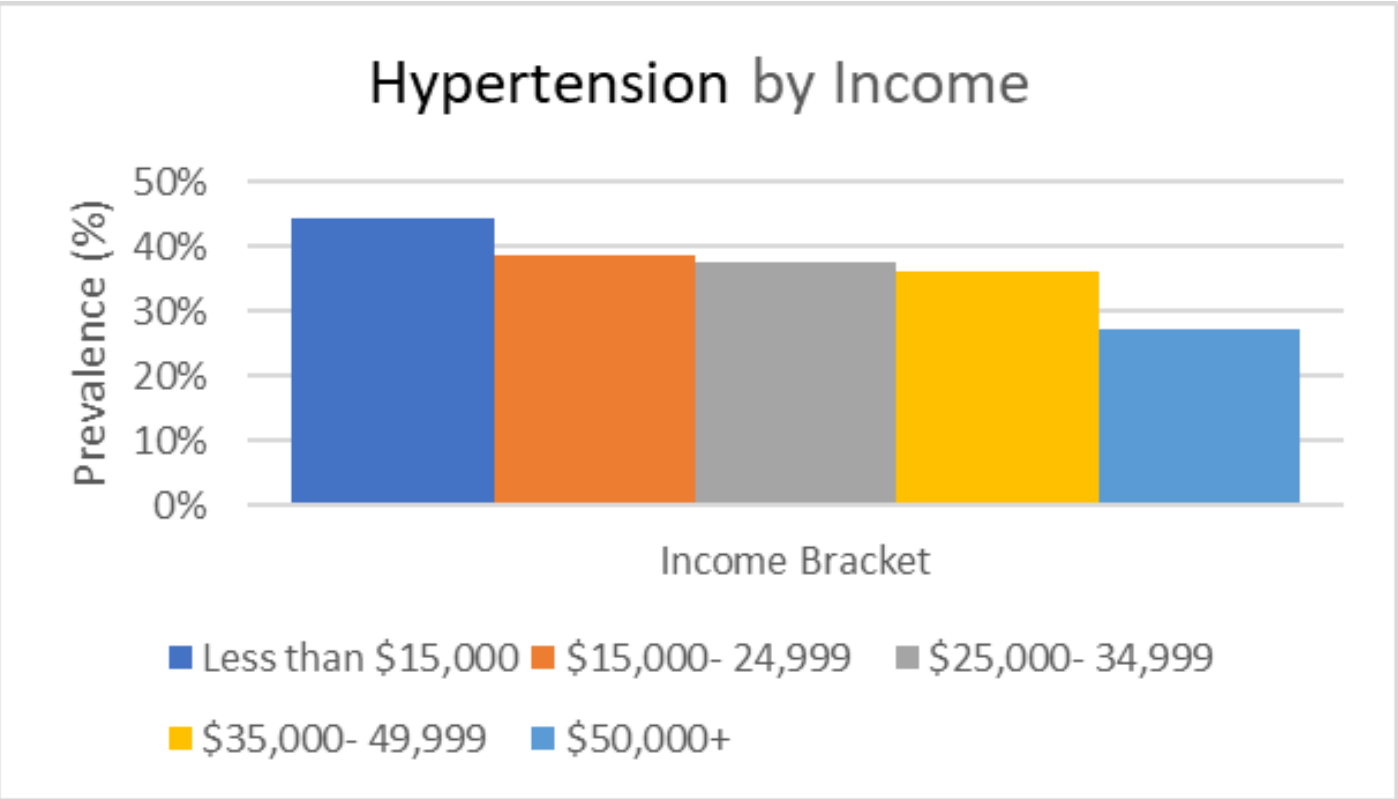
*Substantially higher prevalence of HBP under the new guideline (46% vs. 32% of adults)

Prevalence:

- 32.1% prevalence among US adults
  - 40.5% among adults 45-64
  - 65.9% among adults 65+
- 29.6% of ND adults reported ever being told by a doctor, nurse or other health professional that they have high blood pressure. (2017 ND BRFSS)

DISPARITIES IN HYPERTENSION





HYPERTENSION

- **Control criteria:**
  - The Systolic target <130 mm Hg and a Diastolic target of <80 mm Hg.
- **Control rates:**
  - 22.7% of ND adults have UNCONTROLLED hypertension
  - Across the US only about half of people with hypertension have it under control (61% with old guidelines, and 47% with new guidelines)
- **Why Hypertension Matters?**
  - **First heart attack:** About 7 of every 10 people having their first heart attack have high blood pressure.
  - **Heart failure:** About 7 of every 10 people with chronic heart failure have high blood pressure.
  - **First stroke:** About 8 of every 10 people having their first stroke have high blood pressure.

COMPETENCIES FOR ACCURATE BP

HYPERTENSION/BLOOD PRESSURE CASE

KJ presents to the pharmacy during a slow (non-busy) time and student offers to take blood pressure. BP measured at 150/99 mmHg. KJ has history of hypertension and reports decent adherence to medication but is known to miss a dose or two a week (which is backed up when fill history is reviewed). KJ has good paying commercial insurance.

Student counseled KJ on medication adherence and referred to PCP for follow-up. Student counseled KJ on at home BP monitoring and recommended follow-up screening at the pharmacy.

Information entered into BP Log

LOANER CUFF PROGRAM

5 cellular loaner cuffs per pharmacy are available.

We are utilizing the BodyTrace cellular cuff and the Diasyst platform to monitor.

The cuffs are cellular and the interface is simple—no wifi, no bluetooth, just hit the Start button

To begin, you will have access to add new patients to Diasyst. It's very easy, takes only a few minutes (truly).

You can then access all of your patient data through Diasyst on the cloud at provider.diasyst.com

To recycle a cuff, follow cleaning directions and send a support note with the patient MRN number to Diasyst to assign to a new patient when needed.

CONTACT: Jesse Rue (jrue@aboutthepatient.net) with ANY CHALLENGES.

There is an additional short training available to you on this platform.

SMBP CASE

AB works on a farm and rarely has the ability to drive to clinic appointments. AB brought in SMBP readings from home. The last 3 BP readings were in the 140's for systolic and in the 80's for diastolic. Patient was on low dose of hypertension medication.

Student contacted AB's PCP with recommendation for dose increase, educated patient on lifestyle modifications, demonstrated how to check for cuff accuracy, and logged information in SMBP Training Log.

HYPERTENSION/HIGH BLOOD PRESSURE STUDENT DATA

2021-2022

of Patients Screened: 316

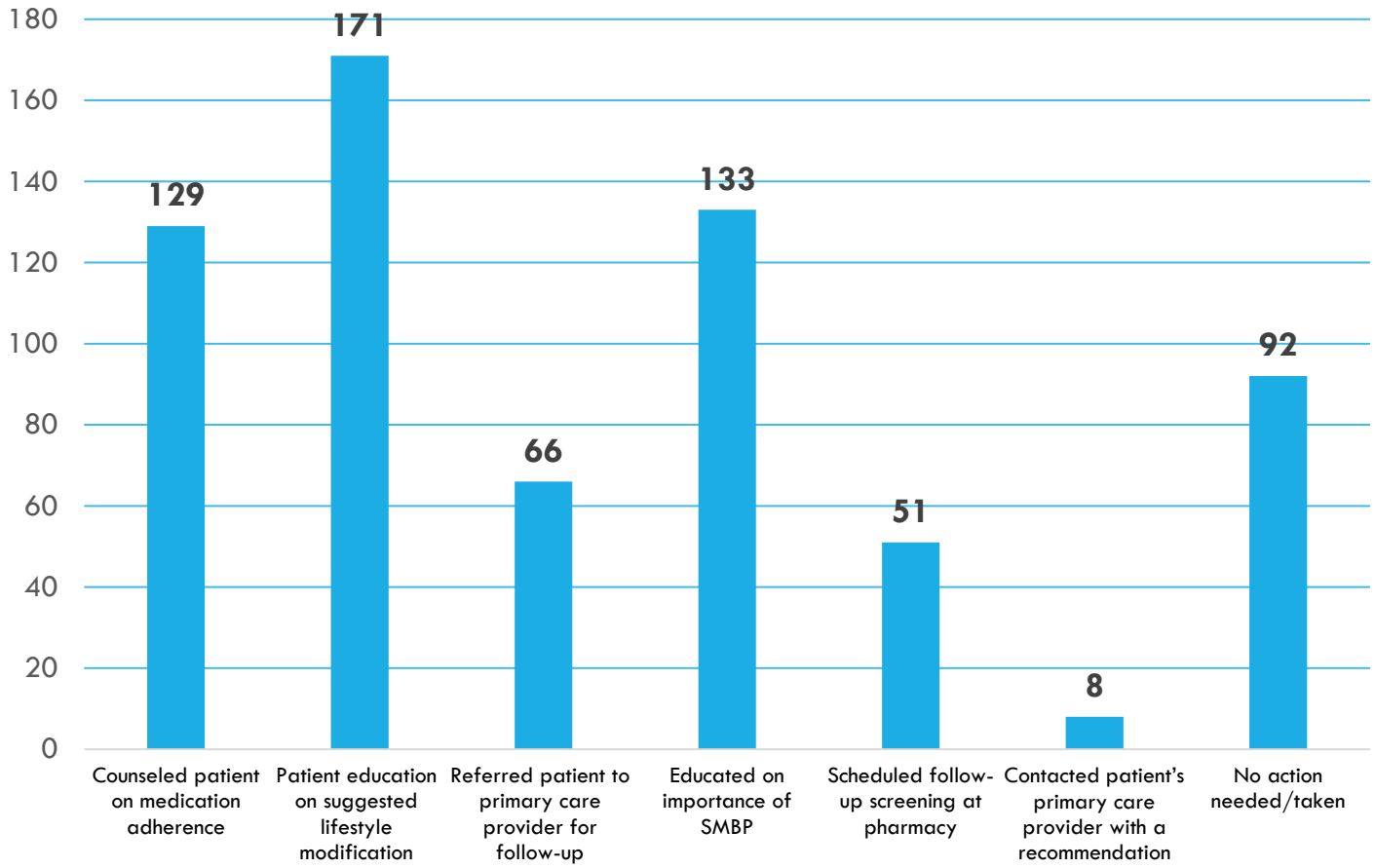
- Systolic BP: 273 had an elevated reading (greater than 120)
  - 86.4% were elevated
- Diastolic BP: 164 had an elevated reading (greater than 80)
  - 51.9% were elevated

Was the BP rechecked if elevated?

- Yes, still elevated (n=93)
- Yes, no longer elevated (n=22)
- No, not rechecked (n=75)
- Not elevated BP (n=114)

How long did this intervention take?

- Less than 3 minutes – (n=7)
- 3 to 5 minutes – (n=58)
- More than 5 minutes – (n=16)



SUCCESS STORIES FROM STUDENTS

- Patient presented for MTM blood pressure of 150/88 upon repeat blood pressure after waiting 5 minutes and having patient try to relax blood pressure was 145/84. I reviewed patient's labs and current hypertension therapy and sent a recommendation to their PCP 1 to start spironolactone 25mg PO daily in this patient.
- Patient was extremely hypertensive; I took her blood pressure 2 different times, and she was feeling very anxious. Had her husband with her and I discussed going to the hospital that day and she said she had anxiety meds she wanted to take first and then if it did not help, she would go in. She was not a current patient of Gateways so I was unable to find her providers information at that time to discuss it with him.
- Contacted patient's provider regarding a contraindicated blood pressure medication the patient was prescribed and his current CHF diagnosis. His blood pressure was uncontrolled, and it could have been worsening his CHF so there was no reason for him to continue it at the time.
- Patient stopped taking one of her blood pressure medications due to feeling dizzy and not well after taking it. PCP had quadrupled the dose of the medication at the last visit (patient went from losartan 25 mg once daily to 50 mg BID). Pharmacy recommended that PCP reduce patient's dose to 50 mg once daily. Once patient is adherent to that dose, if blood pressure is still elevated, suggest further adjustments of blood pressure medications.

SELF-MEASURED BLOOD PRESSURE STUDENT DATA

2021-2022

of Patients Screened: 76

- Systolic BP: 75 had an elevated reading over 120
  - 98.7% were elevated
- Diastolic BP: 60 had an elevated reading over 80
  - 78.9% were elevated

Was the BP rechecked if elevated?

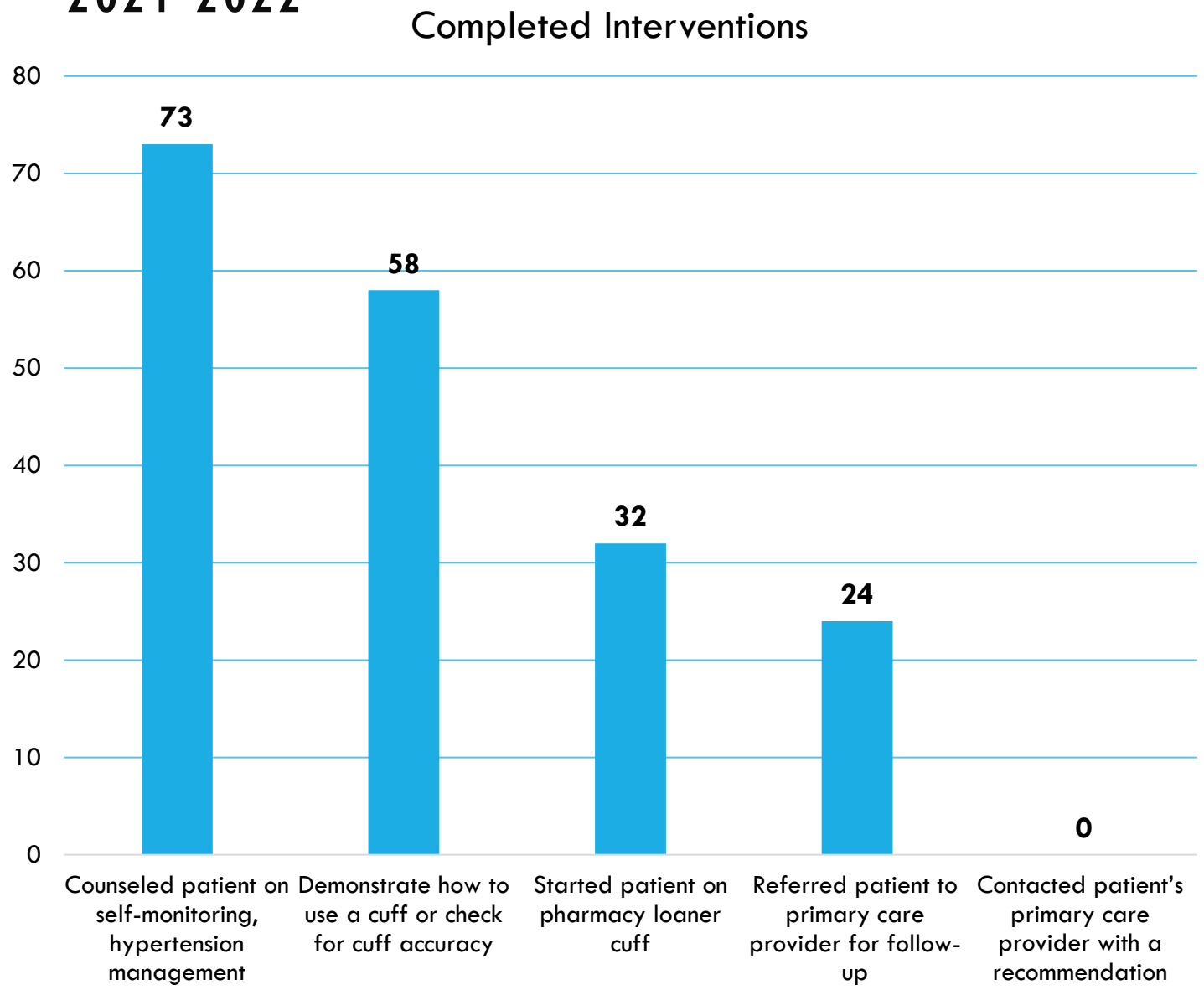
- Yes, still elevated (n=42)
- Yes, no longer elevated (n=2)
- No, not rechecked (n=25)
- Not elevated BP (n=7)

Patient with Current HTN Dx?

- 56 of the patients had a current Dx (73.7%)

How long did this intervention take?

- Less than 5 minutes – (n=10)
- 5 to 10 minutes – (n=33)
- More than 10 minutes – (n=5)



SUCCESS STORIES FROM STUDENTS

- Patient's blood pressure was uncontrolled while consistently taking his medications (per patient). The patient was very frustrated because he mentioned he had spoken to his provider before about his consistently high blood pressure readings but said that the provider never changed his medications.
- Patient needed help choosing a BP monitor/cuff. Made recommendation and sold monitor to her.
- I contacted patient's primary care provider for a dose increase because his last 3 blood pressure readings have been in the 140's for SBP and in the 80's for DBP. And patient was not in the therapeutic dose range of his medication

IMMUNIZATIONS

IMMUNIZATIONS

While immunizations are not the primary focus for the 2300 Enhanced MTM Rotation, immunizations are important for individuals with chronic diseases

Lots of resources in your Virtual Binder

You will be tracking these on your Student Weekly Task Log.

MEDICATION THERAPY MANAGEMENT (MTM)

HEALTH INFORMATION FORM

HEALTH INFORMATION FORM

North Dakota State University School of Pharmacy

PATIENT INFORMATION

First three letters of first name:	Age:	Gender: M / F
Telephone:	Height:	Weight:
Primary care physician:	Date of last visit:	

SOCIAL DRUG USE

Tobacco Use:	Never	Type of tobacco:	Quit date:	If currently smoking, packs per day:	If currently smoking, tried to quit_____times
Caffeine Use:	Never	Type of caffeine:		Cups/cans per day:	
Alcohol Use:	Never	Occasionally	Number of drinks/week	Do you ever drink more than three drinks per day? Yes / No	

ALLERGY INFORMATION

	Cause: Medicine/Food/Preservative	Please Describe Reaction or Side Effect (rash, nausea, constipation, drowsiness, dizziness, etc.)
Allergies:		

MEDICATION INFORMATION

Please list ALL prescription and non-prescription medications, vitamins, and herbs

Medication	Strength	Directions	What you use it for

PERSONAL MEDICAL HISTORY

Please indicate if you have ever experienced any of the following conditions listed.

Anxiety	Yes	No	Arthritis	Yes	No
Asthma	Yes	No	Cancer	Yes	No
Bleeding disorder	Yes	No	Depression	Yes	No
Diabetes	Yes	No	Epilepsy (seizures)	Yes	No
Glaucoma	Yes	No	Hay fever (allergies)	Yes	No
Heart attack (myocardial infarction)	Yes	No	Heart failure	Yes	No
High blood pressure (hypertension)	Yes	No	High cholesterol (Hyperlipidemia)	Yes	No
Insomnia	Yes	No	Kidney disease	Yes	No
Lung disorder (COPD/emphysema)	Yes	No	Migraine headaches	Yes	No
Osteoporosis	Yes	No	Stroke	Yes	No
Thyroid disorders	Yes	No	Ulcers or heartburn /GERD	Yes	No
Attention deficit disorder/ADHD	Yes	No	Chronic pain	Yes	No
Other:			Other:		

Do you currently exercise?	Never	Regularly	Times per week:	Average number of minutes per workout:

Immunization History: Screened by pharmacy

Review of Systems

Please circle if you are CURRENTLY experiencing any of the following.

General	Weight gain/loss	Headache	**Head, Ear, Eye**	Changes in vision
	Fatigue	Dizziness		Changes in hearing
				Sore mouth
				Bloody nose
Cardiovascular	Chest pain	Palpitations	**Respiratory**	Shortness of breath
	Dizzy when rising	Bleeding		Cough
				Wheezing
				Sputum
				Chest Tightness
Digestive	Heartburn	Nausea/vomiting	**Mood**	Changes in sleep pattern
	Abdominal pain	Diarrhea		Suicidal thoughts
				Difficulty focusing
	Constipation			Anxiety
Extremities	Excessive bruising	Numbness/tingling	**Muscles/Bones**	Back pain
	Rash	Foot sores		Joint pain
				Muscle weakness
				Muscle pain
				Muscle cramps
Neuro	Memory loss	Fainting	**Genitourinary**	Blood in urine
	Migraine headaches			Impotence
				Incontinence
				Burning

To be Completed at the Pharmacy

Immunizations needed per screening:		**Blood Pressure**	

Drug Therapy Problem

O Dosage Too Low

- ☐ Wrong dose
- ☐ Frequency inappropriate
- ☐ Drug interaction
- ☐ Duration inappropriate
- ☐ Incorrect administration

O Dosage Too High

- ☐ Wrong dose
- ☐ Frequency inappropriate
- ☐ Duration inappropriate
- ☐ Drug interaction
- ☐ Incorrect administration

O Ineffective Medication

- ☐ More effective drug available
- ☐ Condition refractory to drug
- ☐ Dosage form inappropriate
- ☐ Not effective for condition
- ☐ Contraindication present

O Needs Additional Drug Therapy

- ☐ Untreated condition
- ☐ Preventative/prophylactic
- ☐ Immunizations
- ☐ Synergistic/additive effect

O Unnecessary Drug Therapy

- ☐ No medical indication
- ☐ Duplicate therapy
- ☐ Nondrug therapy indicated
- ☐ Addictive/recreational
- ☐ Treating avoidable ADR

O Experiencing Adverse Drug Reaction

- ☐ Undesirable effect
- ☐ Unsafe drug for patient
- ☐ Drug interaction
- ☐ Dose administered/changed too rapidly
- ☐ Allergic reaction
- ☐ Contraindications present
- ☐ Incorrect administration

O Adherence

- ☐ Directions not understood
- ☐ Patient prefers not to take
- ☐ Patient forgets to take
- ☐ Cannot swallow/administer
- ☐ Drug product not available
- ☐ Inappropriate administration technique

O Cost Containment

- ☐ Patient cannot afford
- ☐ Generic alternative available
- ☐ Pill splitting indicated
- ☐ More cost effective medication available

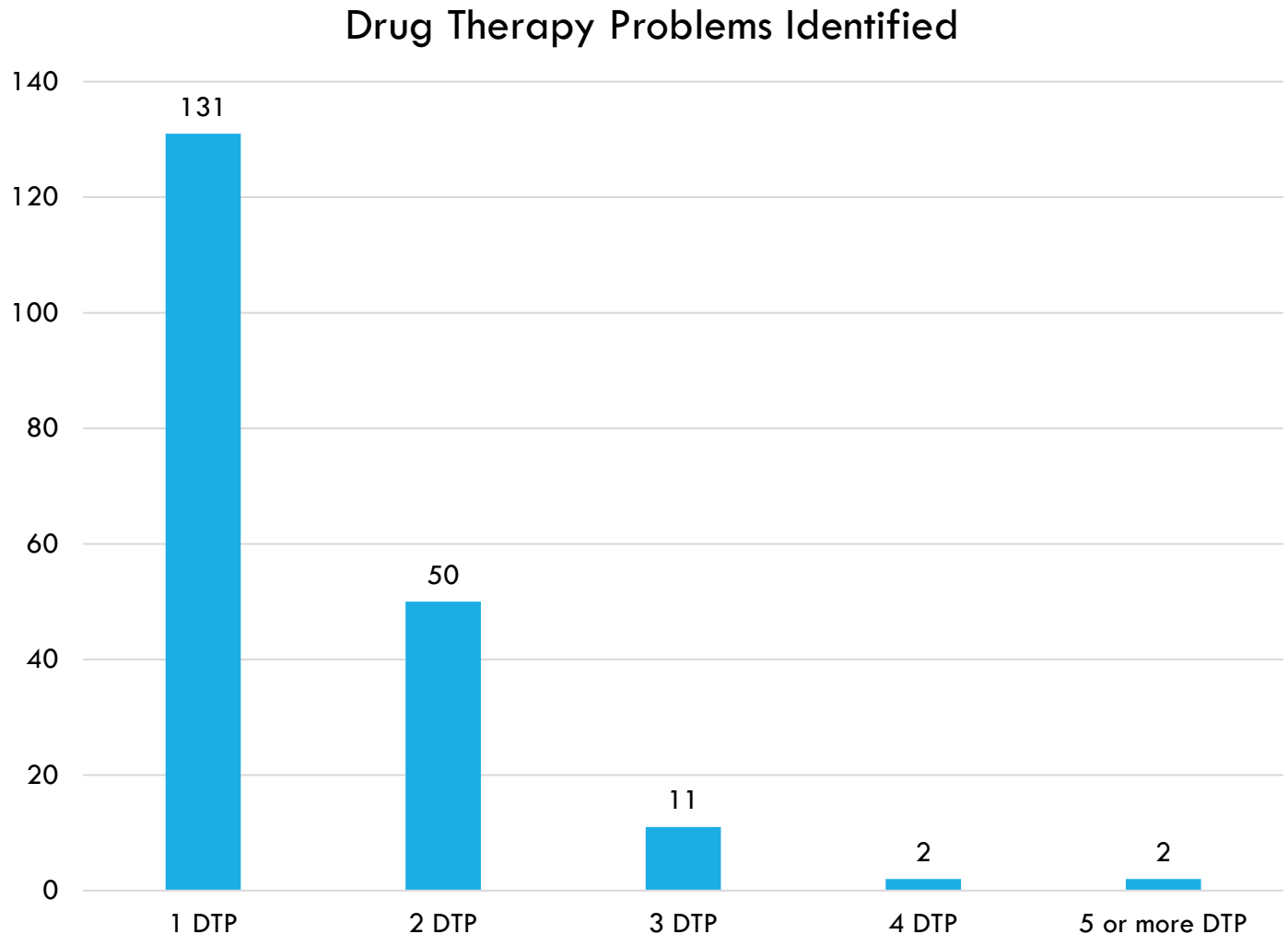
Summary:

Provider contacted YES / NO

MTM – STUDENT INTERVENTIONS

2021-2022

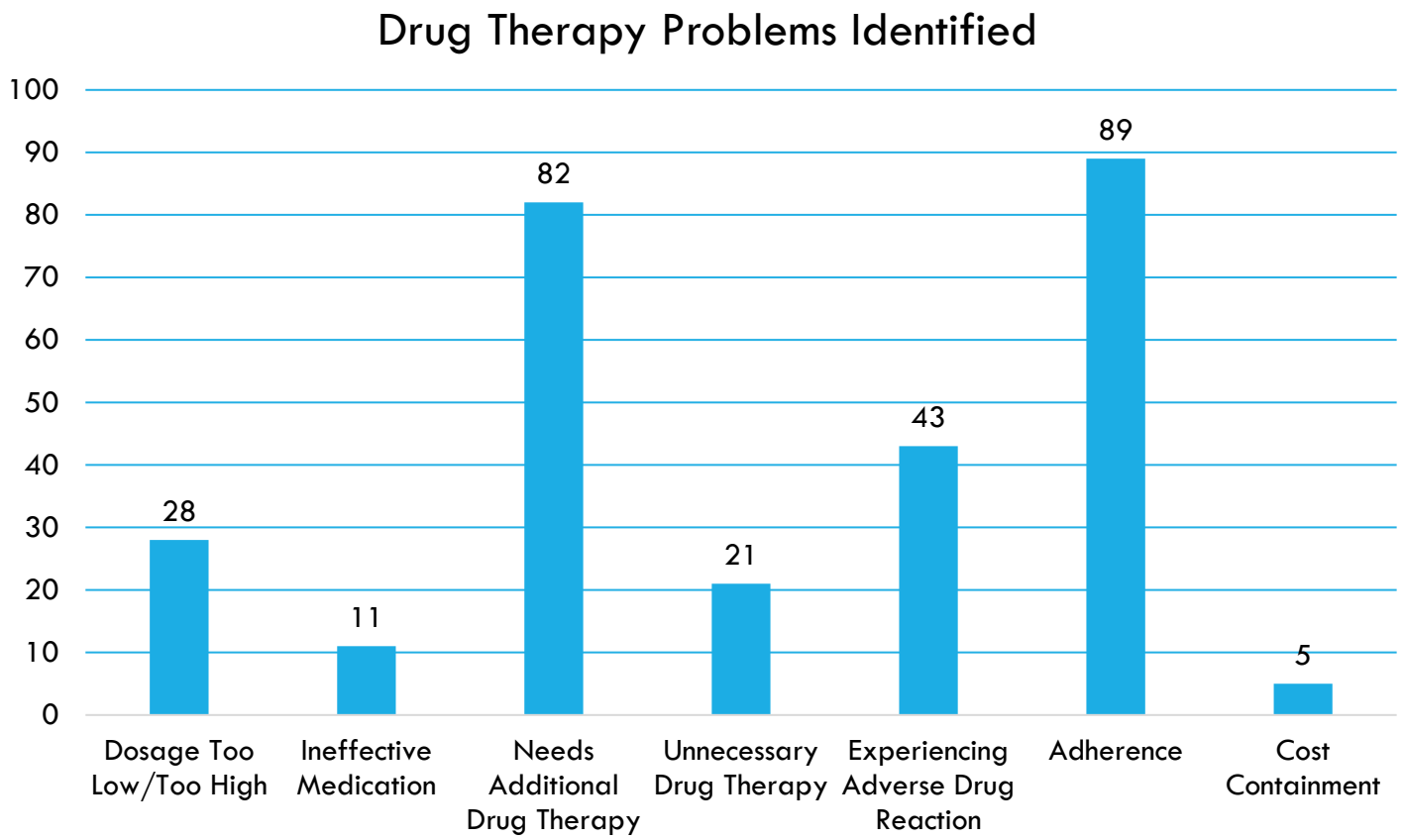
- 214 MTMs conducted
  - Provided thru 3rd Party:
    - Medicaid (n=8)
    - Payable Platform (n=147)
    - Not paid (n=48)
- Chronic Disease Addressed:
  - Hypertension (n=151)
  - Diabetes (n=104)
  - High Cholesterol (n=71)
- How long did this intervention take? *
  - Less than 15 minutes – (n=68)
  - 15 to 30 minutes – (n=103)
  - 30 to 45 minutes – (n=39)
  - 45 to 60 minutes – (n=2)
  - More than 60 minutes – (n=2)



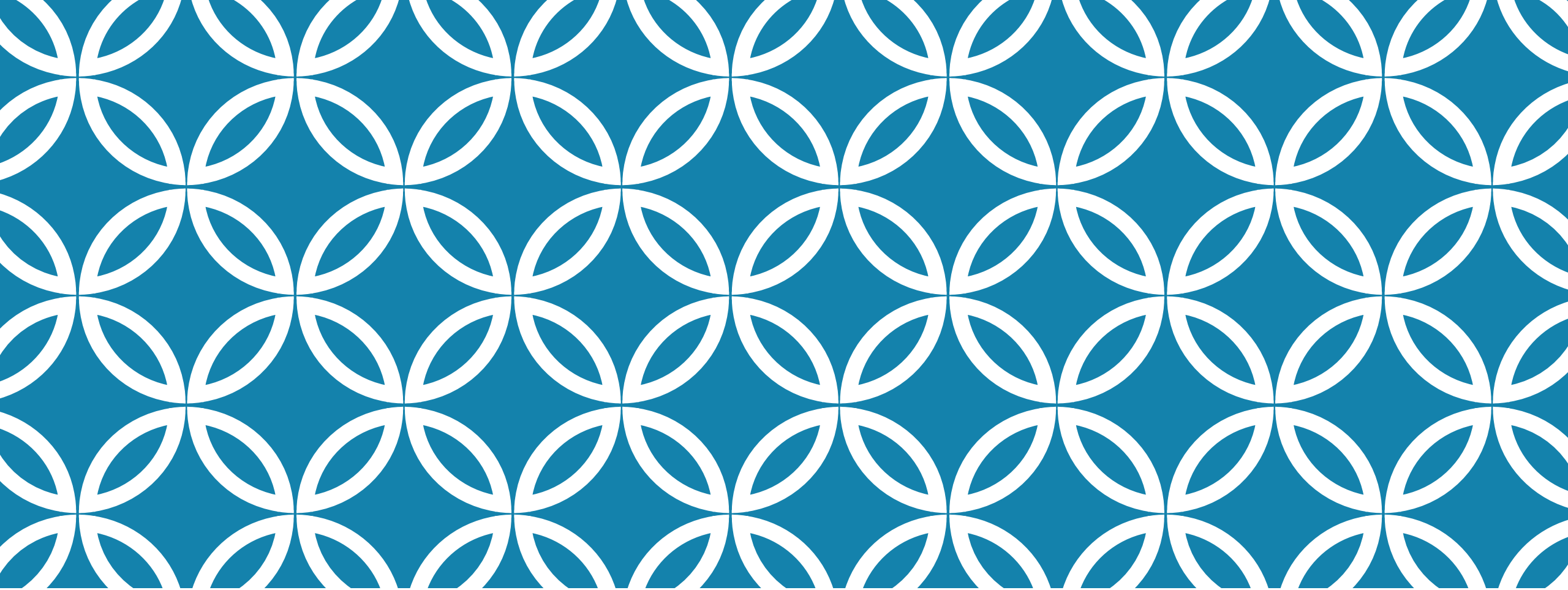
MTM – STUDENT INTERVENTIONS

2021-2022

- Drug Therapy Problems
  - A total of 282 were identified



- Dosage Too Low/Too High (n=28)
  - Wrong dose (n=13)
- Ineffective Medication (n=11)
  - More effective drug available (n=4)
- Needs Additional Drug Therapy (n=82)
  - Untreated condition (n=16)
  - Preventative/prophylactic (n=14)
  - Immunizations (n=42)
- Unnecessary Drug Therapy (n=21)
  - No medical indication (n=3)
  - Duplicate therapy (n=10)
- Experiencing Adverse Drug Reaction (n=43)
  - Undesirable effect (n=24)
- Adherence (n=89)
  - Directions not understood (n=10)
  - Inappropriate administration technique (n=6)
  - Patient prefers not to take (n=9)
  - Patient forgets to take (n=53)
- Cost Containment (n=5)



ADDITIONAL TRAININGS

BLOOD PRESSURE PROTOCOL TRAINING

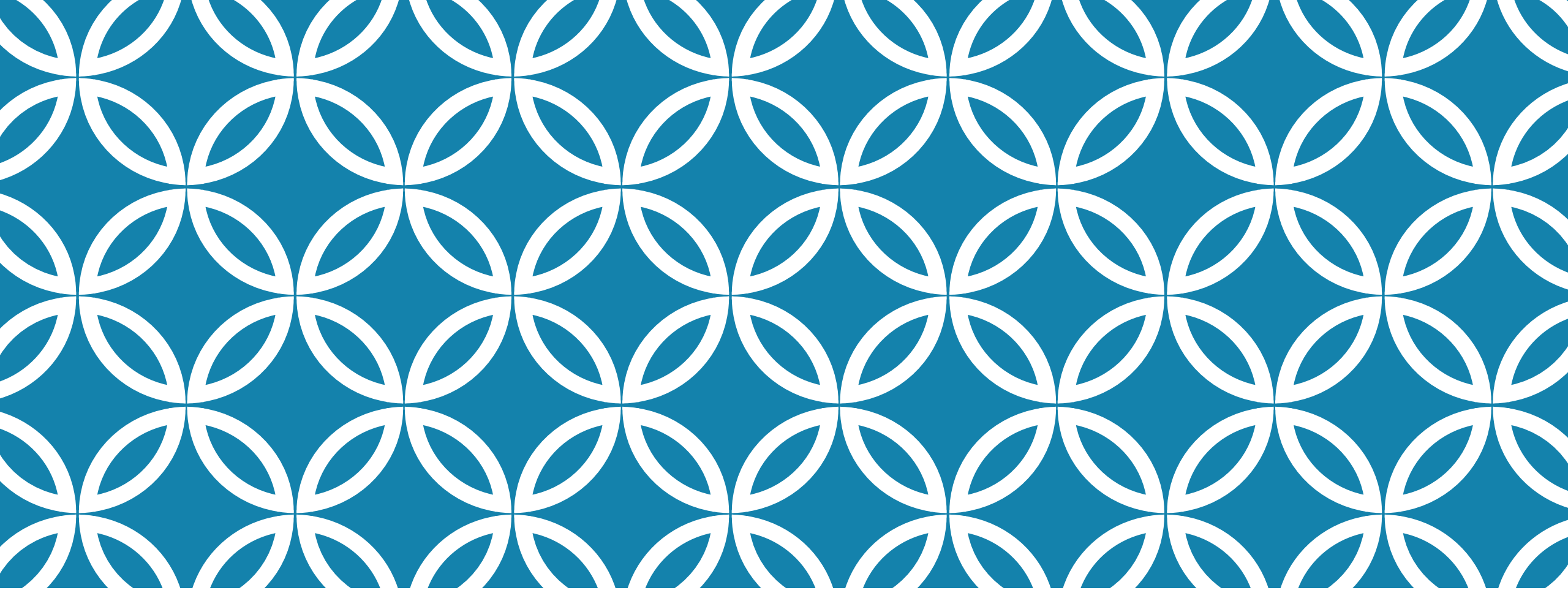
Created in conjunction with the ND Million Hearts Program, and in collaboration with the ND Department of Health.

Over 3,500 medical and allied health professionals have attended.

Evaluations indicate that over 92% of attendees were taking blood inaccurately and WILL make a change to their process.

Training Objectives:

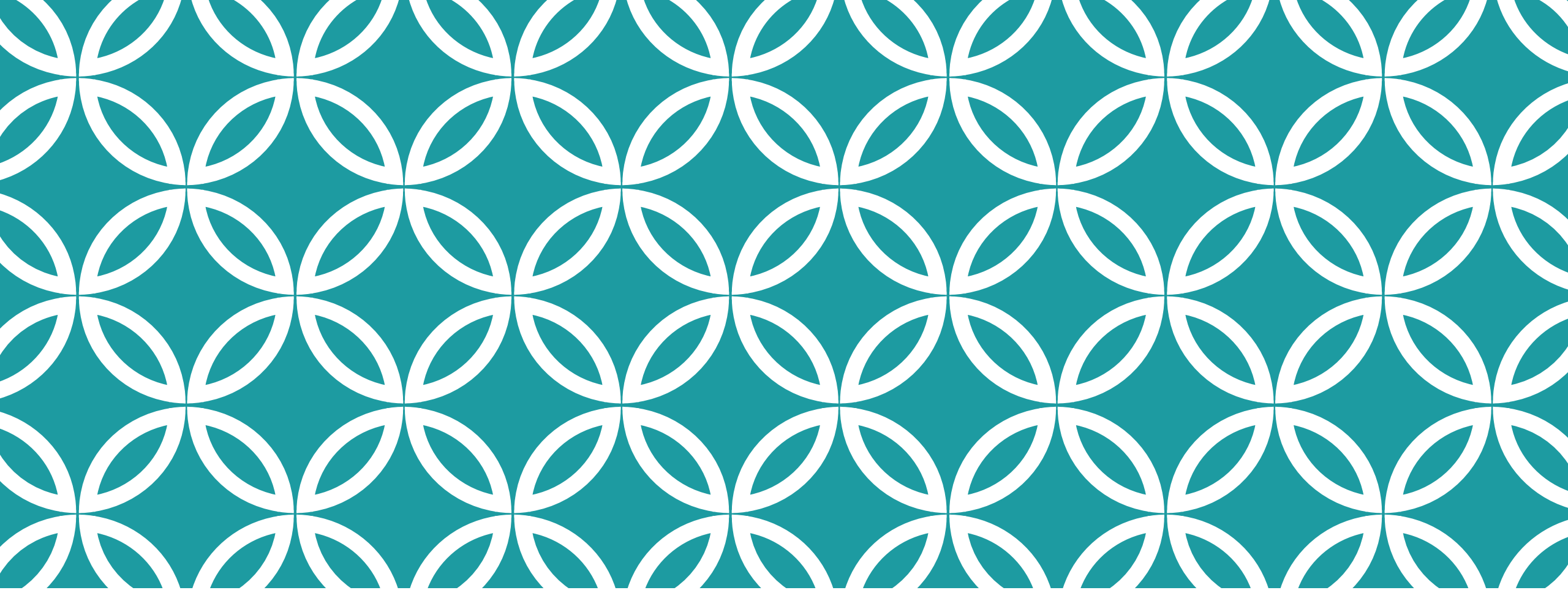
- Identify prevalence of Hypertension in ND
- Explain why accuracy in measurement of blood pressure is critical
- Identify lifestyle recommendations to lower blood pressure
- Recommend tools for education, workflows & review approved community-based protocol
- Demonstrate proper sizing of BP cuffs and demonstrate proper technique for taking blood pressure in an ambulatory setting
- Discuss alternate blood pressure measurement sites



PHARMACY MANUAL

2300 PROGRAM

STUDENT MANUAL



VIRTUAL BINDER OF RESOURCES

BINDER OVERVIEW

Program Contact Information

Enhancing MTM: Pilot Program User Guide

Pharmacy Rotation: Forms, Documents and Data Collection
- Paper forms for Qualtrics Patient Care
- Health History/MTM form
- DTP identification form

Immunization Resources

Hypertension and Self-Measured Blood Pressure Resources

Prediabetes Resources

Diabetes Resources

Lifestyle Modification Resources

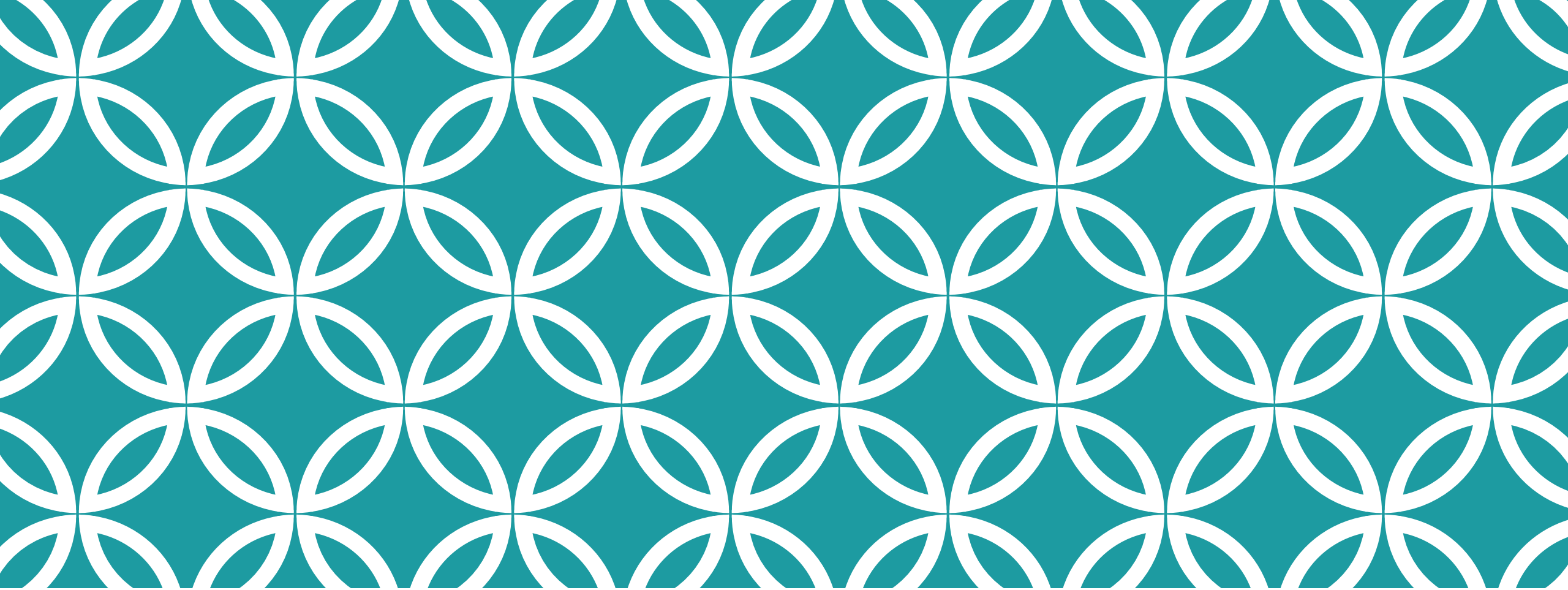
Motivational Interviewing Resources

Copy of Student MOU

Virtual Binder

1815/2300 MTM Pharmacy Student/ Preceptor Training

May 18, 2023



QUESTIONS?

MTM STUDENT PHARMACY PROJECT

Patient Engagement

NDPhA NORTH DAKOTA PHARMACISTS ASSOCIATION

NDSU SCHOOL OF PHARMACY

NORTH Dakota | Health & Human Services

Be Legendary.

HOW TO ENGAGE

- Think about how to take this to the next level.
- There are no perfect patients.
  - What are you able to help them with?
- How do you use what you know about patients to engage with them?
  - What is their motivation?
    - Do you need to help them identify their motivation?
  - Communication
    - Patient friendly language
      - Health Literacy
      - Cultural considerations/preferences
  - Build Rapport
    - Meaningful and achievable goals for patient

"A strong clinician-patient relationship is the cornerstone to any successful patient engagement and therapeutic paradigm, including participation in the decision-making process and patient adherence to treatment recommendations."
(Figge, 2016)

THE IMPORTANCE OF PATIENT FOLLOW-UP CARE

Timely follow-up with patients is vital for ensuring they're **moving forward** with the prescribed treatment plan, such as undergoing testing and taking their medications. In addition to increasing the likelihood of a **positive outcome**, a medical follow-up is critical for **minimizing safety and liability concerns.**

- *By Gallagher Healthcare*

PATIENT INTERACTION

Follow-up

- Not just “screening to screen”

Responsibility as a health professional

Have those difficult conversations

- The more you practice, the easier it becomes

Lessons Learned

Gaps

REPORTING REQUIREMENTS

Pre-Rotation Survey

Patient care tracking

- Student Weekly Task Log
- MTM Health Information Form
- Drug Therapy Problem Worksheet

Post Rotation Survey

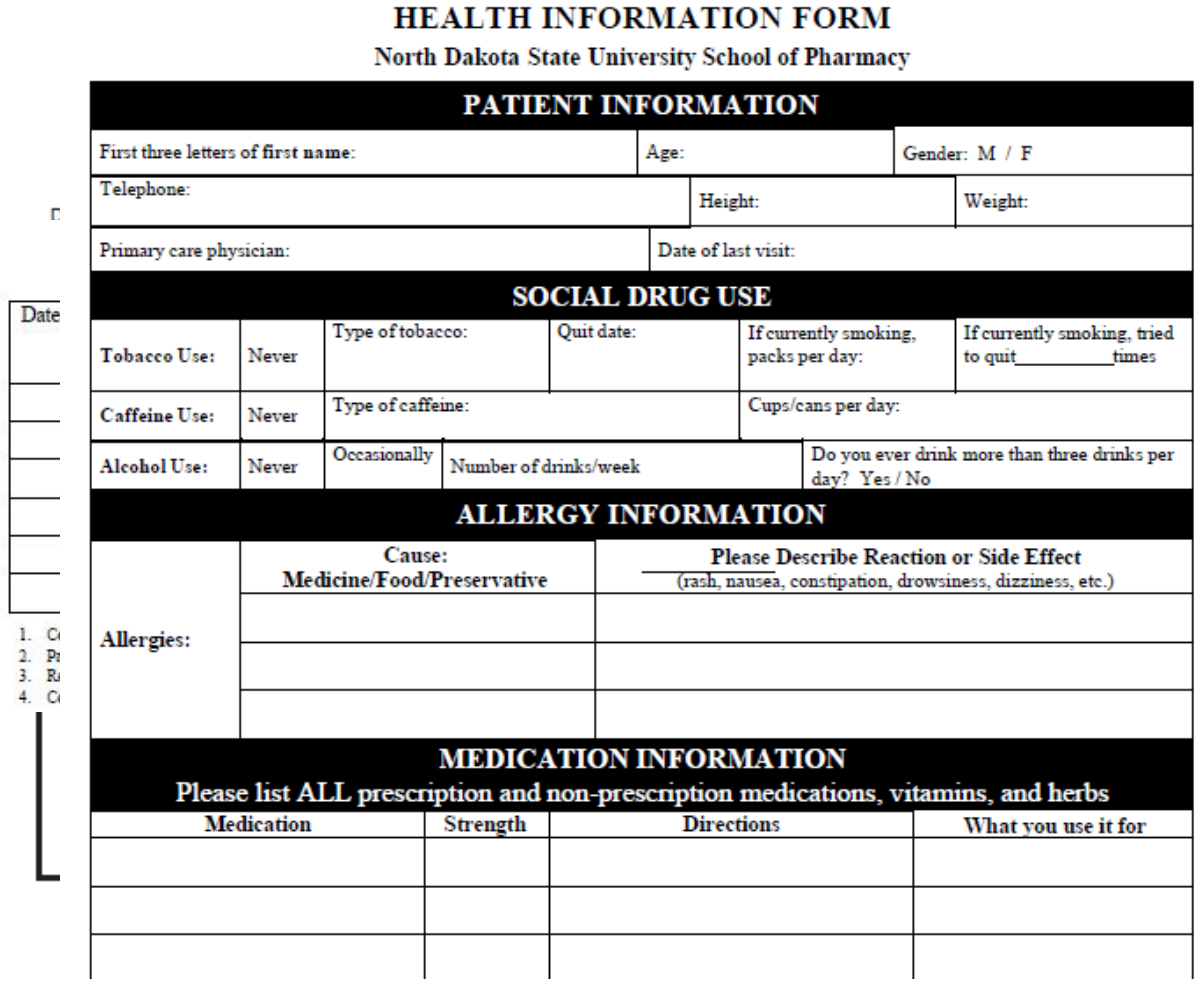
Others

- Ratings of preceptor
- Reflection
- Preceptor rating of students

Outcomes

- Weekly data tracking reports
- No patient identifiers reported to us

Determined by the Institutional Review Board (IRB) at NDSU as quality control.



HEALTH INFORMATION FORM

North Dakota State University School of Pharmacy

PATIENT INFORMATION			
First three letters of first name:	Age:	Gender: M / F	
Telephone:	Height:	Weight:	
Primary care physician:	Date of last visit:		

SOCIAL DRUG USE					
Tobacco Use:	Never	Type of tobacco:	Quit date:	If currently smoking, packs per day:	If currently smoking, tried to quit_____times
Caffeine Use:	Never	Type of caffeine:		Cups/cans per day:	
Alcohol Use:	Never	Occasionally	Number of drinks/week	Do you ever drink more than three drinks per day? Yes / No	

ALLERGY INFORMATION		
Allergies:	Cause: Medicine/Food/Preservative	Please Describe Reaction or Side Effect (rash, nausea, constipation, drowsiness, dizziness, etc.)

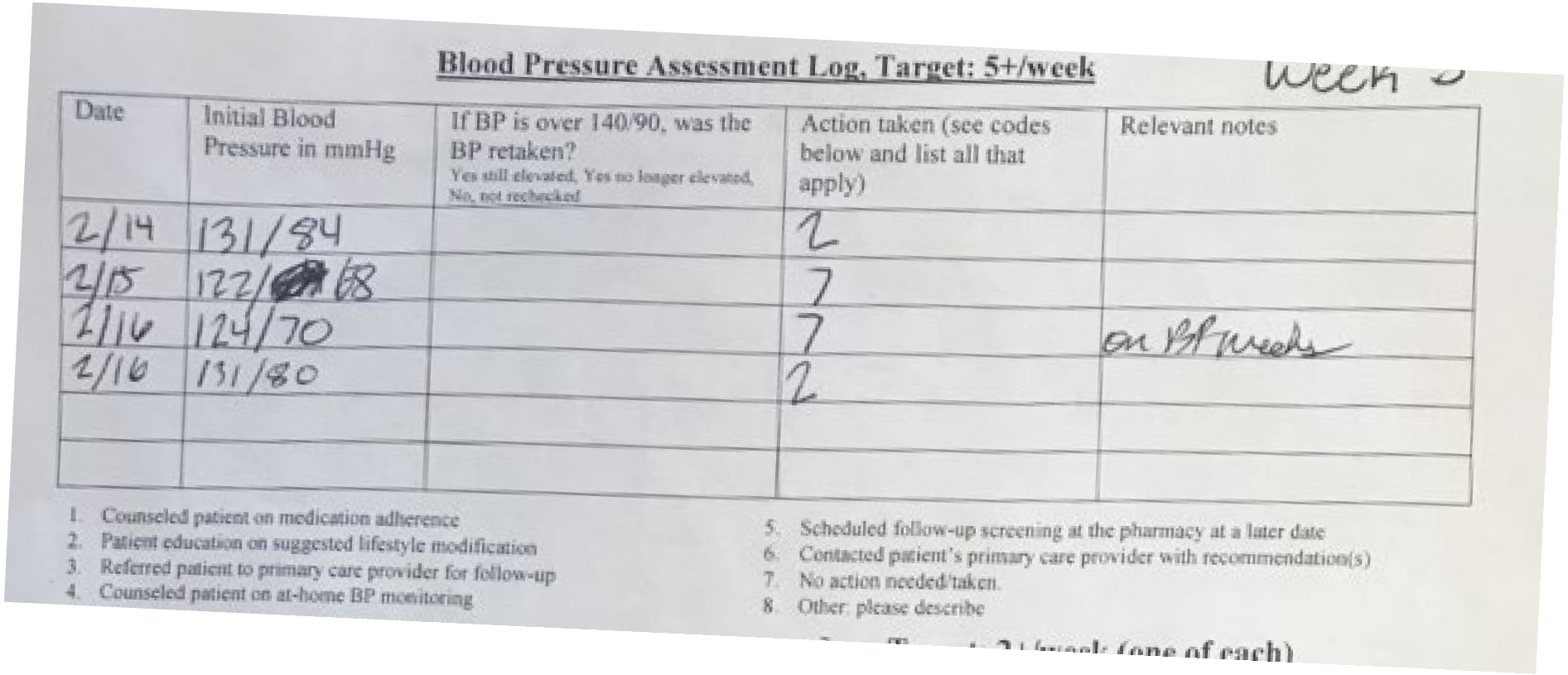
MEDICATION INFORMATION

Please list ALL prescription and non-prescription medications, vitamins, and herbs

Medication	Strength	Directions	What you use it for

SURVEYS FOR PERFORMANCE TRACKING

MTM Student Data Tracking



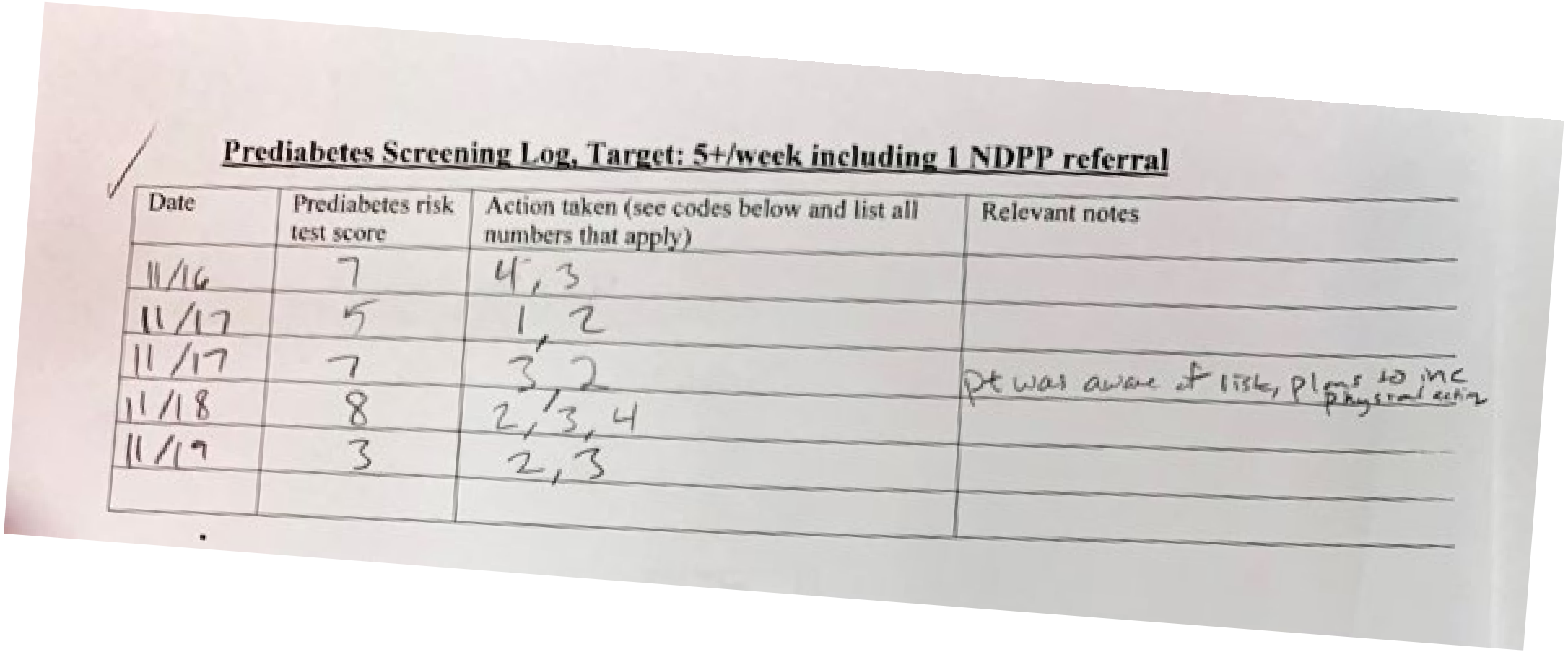
Blood Pressure Assessment Log, Target: 5+/week

Week 2

Date	Initial Blood Pressure in mmHg	If BP is over 140/90, was the BP retaken? Yes still elevated, Yes no longer elevated, No, not rechecked	Action taken (see codes below and list all that apply)	Relevant notes
2/14	131/84		2	
2/15	122/[redacted]68		7	
2/16	124/70		7	on BP meds
2/16	131/80		2	

1. Counseled patient on medication adherence
2. Patient education on suggested lifestyle modification
3. Referred patient to primary care provider for follow-up
4. Counseled patient on at-home BP monitoring
5. Scheduled follow-up screening at the pharmacy at a later date
6. Contacted patient's primary care provider with recommendation(s)
7. No action needed/taken.
8. Other: please describe

SURVEYS FOR PERFORMANCE TRACKING



Prediabetes Screening Log, Target: 5+/week including 1 NDPP referral

Date	Prediabetes risk test score	Action taken (see codes below and list all numbers that apply)	Relevant notes
11/16	7	4, 3	
11/17	5	1, 2	
11/17	7	3, 2, 1	Pt was aware of risk, plans to inc physical activity
11/18	8	2, 3, 4	
11/19	3	2, 3	

SURVEYS FOR PERFORMANCE TRACKING

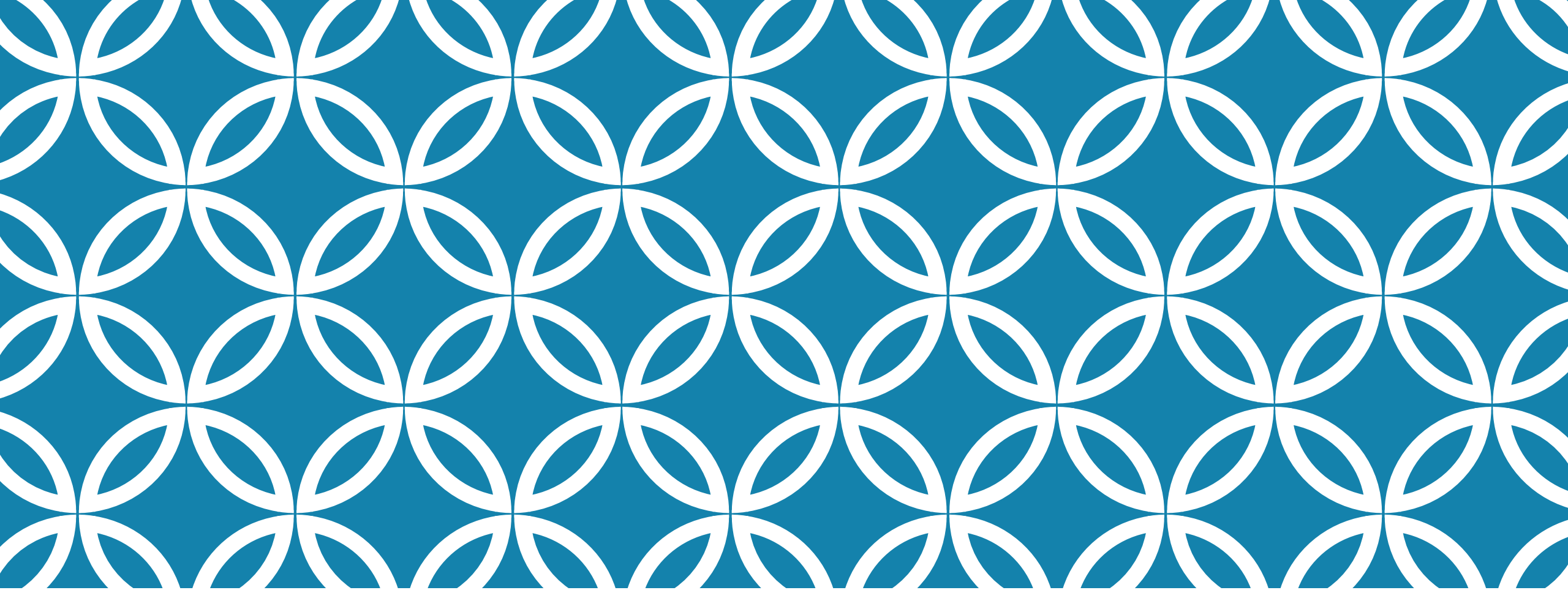
Medication Therapy Management (Comprehensive Medication Review)

Target: 2+/week for each hypertension and diabetes

Date	Chronic Disease(s) addressed:	Was the MTM done thru…? Medicaid, Payable Platform, Not paid.	Complete Drug Therapy Problem worksheet. Relevant notes:
3/22	(HTN) (DM) Chol.	Payable Platform	no drug therapy problems. Patient adherent
3/22	(HTN) DM (Chol)	Payable Platform	don decrease on Brilinta, notified patient of new Rx for next fill.
3/22	(HTN) DM Chol.	Payable Platform	CMR. patient on acyclovir treatment for cold sores. she stated one tube lasts 1-2 years. I told her to monitor the expiration date.
3/23	HTN DM Chol. Asthma	Medicaid	Non-adherent to asthma medication. Patient forgets to take so we discussed strategies to help him remember.

QUESTIONS?

- Scholarship money awarded
- Scholarship banquet (attendance)
- How often will we be checking in on them? 1-2 times per rotation.
  - Who will monitor Qualtrics? Tiffany Knauf and Dr. Skoy
- Who do they contact with issues?
  - Preceptor (day to day questions, patient specific questions)
  - NDSU (start here if preceptor can't answer and/or issue with preceptor)
  - NDPhA (manual or process questions for implementation)
  - NDDoH (survey functionality issues)



QUESTIONS?

Thank you!