Committee Spotlight
ad hoc Collaborative Pharmacy Practice

Jason M. Vinson, PharmD
Consultative Pharmacist
Mike Pulido, DDS

Q1. Please describe the practice setting where the pharmacy service is located. (Include healthcare setting, practice size, patient volume, provider type(s), pharmacy/resident utilization, and type of patient interaction).

MIKE PULIDO, D.D.S. is a private practice dental group located in Germantown, TN. The dentist, Dr. Pulido has been operating his clinic at this location for 35 years. A Clinical Pharmacist has been working and revising the pharmacy footprint at the clinic for just over 1 year and assists with managerial aspects at the clinic, which include research and protocol development for COVID-19 screening, vital stat screening, and hydrogen peroxide mouth rinses to reduce salivary viral and bacterial load prior to dental procedures. The pharmacy services provide temperature, blood pressure, pulse ox, and general COVID-19 screening on each patient entering the clinic to help ensure the safety of the patients and the staff. While we are diagnostically checking their vitals during the screening process, we are not diagnosing patients, however we can advise patients that may not regularly check their vitals or don't see physicians often that follow up with a medical provider is important. All patients are asked to complete their medication histories prior to their appointment, and these are screened for general drug interactions, MTM, and side effects and are discussed with the patient when necessary. Each patient that takes medications or supplements has a potential oral side effect profile in the eChart that can be reviewed by the dentist and other office staff when patients complain about continual dental issues or if something new is found upon examination. Individual patient consultations are done for many medication oral complications such as xerostomia, bleeding risk, osteonecrosis of the jaw, and antibiotic selection and stewardship. General drug information is also available to the patients through this service upon request.

We currently have an AmCare APPE rotation with the University of Tennessee Health Science Center College of Pharmacy, which incorporates one to two students per month. They help with screening, medication histories, drug information, and inputting the patient data into the eChart, while learning about many of the disease states or drugs that are encountered in our patient population.

The office upgraded to a paperless eChart system in May 2020, allowing for better tracking of statistics. The pharmacy service screened 2458 (average 819/mo) patients and 665 (average 221/mo) employees/visitors in the 3-month period from June-August during the pandemic. A total of 2446 medical histories were assessed and entered into the dental eChart, with 1947 (average 649/mo) medical alerts entered from that data. The medical alerts are pop-ups in system that inform the practitioner of things like medication allergies, disease states that could affect dental care (artificial heart valves, low/high blood pressure, autoimmune diseases, etc.), and any special instructions for their care (scheduling a patient with Parkinson's in the middle of a dosing interval).

Continued

Q2. Why was the pharmacy service developed? (Describe any compelling data collected prior to implementation).

Implemented in 1999, HMG partnered with the University of Tennessee College of Pharmacy to provide disease state management to patients and clinical training to residents in an innovative, multi-disciplinary setting. From there, clinical pharmacy services have since expanded to provide management to patients across several different clinic locations. Since that time, an additional 1 FTE clinical pharmacist practitioner position has been added as well as a full-time LPN to assist with clinical pharmacy patients.

Q3. What training, certification, credentialing, and practice agreement is utilized by the practice setting pharmacist(s)?

The Clinical Pharmacist has a 15-year background in the hospital setting as a Clinical Pharmacist, director of pharmacy, and served as an adjunct faculty member for The University of Tennessee Health Science Center and Union University Colleges of Pharmacy over that time.

We currently are working on the credentialing process with insurance companies. Having dentistry added to the collaborative practice act will make this goal much more attainable.

Q4. What outcomes are being measured to evaluate the model's success? (Clinical metrics, revenue, cost-savings, patient satisfaction, etc.)

We are still learning the reporting capabilities of the new eChart system. Currently, we evaluate the time saved by having pharmacy services handle the initial screening of the patients as opposed to the dental office workers. We are also monitoring reduction of potential harm to the patients from their medical conditions and medications. The dental profession does not normally have access to patient's medical records, but their medications and disease states impact oral care, and their oral care impacts their overall health. Many times, just having a conversation with the patients about their medications during the screening process leads to information that was not previously known at the dental clinic which may be of importance to their care. Things like diabetes and potential hypoglycemic events, hypertension or history of arrythmias and the potential for lidocaine/epinephrine injections to cause blood pressure and heart rate increases, or even past history of C. difficile and avoiding antibiotics that are historically used in dentistry like clindamycin.

During one consult for drug information, a 59 year old patient that had been treated for rheumatoid arthritis (RA) for over 15 years wanted to discuss the side effects of the 3 medications they had taken and what would happen if they stopped them completely. They then divulged that they had actually stopped taking the medications almost a year prior. The patient was showing no signs of disease progression. As we discussed her medical history, and the events surrounding her diagnosis 15 years prior, they mentioned that they had been on an antibiotic for 3 years at that point as well. They were on doxycycline for treatment of documented Lyme Disease. Knowing that Lyme Disease can affect the joints even after treatment has ceased, they also did not recall having diagnostic labs to confirm the RA diagnosis. We discussed the patient going back to the rheumatologist or an internist to check for Rheumatoid Factor (RF) and Anti-cyclic citrullinated peptide (anti-CCP). The patient followed up with a phone call to inform me that the RF was 13 (NR 0-14), and the anti-CCP was negative (no level given).

Continued

Q5. How have you made this service sustainable? (Include billing, reimbursement, etc.)

While our services enhance patient care in terms of MTM, and help identify potential drug-dental issues, the ability to charge for services with insurance and having collaborative practice agreement to work under will make this sustainable in the future.

Q6. How did you gain support of administrators, providers, and other key stakeholders to implement your practice model?

Dr. Pulido's practice is well-established and highly patient centric. In 35 years of serving his community in the same location, he now takes care of whole families which includes the children, parents, grandparents, and sometimes great grandparents. Dr. Pulido saw the potential for this service to be a model that could enhance patient care at his office and also be used elsewhere in the state.

Q7. What are some lessons learned while implementing your practice model that you would like to share with other pharmacists?

In trying to create a new service type that has not been done previously and with which there is not a pre-existing framework, the one thing that we have kept foremost in our thoughts is how to better enhance the lives of the patients that come to our clinic. Our practice has gone through a number of changes over the last year, and COVID-19 has created more opportunity and need for comprehensive help for patients. When patients are able to talk freely about their medical care, new information can come to light that may help solve patient problems. Patients are not always able to have an adequate amount of time to fully discuss all of their issues with health care practices due to time constraints. We make time for the patients to discuss anything medication related that they might want to while waiting for their dental procedures or after completed. It has been a challenge convincing the patients of the importance of full and correct medication and medical history in a dental office, but the more conversations one on one we have with them, the more comfortable they seem to be with talking with a pharmacist at a dental office. In any setting, the patient should always be the center of what you wish to accomplish!

Q8. What do you hope Collaborative Practice will look like in Tennessee in the next ten years?

I hope that more prescribers see the value in employing pharmacists to expand patient care at their offices. Since we know that there are areas across the state that are underserved in medical, pharmacy, or dental, collaborative practice can help these patients gain access to our special skill sets that can enhance their health and over-all well-being.

We are hoping that dentistry can join the Collaborative Practice Act, allowing pharmacy another avenue to demonstrate our worth in direct patient care. It could give patient populations access to MTM and drug information that may not normally have avenues with which to do so. Collaborative practice will allow billing for these services at a dental office with insurance through state guided mandates, and hopefully the ability to administer vaccines that can impact dental care like HPV, COVID-19, Flu, and pneumonia. This can also provide additional income for dental offices. This model could benefit patients in rural areas of Tennessee where there may be limited medical, pharmaceutical, or dental care.