



COMMUNITY PHARMACY FOUNDATION
COMPLETED GRANT SYNOPSIS

Establishing a Geriatric Community Pharmacy Practice Model

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Objective
1) Maintain affiliation with school of pharmacy and pharmacy 2) Develop and implement geriatric-specific programs 3) Develop and implement pharmacist communication tools
Components
<u>Clinical Services Developed and Implemented</u> <ul style="list-style-type: none"> Fee-for-service clinic activities <ul style="list-style-type: none"> ▪ Comprehensive medication reviews with written reports for patients and their health care providers ▪ Memory screening ▪ Comprehensive cognitive health awareness program ▪ Self-medication evaluations for assisted-living and independent-living residents ▪ Fall prevention program ▪ Disease state education ▪ Self injection education ▪ Blood pressure screening and monitoring ▪ Blood glucose screening, A1c testing, and foot exams with a monofilament ▪ Diabetes monitoring for assisted-living residents ▪ Expanded injection service and immunization clinic ▪ Bone mineral density screening ▪ Cholesterol screening and monitoring ▪ Medicare Part D consultations
Results
<p>All of the services planned were developed and implemented. The fee-for-service model was well received by many patients. The pharmacists have developed strong pharmacist-patient relationships because of the clinical services offered. Although this senior patient population can have many of the services provided by their physician and paid by Medicare, most of our patients prefer paying out-of-pocket because of convenient access to the pharmacist and a trusting relationship. Some patients have said they prefer having screenings, such as glucose and lipids, conducted by the pharmacist because the pharmacist, unlike their physician, takes time to explain the results and offer suggestions for lifestyle modifications and therapy when appropriate. Patient satisfaction has been a key factor to the success of this program.</p>

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Communication forms were developed to communicate important clinical information to physicians with the pharmacists' findings and pharmacotherapy recommendations. Some physicians were not very accepting of the pharmacy services, feeling that the pharmacists were stepping outside their boundaries and interfering with the physician-patient relationship. Meeting face-to-face with these physicians to explain the pharmacists' roles and that we share the same goal – improving care to the patient – enhanced physician acceptance of our programs. The pharmacist also empowers patients to discuss their health care and needed medication changes with their physicians.

A major goal of this grant was to generate revenues from the clinical services and related purchases by patients to provided approximately 0.5 FTE of a pharmacist salary. Although not at the 0.5 FTE level, revenues generated are close to the goal. The success of the clinical services has required the need for additional space. Plans for the pharmacy to be expanded have been developed for the continued growth and further development of clinical pharmacy services.

The practice model established at Plaza Professional Pharmacy under this grant has served as an excellent teaching site for fourth year pharmacy students in their clerkship education. Eighteen students per year have been trained at this site and this would not have been possible without the support of the Community Pharmacy Foundation's grant. Because of the practice model established, Plaza Professional Pharmacy and VCU School of Pharmacy have entered into a contractual agreement to sustain the work that has been accomplished. A faculty member has been hired to maintain and expand the clinical services at Plaza Professional Pharmacy. We are confident that the outstanding progress made in this project will continue to grow and be a sustained model of an advanced community practice for senior care pharmacy.

Conclusion

We have developed a successful and sustainable practice model based on fee-for-service that caters to the needs of older patients. Pharmacist-patient relationships have been developed and are a major contributing factor to the continuing success of the practice. Older patients are willing to pay out-of-pocket for clinical pharmacy services that they deem as important to their health care.