

Community-based Pharmacy: New Approaches to Public Health



LOMA LINDA UNIVERSITY
School of Pharmacy

**ANSWER
YOUR CALLING**

Introduction

Randy P McDonough, B.S., Pharm.D., M.S., BCGP, BCPS, FAPhA,
Co-owner & Chief Executive Officer

Towncrest Iowa City, Solon Towncrest, Towncrest Wellness Apothecary, &
Towncrest LTC Pharmacies;

Bennett Pharmacy;

Cornerstone Apothecary-Belle Plaine, Cornerstone Apothecary-Marengo,
& Cornerstone Apothecary-Van Horne Pharmacies

Professor of Pharmacy Management and Innovation

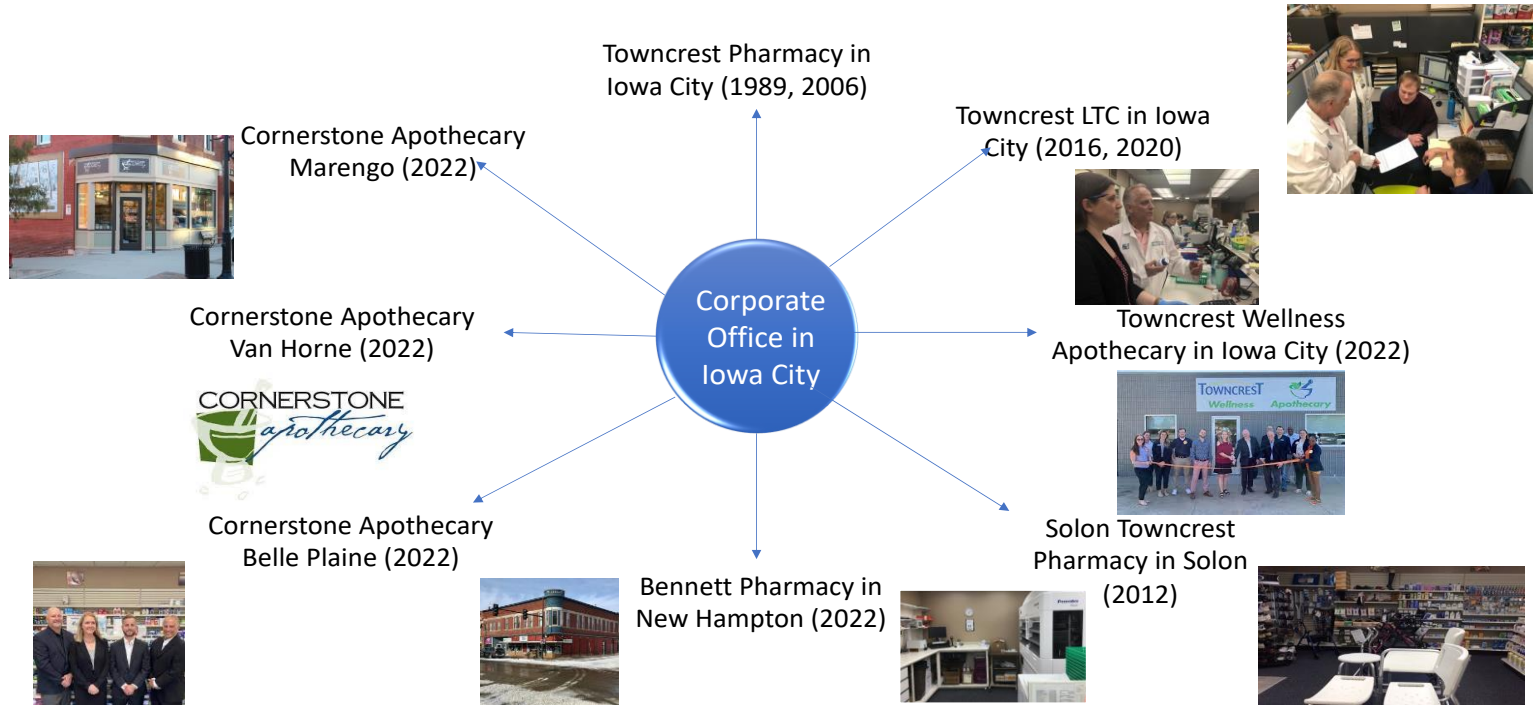
Loma Linda University

School of Pharmacy

Email: rmcdonough@llu.edu

Introduction to Towncrest Pharmacy Corporation

Towncrest Pharmacy Corporation



Towncrest Pharmacy Services

- **Enhanced Services**

- Continuous Medication Monitoring (CoMM)
- **Medication Reconciliation**
- Medication Adherence Program (**Adherence packaging**)
- **Clinical Medication Synchronization**
- **Medication Therapy Management (MTM)**
- Enhanced MTM
- Med Check Program
- **Influenza and Pneumococcal Vaccinations**
- **Shingrix Vaccination**
- **Tdap Vaccination**
- Nursing Home Consulting
- CPAP service/Education
- Ostomy Consultations
- Drug Information Service
- Compounding
- **Employer based health screenings**
- Diabetic shoes
- Compression stockings



- **Wellness Center**

- **Cholesterol screening**
- **Blood glucose screening**
- **BP screening**
- **Height and Weight**
- **BMI**
- **Point of care testing**
 - **COVID-19**
 - **Influenza**
 - **Strep**

- **Specialized Focused**

- **Mental Health**
- **Wellness**
- **Geriatrics**
- **End of life/palliative care**
- **Pharmacogenomics**
- **CHW/SDoH**
- **Long-term Care at Home**

Those services in red are the required core services for Community pharmacy Enhanced Services Networks (CPESN)-IA

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Practice Change Impact: Pilot Study

CoMM Interventions RSAP.pdf (page 1 of 6)

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Continuous Medication Monitoring (CoMM): A foundational model to support the clinical work of community pharmacists

Amber M. Goedken ^{a,*}, Christine M. Butler ^a, Randal P. McDonough ^b, Michael J. Deninger ^a, William R. Doucette ^a

^a College of Pharmacy, University of Iowa, Iowa City, IA, USA
^b Towncrest Pharmacy, Iowa City, IA, USA

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ABSTRACT

Background: Under the Continuous Medication Monitoring (CoMM) approach, community pharmacists prevent, identify, resolve, and document drug therapy problems during the dispensing process.

Objective: To describe the patients receiving CoMM interventions and the pattern of delivery of CoMM interventions.

Methods: Pharmacy dispensing and clinical records were reviewed for patients filling at a community pharmacy from April 2014 through March 2015. The proportion of patients receiving an intervention type and the number of interventions per patient were computed.

Results: Nearly 2500 patients received 16,986 continuous medication monitoring interventions over the year. The average age of the patients receiving the interventions was 59.1 years, and they filled an average of 8.0 unique medications. An average of 6.8 interventions was delivered to each patient. About half (49.7%) of interventions addressed drug therapy problems. The pharmacists delivered 3.0 patient counseling and education and 3.4 drug therapy problem interventions per patient on average.

Conclusion: There are many opportunities to improve patients' medication use that can be identified and addressed under a Continuous Medication Monitoring model. Movement to this model of practice is desirable, but changes are needed to facilitate the shift.

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APHA

Pharmacy performance while providing continuous medication monitoring

William R. Doucette^a, Randal P. McDonough, Fischer Herald, Amber Goedken, Jenn Funk, Michael J. Deninger

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ABSTRACT

Objective: The aim of this work was to assess the effects of continuous medication monitoring (CoMM) on: 1) total inpatient days covered (PDC) rates, and 2) use of high-risk medications by older patients.

Design: Cohort design.

Setting and participants: A multistage CoMM program was implemented in a community pharmacy to manage problems with medications being dispensed to beneficiaries of a commercial major pharmacy network. Clinical data compared the pharmacy performance for 3 study groups after 12 months of CoMM: group 1, patients with prescriptions dispensed only at the study pharmacy; group 2, patients with prescriptions dispensed from the study pharmacy and other pharmacies; and group 3, patients with no prescriptions dispensed by the study pharmacy. For this analysis, individuals in group 1 (CoMM-only group) were matched with those in group 2 and group 3 by age band, gender, risk category, and utilization level.

Main outcome measures: The utilization of interest were per-member per-month total health care costs, medication adherence (PDC), and the use of high-risk medications in older adults. Results: At 12 months, per-member per-month total costs of care were significantly lower ($P < 0.05$) for group 1 versus group 2 (\$209 difference) and for group 1 versus group 3 (\$268 difference). At 12 months the average PDC for group 1 was significantly higher than for group 2 (3.8% difference) and group 3 (2.8% difference). No significant differences were found in the use of high-risk medications.

Conclusions: A CoMM program in a community pharmacy was associated with lower total costs of care and better medication adherence. Paying pharmacists proactively address the safety, effectiveness, and adherence of medications and the time of dispensing can support optimization of medication therapy.

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Disclaimer: Drs. McDonough and Deninger are members of the study pharmacy. All of the authors declare no other conflict of interest. Financial interests in any product or service mentioned in this article including financial, employment, gifts, stock holdings, or honoraria.

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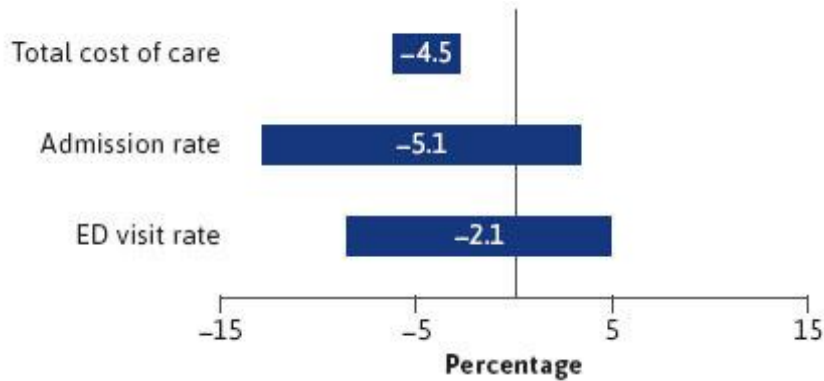
* Corresponding Author: William R. Doucette, PhD, Professor, Department of Pharmacy Practice and Science, University of Iowa College of Pharmacy, 1155 East Avenue, Iowa City, IA, USA.
E-mail address: william-doucette@uiowa.edu (W.R. Doucette).

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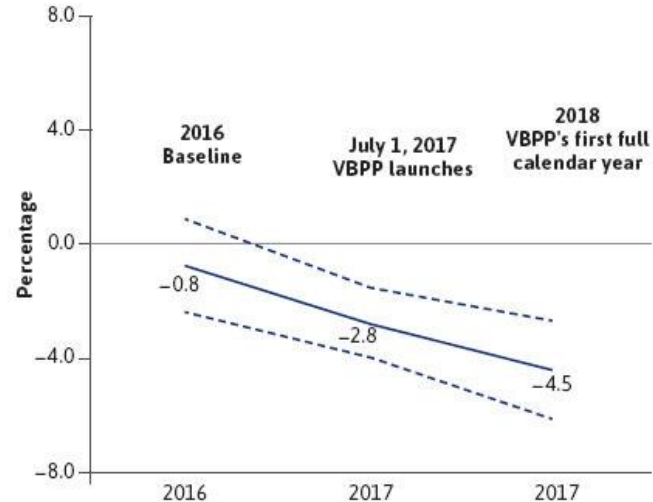
J Am Pharm Assoc (2003). 2017 Nov-Dec;57(6):692-697

Value-based Pharmacy Program Year 1 (2018) Results



Note: The differences shown are for services delivered in calendar year 2018. The calculated 95% confidence intervals were: total cost of care -6.2% to -2.7% (-\$46.30 to -\$19.69 PMPM), admission rate -12.9% to 3.3% and ED visit rate -8.6% to 3.3%.

ED = emergency department; PMPM = per beneficiary per month.



Note: Dotted lines show 95% confidence intervals. VBPP = value-based pharmacy program.

J Manag Care Spec Pharm. 2021 Sep; 27(9): 10.18553/jmcp.2021.27.9.1198.

Community Pharmacy Enhanced Services Network (CPESN)

- » Accountable Pharmacy Organization (APO)
- » Clinically Integrated Network
 - ~ Members collectively delivery health services to improve quality of care for patients in their local communities and to lower costs
- » Approximately 3500 community pharmacies nationwide (44 states) = CPESN-USA

<https://cpesn.com/>

- » CPESN California
 - ~ 100 community pharmacies
 - ~ Monthly Meetings
 - Leadership team
 - All members
 - ~ Pam Yoshikawa
 - Managing Network Facilitator (MNF)
 - ~ Currently partnering with CA Quits (Med-Cal Managed Care Plan Tobacco Cessation Program)

<https://cpesn.com/index.php/networks/cpesn-california>

CPESN Networks

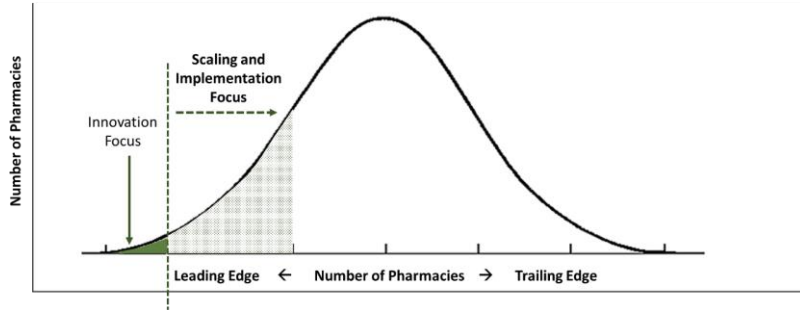


Flip the Pharmacy

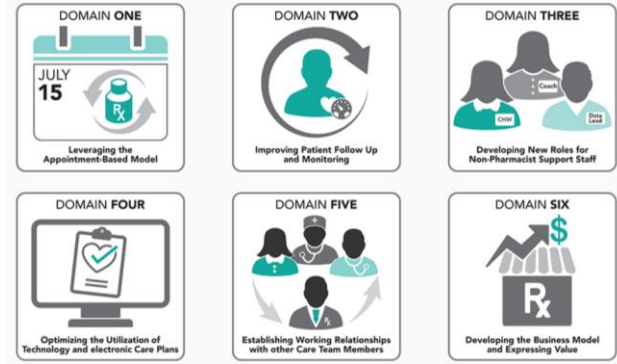


Moving beyond filling prescriptions at a moment-in-time, to caring for patients over time.

From Innovation to Practice:
Scaling Community-Based Pharmacy Innovation



- Multi-year, multi-million dollar grant from the Community Pharmacy Foundation to CPESN-USA
 - Practice Transformation
 - 5-year program
- 1400 pharmacies participated



<https://www.flipthepharmacy.com/>

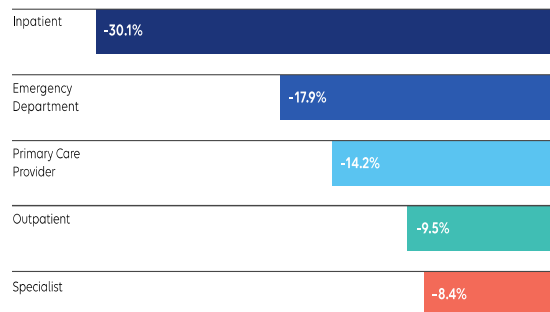
Current Projects in Iowa

PBM and Community Pharmacy Partnerships Can Improve Medicaid Outcomes

Figure 1

Percent Change in All Cause Medical Utilization, Pre- vs. Post-Engagement in Program

Source: Elevance Health internal data.



https://www.elevancehealth.com/content/dam/elevance-health/articles/ppi-assets/65/EHPPI_PBM_and_Independent_Pharmacy.pdf

Effects of a Community Pharmacy Cardiovascular Practice Transformation (CPT) Program on Blood Pressure

Table Comparison of Baseline and Latest Blood Pressures (N = 138 Patients)

Type of Submission			
Blood Pressure Value	Baseline BP Mean (SD)	Latest BP Mean (SD)	p-Value
Systolic BP	144.2 (21.3)	133.6 (18.5)	<0.001
Diastolic BP	84.4 (13.2)	78.3 (11.3)	<0.001

23 CPESN Iowa pharmacies: each was asked to monitor 10 patients with hypertension

Community Pharmacist-led Integrated HIV Prevention Program

» The problem

- ~ HIV Epidemic in Southern California (Inland Empire)
 - Riverside and San Bernadino Counties
 - ~ Ethnically diverse
 - 54% Latinx
 - 9% Black
 - ~ Between 2014 and 2018, the annual number of new HIV diagnoses in the region increased by 23%, with 79% of these diagnoses being among non-White patients
 - ~ Local public health authorities estimate that 1 in 3 HIV seroconversions among minorities can be attributed to substance use driven by high substance use disorder (SUD) rates in the Black and Latinx communities

» Alex Dubov, PhD (PI)

- ~ Grant from NACDS Foundation

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Community Pharmacist-led Integrated HIV Prevention Program

» SB 159

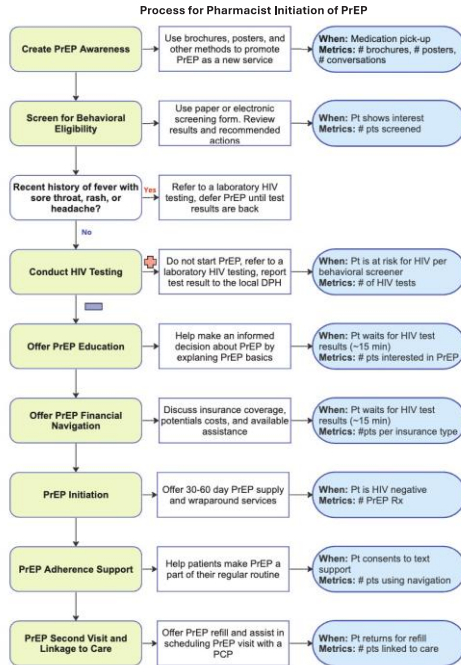
- ~ Passed in 2019

- ~ Allow pharmacists to initiate and furnish PrEP for up to 60 days and PEP for 30 days

» SB 339

- ~ Extended pharmacist-initiated PrEP to 90-day supply

Process for Pharmacist Initiation of PrEP



Conditions for Pharmacist-initiated PrEP

- » Patient is HIV negative, documented within prior 7 days.
- » Patient does not have signs/symptoms of acute HIV on a self-reported checklist.
- » Patient does not have signs/symptoms of acute HIV on a self-reported checklist.
- » Services provided must be documented in the pharmacy patient record.
- » Pharmacists should not furnish a patient with more than a 90-day supply once every two years.
- » Pharmacist should notify patient's PCP, unless the patient does not have one or refuses consent. The pharmacist should then provide a list of physicians and clinics for PrEP

Key Components

- Creating awareness
- Screening patients
- HIV point of care testing
- Patient counseling/education
- Financial navigation
- PrEP initiation
- Monitoring and follow-up
- Referral

90% PrEP is safe and can reduce your risk of HIV by more than 90%.

It takes at least 1 week on PrEP before you'll be protected for anal sex, and 3 weeks for vaginal sex.

Take 1 pill once a day. Finding a routine is essential.

Get tested for HIV and STDs every 3 months.

Tell your provider if you plan to stop (or restart) PrEP.

Ask about PrEP

Ask about a daily pill that can protect you and your partners

Ask about PrEP

Ask about a daily pill that can protect you and your partners from HIV

APhA Foundation

» *Project Impact*

- ~ Project ImPACT: Immunizations: 41.4% increase in the number of vaccines administered when pharmacists have access to a patient's vaccine history and can identify unmet vaccination needs.¹
- ~ Project ImPACT: Depression: 80% of patients exhibited a decrease in severity of depression after pharmacist provided intervention.²
- ~ Project ImPACT: Hyperlipidemia: 90.1% rate of medication compliance when pharmacists have immediate access to patient data.³
- ~ Diabetes Ten City Challenge: Employers saved \$1,079 on average per patient by investing in pharmacist as part of health care team.⁴

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APhA Foundation

- » Recent projects
 - ~ Vaccine hesitancy
 - ~ HPV Immunizations
 - ~ Continuous glucose monitoring (CGM) access



<https://www.aphafoundation.org/about-us>

Questions

Randy P McDonough, PharmD, MS,
BCGP, BCPS, FAPhA

rmcdonough@llu.edu