Pharmacy Consulting 101: Who, Where, Why, What, When

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Financial Disclosure and CE Info

Dr. Duncan declares that she has the following affiliation with an ineligible company related to the subject matter of this continuing pharmacy education activity:

Omnicare, a CVS Health Company - employee

MPhA and DPPD have taken additional steps to mitigate this potential conflict of interest by restricting discussion of certain topics.

The University of Mississippi School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

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Pharmacy Consulting – Learning Objectives

- **Who** – Identify patient populations that benefit from pharmacist driven monitoring and recommendations.
- **Where** – Identify five settings in which pharmacist driven interventions can improve patient care and those in which it is required.
- **Why** – Discuss examples of medication misuse that resulted in regulatory requirements for pharmacist monitoring and interventions.
- **What** – List three responsibilities required of consultant pharmacists in Skilled Nursing Facilities.
- **When** – Explain the time frames in which specific interventions, and responses, are required in Skilled Nursing Facilities.

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Who benefits from pharmacist driven monitoring and recommendations?

All of our patients!
In every healthcare setting!

Why is the term "Consultant Pharmacist" generally used to refer to pharmacists who work with geriatric patients?

We claimed it first as early as 1965!

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Geriatric Pharmacy Timeline

1965 - Medicare Conditions of Participation for Pharmaceutical Services.

1966 – George Archambault, the father of consultant pharmacy, delivers lecture on Crisis in Nursing Homes

1969 – American Society of Consultant Pharmacists founded.

1974 – Medicare Conditions of Participation mandate Drug Regimen Review by a consultant pharmacist in nursing facilities.

1987 – Federal regulations mandate consultant pharmacist DRR.

1997 – Commission for Certification in Geriatric Pharmacy (CCGP) created.

2017 – Board of Pharmacy Specialties recognizes Board Certified Geriatric Pharmacists (BCGP). Senior Care Pharmacist Directory established.

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Q&A - Antipsychotics

1951 - Which was first?	Chlorpromazine
1954-1975 - # Discovered?	15 US, 40 worldwide
1967 - Primary in US?	Haloperidol
1990 - First Atypical?	Clozapine
1993 – Primary Agent?	Risperidone

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1987 – Federal regulations mandate consultant pharmacist DRR

Omnibus Budget Reconciliation Act (OBRA) 1987

(Nursing Home Reform Act of 1987)

- Established basic rights and services for residents of nursing homes
- Monthly review of NF resident medication regimen must be performed by a registered pharmacist
- Reduce unnecessary drug usage

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Are all Senior Care Consultants also pharmacists?

Senior experts exist in many healthcare disciplines.

- Licensed social worker
- Registered nurse
- Geriatric mental health specialist
- Licensed mental health counselor
- Certified case manager
- Certified care manager
- Medical Director

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Senior Care Consultants (not RPh) can:

- Hospital discharge planning.
- Home visits. Suggest appropriate services. Hire home caregivers.
- Address emotional concerns for the resident and their families.
- Provide caregiver relief with resources, support, and advice.
- Conduct memory assessments.
- Conduct health assessments (home safety, psychological and medical needs).
- Coordinate medication management and medical services.
- Explore/explain different long-term care options.
- Provide financial advice. Explain private insurance or Medicare options.
- Provide legal advice.

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What is Long-Term Care?

Health, personal care, social, and housing services provided to people of <u>all ages</u> with chronic health conditions, or functional or cognitive impairments, that limit their ability to carry out normal activities without assistance.

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Q&A – How do we measure functional or cognitive impairment?

Activities of Daily Living (ADLs)	ADLs are routine tasks we perform in our daily lives such as bathing, getting into and out of bed, toileting, dressing, eating.
Instrumental Activities of Daily Living (IADLs)	IADLs are essential for independence such as laundry, cooking, shopping, and managing medications.

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Who needs SNF services?

- Elderly (90%) defined as 65 years or older.
- Patients with debilitating chronic diseases (dementia, Parkinson's, MS) and rehabilitative needs (joint replacement, trauma, stroke) typically need care earlier.
- As hospitals discharge higher acuity patients sooner, SNF accept higher acuity residents.
- Can effective care be provided by one individual in a resident's personal home?

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Skilled Nursing Facility (SNF)

- Is regulated by State DOH and Federal CMS.
- May be private (for profit, non-profit) or public (government, VA, county).
- Offer medical, nursing, pharmacy, dental, vision, mental health, nutrition, personal care, nutrition, occupational therapy and/or physical therapy.
- Caring for higher acuity residents is better compensated, but also requires a higher level of skilled care.
- SNF choose which residents to accept based on their ability to provide the level of care needed and their bed availability.
- Residents may pay to hold their bed when they are in the hospital or visiting family.

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Who pays for SNF?

- Monthly median cost is $7908 (shared room) and $9034 (private room) per the Genworth 2021 Cost of Care Survey.
- Medicare reimburses for skilled care if the patient is hospitalized for 3 or more consecutive days, admitted to SNF within 30 days of discharge and requires rehabilitation or skilled nursing on daily basis for hospital-treated condition.
- Medicaid eligibility rules are strict and differ by state. Many people need to contribute most of their income to pay for their care before Medicaid will cover the remainder.
- Long-term care insurance
- Private Pay

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Q&A – Name Long-Term Care Settings

Institutional Services

- Skilled Nursing Facilities (SNF, nursing home, care home)
- Psychiatric Hospitals
- Correctional facilities (prison)
- Specialized Care (IDD, intellectual developmental delay)
- Acute Affiliated Nursing facilities, LT Acute Care (AANF, LTAC)
- Hospice Care (hospital, SNF, ALF, Home)
- Addiction Treatment Center

Community-Based Care

- Adult Day Care services
- Assisted Living facilities (ALF)
- Board and Care facilities (respite care)

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Services Available in a Private Home

- Nursing Services
- Hospice Services
- Speech and Physical Therapy
- Social Services
- Homemaker Services
- Home Infusion Therapy
  - (Nutrition, Anti-infective Therapy, Pain Management Therapy, Chemotherapy)
- Home Medical Equipment (Respiratory Therapy and Supplies)
- Dialysis

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What is Palliative or Hospice Care?

Hospice Care

- Focus on Care, not Cure
- Goal is comfort, pain management, emotional and spiritual support for patient and loved ones
- Defined by Medicare Hospice Benefit as life expectancy 6 mo. or less, offered as an alternative to Medicare Part A
- Is NOT a death sentence. Patient can be discharged from MHB to Medicare
- May be covered by Medicaid, private insurance

Palliative Care

- Focus on care for any stage of a complicated or debilitating illness
- Term most often used for diseases without a cure
- Goal is comfort and maintaining function or independence for as long as possible

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What is Included in Hospice Benefits?

Services must be related to the terminal diagnosis and outlined in the patient's care plan. Patient needs not related to the terminal diagnosis continue to be covered by their primary benefit plan.

- Physician
- Nursing care
- Home health aide
- Chaplain
- Social Work
- Bereavement
- Medical equipment and supplies
- Medications
- Short term respite care
- PT, OT, dietary counseling

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Q&A - Why don't more people use Hospice Care?

- Some patients are not referred to hospice
- Some are referred only in the final days of their lives
- It is hard to estimate life expectancy
- There is limited awareness of Hospice
- Prescribers are reluctant to give bad news in clear terms
- Families give higher weight to the positive news
- Cultural differences/barriers exist to the acceptance of death
- Guilt can be associated with ceasing to fight for life
- Family members may disagree
- There may not be a clear Responsible Party (RP)
- Current U.S. healthcare systems do not place a high priority on grief and death counseling

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MRR vs. DUR vs. DUR vs. Med Rec

- Medication Regimen Review (MRR) is focused on the medications used by one patient.
- Drug Utilization Evaluation (DUE) assesses utilization of a drug or drug class by a patient population. This is more common in Managed Care but has a role in LTC.
- Drug Utilization Review (DUR) requires pharmacists to conduct prospective drug use review and to provide patient counseling for all Medicaid patients. This establishes an understood minimum level of care for all patients.
- Medication Reconciliation is the process by which medications are accurately and completely accounted for throughout the care process, particularly during transition from one setting to another.

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Medication Regimen Review (MRR)

- Untreated indications
- Improper drug selection
- Subtherapeutic dosage
- Overdosage including duplicative therapy or excessive duration
- Adverse drug reaction
- Drug interaction
- Medication errors
- Medication monitoring
- Medication costs

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What is our Guiding Principle?

"Any symptom in an elderly patient should be considered a drug "side" effect (adverse effect) until proven otherwise." *

Deprescribing: "The systematic process of identifying and discontinuing drugs in instances in which existing or potential harm outweighs existing or potential benefits within the context of an individual patient's care goals, current level of functioning, life expectancy, values, and preferences." **

* J Gurwitz, M Monane, S Monane, J Avorn . Brown University Long-term Care Quality Letter 1995

** *JAMA Intern Med*. 2015;175(5):827-834

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Q&A - What do Consultant Pharmacists DO?

The MRR is important. It's clinically important.
It's why we study geriatric pharmacology.

But it's only one responsibility of the Consultant Job.

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What do Consultant Pharmacists DO?

MRR/Recommendations
Meet with department directors
Manage issues and opportunities
Answer P&P questions
Be available via email, mobile
In-service presentations
Meeting attendance (Behavior, Fall Risk, ABS, QA/QI, Psychotropic medication monitoring)
Gradual Dose Reduction (GDR)
Progress notes

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What do Consultant Pharmacists DO?

Med pass observations
MAR audits
Med cart audits
Med room, refrigerator audits
Emergency Drug Kit (EDK) audits
ADU stock, audit, repair
CS discrepancy reporting
CS destruction
Reg. compliance survey readiness
Review pts newly admitted, short stay or with change in conditions
Reduce medications/costs

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What does ASCP think we do?

Your consultant pharmacist knows relevant state and federal regulations and will work to help address specific areas of concern by:

- Improving the quality of care, safety and health of residents
- Reviewing Quality Indicator/Quality Measure reports
- Identifying medication issues and trends
- Providing survey preparation and support
- Developing and implementing plans of action
- Enhancing staff capability through comprehensive clinical education programs

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What do SNF think we do?

- Improve the quality of care, safety and health of residents
- Review Quality Indicator/Quality Measure reports
- Identify medication issues and trends
- Provide survey preparation and support
- Develop and implement plans of action
- Enhance staff capability through comprehensive clinical education

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Pharmacist Roles in LTC, SNF, HH, Hospice Not Just Distribution vs. Clinical

- Medication distribution
- Admissions Medication Regimen Review (AMRR)
- Medication Regimen Review/Evaluation (MRR/MRE)
- Clinical/consultant
- Regulatory/compliance/auditor
- Innovation/system development
- Infusion/sterile or non-sterile compounding
- Managed Care/Disease Management/Predictive Modeling

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Has the job been the same since 1987?

2016 - Centers for Medicare & Medicaid Services (CMS.gov) published the MEGA Rule, the first comprehensive rewrite of the rules for LTCF in nearly 25 years.

2018 – CMS releases the updated State Operations Manual.
State Operations Manual – Appendix PP provides the guidance to DOH surveyors for auditing SNF.

Appendix PP was updated in 2023, 2022, 2018, 2017, 2014, 2013, 2010, 2009…

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MS Board of Pharmacy Regulations

Article XXX – Institutional/Long-Term Care Facilities (Consultant)

- license to practice pharmacy within the State of Mississippi
- Attendance within the last two years a training course of not less than eight (8) hours
- instruction in the areas of clinical pharmacy services, drug distribution systems and state and federal pharmacy regulations
- responsible for developing, coordinating and supervising pharmaceutical services
- policies and procedures regarding the distribution and storage of medications

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MS Board of Pharmacy Regulations

Article XXX – Institutional/Long Term Care Facilities (Consultant)

- Monitoring utilization and therapeutic response of medications
- providing consultation on matters related to medications
- resource for pharmacy related educational services within the facility
- Communication and discussion with the provider pharmacist
- Serving on appropriate committees
- Supervising and assisting in the disposal of all …controlled substance medications
- Reviewing records of the destruction of all medications

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MS Board of Pharmacy Regulations

Article XXX – Institutional/Long-Term Care Facilities (Pharmacy)

- Reference materials at nursing stations as deemed necessary
- Reporting of all adverse drug reactions and medication errors
- Ensure corrective measures are implemented
- Notify the BOP of any discrepancy in counts or of a loss of any controlled substances
- Ensure compliance with ARTICLE XXXV IEMK
- P&P to assure proper disposal of any medication
- Document communication of the findings of reviews to the attending physician and director of nursing along with their response
- Maintain these records for a period of two (2) years.

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Has the job been the same since 1987?

Mississippi BOP Regulations, Related to LTC Consulting

XXXV – Institutional Emergency Medication Kit
Article LI – Consulting to Ambulatory Surgery Centers
Possibly ANY other Regulation

Follow the same process for each BOP in any state where you consult.

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What time frames are required?

- MRR on every resident every month
- MRR on newly admitted residents
- MRR on short stay residents
- MRR on residents with a change in condition
- MD/DON/Dept responses required within 90 days
- Controls destroyed within 90 days of discontinuation

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Consultant Software, examples

- Proprietary
- GeriMed
- MedWise Science
- Apothacare
- Bluwave
- Medication Pathfinder (MTMPath)
- OmegaCare
- OpalCare
- Opera Care
- RxPertise

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Who Hires Consultant Pharmacists?

- Independent contractor
- LTC pharmacy
- Skilled facility or chain
- Residents living in their own home

How do I get paid?

- Salary
- By the hour (including travel time?)
- By the chart (with chart per hour goals)
- Mileage?

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ASCP Career Center

- Career Coach Webinars
- SeniorRx Careers
- Career Development Resources
- Job Craft Express Talks
- Mentor Program
- SeniorRx Solutions
- Network!

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Q&A - Consultant Pharmacist Pros & Cons

After a high level overview
of the Consultant Pharmacist Role,
what are some of the Pros & Cons of the Job?

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Consultant Pharmacist Pros & Cons

- Flexible schedule! Need great time management skills. Always on call.
- You know your patients! Losing patients is hard.
- Your clinical skills make a difference! You cannot stop learning.
- Part of a healthcare team! Need excellent communication skills.
- Jobs are available for those with this exclusive skill set.
- Jobs change with facility contract changes. Not the highest wages.
- Never boring! Must keep up with regulatory changes and clinical guidelines.

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Consultant Pharmacist Pros & Cons

- Be your own boss! Understand and meet contractual requirements whether paid by chart or hour with chart goals.
- Be the SME (subject matter expert)! Know geriatric pharmacology, medication, guidelines and regulations so well that you can make accurate recommendations quickly.
- Depending on the pharmacy, you may work 8-5 and have Sundays off or work 24/7 like a hospital or be On Call.
- You primarily communicate with healthcare providers rather than patients/residents.

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Consultant Pharmacist Pros & Cons

- Insurance adjudication and billing may be handled by dedicated departments.
- You might specialize in one area like order entry review, production review or sterile compounding.
- Workflow appears calm and orderly but is on a complexity level more like hospital than retail.
- Job security depends on facility contracts.
- You maintain skills in infusion, kinetics and antibiotic stewardship.
- You must know state and federal regulations for ALF and SNF.

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Resources to Learn

ASCP: Empowering Pharmacists. Transforming Aging.

ASCP is a nonprofit association of pharmacists and pharmacies that manage medications of older people and the medically complex.

ASCP is an international organization with members located in all 50 states, Puerto Rico, and 12 countries.

The society's mission is to promote healthy aging by empowering pharmacists with education, resources, and innovative opportunities.

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ASCP Resources to Learn

- ASCP Career Center
- Career Coach Webinars
- SeniorRx Careers
- Career Development Resources
- Job Craft Express Crafts
- Mentor Program
- SeniorRx Solutions

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Other Resources to Learn

- Clinical Resources (Lexicomp/Micromedex/Sanford)
- American Geriatric Society (AGS)
- 2023 AGS Beer Criteria
- Medical Directors Association (MDA)
- BCGP Courses
- Med-Pass Tools (Designing Solutions for Senior Care)
- Published Guidelines (with or without geriatric-specific)

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Board of Pharmacy Specialties (BPS)

- Ambulatory Care
- Cardiology
- Compounding Sterile
- Critical Care
- Emergency Medicine
- **Geriatric Pharmacy**
- Infectious Diseases
- Nuclear Pharmacy
- Nutrition Support
- Oncology
- Pediatric
- Pharmacotherapy
- Psychiatric
- Solid Organ Transplant
- Palliative Care (pending)

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ASCP BCGP Certificate or Boot Camp (21 CPE)

Biostatistics and Literature Review
Neurologic Disorders in the Older Adult
Psychiatric Disorders in the Older Adult
Infectious Diseases in the Older Adult
Respiratory Disorders in the Older Adult
Endocrine and Exocrine Disorders in the Older Adult
Genitourinary & Renal Disorders in the Older Adult
Gastrointestinal Disorders in the Older Adult
Cardiovascular Disorders in the Older Adult
Complex Clinical Cases

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Certificate Programs

- Pharmacogenomics (ACCP, ASHP)
- Medication reconciliation (ASHP)
- Medication therapy management (APhA)
- Medication safety (ASHP)
- Nutrition support (ASHP)
- Pharmacy informatics (ASHP)
- Pain management (ASHP)

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Certificate Programs

- Diabetes management (ASHP)
- Anticoagulation (ASHP)
- Cardiovascular disease risk management (APhA)
- Patient-centered diabetes care (APhA)
- Health care fraud investigator (National Health Care Anti-Fraud Association)
- Health data analyst (American Health Information Management Association)

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Certificate Programs

- American College of Sports Medicine
- Specialty pharmaceuticals (SPCB, NASP)
- Using Evidence to Advance your Practice (APhA)
- Advanced Preceptor Training (APhA)
- Advanced Clinical Pharmacy Practice (University of Arizona)
- Antimicrobial stewardship, long-term care or acute care (SIDP)

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Other Opportunities to Specialize

Become a Certified Educator in:

- Pain (CPE)
- Diabetes (CDE)
- Anticoagulation specialist (CACP)

Professional Designations:

- Fellowship (national and local organizations)

Advanced Degrees:

- JD
- MPH

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What's going to change in geriatrics?

- Has the person who will live to 150 years already been born?
- Effectively preventing MI/stroke means higher rates of dementia.
- Fewer smokers means more less lung cancer death but maybe more liver/pancreatic cancers.
- How will vaping now impact Asthma/COPD later?
- How will medical cannabis impact geriatric care and dementia?
- Better diabetes and sickle cell treatment so less early disability for these conditions, but obesity rates are soaring.
- What is the impact on aging bodies when the most basic of profile factors (M/F) becomes more complicated with gender fluidity?
- Will the neurodivergent have different needs and are facilities prepared to meet those needs?

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Ways to Network

- American Society of Health-System Pharmacists
- American Society of Consultant Pharmacists
- American Pharmacists Association
- Mississippi Pharmacists Association
- American College of Clinical Pharmacy
- National Community Pharmacy Association
- Academy of Managed Care Pharmacy
- Society of Infectious Disease Pharmacists
- Society of Pain and Palliative Care Pharmacists

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Join. Network. Keep Learning. Make Contacts.

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