



UF College of Pharmacy
UNIVERSITY OF FLORIDA

Disclosure Statement

Michele Smith, Pharm.D, CPh, has disclosed that she has no relevant financial disclosures. No one else in a position to control content has any financial relationships to disclose.

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



Objectives

At the completion of this activity, the participant will be able to:

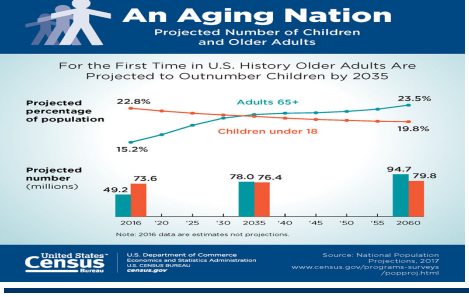
- Describe an overview of the administrative duties of the consultant pharmacist in the long term care environment.
- Discuss the role of the consultant in medication use/management and fiscal control.
- Discuss the consultant's role on the health care team (Inter- and Intra-professional relationships, including staff in-servicing)
- Describe the role of technology for the consultant in the long term care practice

LTC Demographics

As of 2015 there are approximately:

- 10K Americans turn 65 every day
- 4.7 million seniors using home health care
- 730K living in ALFs
- 1.4 million living in Nursing Homes

National Institute on Aging. National Institutes of Health. Why Population Aging Matters: A Global Perspective. <https://www.nia.nih.gov/sites/default/files/2017-05/WPM.pdf>. Released March 2007.



Future of NH

By 2030:

- 70 million will be 65 years or older
- 8.4 million will be 85 years or older
- 77 million baby boomers
- 3.85 million will need NH care

LTC Clinical Needs for Seniors

- Older adults are the fastest growing sector of our population
- Comorbidity
- Multiple medications
- Greater risk of ADRs
- Most regulated industry

CRPh Required Knowledge and Skills

Communication skills:

- 1) Verbal
- 2) Written

CRPh Required Knowledge and Skills

LTC setting:

1. Principles of geriatric medication use
2. Institutional drug distribution systems
3. Infection control practices
4. Goals of drug therapy

CRPh Required Knowledge and Skills

Payment structures for SNFs:

1. Medicare A
2. Medicare B
3. Managed Care
4. Medicaid
5. Medicare Part D

Administrative Duties

Oversee all aspects of pharmacy services

1. Coordinate pharmacy services when multiple pharmacy providers are utilized
2. Review Consultant Pharmacists drug regimen reviews and consulting activities
3. Implement Health Initiative Programs

Geriatric Case Study

- BB is an 85 y.o. WF residing in a LTC facility. Past medical history significant for: Type 2 DM, HTN, moderate dementia, CVA (2 years ago), right hip fx (1 year ago).
- Current medications: Glyburide 10mg daily, lisinopril 10mg daily, metformin 500mg two times a day, donepezil 10mg daily, ASA 81mg daily, MVI daily, zolpidem 5mg at bedtime PRN sleep, meclizine 12.5mg three times a day PRN dizziness.
- Weight: 65kg
- Labs: FBG 92mg/dL, sodium 137 mEq/L, BUN 30mg/dL, SCr 1.9mg/dL, TSH 2.0mU/L.

Assessment Question #1

Which of the following functional assessments is most important to evaluate when recommending medication changes for BB?

- A. ADLs
- B. Assessment for depression
- C. Assessment for gait and balance
- D. Assessment for pressure sores

Assessment Question #2

Which of the following pharmacokinetic parameters is most likely to be changed in BB?

- A. Oral absorption
- B. Distribution
- C. Metabolism
- D. Renal excretion

Assessment Question #2

- Using the Cockcroft-Gault Equation
- Creatinine clearance = $[(140-85) 65 / (72 \times 1.9)] \times 0.85$
- 22ml/min.

Assessment Question #3

Based on your assessment of age and disease related changes in BB. Which one of the following areas of pharmacotherapy should be addressed first?

- A. Diabetes
- B. Alzheimer's disease
- C. Hypertension
- D. Stroke prevention

Administrative Duties

Develop policies and procedures for:

1. Providing medications to residents in a timely manner
2. Acquiring, receiving, storing, reconciling of medications
3. Disposing of medications
4. Accountability of controlled drugs

Administrative Duties

Collaborate with Medical Director, Attending Physicians and Nursing staff on issues regarding:

1. Risks vs. benefits of medication use
2. Unnecessary medications
3. Medication utilization

Administrative Duties

Assist facility to prepare for and respond to federal and state surveys and inspections

- AHCA
- DOH/BOP
- Joint Commission

Agencies

1. Centers for Medicare & Medicaid Services
2. Agency for Health Care Administration (AHCA)

AHCA survey

Annual inspections are unannounced and include a facility tour; interviews with residents, families, staff, visitors and volunteers; and a review of sample medical records, policies, and procedures.

State Operations Manual (SOM)

Appendix PP - Guidance to Surveyors for Long Term Care Facilities


Purpose:

1. To clarify and explain the intent of the regulations.
2. Used by State surveyors
3. Violations of the regulations result in deficiencies


Center for Medicare & Medicaid Services. State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities. <https://www.cms.gov/regaffairs/centrallist>

DOH/ BOP

- Annual inspection
- Unannounced



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES**
INV350 - Class I Institutional Pharmacy



Pharmacy
FLORIDA


Fig #
Form #

NAME	PERMIT NUMBER	DATE OF INSPECTION
DOING BUSINESS AS		
STREET ADDRESS	TELEPHONE #	EXT
CITY	COUNTY	STATE/ZIP

Additional Information


Business Operation Hours	
Mon - Fri	Weekly Hours
Saturday	Hours
Sunday	Hours
Registered Pharmacist / Intern / Tech	License Name
License #	License Type

Florida Department of Health, State of Florida Department of Health Investigative Services, INV350, Class I Institutional Pharmacy, <http://www.floridahealth.gov/learning-and-regulation/enforcement/inspection-program/documents/class-i-institutional-pharmacy.pdf>



Joint Commission Accreditation

- Widely recognized benchmark
- Joint Commission surveys are scheduled
- Every 3 years



Assessment Question

Which agency is responsible for the licensure and regulation of FL nursing homes to ensure compliance with Florida Statutes, Florida Administrative Code and Federal regulations in a manner that protects the safety of their residents

- A) DEA
- B) OSHA
- C) AHCA

Medication Management

- 1) Purpose is to eliminate potential harm that could be caused by medications
- 2) Develop an effective and safe medication management system

Pharmacy Cost Management

- PPD
- Medicare A
- Medicare D

PPD Management

- PPD: What is it?
 - the average price-per-patient per day the facility spends to cover medications
- Two main factors that determine PPD:
 - the number of prescriptions per patient
 - the average cost per prescription.
- If either or both of these factors are high, the end result is a high PPD.

PPD Calculation

Example: FACILITY P (180 beds SNF)

	COSTS	DAYS	PPD
MEDICARE	\$25,755.53	978	\$26.34
MANAGED CARE	\$7,844.30	171	\$45.87
MEDICARE/MANAGED CARE TOTAL	\$33,599.83	1149	\$29.24

PPD Assessment Question

Facility A is a 120 bed Skilled Nursing Facility:

- Medicare days: 1,042
- Managed care days: 248
- Medicare costs: \$27,631.26
- Managed care: \$8,887.46

1. What is Facility A's Medicare cost per patient day?
2. What is Facility A's Managed care cost per patient day?
3. What is Facility A's total Medicare + Managed care cost per patient day?

PPD Assessment Question

Cost per patient day (PPD) = care costs / care days

1. What is Facility A's Medicare cost per patient day? \$26.52
2. What is Facility A's Managed care cost per patient day? \$35.84
3. What is Facility A's total Medicare + Managed care cost per patient day? \$28.31

Strategies to lower PPD

1. Review monthly pharmacy invoices
2. Identify medications for discontinuation
3. Change to less expensive alternatives
4. Identify medications that are no longer beneficial or have adverse effects that may worsen quality of life
5. Reduce polypharmacy and the number of prescriptions per patient

Strategies to lower MCR and MCD costs

- Medicare A:
 - Develop a Corporate Preferred Drug Formulary
- Medicare D:
 - Interventions to reduce costly Part D non-covered drugs

Case example

- BB is an 89y.o. female hospice resident with End Stage Dementia. She has been receiving Aricept (donepezil) 10mg daily and Namenda (memantine) 10mg twice a day since 2015. BB complains of constipation, anxiety, loss of appetite, GI symptoms. Her recent BIMS score=2.
- Question: Can Aricept and Namenda be discontinued?

NOTES: BIMS (Brief Interview for Mental Status)- A test used to get a quick snapshot of your cognitive function. It is a required screening tool used in nursing homes to assess cognition.
 BIMS score interpretation: 0- 7 (Severe cognitive impairment); 8 -12 (Moderate impairment); 13-15 (Intact cognitive response)

Inter-professional relationships

Corporate team members:

- (1) Regional Consultant Pharmacist
- (4) Regional Nurse Consultants
- (1) Physical Therapist
- (1) Dietitian
- (1) Health Information Manager
- (1) Director of Social Services
- (1) Director of Environmental Services/Plant Operations
- (1) Medical Review Coordinator

Consultant Pharmacist role in Mock Survey

Assess the facility for compliance with Pharmacy Services (483.45) as set forth in the State Operations Manual

Pharmacy Related Ftags:

- F755 Pharmacy Services, Procedures, Pharmacist, Records
- F756 Drug Regimen Review
- F757 Drug Regimen Review is free from Unnecessary Drugs
- F758 Drug Regimen Review is free from Unnecessary Psychotropic Meds
- F759 Free of Medication Error Rate of 5% or more
- F760 Residents are free of Significant Med Errors
- F761 Label / Storage of Drugs and Biologicals

Center for Medicare & Medicaid Services. State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities. <https://www.cms.gov/Regaffairs/centrallinks>

Intra-professional relationships

Participation on facility committees as needed:

1. Psychotropic Drug Committee
2. Deprescribing Rounds
3. Antimicrobial Stewardship Committee

In-Service Topics

1. Medication Administration
2. Dementia management
3. Psychotropic Drugs
4. Antimicrobial Stewardship
5. Pain management
6. Diabetes management

Audience for In-service

- Nursing staff, Director of Nursing, Nursing Home Administrator
- Prescribers (ARNP, PA, Physicians)
- Other health care providers
- Regional / Corporate team

Pharmacy Technology in LTC

- Electronic Health Records vs. paper
 - Enables the consultant pharmacist to remotely access resident's clinical records to perform Medication Regimen Reviews
- Automated dispensing systems
 - Stores, dispense and track medications at point of care.

References

1. National Institute on Aging. National Institutes of Health. Why Population Aging Matters: A Global Perspective. <https://www.nia.nih.gov/sites/default/files/2017-06/WPAM.pdf>. Released March 2007.
2. U.S. Department of Commerce. United States Census Bureau. National Population Projections 2017. www.census.gov/programs-surveys/popproj.html
3. Center for Medicare & Medicaid Services. State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf. Revised November 22, 2017.
4. Florida Department of Health. State of Florida Department of Health Investigate Services: INV360-Class I Institutional Pharmacy. <http://www.floridahealth.gov/licensing-and-regulation/enforcement/inspection-program/documents/class-institutional-rx.pdf>
5. Florida Department of Health. Inspection Forms. <http://www.floridahealth.gov/licensing-and-regulation/enforcement/inspection-program/inspection-forms.html>

Administrative Roles in Long-Term Care
