

PeaceHealth Oregon Region Job Summary - STAFF

Job Code/Title: 303M - Staff Pharmacist

Department: Clinic Pharmacy

Job Purpose and Responsibilities:

The staff pharmacist is responsible for all processes dealing with prescription orders and insurance adjudications. The pharmacist provides pharmaceutical care of patients in regard to all medications dispensed through the pharmacy.

Major responsibilities included but not limited to:

1. Interpret and complete all prescription transactions throughout the daily shift.
2. Provide patient counseling for all new prescriptions as well as verbal counseling as requested by phone or in person.
3. Supervise the technicians and clerks.
4. Provide drug information services as requested. by physicians, staff and patients.

The job may have additional responsibilities as assigned. All job duties must be performed in a manner that demonstrates the PHOR Basics of continuous improvement, respectful communications, customer service and support of the Mission & Values of PeaceHealth Oregon Region.

Education:

BS degree in pharmacy from accredited school.

Licensure/Certification:

Oregon Pharmacy License

Experience:

1-2 years experience in a retail setting preferred keyboarding.

Special Skills Required:

Any credentials in specific disease management helpful. Understanding of Pharmacy retail software.

Interpersonal Behavior:

Demonstrates a caring, respectful and compassionate attitude towards all people.

- Takes responsibility for personal growth.
- Takes initiative to meet the challenges within the environment.
- Oriented toward solutions through collaboration.

Physical Abilities:

Lift 30 pounds, continuous standing, squat, reach.

Link to Standard Competencies:

[PHOR Basics: Our Personal Accountabilities Professional/Technical](#)

Clinical Roles for Outpatient Pharmacist Specialist at Barger Senior Health and Wellness Center

Integration of a Clinical Pharmacist Specialist into team care treatment of outpatients at PHMG's Barger SHWC was started in January 2000. With this integration specific roles for the pharmacist were drafted and expanded as the SHWC program developed from its inception. Pharmacist involvement in disease state management is one of these goals. Protocols are being made to recognize Pharmacist as health care providers for Medicare and other health insurance providers, allowing for reimbursement for these services. Credentialing is now being done by the National Association of Boards of Pharmacy (NABP) and the National Institute for Pharmacy Care Outcomes (NIPCO).

Current roles for the clinical pharmacist at SHWC are:

- 1) Participation in care team conferences
- 2) Pharmacy medication reviews for Physicians and Care-Coordinators
- 3) On call physician consultations by pager or cell phone
- 4) Individual patient consultations/education
- 5) Clinical follow up medication therapy
- 6) Maintenance of a sample formulary closet that meets JCAH standards
- 7) Management of the SHWC indigent care program
- 8) Serve as a liaison between drug representatives and Physicians
- 9) Community educator for the Arthritis Foundation and CHF support groups

Participation in Care Team Conferences

The Pharmacist participates with the Physicians, Dietician, Nursing Staff, Social Workers, Audiologist, Nurse Practitioners, Physical Therapist, Psychiatrist and Management to provide a comprehensive assessment and treatment of patients. Weekly meetings with all team care members involve discussions on how each team member can impact the patients care to offer the highest standard of care possible. The role of the pharmacist on this team involves helping patients with drug therapy, enrollment in patient assistance programs, follow up on drug therapy changes, on site office visits with patients for medication assessment, and support services for other staff members.

Pharmacy Medication Reviews

The Pharmacist provides medication reviews for patients on multiple drug regimens, patients experiencing problems, or screening frail or high-risk patients. Currently two types of medication reviews are being done. One involves reviews for Physician or Care-Coordination patients with multiple drug regimens, adverse reactions or side effects, abuse problems, financial difficulties, or other medication related problems. A review is

made that checks for therapeutic duplication, multiple prescribers, over/under medication use, drug interactions, drug therapy problem list and Pharmacist recommendations. This review can often aid the Physician or Health Care Provider to tailor the patients drug therapy and maximize therapeutic outcomes. This review also serves to coordinate providers drug therapy and minimize chances for adverse events.

On-site reviews are done while the patient is with the Physician or Health Care Provider. A software program (Clinical Pharmacology) allows the Physician and Pharmacist to check for drug interactions while the patient is in the office and the Physician –Pharmacist can concur on changes in drug therapy. The Pharmacist is currently trying to implement drug therapy reviews for all SHWC patients on five or more medications prior to appointments with medical staff. This would enable the Physician to be alert to possible medication problems prior to seeing the patient. Time constraints and staffing hours has limited this form of review.

On Call Consultations

The Pharmacist at Barger has a cell phone for consultations not done at the Barger site. Consultations have been made for Office and Nursing Home patients having drug therapy crisis. In these cases recommendations are offered or made to stabilize the patient or crisis management. There have been 14 phone consultations done since January. Five were from Practitioners offices and nine were from nursing homes or extended care facilities.

Individual Patient Consultations

Individual patient consultations are done by phone or with the patient at the Barger SWHC. Consultations at give on changes in drug therapy, cessation of medications, changes and additions to medications and help in procuring medications for those patients with no pharmacy benefits or patients that cannot afford to pay for medications. Many of these are done on site with patients bringing in their medications or list of medications. The Pharmacist then screens their medications for problems and counsels patients on proper dosing, adverse effects, possible drug interactions and changes that need to be made. When changes are made or adverse events noted a review is forwarded to the practitioner. Many times patients are sampled on medications that are new. This provides the patient a chance to see how the medication works or is tolerated without a cost to the patient or HMO. Many times new drug therapy is not tolerated and medications need to be discontinued or changed. Samples decrease financial risk to patients and providers.

Individual consultations also encompass questions on the patient's general health, family issues and social considerations that allow for referrals to the appropriate provider on the care team. (I.e. spousal abuses, financial difficulties, care limitations, diet modifications.

Assessments are also done for diabetic patients (glucose measurement) on insulin or oral hypoglycemics and blood pressure checks for patients on antihypertensives. Screenings are done when patients are assessed as having the above risk factors also.

Clinical Follow Up on Medications

Appointments are made with the Pharmacist to follow up on progress made with patients sampled on oral hypoglycemics and antihypertensives. This is done with weekly or twice weekly appointments until therapeutic goals are achieved. This involves the Dietician and Nurse Practitioners and discussion at the team meetings on goal achievement.

Maintenance of Sample Formulary Cabinet

Development and maintenance of the sample closet was done to meet JCAH standards. Current PHMG and PCS formulary drugs are stocked in the cabinets along with some drugs specifically tailored to the needs of Geriatric patients. (I.e. Aricept, Risperdal, Viagra) Labels for each drug that provide for the patients MRN #, Drug, Expiration date, quantity dispenses and initials of person dispensing are kept with each sample. Upon giving the sample one label is put in the patients chart and another put in a file for all patients. This allows for identification and contact of the patient in the event of a drug recall. This system is currently use in all PHMG sample closets.

Additional samples are kept for special patients on the indigent program for which there are no programs available or for medication maintenance between the start of therapy and receipt of drugs to the patient from the indigent provider.

Management of the SHWC Indigent Drug Program

Many elderly patients on social security or fixed incomes do not have means to purchase medications. Some have some Pharmacy benefits but cannot afford the copays to purchase these medications. Enrollment of patients in this program serves many purposes. Primarily this program allows for drug therapy treatment and health maintenance that would normally result in hospital readmission, disease progression, poor therapeutic outcomes and death. The Pharmacist was asked to take on this program and the number of patients needing help was staggering. Since January, twenty patients have been enrolled. Each patient provided with meds and re-enrolled every 3 months.

An Outcomes study of this program produced the following statistics: Among the twenty patients enrolled 106 medications were applied or given as samples. Averages of 3 months of medications were given to the patients on these 106 medications. The average retail costs of the medications were \$46,464. This averages \$176 per prescription per month. This is a huge cost saving to the patient, HMO, or other payer. This cost would have been born by the provider and additional cost to the health care organizations resulting from hospital admission/readmission or more frequent provider visits could be remarkable.

Liaison between Drug Reps and Physicians

The Pharmacist coordinates drug information from drug company representatives to Physicians. A need was expressed by Physicians to have a Pharmacist meet with drug reps to decrease the amount of time spent by Physicians talking to reps trying to promote their products. This allowed for more time to be spent with patients. An additional concern was having drug reps in the patient exam hallways waiting to talk to a Physician.

It was felt that this compromised the confidentiality of the patient and may contribute to patient anxiety seeing non-familiar people in the office setting. This interdiction has worked extremely well and is now being accepted by the drug reps. Initially reps expressed frustration but understood our reasons for this approach. It is now well accepted by nearly all reps.

Community Educator

A request was made Pharmacist involvement in drug education for support groups for patients with various disease states. The Pharmacist at Barger currently works with the Arthritis Foundation and CHF support groups. Efforts will be made to continue this service to the community.