

Electronic Health Care Record Access by Community Pharmacists MOU: Update
Martin Irons, RPh CDE January 25, 2019

“When the pilot was started, it was to pave the way for better transitions from hospital to home.”

Senator Claire Ayer to Theo Kennedy, email of 30Apr17

Timeline

2015: Accredited by Rutland Regional Medical Center to enter their Electronic Health Records (EHR) remotely. This allowed me to see my patients' admissions, lab work, diagnoses, allergies, physician notes, and both home & in-patient med lists.

Fall 2015-I started notifying the RRMC which of our patients were getting their medications in blister packaging. This packaging encourages medication adherence and reconciliation.

Jan 2016-RRMC began to send us a daily inpatient census by fax.

May 2016-Our pioneering work towards gaining EHR access receives attention at both the state (VPR) and national levels.

Fall 2017-The Support and Services at Home (SASH)* contacted me to participate in a six month **SASH Pharmacy Pilot project** in collaboration with Beauchamp & O'Rourke Pharmacy. This was a VDH funded project.

Goals:

- improve blood sugars and other health metrics
- increase motivation for health improvements

Patients:

A high percentage of these patients already were part of our medication reconciliation efforts (MedRec). These are often complicated patients for a number of reasons...mental health issues, Alzheimer's Disease, non-adherent patients, psychiatric patients, long term patients requiring constant nursing care, low literacy patients with multiple meds, etc. Still, good MedRec and smooth handoffs benefits everyone involved.

Pharmacist efforts:

- Sign collaborative practice agreements with prescribers for pharmacist to initiate or manage diabetes drugs.
- Individual counseling sessions
- Recommend medication changes to prescribers based on patient EHR/labwork.
- Review medications for appropriateness or gaps in care

-Pharmacist paid for care/disease state management rather than dispensing.

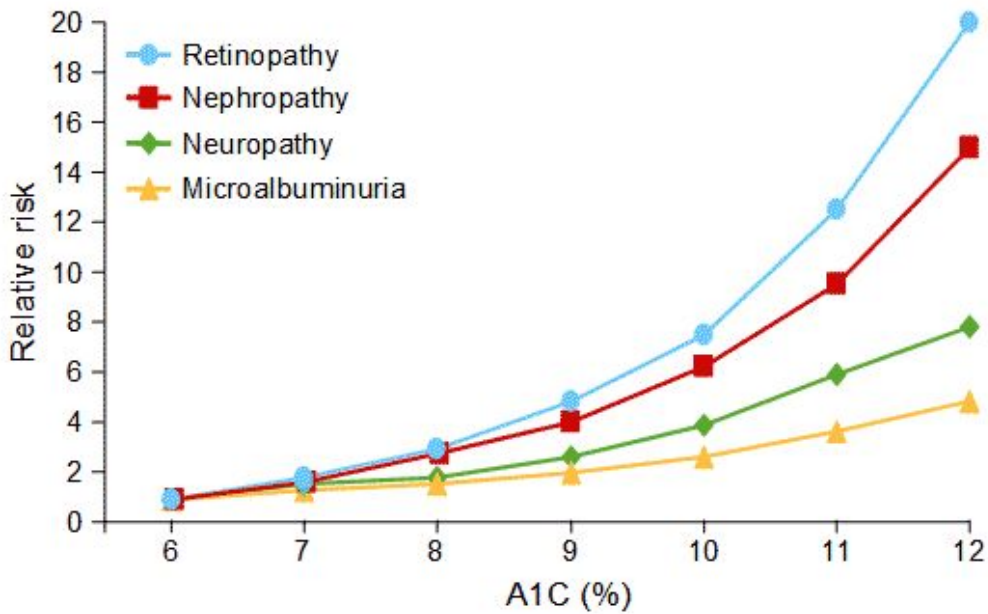
*SASH coordinates the resources of social services agencies, community health providers and nonprofit housing organization to support Vermonters who choose to live independently at home.

Results:

-a1c reduced 7.9 to 6.9% (-1.03%)

-LDL cholesterol reduced 101mg/dl to 65mg/dl (-35.5mg/dl)

-Weight loss average 7.7 lbs.



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MEMORANDUM OF UNDERSTANDING

The undersigned parties, on behalf of the Vermont Association of Hospitals and Health Systems and the Vermont Pharmacists Association agree to work together to further the goal of providing interested pharmacists with medication discharge instructions that document new prescriptions, discontinued prescriptions and changed prescriptions. In furtherance of this goal, the parties do hereby agree that they will work together to complete the following by 01/31/16:

- 1) University of Vermont Health Network-Central Vermont Medical Center shall:
 - (a) Alert the pharmacists in their catchment area of the opportunity to receive medication discharge instructions upon patient discharge from the hospital for those patients who grant permission and identify the pharmacy as their primary pharmacy and;
 - (b) Develop a method for interested pharmacists to request to be included in the program.

- 2) Rutland Regional Medical Center shall implement a process to alert Beauchamp and O'Rourke, and any other requesting pharmacy when patients, who have identified a pharmacy as their primary pharmacy, are subject to a pending discharge. The alert is intended to prompt a pharmacist to look for changes to the patient's medications in the electronic health record. In accordance with the patients' authorization, Beauchamp and O'Rourke has access to the Rutland Regional Medical Center electronic medical record system for patients who have identified Beauchamp and O'Rourke as their primary pharmacy.

- 3) The Vermont Pharmacists Association shall identify for the Vermont Association of Hospital and Health System pharmacies in communities other than those served by Central Vermont Medical Center and Rutland Regional Medical Center which would be interested in developing a medication discharge instruction process.

- 4) The parties and/or their representatives further agree that they will meet in-person and/or by phone on a monthly basis, as may be necessary, to ensure that the goals set forth in this Memorandum of Understanding can be attained by the end of 2015.

Jill Mazza Olson
on behalf of the Vermont Association of Hospitals and Health Systems

Date: _____

Theo Kennedy
on behalf the Vermont Pharmacists Association

Date: _____