



NCAP Annual Convention 2018 - Positioning for Influence: from Patient Stories to Pharmacy Vision

“Collaborating for Excellence” Roundtable Discussions Impactful Patient Stories, Innovative Best Practices, Clinical Pearls

Convention attendees will have the opportunity to attend up to 3 roundtables that will be 18 minutes each during a 60-minute roundtable session. A description of each roundtable is provided below:

1. “Diabetes management services in the community pharmacy”

Ashley Abode, PharmD, Clinical Service Coordinator, Realo Discount Drugs, aabode@realodiscountdrug.com

Overview: This roundtable discussion will center around diabetes management and the unique opportunity within a community pharmacy to engage your patients.

Objectives:

- Review reimbursable opportunities for diabetes prevention and management within a community pharmacy
- Review and discuss available curriculum
- Discuss recruitment strategies
- Identify barriers to delivering these services
- Share success stories and challenges

2. “Avoiding the most common and destructive retirement planning mistake”

Todd Bailey, Financial Advisor, KRB Financial, todd@krbfinancialinc.com

Overview: Perhaps you’re doing a good job of saving for retirement, but have you considered the role of taxes in your plan?

Objectives:

- Learn the function of taxation within the various types of investing vehicles.
- Understand the most effective ways to withdrawal income in order to minimize the impact of taxes in retirement.
- Identify new strategies that will enhance your retirement portfolio today.

3. “Impact of Pharmacists on Transitions of Care”

Janna Beavers, PharmD, BCPS-AQ Cardiology, Cardiology Clinical Specialist, WakeMed Health & Hospitals, jbeavers@wakemed.org

Overview: Transitions of care is a hot topic in healthcare, particularly in the world of pharmacy. Pharmacists in various healthcare settings are involved with transitions of care on a daily basis. This session will focus on defining transitions of care and how this will vary based on the practice setting and/or health system. In addition, this session will focus on the role of the pharmacist in providing transitions of care services. Lastly, the group will discuss clinical pearls, current practices, and perceived barriers from various healthcare settings.

Objectives:

- Define transitions of care and how it applies to individual practice settings.
- Understand the role of the pharmacist in transitions of care services.
- Discuss clinical pearls, current practices, and perceived barriers from various healthcare settings.

4. “Tips and Tricks for practice Based Research”

Marianne Billeter, Pharm.D, BCPS Pharmacy Manager, Direct Patient Care, New Hanover Regional Medical Center, marianne.billeter@nhrmc.org

Overview: Pharmacists and Pharmacy Technicians play a vital role in assuring patients receive the most benefit from their medications. Practice based research is used to determine the ‘Best’ medication use processes and ‘Best’ medications in different patient care settings. Ultimately, practice based research will demonstrate real world use of medications that cannot be determined from clinical trials. The facilitator will discuss how to get started with practice based research and give examples of projects that could be studied.

Objectives:

- Identify practice based research topics
- Describe a process to get started with practice based research

5. “Emergency Preparedness and Disaster Management”

Udobi Campbell, PharmD, MBA, Associate Chief Pharmacy Officer, Ambulatory Pharmacy Services, Duke University Hospital, Udobi.campbell@duke.edu

Jennifer Mando-Vandrick, PharmD, BCPS Clinical Pharmacist, Emergency Department, Duke University Hospital, jennifer.mando@duke.edu

Overview: Disaster incidents are events that may happen at a moment’s notice and easily overwhelm a health system’s ability to provide care to all patients. This session will discuss strategies that incorporate pharmacy practice support to the front lines in a disaster incident. The facilitator will review available evidence, processes, and lead discussion on how best to ensure pharmacy services are available to support staff and patient responses in a disaster incident.

Objectives:

- Discuss strategies to ensure ongoing patient care during a disaster incident
- Identify techniques to maintain staff involvement and motivation during a disaster incident

6. “Quality Improvement at the Pharmacy: Solving Problems and Advancing Practice”

Michael Crooks, PharmD, Alliant Quality, Michael.Crooks@area-F.hcqis.org

Jennifer Massey, PharmD, Alliant Quality, Jennifer.Massey@area-F.hcqis.org

Overview: Healthcare Quality Improvement is the applied science of systematic and continuous action that leads to measurable improvement in health services and health outcomes. As our health care systems continue to emphasize quality over quantity the skills of quality assurance, process improvement and performance measurement become more integral to our daily activities. Pharmacists are well-positioned in the healthcare system to both effect better process to improve health outcomes and evaluate the impact of those changes through measurement, tracking and reporting. Join the medication safety team from Alliant Quality, North Carolina’s Medicare Quality Innovation Network – Quality Improvement Organization for this brief, but interactive introduction to the basics of healthcare quality improvement.

Objectives:

- Simple hands-on activity as a problem-solving warm-up
- Short overview of opioid safety at pharmacy for content and the model for improvement.
- Provide and review the activity sheets corresponding to steps in Quality improvement methodology.

7. “Into the STARS: Boosting Part D Measures Higher”

Amy Hallisey, RPh, FASCP, Clinical Pharmacy Manager NC Medicare & Retirement, United HealthCare, amy.hallisey@uhc.com

Overview: As a pharmacist for United Health Care’s Medicare & Retirement division, my job is to help providers improve their PartD medication adherence stars scores. This is often accomplished by calling on local pharmacies to partner with these providers. The roundtable discussion would include information on what classes of medications are included, what patients are excluded, how is proportion of days (PDC) calculated, how we can help improve our pharmacies star ratings, what insurance companies have to offer, and how do pharmacies get reimbursed for their contributions.

Objectives:

- Discuss the importance of claims data, how pill splitting, sampling, and price matching affects PartD adherence ratings
- Illustrate how enhanced services pharmacies can partner with provider groups with the goal of helping patients achieve a PDC>80%

8. “Implementation of CMS Mega Rule in Long Term Care Facilities”

Ted Hancock, PharmD, BCACP, BCGP Consultant Pharmacist, Blue Ridge Pharmacy, thancock@blueridgerx.com

Overview: Consolidated Medicare and Medicaid requirements for participation for Long Term Care (LTC) facilities (42 CFR part 483, subpart B) were first published in the Federal Register on February 2, 1989 (54 FR 5316). The requirements were recently revised to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. The revisions were published in a final rule that became effective on November 28, 2016. This session is intended to review the reform of pharmacy services, discuss F-Tag renumbering, explore new interpretive guidance and share experiences with the new survey process.

Objectives:

- Discuss each participant’s experience with the new Interpretive Guidance including electronic MRR , signing and documentation
- Share experience with the new state survey process focusing on changes and unexpected outcomes

9. “Use of Simulation for Pharmacist Education”

John Brock Harris, PharmD, BCPS, BCPPS, Associate Professor of Pharmacy at Wingate University School of Pharmacy, Clinical Pharmacy Specialists at Novant Health Hemby Children’s Hospital, b.harris@wingate.edu

Overview: Simulation activities allow healthcare professionals be trained in low risk environments. Using low and/or high fidelity simulation gives the user(s) the opportunity to practice a skill without directly impacting patient care or pharmacy processes. Simulation may use technology to deliver or enhance the experience. However, a simulation activity does not need to include technology to flourish. The facilitator will lead a discussion of the roles of simulation in training processes as well approaches to include simulation in various pharmacy environments.

Objectives:

- To discuss the role of both low and high fidelity simulation in pharmacist training as a pharmacy learner and practicing pharmacist.
- To explore avenues to include simulation in pharmacist training.

10. “Strategies to Impact Opioid Safety in a Community Pharmacy”

Christy Holland, PharmD, Residency Site Coordinator, Realo Discount Drugs, cholland@realodiscountdrug.com

Overview: The United States is experiencing an epidemic of prescription opioid overdose deaths, with more than 14,000 deaths attributed to opioid overdose in 2014. Since 1999, sales of prescription opioids have quadrupled. Forty percent of all opioid overdose deaths are the result of prescription pain medication.

Community pharmacists are uniquely positioned to provide education to patients and caregivers of those receiving opioid prescriptions. The state of North Carolina has responded to the opioid crisis by allowing pharmacists to dispense naloxone following patient assessment defined by a standing order from the state health director. Patient identification and education regarding naloxone could ideally occur in the pharmacy workflow. Barriers to naloxone dispensing and education include shortage of pharmacy staff time, patient misunderstanding of naloxone, and the negative perception of opioids in current culture.

Realo Discount Drugs has supported the involvement of some of its stores in a quality improvement initiative with Alliant Quality to improve opioid safety by developing an efficient process to increase communication with patients regarding opioid risk, identify patients that would benefit from naloxone dispensing, and provide naloxone as appropriate. The Realo stores have been guided to find ways to maximize their current workflow process to incorporate identification of patients, provide education to patients and/or caregivers, and track dispensing of naloxone. This roundtable will provide examples from three Realo pharmacy locations regarding how they have participated in this quality improvement initiative to improve opioid safety in North Carolina.

Objectives:

- Discuss three approaches to improving opioid safety within a community pharmacy setting by assessment of current workflow, identifying patients at risk for opioid overdose, educating patients and caregivers, and tracking dispensing of naloxone.
- Describe lessons learned and data gathered during the quality improvement process at these three community pharmacies.

11. “Reducing Re-Hospitalizations Through Pharmacist-Physician Collaboration”

Jennifer Kim, PharmD, BCPS, BCACP, CPP, Assistant Director of Pharmacy Education, Cone Health, Greensboro Area Health Education Center, University of North Carolina Eshelman School of Pharmacy, jen.kim@conehealth.com

Overview: Although readmission rates appear to have plateaued over the past few years, penalties to hospitals continue. The discussion will include an open dialogue about best practices for pharmacist-physician collaboration in the interest of reducing hospital re-admissions. The facilitator will encourage sharing of experiences, workflows, and success strategies from various practice settings.

Objectives:

- Develop a collaborative service with physicians to reduce hospital readmissions at your practice setting
- Document activities, monitor patient outcomes, measure the impact of your pharmacist-physician collaborative

12. “Tobacco Cessation – Keep it Simple”

Peter Koval, PharmD, BCPS, CPP, Associate Professor of Clinical Education at UNC Eshelman School of Pharmacy, Director of Pharmacy Education at Greensboro AHEC, peter.koval@conehealth.com

Overview: This roundtable will provide an opportunity to discuss techniques to effectively counsel patients on tobacco cessation.

Objectives:

- Efficiently provide counseling and support
- Concisely express drug therapy knowledge of useful therapeutic agents

13. “What it Takes to Save \$1M for Retirement...But is \$1M Enough to Retire On?”

Daniel J. Lee, RPh, MBA, Financial Advisor, Navigon Financial Group, dlee@navfin.com

Overview: This session will provide an overview of budgeting, understanding debt, establishing credit, setting up an emergency fund, protecting yourself, saving for the future (retirement and college savings), preparing for retirement, and creating a plan and strategy.

Objectives:

- Understand the reasons for saving and investing as well as appreciate the power of compounding interest
- Know the importance of diversification and asset allocation in determining your investment profile
- Identify the factors that may affect your quality of life and financial portfolio when you’re living in retirement

14. “Community Pharmacists’ Role in Mental Health Screening and Care”

Cortney Mospan, PharmD, BCACP, BCGP Assistant Professor of Pharmacy, Wingate University School of Pharmacy, c.mospan@wingate.edu

Overview: Suicide is now the 10th leading cause of death, and many patients with mental health conditions such as depression are undiagnosed and left without treatment and support for their condition. This session will review strategies for community pharmacists to become an engaged partner in the care of patients with mental health conditions. The facilitator will review validated screenings that can be used in the community pharmacy setting, how to identify resources in your community to support patients’ mental health, and best practices for implementation.

Objectives:

- Employ mental health screenings within community pharmacy workflow using evidence-based medicine, best practices, and proper monitoring and follow-up
- Summarize necessary triage, support, and connection to care for patients with potential mental health conditions

15. “Advanced Pharmacy Laws for the Changing Pharmacy Profession”

Geoffrey Mospan, PharmD, BCPS, Assistant Professor of Pharmacy Practice, Wingate University School of Pharmacy, g.mospan@wingate.edu

Overview: While pharmacists are usually well versed on pharmacy practice laws, including prescription, labeling, and recordkeeping requirements, understanding the Learned Intermediary Doctrine and the pharmacist’s Duty to Warn may be more difficult. For Clinical Pharmacist Practitioners, the Learned Intermediary Doctrine plays an important role in their daily practice when prescribing medications. Furthermore, the pharmacist’s Duty to Warn may have never been as important as it is now during the Opioid Epidemic. This roundtable discussion will provide an overview of both legal concepts followed by a discussion utilizing case scenarios and strategies for compliance to reduce personal liability.

Objectives:

- Describe the applicability of the Learned Intermediary Doctrine to Clinical Pharmacist Practitioners and dispensing pharmacists
- Describe the pharmacist's Duty to Warn and apply this concept to current practice.

16. "The use of nonpharmacological interventions to reduce behavioral and psychological symptoms of dementia".

Jason M. Moss, PharmD, BCGP, CPP, Assistant Professor of Pharmacy Practice, Campbell University College of Pharmacy and Health Sciences, Clinical Pharmacist Dunn Medical Services, mossj@campbell.edu

Overview: Behavioral and psychological symptoms of dementia (BPSD) continue to challenge both family and health care providers. Pharmacotherapy is problematic due to the risk of serious adverse effects and lack of efficacy. The discussion will include an open dialogue on evidence based strategies for the use and implementation of nonpharmacological interventions to manage BPSD. The facilitator will encourage sharing of experiences with nonpharmacological strategies and how facilities have successfully incorporated these strategies into practice and the role of the pharmacist.

Objectives:

- Discuss nonpharmacological interventions using evidence based medicine in the management of behavioral and psychological symptoms of dementia.
- Review strategies to implement nonpharmacological interventions to manage behavioral and psychological symptoms of dementia at your practice setting.

17. "Pharmacist Burnout and Resiliency"

Michael W. Neville, PharmD, BCPS, FASHP, Assistant Dean for Students & Professor, Wingate University School of Pharmacy, m.neville@wingate.edu

Overview: Years ago, technological advances promised to shorten our work weeks, lighten our loads and decrease our stress. Those predictions didn't work out as expected. Rather, expectations for tighter time lines, greater efficiencies and increased expectations have been born. Pharmacists have not escaped this reality, and many find themselves in work environments with greater demands than ever.

Objectives:

- Summarize common practices that result in burn out and lead to decreased resiliency
- Discuss methods to immunize against stress and its harmful effects

18. "Changing the Rules of the Telephone Game: Transparent Dialogue to Improve Team Member Engagement"

Randi B. Raynor, PharmD, BCPS, Pharmacy Operations Manager, Novant Health Presbyterian Medical Center, rbridges@novanthealth.org

Overview: The foundation of team member engagement is the confidence that the team member is being heard, and is actively involved in the decision-making process. Members of our organizations have professional goals and leaders aren't the only people who can positively impact change and innovation. How do we as leaders ensure that we are establishing an environment that allows our team members to have an active voice in the ongoing conversations related to excellent patient care? By using transparent dialogue, we are able to go beyond the normal methods of communication and discussion. This can be accomplished through visual/tactile resources; small group's interactions, and Topic Talks that allows discussions to expand beyond day-to-day workflow. What happens when a suggestion boards is placed in break rooms, Thursday's Thoughtful Topics discussion days, televisions share key information on a repetitive reel, or a small group of team members come together as mini-governance to tackle the tough issues of the department? The organization/department has more engaged team member that directly enhances the dialogue with leadership.

Objectives:

- To share ideas for two-way communication to promote team member engagement.
- To share non-traditional communication tools to reach all team members.

19. “Screening Older Adults for Falls in the Community Pharmacy Setting”

Jessica Robinson, PharmD, Community Pharmacy Practice Fellow, UNC Eshelman School of Pharmacy, robinje@email.unc.edu

Overview: Falls and fall-related injuries represent a significant burden for older adults, caregivers, and the healthcare system, with falls serving as the leading cause of injury-related death for this population. The Centers for Disease Control and Prevention (CDC) estimates that fall-related injuries contribute to more than \$50 billion in annual healthcare costs and that the rate of fall-related mortality is increasing by 3% annually in the United States. The CDC has developed Stopping Elderly Accidents Deaths and Injuries (STEADI) to educate patients, caregivers, and healthcare providers to identify risk factors and take necessary steps to reduce an individual’s risk of falling. While many factors contribute to falls, medications with sedative, anticholinergic, and antihypertensive mechanisms are a modifiable risk factor that pharmacists are uniquely positioned to impact. Within the community setting, pharmacists can identify older adults at risk, review medications, recommend safer alternatives, and provide education on how to reduce the risk of falling.

Objectives:

- Learn how to screen older adults using the three STEADI questions
- Identify medication classes that contribute to falls, and (3) identify local and state-wide resources for engagement.

20. “Sail into Savings: Best Practices to Reduce Cost-Related Medication Non-adherence”

Jeanie Schepisi, Piedmont Regional Manager - SHIIP, North Carolina Department of Insurance, Jeanie.schepisi@ncdoi.gov
Julie Cooper, PharmD, BCPS AQ-Cardiology, Associate Professor Clinical Sciences High Point University, jcooper2@highpoint.edu

Overview: Rising drug prices are a barrier to medication adherence. Seniors, especially those with changing medication use, are at a high risk for cost-related medication non-adherence. Throughout the year, the Seniors’ Health Insurance Information Program (SHIIP) provides neutral, objective, and unbiased counseling and assistance to persons navigating Medicare, including the aged and the disabled, at no cost. At this table talk, pharmacists will learn about how SHIIP serves North Carolina Medicare beneficiaries, and best practices to partner with SHIIP to prevent cost-related medication non-adherence.

Objectives:

- List services offered to Medicare beneficiaries by the Seniors’ Health Insurance Information Program (SHIIP);
- Create a model for pharmacists to connect patients to the Seniors’ Health Insurance Information Program (SHIIP) during the Medicare Open Enrolment Period.

21. “Engaging Student Pharmacists in Community-based Pharmacy Practice”

Kelci Trahms, PharmD, PGY1 Community-based Pharmacy Resident, UNC Eshelman School of Pharmacy and Moose Pharmacy, kelci@moosepharmacy.com
Shantel Houston, PharmD, PGY1 Community-based Pharmacy Resident, UNC Eshelman School of Pharmacy and Moose Pharmacy, shantel@moosepharmacy.com
Cody Clifton, PharmD, Residency Site Coordinator and Clinical Pharmacist at Moose Pharmacy and Coordinator of Quality Assurance and Best Practices at CPESN USA, cody@moosepharmacy.com

Overview: Precepting pharmacy students is a rewarding way to influence the future of pharmacy, improve the provision of quality patient care, and remain current in clinical knowledge. Incorporating precepting into your community practice can enhance your pharmacy, but keeping students engaged during the entirety of their practical experience is no easy task. In this session, we will discuss how to begin each rotation experience so that you and your students are set-up for success. We will also provide examples of how student pharmacists are engaged in clinical practice at a community-based pharmacy. Lastly, we will explore ways you can immerse student pharmacists into learning at your practice setting.

Objective:

- Explain how to conduct site orientation and review necessary information to discuss with student pharmacists when they start at your site.
- Provide concrete ideas for student pharmacist activities which both directly and indirectly involve you as a preceptor.
- Engage in peer-led discussion to solve problems at your community-based pharmacy site.

22. “Successful Sleep in the Older Adult”

Tasha Woodall, PharmD, BCGP, CPP, Associate Director of Pharmacotherapy – Geriatrics at Mountain Area Health Education Center, Assistant Professor of Clinical Education at UNC Eshelman School of Pharmacy, tasha.woodall@mahec.net

Overview: Evidence of substantial harms from the use of sedative-hypnotics, particularly for older adults, continues to mount. Despite this, in addition to studies suggesting the benefits of these drugs are minimal, use continues to be widespread. During this session, the facilitator will guide a discussion about best practices for deprescribing hypnotics and which alternative treatments may be used instead.

Objectives:

- Describe risks vs. benefits of agents commonly used for sleep, in particular the benzodiazepines and benzodiazepine receptor agonists.
- Summarize advantages and disadvantages of alternative sleep agents.