## **Ambulatory Care Pharmaceutical Services**

Pharmacy 492 February 2007

Katie Lai, PharmD., BCPS

## QUESTIONS

• Where: Is my practice site?

• What: Is my job description?

• Why: Is it important?

**Fun:** Is it interesting and stimulating?

• Not fun: What are the challenges?



 Senior Care Clinic (SCC) is located on the 4<sup>th</sup> floor of Harborview Medical Center (HMC) Hospital ambulatory care tower

The setting is an outpatient clinical practice

The site is both primary care (SCC) and specialty care services (cardiology and neurology)

#### **Living facilities**

#### **Health Care Facilities**



# **Primary Care Clinics** Vs. **Ambulatory Care Clinics** Vs. **Specialty Care Clinics**

## **HMC Ambulatory Care Clinics**

#### **Primary Care Clinics**

- Senior Care
- Family Medicine
- Adult Medicine
- Pioneer Square
- International Medicine

#### **Specialty Clinics**

- Cardiology
- Neurology
- Ophthalmology
- Renal
- Diabetes
- HIV
- Rheumatology
- Podiatry
- Orthopedics

## **Clinical Versus Distribution**

#### Distribution

Dispensing medications
Retrospective evaluation—Fix problems
Clarification of orders

Clinical
Monitoring medications—labs, side effects
Prospective evaluation—Anticipate problems
Writing the orders—prescriptive authority



Clinical services development in Senior Care Clinic
 See 4-12 patients per day, each for 30-60 minutes

Pharmacy staff development

Provide educational services

- Interns, medical + pharmacy residents
- Support UW Pharmacy School: didactic and rotations
- Drug information to 4west clinics staff

## **Clinical Services**

#### Disease States Management in SCC

- Diabetes
- Hypertension
- Hyperlipidemia
- Congestive heart failure
- Anticoagulation management
- Glucometer Education
- Coordination of Care
- Medication Evaluation—poly-pharmacy

## Why Is It Important?

- Assist in medication adjustments
- Assess how pt is using the medications
- Evaluate appropriate medication prescribing
- Educate patient on various disease states
- Monitor lab values
- Individualize therapy for patients
- Problem solve medication issues



#### Direct patient care

 Ability to tailor medications and individualize therapy for patients

Plenty of opportunities for patient education

Prevent problems—anticipate meds that could cause falls and side effects

Pharmaceutical care: allows follow-up and outcome evaluations

## **NOT FUN**

Documentation of interactions Time consuming Paperwork Billing Multi-tasking Constant interruptions Liability Must keep up with current drug studies

# **Typical day in Senior Care Clinic**

## 71 Year Old Female

- Was hospitalized 6 times in 2005
- Recently discharged from HMC Hospital
- Has rapid heart rate—was prescribed warfarin
- Seeing pharmacists for:
  - Warfarin management
  - Medication monitoring
  - Asthma and diabetes education & management
  - Medication assessment of appropriate prescribing

## **Medication Assessment: 27 Meds**

#### **Medical Problems**

- Asthma
- Hypertension
- Hx of heart attack 2002
- Atrial Fibrillation
- Hyperlipidemia
- Diabetes
- Anxiety & depression
- Insomnia
- Osteoporosis
- Gout
- Osteoarthritis—pain
- Psoriatic dermatitis
- Decreased hearing
- Right eye cataract surgery 2005

#### **Medications**

- 4 different breathing inhalers
- Montelukast
- Nasal spray
- Lisinopril
- Diltiazem
- Bumetamide
- Digoxin
- Warfarin
- Atorvastatin
- Lispro insulin
- Diazepam, Trazodone
- Venlafaxine
- Pantoprazole
- Alendronate, Tylenol
- Calcium carbonate
- Docusate, multivitamin, Senna
- Prednisone

## What Do You Do First?

• Geriatric considerations? Falls assessment Sleep regimen Does disease states match with medication list? Compliance issues: caregivers? Can we minimize the number of meds needed? Level of education needed? Consider pt's hearing and cognition ability







