

## Inaugural National Conference

December 3 - 5, 2020 VIRTUAL CONFERENCE



# Roles of the PharmD in Rheumatology Practice

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## Faculty Disclosures

Tegan K. Magsam, PharmD, BCACP, CPP:

Speaker Bureau: Amgen

## Objectives

- Identify traditional pharmacist (RPh) roles
- Discuss the evolution of pharmacist roles
- Evaluate alternative roles for a clinical pharmacist in rheumatology clinics
  - Collaborative practice agreements
  - Clinical Pharmacist Practitioners (CPP)

- Pharmacist education and training continues to evolve
- Pharmacist roles and responsibilities continue to expand
- Embedded clinical pharmacist positions continue to increase and expand into new therapeutic areas
- Great variability of pharmacist roles among rheumatology clinics

- Collaborative practice agreement
  - Legally allows a physician to delegate patient care responsibilities to a pharmacist
- CPP: Clinical Pharmacist Practitioner (in NC)
  - Provide clinical services under the direction of, or under the supervision of a licensed physician

RPh Responsibilities – general, non-clinical

- RPh Responsibilities general, non-clinical
  - Dispensing
  - Screening for interactions
    - Drug-drug
    - Drug-allergy
    - Drug-condition
  - Medication nonadherence
  - Medication-Therapy-Management (MTM)
  - Patient education and counseling

 RPh Responsibilities – embedded clinical pharmacist

- RPh Responsibilities embedded clinical pharmacist
  - Drug information resource
  - Patient education and counseling
  - Verifying infusion orders
    - Drug, dose, frequency, etc.
  - Lab monitoring
  - Refill processing
  - Medication access?
  - Specialty pharmacy responsibilities?

- A challenge facing rheumatology
  - Rheumatology workforce shortage
- Approach to address the workforce shortage
  - Increase presence of clinical pharmacists
  - Expand role of embedded clinical pharmacists

## Collaborative Visit Model

#### **Old Workflow**

MD conducts visit, determines care plan, Rx new meds



MD provides detailed pt education/counseling\*



F/u scheduled with MD

<sup>\*</sup> Disease state, treatment options, care plan, medication info. Abbreviations: CPP, clinical pharmacist practitioner; f/u, follow-up; pt, patient.

## Collaborative Visit Model

#### **Old Workflow**

MD conducts visit, determines care plan, Rx new meds



MD provides detailed pt education/counseling\*



F/u scheduled with MD

#### **New Workflow**

MD conducts visit, determines care plan, +/- Rx new meds



MD provides <u>brief</u> education/counseling\*



CPP provides <u>detailed</u> pt education/counseling\*, +/- prescribes new meds and authorizes refills



F/u scheduled with CPP or MD

<sup>\*</sup> Disease state, treatment options, care plan, medication info. Abbreviations: CPP, clinical pharmacist practitioner; f/u, follow-up; pt, patient.

## Therapy Evaluation & Modification

#### **Old Workflow**

MD dx gout, initiates ULT



F/u with MD in 2-6mo

## Therapy Evaluation & Modification

#### **Old Workflow**

MD dx gout, initiates ULT



F/u with MD in 2-6mo

#### **Alternate Old Workflow**

MD dx gout, initiates ULT



F/u with MD in 4wk

## Therapy Evaluation & Modification

#### **Old Workflow**

MD dx gout, initiates ULT



F/u with MD in 2-6mo

#### **Alternate Old Workflow**

MD dx gout, initiates ULT



F/u with MD in 4wk

#### **New Workflow**

MD dx gout, initiates ULT



F/u with CPP Q4wk



F/u with MD in 2-6mo

## ACR 2020 Gout Guidelines

"For all patients taking ULT, we conditionally recommend delivery of an augmented protocol of ULT dose management by *nonphysician providers* to optimize the treat-to-target strategy that includes patient education, shared decision-making, and treat-to-target protocol."

# Resolution of Medication Issues: Patient Calls

# Pt calls with drug question/problem MA takes message from pt MD reviews message MD gives instructions to MA or calls pt

## Resolution of Medication Issues: Patient Calls

#### **Old Workflow**

Pt calls with drug question/problem



MA takes message from pt



MD reviews message



MD gives instructions to MA or calls pt

#### **New Workflow**

Pt calls with drug question/problem



Message or call directed to CPP



CPP reviews message or speaks w/ pt



CPP gives instructions to MA or calls pt

#### Resolution Medication Issues: Acute Visits

#### **Old Workflow**

Pt needs to be seen prior to scheduled f/u\*



Requires overbooking on MD schedule <u>or</u> acute visit delayed until first available appt or cancellation

<sup>\*</sup> Unable to tolerate or obtain medication, loss of treatment efficacy, etc.

Abbreviations: appt, appointment; CPP, clinical pharmacist practitioner; f/u, follow-up; pt, patient.

#### Resolution Medication Issues: Acute Visits

#### **Old Workflow**

Pt needs to be seen prior to scheduled f/u\*



Requires overbooking on MD schedule <u>or</u> acute visit delayed until first available appt or cancellation

#### **New Workflow**

Pt needs to be seen prior to scheduled f/u\*



Acute visit with CPP



Brief consultation w/ MD only if needed, no/minimal documentation by MD

<sup>\*</sup> Unable to tolerate or obtain medication, loss of treatment efficacy, etc.

Abbreviations: appt, appointment; CPP, clinical pharmacist practitioner; f/u, follow-up; pt, patient.

## **Concluding Thoughts**

- Clinical pharmacists embedded in rheumatology clinics
  - Can help fill gaps in workforce shortage
  - Possess a unique skill set & training
  - Can perform variety of responsibilities
- Adapting to clinic needs
- Other considerations
  - Rheumatology education & training, state pharmacy practice laws, billing & reimbursement, justification of pharmacist salary

#### References

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## Questions?

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