

Clinical Scenarios of Pharmacist Activity in Family Medicine Setting

Presented by Craig Logemann, Pharm.D., Partners in Health Clinics, Des Moines
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Scenario #1: Physician determines that Type 2 diabetic needs to be initiated on insulin

- **Process:**
 - a. Physician writes referral order
 - b. Appointment scheduled with PharmD for insulin training
 - c. Orders sent to pharmacy for supplies
 - d. Long-term dosing adjustments of insulin by PharmD based on glucometer download information and focused patient interview (face-to-face visits or phone/email updates).
- **Benefits:**
 - a. Minimize workload for primary physician
 - b. Additional monitoring of high-risk medication provided by clinic personnel
 - c. Enhanced patient education

Scenario #2: Warfarin (Coumadin™) patient needs to be initiated on Lovenox™ for upcoming surgical procedure

- **Process:**
 - a. Physician writes referral order
 - b. Chart review by PharmD to determine insurance coverage & dosing
 - c. Appointment scheduled with PharmD for Lovenox training
 - d. Orders sent to pharmacy. Lovenox bridge plan faxed to surgeon and/or cardiologist
- **Benefits:**
 - a. Minimize workload for primary physician
 - b. Additional monitoring of high-risk medication provided by clinic personnel
 - c. Coordinated care with specialists

Scenario #3: Physician has tried various cholesterol medications and unable to reach LDL goal or patient unable to tolerate the various regimens

- **Process:**
 - a. Physician writes referral order
 - b. Chart review by PharmD to evaluate previous therapies, previous lab results, insurance coverage and risk factor analysis
 - c. Appointment scheduled with PharmD to discuss medication options. Discuss lifestyle factors (diet/exercise) as necessary
 - d. Orders sent to pharmacy. Monitoring plan formulated
- **Benefits:**
 - a. Minimize workload for primary physician
 - b. Possible improvement in the following items: LDL control, Patient tolerance to medication(s) and Formulary compliance