



An official publication of the American Pharmacists Association

Pharmacy Today



Visit www.pharmacytoday.org



Counseling tips for older patients 36

Provider communication essential to MTM 40

Drugs and driving in older patients 41

◀ Seeds sown in residency help Wilson expand MTM, patient care services 52

Medical marijuana: Health professions weigh in 62



American Pharmacists Association
Improving medication use. Advancing patient care.

APhA



Community pharmacy residency inspires MTM vision

Justin Wilson, PharmD, transforms practice to focus on patient care

Justin Wilson, PharmD, credited his community pharmacy residency with leading to the launch of patient-oriented services, such as medication therapy management (MTM) programs and diabetes education and management, now offered in his Valu-Med Pharmacy in Midwest City, OK. Wilson spent his residency under the mentorship of preceptor Matt Osterhaus, BSP Pharm, owner of Osterhaus Pharmacy in Maquoketa, IA, a practice site for the University of Iowa College of Pharmacy.

Wilson spent his yearlong residency working on a cardiovascular wellness program provided for a local company and providing diabetes education and MTM services at the pharmacy. “You really get about 5 years of experience in that 1 year because it’s so focused,” Wilson told *Pharmacy Today*.

Because the support structure was there at Osterhaus Pharmacy, Wilson was able to learn by example. “You’re still a licensed pharmacist, so you’re doing the work and you’re spending 80% to 90% of your time in the patient care area honing your patient skills,” he said.

After his experience at Osterhaus Pharmacy, Wilson moved back to Oklahoma, determined to change the pharmacy he co-owns with his father, Lonny Wilson, DPh, President of the National Community Pharmacists Association and President and CEO of Pharmacy Providers of Oklahoma. Eight years ago, Wilson transformed Val-Med Pharmacy, which he co-owns with

his father, from one in which pharmacists largely dispensed medication to one where their most important role is to provide MTM services to patients and help them optimize their health.

A patient walking into Valu-Med can take advantage of a variety of patient care services, including diabetes education and management, blood pressure monitoring, and travel clinics. Even if a person needs nothing more than a new prescription to fill, a pharmacist will provide him or her with personalized attention, asking open-ended questions such as, “What did your physician tell you about this medication?” “That one question identifies so many problems,” Wilson said. “If they tell me they’re here for poison ivy and I’m about to give them a blood pressure drug, I know there’s an issue.”

Wilson is driven by patient care. “I didn’t want to be the type of pharmacist who counted pills and got folks in and out the door without ever having that face-to-face contact or relationship,” he said. Not only does his work help his patients—it also helps the pharmacy’s bottom line, he said. The more value Wilson can show to his customers, the more people want to come through the pharmacy’s doors.

Many patients who come into Valu-Med for MTM services and diabetes management begin to fill their prescriptions there, Wilson said. Daily filled prescriptions have more than doubled since Wilson started offering patient care services



in late 2003, and he attributes this increase to the new programs. He has also seen an increase in sales of OTC products.

From idea to action

Jay Currie, PharmD, FCCP, Clinical Professor of Pharmacy at the University of Iowa College of Pharmacy and Director of PGY (postgraduate year) 1 Residency in Community Pharmacy Practice, emphasized the tremendous amount of change it takes to turn a pharmacy that is primarily about dispensing into a pharmacy that places a premium on patient care services. Wilson took on a "huge" project in introducing more patient care services in his pharmacy, Currie told *Today*. "I think there [are] a lot of people out there ... [who say] 'Well, I can't do this. Nobody can do this,'" he said. "Well, Justin did. You've got a lot of people out there doing it."

Valu-Med wasn't set up to do patient care, so Wilson had it gutted and remodeled to include private and semiprivate spaces to counsel patients. He invested in new technologies and retrained his staff. A new robotics system counted tablets and capsules, labeled and capped vials, and sorted these medications by the patients' last names.

Today, this system fills about 50% to 60% of Valu-Med's prescriptions, and technicians handle most of the rest. The biggest change, however, was to give each technician a specific function at a specific workstation during the process of filling prescriptions. An updated bar code scanner system tracks prescriptions through every step of the dispensing process. The change in workflow allowed the pharmacists to spend more

time verify-ing prescriptions, spotting adverse drug interactions, reviewing patient medical history, and directly talking with patients.

In December 2003, Wilson saw his first diabetes management patient, a woman who was picking out a new blood glucose meter after her physician visit in a clinic located in the same building as Valu-Med. After speaking to the woman, Wilson approached her physician to explore whether he was willing to collaborate on diabetes education and management. The physician and patient were both amenable, so Wilson educated the woman about diabetes, addressed her fears about insulin, and helped her find new and less painful ways to check her blood glucose levels. He also monitored her progress and made sure that she kept her routine physician appointments.

Within 3 months, the woman's glycosylated hemoglobin levels had entered the normal range. That physician continues to be the biggest source of referrals for Valu-Med's diabetes management program, Wilson said.

Branching out

Today, Valu-Med provides immunizations, medication adherence programs, and travel tips and services. Wilson has also reworked the family's two other Oklahoma pharmacies, Best Yet Health Mart in Harrah and Scott's Valu-Med Pharmacy in Fort Gibson. He spends about 30% of his time on managerial duties and the rest seeing patients. His father handles much

of the “back end” business tasks, freeing Wilson to work more with patients.

Because some private insurance plans reimburse for pharmacist-conducted patient care services, Wilson sits down with these qualifying patients and reviews all of their medications, looking specifically for drug problems. He also looks for cost-saving opportunities for the patient.

“It’s really a win-win because it’s free to the patient and we’re finding ways to improve their health and, hopefully, save out-of-pocket costs on their medications,” Wilson said.

In a 2005 article in the *Journal of the American Pharmacists Association*, Wilson showed that a pharmacy could turn a profit when providing a clinical service—in his case, a cardiovascular wellness program for employees of a local company, a big project of his in his residency.

Osterhaus believes that pharmacies offering patient care services benefit the entire health care system. “We look at our national health care system and the numbers out there say for every dollar we spend on medications in this country, we spend another dollar fixing the problems these medications cause—rehospitalizations because people get put on the wrong medicine or rehospitalizations or death or serious injury because people don’t understand the medications and don’t take their medicines—so the pharmacists actively being involved in the care of those patients is critical,” Osterhaus said.

The value of education

As Assistant Clinical Professor at the University of Oklahoma College of Pharmacy, Wilson has opened up his pharmacy as a site at which student pharmacists can spend some elective time. He has precepted four residents since

2008. In 2006, the National Community Pharmacists Association named him Preceptor of the Year. “I love my role with students,” he said. “It’s nice to have young energetic pharmacists on the premises. They keep us on our toes.”

The number of residencies in community pharmacy does not meet the demand for them, experts have noted. Data from the American Society of Health-System Pharmacists show that in 2011, only about 110 residency positions in community pharmacy were available in the United States—approximately 5% of all PGY1 residency positions.

Lack of funding is the biggest reason there aren’t more community pharmacy residency programs available, Jim Owen, PharmD, BCPS, Senior Director

of Professional Practice at APhA, told *Today*. Another reason for the shortage is that patient care services offered in pharmacies aren’t completely mainstreamed. For residencies to proliferate, more pharmacies throughout the country need to incorporate patient care services into their practices, Owen explained. Although completing a residency training program would help a pharmacist figure out how to make a pharmacy more patient centered, Wilson said it’s not essential.

“None of this stuff I’m doing is rocket science,” Wilson said. “It’s all something that I think any pharmacist can do. It’s just a matter of figuring out how.”

— Joanna Broder
Contributing writer

Without a residency, can I make a difference?

Residency programs in community pharmacy give pharmacists an opportunity to focus on a more patient-focused, care-based pharmacy practice, according to Matt Osterhaus, BSPharm. Osterhaus is the owner of Osterhaus Pharmacy in Maquoketa, IA, a pharmacy dedicated to providing unique patient care services, such as asthma education and cholesterol management, that one doesn’t see in many pharmacies throughout the country.

Residency programs also provide an opportunity to learn how to perform an outcomes assessment, evaluate a business practice, and teach others, according to Jay Currie, PharmD, FCCP, Director of the PGY (Postgraduate Year) 1 Residency in Community Pharmacy Practice at the University of Iowa College of Pharmacy.

You don’t have to do a residency to practice pharmacy in a more patient-focused manner, however. Regardless of where a pharmacist works, he or she can do the same types of things that Osterhaus does at his pharmacy.

The following tips can help you expand your patient care services:

- Set a firm tone. Tell your employer that you have to spend enough time with patients to make sure they understand their medication before they walk out the door. Say “I’m not going to have the 1-minute conversation that says ‘do you have any questions?’ I’m not going to practice that way.”
- Network. Talk to a nearby school of pharmacy and see if there is a way that your pharmacy and the school can collaborate to create a practice site for students. If the school agrees, then it may be willing to provide some resources, such as training, to teach you how to design patient care programs.
- Partner with like-minded health professionals. Contact your local or state pharmacy association to find other pharmacists interested in patient-focused care in your area. If you can team up with those pharmacists, it will be easier to market your patient-care services to a third party such as a business or an insurance company. A business may bite if you come in and say, “We can do these things for you and that will keep your insurance rates from going up.”
- Use national organizations. Look on pharmacist.com for resources like the PGY1 Community Pharmacy Residency Directory and “The value of community pharmacy residency programs,” a research article published in the *Journal of the American Pharmacists Association*.
- Don’t despair. If your superiors are resistant to patient care programs, you can still be an advocate for the patient. “If somebody wants to change, it’s doable,” Currie said. “It’s just a matter of how much you want to change.”

MTMprofile



Pharmacy
Today

Hear more from
this month’s

MTM pharmacist on our
podcast, available now on
www.pharmacytoday.org