Hello and welcome to the Rx Counter podcast produced by student pharmacists at the University of Iowa College of Pharmacy, where we provide student insight into the pharmacy profession. I'm your host, Matt Yates. And here today is fellow p3 student, Aaron McDonough. Who's brought the article the unsung role of the pharmacist and patient health from the New York Times by Aaron E. Carol, to the counter today. Aaron, thank you for joining us on the counter is yours.

Unknown Speaker 0:29
Thanks, man. Yeah, throughout the semester, we've had a lot of conversations, talking about the challenges facing pharmacy. And so with this article in this conversation today, I wanted to talk about you know, the good things that are happening and the cool and exciting things that we have the potential to experience as we go on to our pharmacy career. So, the this article kind of touch touches base on you know, what we consider the traditional physician patient relationship and how pharmacists fit in there. How we can kind of re engineer that relationship to include ourselves as well. So it starts with some statistics. It says 66% of older adults take five drugs or more per day, and 27% take 10 or more per day. And of these 30% of the older adults, the ISIS in Canada fill the prescription in the last few years for one of many medication that the American geriatric society recommends they avoid. So they did a randomized control trial, which had an intervention group were talking about pharmacists who gave both patients and their physician education materials on a specific drug that they may not supposed to be on that control group. That was just kind of a typical traditional physician patient care relationship. And so the results were pretty, pretty great. Within six months, 43% of patients in the intervention group had stopped taking one of the selected medications. So these are sedatives, anti histamines glyburide and Some of the medications that we might not want to see older adults take due to fall various for any other adverse events. And this compare this 43% compared to the 12% in the control group that stop taking these medications. So right then and there, we're seeing the pharmacists are having an impact on you know, D prescribing is something we've talked about a lot, and it's very important for us to realize more medications is not better necessarily. So we need to take advantage of going through these medication regimen, seeing which medications should and should not be and what interventions we can make. I mean, that probably right there had a significant impact on patients lives.

So also on this article referenced another one, which I thought was very cool. And it was a barbershop study. And so the intervention group in this study, were barbers screen patients and then handed them off to pharmacists who met with customers and the barbershops. They treated patients with medications and lifestyle changes according to the set program. calls and then updated physician and what they had done in the control group. This consisted of virus who encouraged lifestyle modification or referred customers with high blood pressure to physicians, and did not really have a pharmacist interaction in the control room. So the results in this one were also astounding. So after six months in the control group, so it was just kind of a barber and patient interaction, the systolic blood pressure dropped about nine millimeters of mercury still elevated blood pressure that average about 145. But it did have a benefit. Now the intervention group when it had the pharmacist provide the education and the blood pressure measurements, we saw 27 millimeters from mercury drop, which is the average was 120 5.8, which is closer to normal, which is 120 over 80. And so if we're defining the blood pressure goal of less than 130, over 80, more than 63% of the intervention group achieved that normal blood pressure compared to only 12% in the control group. So Then again, we're seeing the impact that pharmacists are having on patient care lives. And you know, sometimes it might be in a unique situation such as the barbershop. But then it also talks about, you know, social, social determinants of health. So it talks about the barbershop customers are part of the population that's traditionally hard to reach. We talked about access Carolina, so more than half the participants lives in households earning less than $50,000 per year, and more than 40% and households earning less than $25,000 per year. So it touches base on

Unknown Speaker 4:35
if we really want to improve health on a large scale, especially with populations who might be distrustful to the healthcare system because of maybe cost or any other experiences they have had. It seems to me, it seems that we need to go where they are and to us people they trust, deliver the message. So it's about you know, that relationship, not only with the pharmacist, The physician but the people that community we can utilize people in the community to really send this message across. And I think we need to look at re engineering how we're looking at medicine, pharmacy, and how it's practice. And it shouldn't just be that traditional physician patient relationship. And then everybody else in the healthcare system is uninformed. So what we're looking at, and where I see the future of pharmacy going, is really utilizing collaboration. And, you know, you utilizing soap notes and messages to physician and eat care plans,
including everybody in the healthcare collaborative practice team to make sure that patient outcomes are the healthiest and when value based pharmacy going where it is. We're no longer looking at fee per service. We're looking at the objective outcomes that we can have for patients. And so, you know, this kind of brings a question to all of us, you know, what are some cool experiences that we may have seen in healthcare that we see pharmacists having an impact on where do you see pharmacy in the future?

Unknown Speaker 6:07
Yeah, I think

Unknown Speaker 6:09
I think patients would benefit from increased access to healthcare professional, no matter who it is. A lot of doctors visits, like the standard practice that we all know and grew up with. You get to see your doctor for like 10 minutes, maybe and they ramble off a bunch of stuff too, just because time crunch and everyone is forced in that position. But if we allow ourselves as pharmacist or having increased nurse time or education at that point of contact or you know, any other sort of healthcare professional, providing education or even FaceTime with the patient, you get better outcomes, I think.

Unknown Speaker 6:57
Sorry, and on top of that, pharmacists are like one of the health professionals were like, patients can just walk up to you without an appointment. We spend a lot more time with patients and some doctors do with their patients, we're almost in the prime position to offer some of that health information that the doctor typically has given in the past.

Unknown Speaker 7:17
No, Andy, you are a big proponent for pharmacogenomics. And so it really is individualized care. And so how we can have that relationship with the patient to develop these care plans that are individualized and tailored to them.

Unknown Speaker 7:31
Point, I mean,

Unknown Speaker 7:33
pharmacogenomics or just having incomplete medication to reconcile. Now the issue with having patients filling out multiple pharmacies or who's prescribing these drugs, not really having a system that's built around, really just that patient centered care, outside of like a hospital system or anything like that is is the issue, I believe, you know, and pharmacogenomics is definitely a piece of that puzzle. Just like how Any kind of drug interactions, no pharmacists responsible for that. So like having all that information accessible just for everyone to share, I think is kind of big. The big point that I think would really help our healthcare system. And I mean, that makes me kind of consider another article talked a little bit about a universal health care. All these studies are coming from countries such as Canada that use a universal health care system where payment models work a little bit differently, obviously. So I'd be curious to hear from you. If you think, you know, obviously, we need to agree around the payment system her insurance. That's right. I don't know if we're going to answer that question today.

Unknown Speaker 8:40
I had to do that. But

Unknown Speaker 8:42
it is a loaded question. There's a lot of answers to it. Um, you know, we we get told by the state and the national legislation, provider status is huge. And a lot of new care. And so the pharmacy initiatives including adapting to the appoint based model. And so right then and there, if we have provider status, we can build for that certain code for having this interaction with patients. So I think sometimes we get confused about why we're doing that. It's not necessarily so we can, you know, increase revenue and make more money. It's so that we have enough money to make this whole system affordable. And so we can continue having these patient care activities that we can do. Right now pharmacy, unfortunately, the outpatient setting has been engineered workflow is just pushing, dispensing product and
more and more, it's better. But we're really seeing patients get potentially harmed from that, because they're not getting those patient care activities, those clinical relationships with their providers. And so, provider status. I mean, we obviously talked about this all the time, but we that is something that would really benefit us with the whole payment model and just reengineering how we can help patients out.

Unknown Speaker  9:53
Yeah, going back to like personalized medicine, really just creating an optimal drugs. therapy plan for a patient at the first Phil, you know, giving them the best likelihood never know for sure what drugs are going to work and giving them the best likelihood I think that the pharmacist does need to be more involved. And those therapeutic decision making with the, with the physicians and you know, how we get there is obviously up to us and then future generations to push the profession. So

Unknown Speaker  10:22
interesting to see how it turns out. I think those relationships with physicians is just as important. I think we need to really promote collaboration. And you know, find those positions and those pharmacists who are high performing, create those relationships that are trusting of both parties, and then just have those patients experience the best of both worlds from you know, what we consider the medication expert, as opposed to you know, the physician who is great at diagnosing and great at analyzing the patient's overall biological functions. And so I think that collaboration is extremely important and I know right now, it's Sometimes we get lost trying to think that one party is the best at doing this where the other party is the best at doing this, no, we should really be utilizing each other our resources, our expertise or knowledge, and helping the patient achieve outcomes by doing that, as opposed to saying, we can do that you guys can do that. So.

Unknown Speaker  11:20
So we're at the end of the year and a 2019. So the 2020 is about to come that brings a whole new year and a whole new decade. So provider status, hopefully comes within the next 10 years. But looking forward just to the next year, what are some services that we can provide? Now we might not get paid for them, but just loading up front and saying, Hey, we do these things, and we do provide value and quality. And then down the line, maybe we can get paid for him,

Unknown Speaker  11:57
hopefully. So we can touch base on that. Clinical Services, but I think Meredith could definitely touch base. You know, maybe the non clinical services such as Medicare Part D plans and figuring out the best plan for them. We as pharmacist, one of our roles is to be the most cost effective or figuring out the most cost cost effective plan for the patient. So that would be a service if you wanted to touch base on that.

Unknown Speaker  12:22
Yeah, that's something I've seen at the pharmacy I work at because because the pharmacist and the technician that's worked there for a couple years now provide both provide these services. And right now we do it for completely free. And it's just to help build trust and build a relationship with these patients and also it by saving or by saving money and getting the best plan for patients. It probably helps to keep them at our pharmacy if that's something that's really important to them. While we don't recommend plan so we do let them explore other pharmacies if they wish, usually just by providing this service. They are Wanting to stay at our pharmacy, but they, this pharmacy has also paired with a research student to examine what the likelihood that people would pay for the services. So I still don't have those results yet, but I'm excited to see them come out and see how willing patients and their loved ones that sometimes help them would be to pay for the services. And just with my experience going, my own experience going to nursing homes and retirement communities to provide a similar service. There have been some people that start taking out their checkbooks because they are just like after it's finished and say, Oh, how much do I owe you? I said, Well, no, this is free. We're, we're students. So it's just provided through the University of Iowa, College of Pharmacy, but even seeing that gives me hope that a not as clinical service could have some potential for pharmacists to be paid.

Unknown Speaker  13:58
And then we do have the clinical services that are probably the easiest for us to touch on. I mean, anyone see testing, cholesterol testing, blood pressure testing, these are all things that pharmacists can easily do on their settings and they can follow up with patients and write these notes that they can send on to physicians say, Hey, we got the emergency
you know, it's less than six and a half percent now patients doing well, or you know, we got the blood pressure, it's elevated, we need to make a dose adjustment. So these services are easily accessible, readily available for us to utilize in the pharmacy setting.

Unknown Speaker 14:34
Yeah, I mean, think about over the counter products. Patients come in, ask questions about them. Just yesterday, I helped someone pick up good medication for their cough that wouldn't raise your blood pressure. Now some of the combination products and my he also has a fever. Okay, well, this is a CMF Anna, you know, so like the clinical knowledge that we use, I think sometimes that goes unnoticed. In the farm, that's again, like it's the unsung role of the pharmacist, you know, I think sometimes we take for granted, when you go Ask a Pharmacist a question all that stuff is actually taking away from technically what they're supposed to be monetary wise doing. So again, changing that system. Again, that's it, showcasing our just clinical knowledge of medications and helping patients select something that's going to just better their health. Hopefully not hurt them. You know, that's the whole thing with medications is, as we just had a lecture on medication errors and all that other stuff, that medications can be really dangerous. So, you know, we're definitely centerpiece of making sure that going forward, we can help them and then also the clinical services as well. So

Unknown Speaker 15:43
and there's that cool, you know, if you build it, they will come. So as for payers, we need to start acting on these clinical services now and we need to work on them now. And even if we're not getting paid for it at this moment in time, if we do it well enough, it will come to the point where we are getting paid for it. But we can't wait for that. Because if you wait, it might be too late.

Unknown Speaker 16:04
Yeah, so we need to document basically just everything, you know, gather our data and show that data.

Unknown Speaker 16:11
That'll be something that's important for pharmacists that maybe not all pharmacies are implementing it is documentation. Because as we've learned, that's how hospitals get paid as based on how they document a lot of their information, especially through Medicare, but then everything tends to follow Medicare. So documenting at the pharmacy level will be important, like Aaron said, to start doing this now. So when the time comes, we can say, Well, we've already been doing this

Unknown Speaker 16:40
definitely raises, you know, a role for pharmacists and informatics even as well. How do you store this information? How do you access this patient data that's going to be coming in the next 10 years and all the pharmacogenomics stuff, already just amount of data that you had to sit through to just even pick okay, this is what their stock LDL is, you know, To have someone that understands that or just to make the computer do the command, but again,

Unknown Speaker 17:06
another area for pharmacists to be involved in

Unknown Speaker 17:09
informatics and population management, community management does something that is a huge need, where we can have people in the community be at x, we can be accessible for people in the community. So managing populations as well as definitely something that we have the opportunity to have an impact on.

Unknown Speaker 17:28
I think there's a lot of flavors and pharmacists. We've talked about genetics and I personally wouldn't ever want to read genetic code and then translate that to patients. I'm not sure a whole lot of people do it. I also don't like coding on computers and informatics is definitely not my thing. What I am passionate about food and fitness. I spend that and helping people get a grasp on their health through lifestyle management. Because, you know, we tell patients first line therapy is diet and exercise, but that's where we leave it. I think going in depth and having that patient relationship really allows me the time to say, here's where I think you are diet and exercise wise, let's walk through some stuff. And I'm not
going to tell you to run 150 minutes a week and then eat broccoli only. When you're sitting on the couch for your entire life and you hate broccoli, there's time to really figure out people in the pharmacy. And then, like we said, tailor the care we provide to the individual. I think that's very

Unknown Speaker  18:53
Yeah, like you said, you know, pharmacists are not just one trick ponies, that's the best thing about it is that we all have passions We all have expertise and skills that are different from each other in the profession. So Andy with the pharmacogenomics, and that you with the diet and exercise, those are skills that you guys have adapted over the year that are specific to your passions. Now you can impact other people's lives by utilizing your own passion. I couldn't imagine a much better gift than that. So I think everyone here and we challenge everyone in pharmacy school and all pharmacist figure out what your passion is. And then once you figure out what you are truly passionate about, you can help other people with your own passion. So just figuring that out is the first step. I think

Unknown Speaker  19:44
that we could all work together all the different passions. That's the whole goal there.

Unknown Speaker  19:48
Right here. All right, absolutely. Like we've been saying pharmacies at a turning point. So we can really do almost whatever we want with profession and take it in so many different directions. I think it's exciting. I'm excited to see what 2020 holds what the new decade holds. As much as decade jokes are becoming just jokes, but that is all the time we have and thank you for sharing. We hope you learn and if you did pass the lessons along to your friends, your family. Thanks for listening, and we'll catch you next time at The Rx Counter.

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