CONVERSATION STARTERS:
ENGAGING YOUR PATIENTS AT PICK UP
JULY 12, 2017
1:00 – 2:30 PM

ACPE UAN: 0107-9999-17-097-L04-P 0.15 CEU/1.5 hr
Activity Type: Knowledge-Based

Learning Objectives for Pharmacists: Upon completion of this CPE activity participants should be able to:
1. Discuss benefits of using coaching skills vs. traditional counseling at the out window
2. Review methods to assist with initiation of clinical conversations
3. Describe coaching skills to maximize efficiencies in out-window conversations

Speaker: Dennis Song, BSPharm
Dennis Song is the owner and head pharmacist of Flower Mound Pharmacy, a wellness-oriented local pharmacy with an integrative approach to health through medicine, supplements, nutrition and alternative therapies in the North Dallas- Ft. Worth area. Dennis and Kathy, his wife, opened Flower Mound Pharmacy over 18 years ago with the goal to provide patients a reliable source of information, support for their health concerns, and unique services. Some of the distinct services the pharmacy offers include: compounded prescriptions, integrated natural and alternative treatments, prevention and education programs, and specialty foods for people dietary allergies. His patients recognize the superior care that Dennis brings to the community, with residents voting the store the 2014 Best Pharmacy in Denton County. He continues to be actively involved in the Texas Pharmacy Association and served as president from 2011-2012. In 2012, the APhA Foundation and NASPA awarded Dennis the Bowl of Hygeia, an annual award recognize civic and community leadership among pharmacists.

Speaker Disclosure: Dennis Song reports no actual or potential conflicts of interest in relation to this CPE activity. Off-label use of medications will not be discussed during this presentation.
Conversation Starters: Engaging Your Patients at Pickup
Dennis W. Song RPh,CHC
Flower Mound Pharmacy & Herbal Alternatives
DWS Healthcare Consulting, LLC
Certified in Phytomedicinals and Alternative Medicine

The Pharmacy & Store
My Staff

Disclosures

• Dennis Song reports he is:
  • President of Flower Mound Pharmacy & Herbal Alternatives, Inc.
  • President of DWS Healthcare Consulting, LLC
  • Speaker’s bureau member for Health Mart Town Halls
  • McKesson’s National Independent Advisory Board
  • Speaker’s bureau member for AbbVie
Learning Objectives

Upon successful completion of this activity, pharmacists should be able to:

1. Discuss benefits of using coaching skills vs. traditional counseling at the out window
2. Review methods to assist with initiation of clinical conversations
3. Describe coaching skills to maximize efficiencies in out-window conversations
4. Describe how to transition into a patient centered pharmacy
5. Review examples of “conversation starting” topics

Evolving to a Patient Centered Practice

• Current pharmacy model is product centered
• Need to address shrinking gross margins
• Evolving value based payment models are happening
• Growing need to find other revenue streams
Product-Centric vs. Patient-Centric

- How do you measure a successful day?
  - # or Rx’s filled  -OR-
  - # of patient interventions/outcomes
  - # of patient health purchases

- Do you have patients or customers?

Customer Service vs. Patient Care

- Customer Service
  - Filling a prescription quickly and accurately

- Patient Care
  - Knowing what the patient’s health conditions and focusing on outcomes

- STAR ratings and Quality Measures include both
Evolving Your Workflow

• Dispensing workflows are not conducive to patient care model

• Need to develop clinically integrated workflows

• Utilize existing staff and change roles

• Pharmacist is the “Practitioner”

Evolving into a Pharmacist Practitioner

• Start to gather patient’s medical history and document in computer

• Look at checking for appropriate drug therapy –vs- screening for interactions and allergies

• Make recommendations based on clinical judgement –vs- insurance mandates (generics, formularies)
Evolving Your Counseling: Obra 90 to Interviews

• Take a look on your current counseling technique
  • Thyroid example

• Transition into a conversational approach

• Ask open ended questions

• Start with “Tell me…”

The Pharmacist's Patient Care Process

Barriers to Evolving a Patient Centered Process

• Pharmacist’s perception
  • Measurement of daily success
    • # of Rx’s filled vs patient interventions
• Patient’s perception
  • Drive thru, convenience driven
• Time is money
• Knowledge of pharmacist

Barriers to Evolving: Pharmacist's Perception

• Start measuring daily successes by # of patient interactions resolved
• Start documenting MTM intervention findings in patient notes
• Follow up on those patients for future outcomes
• Do “refill counseling”
• Ask if the medications are working
Barriers to Evolving: Patient's Perception

• Technology based, drive thru, convenience dispensing model is what the public views of pharmacy
  • Access and convenience is more important that patient care
• Need to change public and healthcare’s perception
  • Make your patients aware of what you do as a pharmacist
    • DURs, drug therapy management
  • Become involved with your patient’s health conditions

Barriers to Evolving: Pharmacist's Knowledge

• Develop your clinical skillset
  • Take CE courses on disease state and drug therapy management
    • Learn how to utilize clinical information
    • Lab values, personal medical history
• Practice your profession
  • Interact and collaborate with your healthcare community
    • Physicians, nurses, mid-levels
Benefits to Evolving a Patient Centered Practice

- Will be able to actually “practice” pharmacy
- Will have patients vs customers
- Will gain the respect of patient/healthcare communities
- Will build the healthcare business of the patients
- Value-Based reimbursement is here

Evolving Your Counseling: Obra 90 to Interviews

- Ask questions on:
  - What did the Dr. tell you about…?
  - Why are you taking this medication?
- Reiterate what the patient says
- Have the patient repeat what 2-3 points they will take away and use
- Implement Reflective & Active listening
**Motivational Interviewing**

is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.

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**Motivation**

- The change must be important to the patient
- Patient must feel confident that they can make the change

MI helps patients explore and resolve: ambivalence and resistance

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Reflective Listening: What is it and Why does it matter?

Building Trust and Rapport Through Reflective Listening

- Listening is an active process; hearing is a passive process
- Each patient has unique concerns and beliefs
- Acknowledge what the patient tells you
- Treat the person, not the illness
- Avoid judging or evaluating the patient
Reflective Listening Process

Listen Actively

Decide...
Do you understand the message?

Reflect in Your Own Words to address
FEELINGS + CORE CONCERN
“What I’m hearing you say...”

Ask Open-Ended Question to
Invite Further Sharing
“Tell me more about...”

How Might That Sound?
Reflective Listening: What it looks like

• Pt: I don’t take my medicine regularly because I’m worried about side effects.
• Pharmacist: You seem to be saying that if you were less worried about the side effects of your medicine, you would be willing to take your medicine regularly. Tell me what your concerns are.
• Empathize with and frame the motivational issue
• Reflect back and empathize with the patient’s motivational issues by addressing:

  Feelings + Core Concern

Reflective Listening Exercise

• Let’s practice
• Audience examples of real life patient counseling scenarios
• Role play
Reflective Listening Exercise: Case Examples

• 45 y/o male newly diagnosed with high cholesterol with an RX for atorvastatin
  • Statin phobia
  • Concerned about liver damage
  • First time to take a maintenance drug
• 50 y/o male newly diagnosed with type 2 diabetes with an RX for metformin
  • Family history of CVD, diabetes
  • Wants more “natural” options

Patient Barriers to Adherence

• Patient’s Excuses
  • The drug doesn’t work
  • The prescription costs too much
  • I am afraid of the side effects
  • I forget to take my medication
• Solution is to empower the patient with knowledge and create a behavioral change
• Audience real life examples of empowerment through motivational interviewing
Conversation Starter Topics

- Alternative Medicine is on everyone's radar
- Return to stock Rx’s is 20 to 40%
  - Non-adherence is a major problem
- The public wants a “natural” alternative
- Add dietary & lifestyle “health tips”
- Start with prescriptions you dispense

The Origins of Disease

- Genetic factors and hereditary predisposition
- Improper digestion
  - Use of probiotics
- Nutrient deficiencies and depletions
  - Drug induced
- Environmental factors
Systemic Inflammation

- Component of most chronic diseases
  - Asthma, arthritis, Alzheimer’s, Parkinson’s, heart disease, diabetes, cancer
- Herbs, vitamins, anti-oxidants all have anti-inflammatory action
- Can measure inflammation with a blood test
  - CRP (c-reactive protein)
- Foods that are high saturated fats cause inflammation in the body

Nutrient Deficiencies

- Drug/nutrient depletion scales
  - PPI’s cause calcium malabsorption & osteoporosis
- Vitamin & mineral deficiencies
  - Magnesium
  - Vitamin D
  - B vitamins
  - Iodine
Drug/Herb & Drug/Vitamin Interactions

• Statins (atorvastatin, rosuvastatin) deplete co-enzyme Q-10 levels
• SSRIs (fluoxetine, escitalopram) deplete B vitamins, magnesium
• Estrogen (birth control pills) and prednisone deplete B vitamins, calcium and magnesium
• Metformin causes vitamin B-12 depletions

Case Studies: Medications & Dietary Supplements

• 45 y/o male with diagnosed with high cholesterol and is nonadherent because he fears statins
  • Add co-enzyme Q10 200mg to prevent myalgias
  • Add silymarin 300mg to protect liver
• 50 y/o male with type 2 diabetes on metformin
  • Add vitamin B12 1000mcg sublingual to address drug induced depletions
  • Refer to diabetes education class (or develop one)
Questions?

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