

Increasing Patient Engagement in the Pharmacy: Rx for Asthma Interventions

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DISCLOSURES: Nothing to declare

Learning Objectives

At the conclusion of this workshop, participants will be able to:

1. Describe problem issues that reduce patient interaction in the pharmacy.
2. Design brief interventions that can increase asthma-related patient engagement in the pharmacy.
3. Develop an approach to deal with formulary changes that ensures patients will not leave the pharmacy without a plan to receive appropriate asthma medications.
4. Identify at least two interventions that can increase asthma-related patient engagement and can be implemented when returning to the pharmacy practice setting.

Outline

- Introductions
- Issues
 - What is patient engagement? Why is it essential in patients with asthma?
 - How often do patients present to the pharmacy with a controller medication that is no longer on formulary? How do most pharmacists handle this situation? How can this challenge in practice be addressed?
 - What is the typical patient encounter when picking up a prescription for asthma medications in the pharmacy? What does an “optimal” patient encounter look like?
- Developing Solutions
 - What are the barriers to “optimal” encounters?
 - How do we identify patients in our practices that warrant added attention?
 - What are possible “intervention time points” where patient engagement can be implemented?
 - How can we break down interventions into smaller “chunks” of “Low Time High Impact” interventions to make them more realistic in the typical busy pharmacy?
- Where do we go from here?
 - The BUSINESS case for patient engagement!
 - Developing patient expectations about pharmacy asthma care
 - Informing prescribers, families, caregivers, patients and payors about our expertise and availability
 - Paradigm shift to expectation of pharmacist-delivered asthma service excellence

Supplementary Materials: Rx for Asthma™ interventions

“Touch” every patient with asthma with an intervention at **every** contact.

Develop the **expectation** that every patient with asthma receives an appropriate asthma intervention at every visit. Ask them to spread the word with friends, family, neighbors.

Overview

- Recognize role of inhaled corticosteroids as primary controller therapy for persistent asthma, counsel patients to understand the importance of regular use and importance of asthma control
- Assist patients with environmental trigger avoidance through education and access to environmental modification equipment/supplies/referrals.
- Conduct periodic asthma screenings
- Refer patients with symptoms suggestive of asthma to providers for evaluation
- Monitor patient asthma symptoms when filling prescriptions (especially prednisone and albuterol)
- Provide patient controller/quick-relief refill data to prescribers when quick-relief medications are being filled frequently (>2 fills/year, excluding canisters for school/child care/2nd parent, etc.)
- Assess asthma control at every patient encounter. Use wait time effectively by having patients complete a validated asthma control assessment test. Encourage patient communication with prescriber about asthma control and medication concerns.
- Identify risk factors for loss of or poor asthma control and implement appropriate action. Example risk factors include: viral upper respiratory tract infections, trigger exposure (weather changes, air pollution, smoke, allergen), non-adherence, poor inhaler technique, drug exposures when sensitive (aspirin, NSAIDs, beta-blockers, sulfites)
- Ask if patient has a current asthma action plan, if not, initiate one, provide copy to patient and fax to prescriber for completion. Ensure patient and family knows how to manage exacerbations, when and how to use every medication in regimen.
- Determine timing of last and next prescriber visits and refer patients for asthma follow-up when not already scheduled
- Assess patient adherence, reasons for non-adherence, and initiate appropriate interventions
- Follow-up with patients after dispensing post-ED or post-hospitalization prescriptions to assess adherence and response to discharge medications, encouraging adherence to controller therapies.
- Initiate and counsel patients on home self-monitoring using symptom and/or peak flow rate-based monitoring plans
- Evaluate patient profile for frequent short-acting beta-agonist fills. Assess asthma control, optimize controller regimen.
- Evaluate profile for long-acting beta-agonist single medication inhalers. Recommend switch to inhaled steroid/LABA combination inhalers.
- Evaluate inhaler technique at every patient contact. Counsel to improve technique and recommend alternative medication formulations when warranted based on specific patient preferences and abilities.

- Check profile for interacting medications and recommend regimen changes when warranted.
- Recommend bone density testing for patients on high dose inhaled corticosteroids or frequent oral corticosteroids, evaluate for osteoporosis prevention.
- Monitor patients for therapeutic response and asthma control, recommending changes to optimize asthma control.
- Monitor patients for adverse effects of medications, taking preventive actions when indicated. For example, monitor diabetic or hypertensive patients taking systemic corticosteroids for evidence of loss of diabetes or hypertension control, adjusting treatment for those conditions during systemic steroid therapy.
- Refer patients on chronic inhaled corticosteroids for regular ophthalmologic exams and inspect for oral candidiasis, recommend preventive measures.
- Recommend patients with uncontrolled asthma who are adherent to guideline-appropriate therapy for consideration of additional therapeutic options (e.g., biologics, immunotherapy)
- Evaluate for presence of comorbid conditions (allergic rhinitis, sinusitis, GERD, obesity, obstructive sleep apnea) and initiate treatments/referrals and reinforce adherence to these treatments
- Evaluate level of control for comorbid conditions and recommend/initiate/escalate treatment to achieve and maintain control of those conditions to increase level of asthma control
- Investigate presence of comorbid conditions when asthma is unresponsive to standard treatments and either initiate/escalate or recommend treatment
- Screen for symptoms of comorbidity and initiate/refer for treatment when indicated
- Evaluate medication profile for prior allergic rhinitis treatments, emphasize importance of adherence to these and potential effect on asthma control, suggesting alternative treatments if patient dislikes previous options
- Implement dietary and non-drug treatment options for GERD
- Evaluate medication profile for prior GERD treatments, emphasize importance of adherence to the treatments and potential effect on asthma control, suggest alternative treatments if patient dislikes previous options
- Determine and include history of nasal polyps, aspirin/NSAID reactions, and severe asthma in profile
- Counsel patients with NSAID sensitivity, history of nasal polyps, and asthma of potential risks of NSAID use and to avoid aspirin/NSAIDs unless new exposure is initiated/monitored by medical provider. Recommend treatment alternatives
- Determine history of food or sulfite allergy or other asthma triggers
- Counsel patients to read labels carefully and avoid sulfites if sensitive
- Label patient profiles with sulfite allergy
- Check medication ingredients for sulfite preservatives and ensure that none are dispensed to sensitive patients
- Evaluate patients with history or high risk for anaphylaxis for presence of emergency epinephrine prescription possession, understanding of indication for use, appropriate administration technique and unexpired medication

- Send automatic refill reminders for epinephrine autoinjectors to ensure they remain unexpired.
- Educate patients on management of exercise-induced bronchospasm. If requiring frequent treatment or preventive medications, recommend more aggressive control of underlying asthma.
- Identify patients at high risk for asthma death in your practice, optimize, educate, and monitor.
- Identify patients in your practice who are at high risk for suboptimal asthma outcomes using the Asthma Controller to Total Medication Ratio and target interventions to these patients.
 - Asthma Controller to Total Medication Ratio = $\frac{\text{Total \# Controller Fills}}{\text{Total \# Controller Fills} + \text{Total \# SABA Fills}}$
- Facilitate patient asthma self-management with repetition of key messages and ensuring patients have asthma action plans.
- Assess patient understanding of key asthma management messages and use culture, language and literacy-appropriate asthma education approaches and materials to reinforce key messages
- Consider interventions that are not tied to the prescription purchase:
 - **Wait time**
 - Assess asthma control using a validated asthma control questionnaire
 - Administer validated adherence questionnaires
 - Evaluate patient satisfaction with your services
 - Survey patients regarding perceived service needs
 - Mini-questionnaires to assess key areas of knowledge
 - Measure peak flow rate
 - **Prescription Processing**
 - Oral steroid fills
 - Frequent SABA fills
 - Prescriptions from Dr. University as marker for recent ED or hospital discharges
 - Adherence to controller medications
 - Prescriptions not picked up or filled
 - Calculate Asthma Controller to Total Medication Ratio
 - **Dispensing**
 - Assess inhaler technique
 - Assess patient understanding of core concepts
 - Assess asthma control
 - Determine patient-specific asthma treatment goals
 - Determine patient expectations
 - Stickers on inhalers (green for controllers, red for quick-relief)
 - Reminders for flu shots
 - **Pharmacy “Down Time”** – make calls

- Determine patient response to therapy
- Inquire about problems post-ED/discharge
- Assess asthma control
- Determine asthma treatment goals
- Determine patient expectations
- Share dispensing patterns with prescribers
- Hold asthma education classes
- **Community Outreach**
 - Health fairs
 - Asthma screenings/referral
 - Volunteer with AAFA, ALA chapter
 - Adopt a local school
 - Outreach to daycare providers
 - Outreach to Head Start Centers
 - Outreach to local churches
 - Outreach to senior centers
- **One-Stop Shopping**
 - Variety of peak flow meters
 - Variety of spacers/holding chambers
 - Environmental Control
 - Dust masks
 - Mattress and pillow encasements
 - Mouse traps, low toxicity pesticides
 - Air cleaners
 - Dehumidifiers
 - HEPA vacuums/supplies
- Refer to asthma specialists when indicated
- Involve every member of the pharmacy staff for input and buy-in for the program
- Get pharmacy students and residents involved