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Pharmacy Today



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1. Pope LE et al. Anti-herpes simplex virus activity of n-docosanol correlates with intracellular metabolic conversion of the drug. *Int Lipid Research* V37, Issue 10, 1996: 2167-2178
 2. Sacks SL et al. Clinical efficacy of topical docosanol 10% cream for herpes simplex labialis: a multicenter, randomized, placebo-controlled trial. *J Am Acad Dermatol* 2001;45:222-230

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Treating the whole patient

Prevalence of chronic conditions among Tohono O'odham people calls for an integrated approach to health care; IHS pharmacists rise to the challenge

A population of 28,000 spread over a reservation the size of Connecticut. An average household income of \$20,000 per year. One of the highest rates of type 2 diabetes in the world. When it comes to health care challenges, Maya Thompson, PharmD, BCPS, Lieutenant Commander, USPHS, Assistant Director of Pharmacy at the Sells Service Unit, has her hands full. She lives and works on the Tohono O'odham Nation in southern Arizona, where chronic diseases such as diabetes are rampant. A single hospital and three clinics serve the vast reservation, the second-largest in the United States.

Thompson is one of 500 pharmacists employed by the Indian Health Service (IHS), which administers health care for 1.8 million Native Americans nationwide. *Pharmacy Today* recently spoke with Thompson and her colleagues Lisa Tonrey, BPharm, MHA, PhC, FAPhA, Captain, USPHS, and Bradley Bishop, PharmD, CDR, USPHS, Clinical Applications Coordinator, Area Pharmacy Consultant. These three have spent a combined 25 years serving IHS.

Go West, young woman

Thompson's career has taken her far from her hometown, a Maryland suburb between Baltimore and Washington, D.C. "My parents and extended family were champions of education," she recalled. "I'm grateful that we were raised in an environment where continual learning was considered a part of life ... That instilled in me the desire to be well rounded, to have a global perspective, and to cultivate the types of skills necessary to function in the world."

Thompson's father, who has a degree in physics, got her interested in the sciences. She attended Howard University's Health Disparities program, and at the University of Maryland, she participated in a pharmacy apprenticeship. Before graduating in 2000 from the Philadelphia College of Pharmacy, Thompson participated in the U.S. Public Health Service's Junior Commissioned Officer Student Training and Extern Program on an Indian reservation in New Mexico. "I thought



LCDR Maya Thompson (left) and **Lt. LaToya Bonner** (right).

this was the way pharmacy should be practiced, and I caught the bug then," she remarked. Her experience led her to pursue a residency with IHS in Chinle, Ariz., on the Navajo Nation, where she was impressed by IHS and its opportunities.

Thompson's responsibilities include developing a clinical program at the service unit in Sells—the capital of the Tohono O'odham Nation—expanding pharmacy's care delivery role, and making it more patient focused. She also works with the recently launched

Innovations in Planned Care (IPC) program, whose aim is to reduce the prevalence and impact of chronic conditions. "We will develop ... processes that apply across multiple chronic conditions, instead of just managing individual diseases," she said. These processes will then be tested and packaged to make them usable throughout the IHS system.

Navigating the maze

"A health care system can be like a maze—you're not sure where you're supposed to end up," Thompson said. "You have different people telling you different things and you're not sure who you should listen to or believe ... We are the primary point of contact with the health care system, so patients are reassured by the familiarity of the pharmacy." Because they see pharmacists more often than any other health provider, patients ask the pharmacists more questions and confide more personal information to them. Thompson's patients may say to her, "I didn't tell the nurse this, but this is what's going on," or they describe an herb that their uncle told them to take and ask her what she thinks about it. "Even if they need help with nonpharmacy issues, we can point them in the right direction, help them get to the next step," Thompson said. "We cultivate the long-term relationships that are so important to delivering health care."

"The IPC program is really an optimal vehicle for delivering MTM services," Thompson continued. "It allows the pharmacist to restructure services by taking a more proactive,

Health Sense

A Consumer's Guide
to Smart Vitamin Use



Pharmacists Trusted to Advise Patients About Vitamins and Dietary Supplements

More than 150 million Americans take a vitamin or dietary supplement daily and 64% of those patients are also taking prescription drugs. What they may not know is that certain prescription medications can deplete essential nutrients, and drug interactions can occur.

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To download or order copies of the brochure, visit www.naturemade.com/healthsense, or stop by the Nature Made/Pharmavite Booth #1628 at the 2008 APhA Annual Meeting and Exposition. You can also download the brochure at www.pharmacist.com. Click on "Clinical Resources" under Education.

For the latest information on drug/nutrient interactions and depletions, visit www.vitaminherbuniversity.com and click on Educational Tools.



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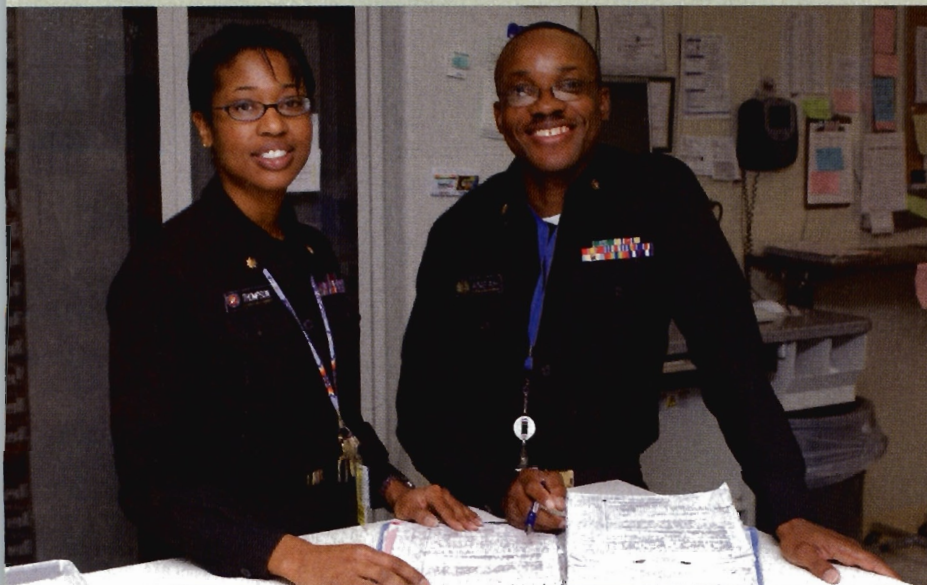
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“We cultivate the long-term relationships that are so important to delivering health care.”

comprehensive approach to pharmacy care. Instead of waiting until patients see their provider, finish with all their other services, and then come to the pharmacy for their meds, in the IPC system the pharmacist collaborates with other members of the health care team up front, addresses patients' needs through consultation, and facilitates their medication preparation. The pharmacist shifts from being 'the last stop on the line' to a more integrated piece of their health care management."

Motivational interviewing is one way that the pharmacy staff can "work smarter, not harder" in their delivery of MTM services. A centerpiece of the IPC program at Sells, motivational interviewing is designed to allow pharmacists to engage their patients in discussions that inform the patient and allow them to be more involved in their own self-care.



Thompson with LCDR Kofi Ansah at the Sells Service Unit.

Focus on the patient

Thompson pointed out that, with chronic diseases such as diabetes, keeping the "big picture" in mind is paramount. "We look at not just their diabetes but their asthma and other chronic conditions, so we focus not on the disease but on the patient," she remarked. The Sells Service Unit also treats a large dialysis population, a prime target for MTM services because those patients tend to be on several medications. Other common chronic conditions on the reservation are hypertension, obesity, renal failure, retinopathy, and neuropathy in the feet, as well as behavioral issues. The pharmacy screens for domestic violence, depression, and alcohol and substance abuse. Because all of their patients' health issues are interconnected, they cannot be compartmentalized. "We don't have any neat little MTM packages," said Tonrey.

"All health care is local," Tonrey continued. "Even though we are a national program, addressing specific community needs is important. Here at Sells, for example, anticoagulation management was an unmet need. It was the pharmacists who stepped up and effectively managed these patients. A patient may have a deep vein thrombosis requiring anticoagulation, but they may also be diabetic, hypertensive, and

have other health issues. The flexibility within our system allows us to tailor our services as needed."

The pharmacy-based anticoagulation clinic is the most important MTM initiative that Thompson manages. "We can make clinical decisions about patients' therapy, such as adjusting their warfarin, initiating heparin or enoxaparin, or any therapy as needed. We take care of patients from beginning to end, making referrals or getting back to the physician for any necessary follow-up tests ... We have 20 to 25 patients enrolled right now, and we're looking to expand the clinic's capabilities, using point-of-care testing and electronic health records to facilitate that."

Throw in Spanish, too

Tonrey described what it is like practicing in a small rural community where personal information travels fast. "Confidentiality is very important in our jobs," she told *Today*. "We ensure that our consultation areas are private, so everybody and their sister doesn't hear what's going on." On serving a Native American population, Thompson added, "You need your patients' cooperation ... You need to work within their cultural framework in order for something to go forward and to be meaningful. That needs to be foremost in your mind when you're making changes or improvements."

Tonrey's staff works with tribal members who, in turn, survey reservation residents about the types of cultural and communication issues to which they would like the pharmacy staff to be sensitive. "Would they like to be greeted in their native language? How do they want to be addressed?" are two questions Tonrey and her staff have asked their tribal liaison. "Some of our patients speak only O'odham, and some speak Spanish, because a number live across the Mexican border [but] are entitled to services because they're tribal members," Tonrey explained. Thompson pointed out that the pharmacy technicians speak O'odham, so they can translate when needed.

Building on success

Thompson recounted the success story of one of her patients: "One of our anticoagulation patients who was on therapy for a heart valve was at first reluctant to come at all because she didn't know why she needed to be here and didn't know how it was benefiting her. We had several appointments with her, established a relationship, answered her questions, and made it all relevant to her life. We helped her understand why things were happening the way they were. She can now handle the challenges, such as drug interactions, that come with certain kinds of anticoagulation therapy. She was very grateful for our help, and even after her therapy stopped she called us back with questions about other things. Because we had kept the relationship going, we had created a positive model for future interaction."

—Bob Reynolds