



The Resident Star

By The University of Washington
Community Pharmacy Residents

September 2012



Resident Project and Clinical Service

Redefining the Delivery of Medication Therapy Management to Independent Living Seniors

By Matt Weisser. Pharm.D. Bartell Drugs Pharmacy Resident

Senior citizens are increasingly becoming reliant upon medications to manage chronic diseases such as diabetes, hypertension, and hyperlipidemia. With the increased awareness among healthcare providers, insurers and the public regarding the risks of polypharmacy in seniors, it is clear that the role of pharmacists will continue to grow in importance to help prevent drug related morbidity and mortality, improve patient health outcomes, and reduce healthcare expenditures. It is keeping with these goals in mind, that I am designing my residency project around providing off-site MTM to a community of independent living seniors.

The community of independent living seniors that I reached out to for this project is the Senior Housing Assistance Group, also known as SHAG. SHAG is the largest non-profit organization who provides housing to low-mid income seniors in the Puget Sound Region with 28 facilities scattered throughout western Washington. What stood out for me with this group and inspired me to develop an MTM study with this organization, is that although residents are by definition 'independent living',

many are potentially one fall, or one serious medical event away from being forced into Assisted Living. Additionally, because residents are low income, many may not have reliable transportation, or may have physical disabilities that prevent them from traveling to a pharmacy or clinic, traveling to them would solve this issue.

Ultimately, my study will be a prospective, off-site, quasi experimental net benefit designed study. The primary objective will be to evaluate the clinical and humanistic impact of pharmacist provided MTM to independent living seniors with diabetes. I hope to recruit ~40 residents between the ages of 55-100 years, with type 2 diabetes. One group will receive an MTM consultation along with a diabetes lifestyle education consultation, with another group receiving just diabetes lifestyle education consultation. Pre and post intervention clinical (HbA1c, blood pressure, fasting blood glucose, fasting lipid panel) and humanistic (scores on validated diabetes, hypertension, hyperlipidemia questionnaire) outcomes will be measured.

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Utilizing Flu Shot Clinics as a Means to Advance Community Pharmacy Practice

As summer 2012 comes to a close in the Puget Sound region, fall has begun to show and with it flu season has arrived. Generally recognized as running from October to May, flu season is now in full swing and with it begins the great effort by pharmacies and pharmacists to provide the great public health effort that is mass flu immunizations.

As a resident at Bartell Drugs, I am responsible for coordinating and actively participating in the many corporate and off-site flu clinics that my program site will provide this flu season. These clinics consist of one or more pharmacists traveling to organizations and businesses to provide immunizations to employees, residents, etc. I enjoy participating in these clinics as they allow me to get out from my desk or the pharmacy counter to meet patients at their community residence or place of business to provide this important public health service to them. We work with companies and

organizations of all sizes, and in many different industries. I find it interesting how many of the patients I encounter are still unaware of the level of training and education that myself and others who are pharmacists have received, and I always make it a point help educate them on our role as healthcare providers.

Advocating for the pharmacy profession can take many forms and occur in many settings, and although we still have a long way to go to gain the recognition we deserve as healthcare providers, even my limited experience participating in these clinics convinces me that recognition will come sooner than later!



Calendar of Upcoming Pharmacy Meetings & Events

October 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 <i>APhA October is National Pharmacists Month Abstracts for APhA Annual Meeting due</i>	2	3 <i>AMCP 2012 Educational Conference Oct. 3-5 Cincinnati, OH</i>	4	5	6
7	8 <i>Resident IRB Review Meeting 4:30-5:30pm @HSB School of Pharmacy conference room, H-375 Resident Journal Club meeting 6:00-8:30pm @ Sonrisa Restaurant</i>	9	10	11	12	13 <i>NCPA 114th Annual Meeting Oct 13-17 San Diego, CA</i>
14	15 <i>ATSU Pharmacy Resident Lecture 1-2pm @HealthPoint by Ashley Burress</i>	16	17	18	19	20
21 <i>ACCP 2012 Annual Meeting Oct 21-24 Hollywood, FL</i>	22	23	24 <i>UWSOP Residency Day, 3:30-6:30pm @ South Campus Center Room 316</i>	25	26 <i>APhA-ASP Region 7 MRM Oct. 26-28 Spokane, WA</i>	27
28	29 <i>ASHP midyear Poster presentations posted</i>	30	31			

November 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2 <i>WSPA Annual Meeting, Nov 2-4 Great Wolf Lodge Grand Mound, WA</i>	3
4	5	6 <i>ATSU Pharmacy Resident Lecture 1-2pm @HealthPoint By Matt Weisser</i>	7 <i>ASCP Annual Meeting Nov 6-9 National Harbor, MD</i>	8 <i>WSBOP Business Meeting @Highline Community College 9:00am</i>	9	10
11	12	13	14	15 <i>APhA Foundation Incentive Grant Applications due</i>	16	17
18	19	20	21	22	23	24

Resident Project and Clinical Service

Development of an Interactive Survey on Employee Attitudes of Employer Sponsored Health Wellness Programs

By Jennifer Wang, Pharm.D, QFC Pharmacy Resident



Quality Food Centers (QFC) offers four pharmacist-run health coaching programs to its employees. The four health coaching programs are: smoking cessation, diabetes, heart healthy, and fitness, nutrition & weight loss. These health coaching programs have demonstrated clinical improvement in diabetes management and cardiovascular health. However, out of 464 eligible employees, less than 5% of employees participate in these wellness programs. Eligible participants are those who meet one of the following criteria: blood pressure $\geq 140/90$, LDL ≥ 160 , blood glucose ≥ 126 , and BMI ≥ 29 . In order to address poor participation, an interactive survey will be created to identify the employee barriers as well as provide specific response based education to address those barriers.

Targeting Employee Health Through Biometric Health Screenings

Each year, QFC offers biometric health screenings to eligible employees. To improve health outcomes and participation, for each health target met, the employee is given a \$100 incentive that can be used towards their deductible also allows them to choose their medical plan. The four health targets are: blood pressure $< 140/90$, LDL < 160 , blood glucose < 126 , and BMI < 29 . For every health target that was not met the previous year, but met this year, employees earn an extra \$50. As a resident, I am responsible for conducting health screenings and educating participants on lifestyle modifications and ways to meet the health targets for the following year. In addition to health screenings during the fall, I am actively involved with vaccination clinics for our QFC stores and assisted living homes.



News from Amber!

Amber Glass, R.Ph, MPH Residency Program Director



I consider it an honor to be working with such a bright and motivated group of residents this year! Your residency sites all offer excellent opportunities for innovative pharmacy practice and take advantage of the progressive pharmacy practice laws of our state. This is truly a great time to be a pharmacist!

I want to thank Matt Weisser for stepping up and creating our newsletter format and to both Matt and Jennifer Wang for being the first residents to write this newsletter. You have done an awesome job!

Improving Patient and Health System Outcomes through Advanced Pharmacy Practice

Some of you are aware that one of our residents, Sara McElroy, served as the APhA-ASP National President last year. In this capacity she worked closely with APhA and U.S. Attorney General, Regina Benjamin, to develop a critical report: "Improving Patient and Health System Outcomes through Advanced Pharmacy Practice." This report provides the evidence health leaders and policy makers need to support evidence-based models of cost effective patient care that utilizes the expertise and contributions of our nation's pharmacists as an essential part of the healthcare team.

Focus Point 1:

Discusses how pharmacists are already primary care providers integrated into primary care. This focus point reviews collaborative practice agreements, builds upon the need to expand primary care and highlights advanced practice settings where pharmacists make positive impacts.

Focus Point 2:

Highlights the need for pharmacists to be recognized as health care providers. This focus outlines Advance Pharmacy Practice Models, compares pharmacy education and residency to other non-physician practitioners, and provides an overview of certifications available to pharmacists. It summarizes that while each practice setting can set their requirements it

should "remain flexible enough to allow for all qualified and competent pharmacists the opportunity to improve outcomes."

Focus Point 3:

Advocates for compensation of the pharmacist. "Pharmacists who demonstrate positive patient and health system outcomes, and perform a level of care with similar impact to Nurse practitioners Physician Assistant, or Physicians need to be equally compensated." This focus point describes legislation for CMS and Social Security Recognition of pharmacists and current reimbursement models for pharmacists.

Focus Point 4:

Outlines and collates data from 2000-2010 that shows the positive patient and health outcomes to validate this model. Focus Point 4 demonstrates that better utilization of the pharmacist can improve many measures of care, safety, satisfaction, etc. The WSPA and the pharmacy profession are utilizing this report in their work with health care leaders and policy makers to implement the recommendations contained within the report. The full report and the support letter signed by Dr. Benjamin can be found at: <http://www.usphs.gov/corpslinks/pharmacy/comm/s/sqreport2011.asp>

Clinical Community Pharmacists' Collaborative Practice Agreement

There is a new innovative clinical pharmacy project that will be conducted in the state of Washington and is targeted to be implemented in Jan. 2013. This project is being developed with leading community pharmacists in our state that involves the development and implementation of a Clinical Community Pharmacists' Collaborative Practice Agreement. The project will support pharmacist work in collaboration with primary care providers to assure increased access to health care and follow-up. There will be a CE session at the WSPA meeting at Great Wolf Lodge in Grand Mound, WA Nov 2-4 that will provide additional information. I encourage all of you to attend this meeting and learn more about this exciting new project

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