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Pharmacy Post

Spring 2018

LOOKING FORWARD FOR PHARMACY

OFFICIAL PUBLICATION
 OF THE WYOMING PHARMACY ASSOCIATION

Partnership to offer Naloxone Training

As of July 1st, 2017, licensed Wyoming pharmacists could begin prescribing naloxone pursuant to the Emergency Administration of Opiate Antagonist Act. According to the Wyoming State Board of Pharmacy and conversations with retail pharmacists around the state, there are few pharmacists actively prescribing and dispensing naloxone. One reason that this is the case is that many pharmacists do not feel confident in the process of prescribing medications.

Through a partnership between the University of Wyoming School of Pharmacy and WPhA, there will be education offered that will hopefully give pharmacists the background, skills, and confidence to prescribe the opiate antagonist used to save lives.

The Wyoming Legislature and Governor have shown trust in our profession by giving pharmacists autonomy in prescribing a medication for the first time. These entities believe that due to the great access and knowledge that pharmacists have to patients, that we are the most appropriate profession to ensure that the population benefitting the most from naloxone, receives the medication. As a profession, pharmacy needs to maximize this opportunity; validating the legislature's trust and positively impacting patient care.

The training will soon be live and assessible at WyoLearn, a platform that is supported by the University of Wyoming. Upon finishing the course and completing the assessment with a passing grade, the system will alert WPhA of completion. WPhA will then send the participant a Tripartite Certificate that can be used for re-licensing with the Wyoming State Board of Pharmacy as well as serve to prove the 1hr minimum to be able to prescribe naloxone.

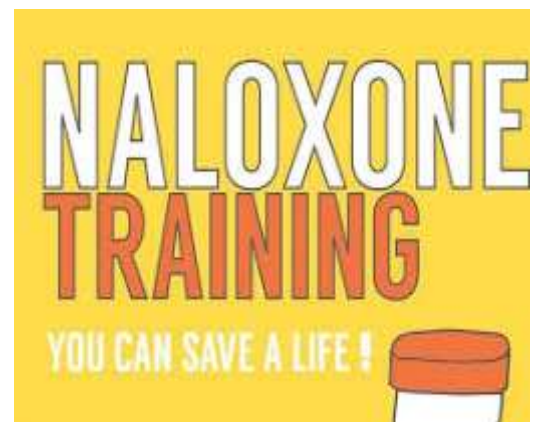
This is the first online education the association has offered but we will look to do more classes in the future.

2018 Wyoming Legislature Passed a few bills that will affect the pharmacy profession

SF0075 –This bill dealt with pharmacists being allowed to “substitute” biological products. This can only be done if the product is determined “interchangeable” by the FDA Purple Book.

SF0078—This bill created an opioid addiction task force. Made up of legislators and health care professionals, this committee will evaluate the problem and recommend policy implementation.

SF0083—This bill expands the requirement of health care practitioners that must report their controlled substance dispensing to WORx.



101st WPhA/WSHP Annual Convention

**June 22-23
 in Sheridan**

**Please See Pages 8-9 for
 details and information.**

Be a part of the Change!

R_x

AND THE LAW

By Don. R. McGuire Jr., R.Ph., J.D.

This series, **Pharmacy and the Law**, is presented by Pharmacists Mutual Insurance Company and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.

Death with Dignity

Death with Dignity. Physician-assisted Suicide. Aid in Dying. Nomenclature has evolved in the twenty years since Oregon passed the first Physician-assisted Suicide legislation in the United States. There are now a total of six states plus the District of Columbia that allow the practice. Three of those six states passed their legislation during the last two years. That's not much data on which to base a trend, but it does raise questions for pharmacists participating in the practice.

Each state is different in detail, but the high level procedures are similar. The patient must make a request for medication with which to end their life. This request may be oral and sometimes requires a second request following a mandatory waiting period. Eventually this request is documented on a state-created form and the patient's signature is witnessed by at least one disinterested witness. Typically the patient must have been diagnosed with a terminal illness and facing death within a relatively short time, such as six months.

The attending physician then has to certify a number of items in order to be compliant with the law. These include the terminal nature of the patient's condition, an assessment of their mental state, that there doesn't appear to be any coercive force being exerted on the patient and that the patient has been counseled on risks, benefits and alternatives. This completed form is then forwarded to the appropriate state agency, many times the Department of Health.

Once the attending physician has certified the patient meets the criteria of the law, many times the patient is required to meet with a second, consulting physician. This physician then documents their assessment of the patient's condition on the state form. Finally, the form must be submitted to the state, either directly and/or through the attending physician.

Either the attending or consulting physician can refer the patient for a psychiatric/psychological examination. This exam is also documented on a state form and submitted as above.

If the patient has successfully passed these hurdles and waited for the requisite waiting periods, their physician is ready to dispense the needed medication(s) or write prescriptions for them. Now it is time for the pharmacist to get involved.

The first decision by a pharmacist may not be a legal one, but a moral one. How does the pharmacist feel personally about dispensing these medication(s)? Does it feel wrong or run counter to what their career goal has been? These are not questions that can be answered by anyone but the pharmacist involved. One thing to consider is that by the time the patient gets to this point in the process, it is as a result of careful consideration.

1. Montana's authority is based on a decision by the Montana Supreme Court rather than by legislation.

© Don R. McGuire Jr., R.Ph., J.D., is General Counsel at Pharmacists Mutual Insurance Company.

This article discusses general principles of law and risk management. It is not intended as legal advice. Pharmacists should consult their own attorneys and insurance companies for specific advice. Pharmacists should be familiar with policies and procedures of their employers and insurance companies, and act accordingly.



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Experiencing MTM—by Jody Lynn Coburn

I had one goal for my four week advanced community pharmacy rotation; I wanted to do as much clinical pharmacy as I could. My background: I was a teacher in the public school system before I decided to go to pharmacy school. I was a community pharmacy technician for three years and then E, Mirixa, and Outcomes MTM as this is where the future community pharmacy is trending. As insurance companies continue to decrease their reimbursement rates for individual prescriptions, it is important to find other ways to gain funding including vaccinations and patient compliance reimbursement.

Mirixa and Outcomes MTM tips are focused interventions in relation to one specific disease state in which a compliance issue has been identified, a gap in therapy such as a missing short acting beta-agonist for asthma patients or statin in diabetics, first fill of a new chronic medication, or the use of high-risk medication. Mainly tips are used to speak with the patient to identify any barriers to compliance and to offer assistance in maintaining therapy or a change in therapy. Of the multiple patients, I was able to make contact with; I did not have much push back from patients to take a couple minutes to discuss one medication. Many patients would ask me to refill other medications while we were on the phone and were glad to have someone reach out to them in regards to their medications. Though some questioned why I was asking about a medication they had been on for years, one adamantly denied every missing a dose even though almost on day 120 of a 90 day supply, and one just went through this with their healthcare provider.

Another aspect of the tips function is to contact providers in regards to gaps in patient care, including the need for a SABA in asthma patients and statins in diabetic patients between the ages of 40 and 75 years old regardless of cholesterol levels. There has been some push back from providers in regards to the recommendation of a statin coming from a community pharmacist. However, I was able to find a randomly controlled trial from last year in the APhA Journal addressing this issue. There was a statistically significant difference in statins prescribed and dispensed based solely on community pharmacist led intervention in only 3 months' time. Pharmacists many times are the ones eliciting evidence-based change within the community. We are also the ones who have access to the comprehensive patient medication profile due to patient preference of specialists over generalist medical providers.

A big ticket item for reimbursement is the comprehensive medication review (CMR) which is an interactive interaction with a patient in regards to disease states, allergies, and both over-the-counter and prescription medications. This is precious time to be able to spend 30 minutes talking to a patient, developing a bond and feeling of trust, and discussing medications, disease states, and overall concerns of the patient. It is the perfect chance to find out what type of reaction they had to a specific medication, discover that they have been taking their antacid wrong for years, and that they never understood that the opioid medication they have been on actually does cause constipation. This time can also be used to have those hard conversations. Hard conversations can include the use of opioids, the need for naloxone at home, and the use non-benzodiazepine hypnotics in the aging population. CMRs are important to assess patient quality of life, ways to improve compliance, and changes that could possibly be made to their regimen.

I believe the most important thing to take from clinical pharmacy work in the community setting is building relationships with patients. To confer with patients monthly, or even more often than that depending on how often the patient visits or calls the pharmacy, and to be able to have hard conversations with patients builds trust. These conversations then mean much more and can incite change for the improvement of the patient and overall quality of life. Clinical pharmacy interactions are huge for the pharmacist as well as we need these human interactions to feed our souls, to feel like we make a difference, and allow us to provide other services to patients to keep the pharmacy business growing, progressing, and moving forward.

Article mentioned: H. Renner, A. Hollar, S. Stolpe, M. Weck Marciniak. Pharmacist-to-prescriber intervention to close therapeutic gaps for statin use in patients with diabetes: A randomly controlled trial. *Journal of the American Pharmacists Association* 57 (2017) S236-242.

Pharmacy

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MISSION STATEMENT:

The mission of the Wyoming Pharmacy Association is to advance the practice and profession of pharmacy through education, understanding, and promotion.

VISION STATEMENT:

Wyoming pharmacists and technicians are recognized for their significant contributions to the health care field. They are caring and competent individuals who improve the use of medications, assure the safety of drug therapy, and enhance health-related quality of life.

Pharmacy Student Perspective

The University of Wyoming School of Pharmacy students do a wonderful job of sharing how the pharmacy profession can promote improved health awareness and outcomes. In October the students host a health fair at the University and in February they hosted a health fair at the legislature. The different organizations share what education and diagnostic testing they offered.

ASHP Asthma and Sunscreen Lead- Kelsea Zukauckas, PharmD Candidate 2019

Each year WSSHP takes on the duty of educating patients on asthma and sunscreen. Our sole purpose was to enhance patient's knowledge on sun safety and answer any questions they may have had pertaining to asthma. This year's event was nothing short of successful! We are able to interact with a plethora of patients! Some of the education we provided at the asthma booth included correct inhaler techniques, information on common asthma medications, information on values obtained from peak flow meter use and understanding on when to go see a doctor. At the sunscreen booth we were able to educate patients on the proper use of sunscreen, differences between chemical and mineral sunscreen, and finally the ABCDE's to look out for with skin marks. The experience was immensely rewarding for each member of the WSSHP booth to see how much of an impact we as pharmacists and student pharmacists can have on the community. Seeing the capabilities we have come to fruition is critical towards finding unity in the fight for provider status and continuous movement of the profession forward!



Operation Heart Lead- Jordan Mefford, PharmD Candidate 2019

I oversaw the booth Operation Heart at the annual health fair which focused on informing the public on how high blood pressure can be detrimental to one's health and ways to lower blood pressure both non-pharmacologically and pharmacologically. With heart disease still being the number one cause of mortality in the United States offering the booth Operation Heart in my opinion always greatly impacts the community, and this year was the first year that we implemented offering blood pressure readings to the public. Providing a place for the public to measure their blood pressure, alongside amazing health care professionals available to answer any questions they may have is an excellent resource. The health fair as an overall experience, I feel was a huge success! Any way where we can involve the public in the field of health care in its entirety is a great way to encourage healthy living. Having a wide variety of health care services provided freely to the community not only helps the individuals of the community immensely, but is a great way to positively promote the entire health care profession.

PDC Osteoporosis Screening Lead- Crickett Volmer, PharmD Candidate 2019

This year at the Annual Fall into Good Health Fair, Phi Delta Chi, a Professional Pharmacy Fraternity, hosted an Osteoporosis Screening service. The organization has an ultrasound machine in order to gain a measure of a patient's bone density. This is a great service to the community, as it is a screening that is provided free to the patient, and can inform them of their possible risk for osteoporosis. Along with the screening, counseling was also provided regarding what the patient's score meant, and how it may or may not affect their lives going forward. The booth had a high attendance from a lot of community members and students who were given a quick glimpse at their bone health.



Generation Rx Lead- Justine Frantz, PharmD Candidate 2019

The Health Fair is a worthwhile way for pharmacy students to showcase what we have been training for throughout our education. It also helps educate the community about what pharmacists can truly do for their patients. I thought the fair was a great success and I was granted the opportunity to speak with many different people about the prescription drug abuse issue that we are faced with today. It was incredibly interesting to hear the public's opinion on the issue. I enjoyed discussing what pharmacists are trying to do to help prevent abuse, and also how pharmacists are utilizing their training to aid patients with their addiction issues.

Operation Immunization Lead- Hannah Thorfinnson, PharmD Candidate 2019

The health fair is always a rewarding experience because we get to use and practice our skills that we are learning in school and help improve the health and wellbeing of the community that supports us. Every year, APhA takes on the role of administering free flu shots to the community with what we call Operation Immunization. This year, Operation Immunization teamed up with WPhA's own, Melinda Carroll. Melinda was not only able to help our school out with the huge financial burden that these immunizations are every year, but she was also able to be at the health fair helping our students learn how to immunize. Another WPhA member, Lanae Fox, is consistently a pivotal team member in Operation Immunization and she is greatly appreciated! We are very grateful to both Dr. Carroll and Dr. Fox for helping us pull off a hugely successful Operation Immunization this year; it was no small feat!



NCPA Medication Take Back Lead- Josh Graham, PharmD Candidate 2019

At the 2017 Fall Into Good Health Fair, the National Community Pharmacists Association was actively involved in promoting the well being of our community by holding a medication take-back and counseling booth. NCPA was able to safely dispose unused medication for many people in the community and answer any drug-related questions that our patients had. There are very limited places where unused medications can be safely disposed so this was a great opportunity to provide this service to the public. We had over 15 students help out at our booth this year and it was a great way to promote the field of pharmacy as well as the University School of Pharmacy. We look forward to finding other ways to serve the community in the future



PLS Health Fair Leaders- Mackenzie Meier, PharmD Candidate 2019

Overall the 2017 Fall into Good Health Fair was extremely successful. Phi Lambda Sigma (PLS) oversaw the overall operations of the event. We met weekly leading up to the health fair and spent time reaching out to businesses in the community and various collegiate organizations to participate in the health fair. We had 38 booths and organizations participate this year which was an increase from previous years. During the event, we helped each booth find their location in the ballroom as well as assisted them in the setting up and taking down process. We also greeted each participant and oriented them to the services provided. This event continues to be successful year after year due to the hard work of many different organizations!

Rho Chi Lipid and A1c Testing Booth- Sarah Koontz, PharmD Candidate 2019

This year at the Fall into Good Health Fair, the Rho Chi Honorary Pharmacy Fraternity performed hemoglobin A1c testing as well as lipid testing. Along with the testing, the students provided counseling regarding what the patients numbers meant and some lifestyle modifications that they can implement to improve their numbers. The booth was in high attendance and many community members expressed their appreciation for the services provided. Overall, this was a great learning experience as well as a help to the community.

UW School of Pharmacy P1 Student Kevin Page discusses the many health benefits that pharmacists can deliver to patients with State Senator Brian Boner (Douglas).

WPhA / WSHP 101st ANNUAL CONVENTION June 22 & 23, 2018



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- MTM

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- Auction to Benefit UW Pharmacy Students
- Networking Opportunities
- Discussions on Current Issues and Determination of Association Policy
- WPhA and WSHP meetings
- Vendor Exhibition



We hope to see you there!
Please visit whpa.net to register.



Become a Board Member!! At the annual convention, the general membership will need to select 3 directors and a Vice-President. Two of the director seats will be a 3-year term, and one director will be only a 1 year term to complete a term of a director that can not finish the term. The Vice-President position is essentially a 4-year commitment as this position moves through the officer ranks, becoming President. If interested, even if you aren't able to attend the convention, please let Craig Frederick know.

Registration Information

Important Note: We appreciate your support! You must be a current WPhA member to receive the member discounts, but it's not too late to receive the **HUGE** member benefit discounts to attend the convention. Join WPhA first! To register securely on-line, go to www.wpha.net and click on the education and events tab.

Registration will not be processed until payment is received. Print name as you would like it to appear on your nametag.

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

1st Time Attendee WPhA/WSHP Past President WPhA/WSHP Board Member

WPhA is committed to making this convention accessible to all individuals. If you have a disability and require accommodations to participate, or require special dietary needs, please check here. You will be contacted by someone to discuss your specific needs.

FULL CONFERENCE ATTENDEE: Includes a total of 12 hours of CE, breakfast, lunch, and all evening events.

Member

Pharmacist\$330 \$ _____
 Technician\$230 \$ _____
 Student\$50 \$ _____

Non-Member

Pharmacist\$420 \$ _____
 Technician (not-online).....\$275 \$ _____
 Student (not-online).....\$165 \$ _____

FRIDAY ATTENDEE: Includes CE, lunch & Vendor Reception. Evening event tickets must be purchased separately.

Member

Pharmacist\$150 \$ _____
 Technician\$100 \$ _____
 Student\$20 \$ _____

Non -Member

Pharmacist\$190 \$ _____
 Technician (not-online).....\$90 \$ _____
 Student (not-online)...\$60 \$ _____

SATURDAY ATTENDEE: Includes CE, breakfast & lunch. Evening event tickets must be purchased separately.

Member

Pharmacist\$180 \$ _____
 Technician\$130 \$ _____
 Student\$40 \$ _____

Non -Member

Pharmacist\$230 \$ _____
 Technician (not-online)...\$180 \$ _____
 Student (not-online).....\$80 \$ _____

EVENTS: Must purchase *separately* unless you are a Full Convention Attendee.

6/22 Family Event...\$20 \$ _____ 6/23 Awards Dinner/Auction...\$35 \$ _____
 6/23 Kid's Movie and Pizza Event.....\$10 \$ _____

SPOUSE REGISTRATION: Non-pharmacist or pharmacy technician—kid's under 6 are FREE Full Conference (meals & entertainment)\$100 \$ ____ Call for kid and separate meal prices

WPHA DUES: dues are "rolling" and expire one-year from enrollment date

Pharmacist ...\$140 \$ _____ Technician.....\$25 \$ _____ Student.....\$10 _____

TOTAL Payment Enclosed\$ _____

- Make checks payable to: WPhA Annual Convention
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You must use a VISA or MasterCard card to register by phone or ON-LINE at
https://wpha.site-ym.com/events/event_list.asp

Cancellation/Refund Policy: Written cancellations received will be charged a \$40 administrative processing fee.
All cancellations must be received in writing. No refunds for no shows.

Technician Corner

It's time for a rule change, or two!

By Craig Frederick, PharmD

This is a section of Pharmacy Post dedicated to Pharmacy Technicians; current issues, development ideas, or just general Technician discussion.

The profession of pharmacy is constantly evolving, as pharmacist's are being trained, encouraged and even forced to incorporate more clinical skills in order to improve the overall health of patients. Expanding the role of the pharmacist is also becoming necessary to see sustainability in our profession, even in the retail pharmacy setting. However, this expansion of pharmacist's roles will not be possible if our profession does not seek changes in the role of the pharmacy technician.

Many states have already implemented expanded technician roles through either statute or rule making. Idaho has become the leader in allowing technicians increased tasks and responsibilities. Under the direction of a pharmacist, technicians are allowed to take new orders from prescriber offices, utilize technician verification, and even deliver immunizations.

The Wyoming State Board of Pharmacy has stated that they believe there is a need to "open" the pharmacist technician chapter in the near future. This will be a great opportunity to encourage and educated members of the board and possibly legislators on the importance of pharmacist technicians and the critical role technicians play in delivering quality health care for patients. The Wyoming Pharmacy Association will be heavily involved in making reasonable changes that will move our profession in the right direction.



2018 WPhA Resolution Form

The Wyoming Pharmacy Association Bylaws can be found at www.wpha.net under the **About WPhA Tab**. If you would like to see changes to the bylaws, please complete form and send to director@wpha.net **by June 15, 2018**.

Resolution by: _____ Date: _____

Title of Resolution: _____

Resolution:

Reason for Resolution:

Colorado House Bill 18-1112 (HB 18-1112), approved by the Colorado State Legislature earlier this year, is expanding the role of the pharmacist, as well as healthcare access to rural communities and underserved areas. This legislation requires health benefit plans to reimburse pharmacists for services delivered in an area with a health professional shortage, if the plans cover the same services when delivered by a physician or advanced practice nurse. This is a significant opportunity for pharmacists, particularly in rural communities and federally qualified health centers. Pharmacists are often apart of a healthcare team and provide chronic disease state management per collaborative practice agreements. Usually they must use "incident to physician" or other auxiliary methods of billing under an eligible provider who can bill for the pharmacist's services. Some Colorado pharmacists will now have the opportunity to directly bill and be reimbursed for nondispensing services, such as smoking cessation, immunizations, and contraception services. Though it is not all inclusive of a pharmacist's scope of practice, this narrow focus is a good starting point for pharmacists to demonstrate their value and gain the support of insurers.

HB 18-1112 will also increase access to certain healthcare services in health professional shortage areas (HPSAs). HPSAs are determined by calculating the population to provider ratio in an area. If the ratio is high enough to meet federal requirements, the area can be officially designated as a HPSA. When primary care providers are scarce, it can be difficult to get healthcare access in a timely manner. Pharmacists, however, can be more accessible and provide needed services within their scope of practice. Wyoming has a multitude of HPSAs due to our rural nature. As of December 2017, Wyoming's HSPA population consisted of over 158,000 people. WWAMI (Washington Wyoming Alaska Montana Idaho), Wyoming's medical school, offers loan forgiveness to physicians who practice in Wyoming for three years after graduation. The hope is these

practitioners will stay past the three years and to help combat physician shortage, however, we are still lacking. Enacting legislation similar to HB 18-1112 in our state could be extremely beneficial.

Eventually, the plan for Colorado is to expand the types of services pharmacists can bill for and extend this opportunity to more urban areas. The ultimate goal is for insurance companies to recognize the value of pharmacist provided services. Perhaps pharmacists could one day be enrolled into the network of providers and have a clear billing system for the services they provide.

Colorado House Bill 18-1112 was signed by Governor Hickenlooper on April 9, 2018, and will take effect on August 8, 2018.

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Certifying Office WICHE - WWAMI - WYDENT. College of Health Sciences University of Wyoming. <http://www.uwyo.edu/hs/wiche-wwami-wydent-program/>.

Kliethermes MA. Understanding health care billing basics. *Pharmacy Today*. 2017;23(7):57-68. doi:10.1016/j.ptdy.2017.06.041.

Primary Care Health Professional Shortage Areas (HPSAs).

Henry J Kaiser Family Foundation. <https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/>?

[currentTimeframe=O&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/?currentTimeframe=O&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D). Published April 3, 2018.

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or JOIN on-line at www.wpha.net and click on the membership tab.

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Circle all that apply:

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- Health-Systems Pharmacy Home Health Care Pharmacy
- Other: (please specify) _____

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- Certified Pharmacy Technician \$ 25
- UW Pharmacy Student \$ 10
- Donation to Scholarship Fund (*tax deductible*).....\$ _____
- Total Amount Enclosed\$ _____

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