

# Pharmacist Role in Chronic Disease Medication Management in Disaster Response





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# ABSTRACT

An estimated 50% of the patient population in the United States experiences at least one form of chronic disease in their lifetime<sup>1</sup>. During disasters when these patients become displaced from home and lose access to chronic care medications and the associated clinical management services, the impacted community's ability to recover from the disaster becomes further complicated, thereby delaying vital medical care. This was evident in Hurricane Katrina where a clearly defined mechanism for pharmacists to actively manage chronic diseases during disaster response was nonexistent<sup>2</sup>. Countless patients were left without access to medications leading to disease exacerbations, which subsequently led to costly Emergency Department (ED) and hospital admissions for critical conditions such as stroke and myocardial infarction. To address this gap in care, Pharmacists Response Network (PRN) was formed under the Washington State Pharmacy Association (WSPA) to utilize volunteer pharmacists to provide access to prescription for chronic care medications. The goal of PRN is to prevent ED visits for medication refill requests, and hospital admissions subsequent to disease exacerbations from lack of access to chronic care medications. This initiative will be initially piloted in Washington (WA) state followed by regional expansion. The ultimate goal of launching this initiative will be to expand nationally in the next three to five years. All volunteer pharmacists will be registered through the Medical Reserve Corps. Current partners include the Washington State Department of Health (DOH), the American Red Cross, Medical Reserve Corps, and Washington State Colleges of Pharmacy.

### BACKGROUND

- Chronic diseases are exacerbated by the conditions caused by disasters
  - Injury, lack of food and water, exposure to extreme conditions, physical and mental stress, and infection

Displaced disaster survivors do not have access to basic medical care and chronic

- disease medications
- Consequently, ED visits increase leading to inappropriate utilization of health care resources
- Patients experience decreased quality of health at a crucial time of rebuilding their lives
- Pharmacists' roles in emergency response are under-recognized and underutilized in public health response

# OBJECTIVES

- Recognize the gap in care in the existing emergency response framework for displaced disaster survivors who lose access to chronic disease medications and primary care services during disasters
- Understand the resource and cost burden of unmanaged chronic disease states on the disaster response system
- Describe the possible role pharmacists can play in chronic disease state management in disaster recovery
- Explain how the role of pharmacists fits in to the larger emergency response framework to reduce the resource and cost burden of chronic disease state management

# METHODS

STATE DECLARED EMERGENCY (within Washington State)



Washington State Department of Health contacts Pharmacist Response Network (PRN)



PRN mobilizes volunteer pharmacists to evacuation locations (areas outside of disaster zone where survivors are sent)



Medically stable patients needing chronic medication refills will be assessed by a clinical pharmacist and prescriptions for a 30 day supply will be written



Prescriptions may be filled by any retail pharmacy

# PHARMACIST RESPONSE NETWORK

Pharmacist Response Network formation

• Partnerships include: Washington State Pharmacy Association. Washington State Department of Health, American Red Cross, Medical Reserve Corps, regional Colleges of Pharmacy

#### Mission:

To provide access to prescriptions for chronic care medications and medication therapy management for displaced disaster survivors in the state of Washington.

#### Current projects:

Creating of collaborative Drug Therapy Agreements (CDTA) for the following disease states

Asthma/COPD	Atrial Fibrillation/Anticoagulation
Coronary Artery Disease	Depression
Diabetes	Heart Failure
Hypertension	Seizure Disorders

• Establishing funding mechanisms for the filling of prescriptions and community pharmacies (can funding be provided via standard mechanisms of insurance adjudication where the state serves as the payor)

# PHARMACIST RESPONSE NETWORK WORKFLOW

#### Intake & Registration

At least 2 pharmacy students, technicians or medics:



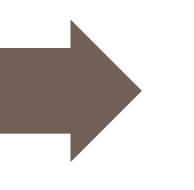
proof of displacement

- registration
- chief complaint
- vital signs
- past medical history
- home medication list

PRN Clinical Pharmacy services:

Disaster-trained clinical pharmacist (at least 1)

- Refer to ER if unstable
- 10-15 minutes clinical assessment
- Provide Rx for continued chronic disease management
- Provide discharge summary for PCP follow up



# Discharge Partnered Community Pharmacy

- Rx dispensed by partnered Community pharmacy
- Programs such as Emergency Prescription Assistance Program (EPAP) or 340b pricing may be available to offset costs to eligible patients

# REFERENCES

- 1. Ward BW, Schiller JS, Goodman RA. Multiple chronic conditions among US adults: a 2012 update. *Prev Chronic Dis.* 2014;11:130389. DOI: <a href="http://dx.doi.org/10.5888/pcd11.130389">http://dx.doi.org/10.5888/pcd11.130389</a>
- 2. Kessler, RC et al. Hurricane Katrina's impact on the Care of Survivors with Chronic Medical Conditions. J Gen Intern Med. Sep 2007; 22(9): 1225–1230. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2219784/

# FUTURE STEPS

- Funding mechanism for community pharmacy reimbursement
- Registration and credentialing of pharmacists involved in this initiative
- Expansion to other geographical regions