

# Innovative Practice Forum

Friday, April 14, 2023 2:30-4:00pm

## **Initiation of a Medication Assisted Treatment Program for Opioid Use Disorder in an Emergency Department**

**Calynn Murphy** – *Mary Rutan Hospital*

In 2020, the National Institution on Drug Abuse estimated 2.7 million people were diagnosed with an opioid use disorder (OUD) and 92,000 died of a drug-related overdose. As the epidemic continues, emergency departments serve as a critical access point for individuals with OUD who may not have access to other forms of care. This session will describe implementation of a medication-assisted treatment (MAT) program in the ED. Outcomes of existing programs were evaluated and current literature was reviewed to assess protocols. This program introduces new opportunities for the hospital to serve the community.

## **Pharmacist-Led Continuous Glucose Monitoring Implementation in Patients with Diabetes**

**Michelle Cudnik, Sarah Opperman** – *Summa Health*

In 2019, the American Diabetes Association (ADA) reported that 37.3 million Americans had diabetes with over 95% of patients having type 2 diabetes. The Internal Medicine Residency clinic has an embedded pharmacist who completes chronic disease management visits, with an emphasis on diabetes. Pharmacist involvement in implementing CGM technology in patients with diabetes in this clinic has continued to grow. Over 120 patients have been prescribed a CGM in the past year with nearly 80% successfully using the CGM to monitor home blood glucose levels. Initial analysis of A1c lab values showed improvement and a full analysis will be available March 2023.

## **Mental Health Stewardship: Role of an Antipsychotic Compliance Tracker**

**Colin Del Valle, Jeremy Barger** – *Ohio Northern University & Vancrest of Ada Skilled Nursing Facility*

Utilization of antipsychotic medication to address behaviors in the elderly continues to pose challenges. The increased risk of falls, extrapyramidal effects, and even death, have led to antipsychotic black box warnings and governmental safety regulations. This intervention serves to streamline the pharmacist's monitoring efforts, while creating an interdisciplinary tool promoting a team approach to care and fostering student growth and experience with quality and compliance initiatives. Through developing this tool, consultant pharmacists can easily ensure compliance to monitoring while providers can ensure appropriate therapeutic care of their patients.

## **Meeting of the Meds: Assessing the Impact of Pharmacist-Led Medication Education at Time of Discharge on Patient Satisfaction.**

**Dominique Loparo** – *University Hospitals Parma Medical Center*

The transition for patients from the inpatient hospital setting to home has long been identified as an area of shortcoming. This is a retrospective cohort study, designed to assess the impact of pharmacist-led medication education on patient satisfaction scores. The primary objective utilizes Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores, provided to patients following discharge. The secondary objective utilizes the clinical surveillance and reporting tool, Theradoc™. This tool places a monetary value of \$670.64 in cost savings per medication teaching or discharge education performed. Final results to be presented at the Ohio Pharmacist Association Annual Conference, as data collection is still ongoing.

## **Determining the Association between Grocery Nutrition Scores and Number of Medications Taken for Metabolic Syndrome**

**Alexandra Dawson** – *The University of Toledo College of Pharmacy and Pharmaceutical Sciences & Kroger Pharmacy*

Metabolic syndrome is a cluster of disease states that increase an individual's risk of developing diabetes or cardiovascular disease. When determining treatment variation, diets have been studied to determine their impact on the number of pills patients take. A large community grocery chain has developed a dietician-led system that scores grocery purchases for nutritional value, giving a quality index to a patient's diet. This retrospective cohort study compared patients' five-month average grocery nutrition scores to the number of medications taken for metabolic syndrome. Although research is currently in progress, implications of the results may support the use of grocery nutrition scores as an intervention for pharmacists providing chronic disease state management services.

## **Pharmacy student and pharmacist-led preoperative medication reconciliation in urologic surgical oncology patients**

**Taylor M. Bormann, Kristin Bower, Morgan Forshay** – *The Ohio State University Wexner Medical Center*

Pharmacy-led medication history collection and reconciliation have demonstrated decreased medication errors, increased patient safety, and improved cost-savings. The purpose of this study was to describe the implementation of a telephonic pharmacy student and pharmacist-led preoperative medication reconciliation program. Results demonstrated the opportunity for pharmacy-led preoperative medication reconciliation services, where utilization of pharmacy students aids in maximizing pharmacists' time and increasing patient safety.

## **Utilization of the In-Check DIAL to Improve Inhaler Technique**

**Andrew Straw** – *Cedarville University*

It is widely observed that patients struggle to perform appropriate inhaler technique. With multiple classes of inhalers requiring different levels of inspiratory effort, patients may further struggle to use their inhalers effectively. This study observed the impact of counseling and feedback from pharmacy students on a patient's ability to generate an appropriate inspiratory flow rate using the In-Check DIAL. Provision of feedback by pharmacy students utilizing the In-Check DIAL increased the number of patients demonstrating appropriate inhaler technique within a clinical setting.

## **Expanding Charitable Pharmacy Services for Underserved Patients Using Insurance Eligibility Screening**

**Nidhi Kanchan** – *The Ohio State University College of Pharmacy & St. Vincent de Paul Charitable Pharmacy*

The St. Vincent de Paul (SVDP) Charitable Pharmacy in Cincinnati, OH, provides prescription medications for underserved patients who cannot afford them. The primary goal of this project is to establish a more robust system for determining Medicaid eligibility for SVDP Charitable pharmacy patients to help them take advantage of this coverage in order to allow patients unable to enroll in Medicaid to receive services and prescription medications from the SVDP pharmacy. Extrapolation of cost data from this initial data collection period demonstrated that this money can now be used to provide prescription medications to patients who are not eligible for Medicaid benefits, thus increasing the positive benefit the pharmacy has for patients in the community.