

**ICHP – Ambulatory Care Network
Conference Call Minutes
Thursday, April 5, 2018 1200 CT.**

Committee Members

X	Brandon Barringer	x	Starlin Haydon-Greatting	X	Christina Quillian
X	Colleen Bohnencamp	X	Dawn Hunsberger		Karleen Ritchie
	Jill Borchert	X	Abby Kahaleh	X	Christie Schumacher
X	Brian Cryder + students		Huda-Marie Kandah		Tiffany Scott-Horton
X	Bridget Dolan		Mary Ann Kliethermes		David Silva
	Michelle Fine	X	Amina		
X	Alex Goncharenko	X	Dan Majerczyk + students (Aneta and Sarah, P4s)	X	Liz Van Dril
	Reginald Greenwood		Bryan McCarthy		
X	Brooke Griffin		Nathan Mitchell		
	Tanmayi Gupta		Suzanne Molino		
	Megan Hartranft		Virginia Nash		

ICHP Staff

X	Scott Meyers	X	Trish Wegner		Maggie Allen

ICHP Guests

--	--	--	--	--	--

Agenda

I. Call to Order	12:07P
II. Review of Minutes from Last Month	Approved
<p>III. Business—</p> <ol style="list-style-type: none"> 1. Welcome/Attendance 2. Introduction of New Members 3. 3/1 Meeting Minute Review 4. ICHP Updates – Trish/Scott 5. Open Discussion for ACN – Christie, Liz 6. Review Project List Abby, Alex, Brooke, Brian, Christie, Liz, Maryann-Taskforce Chris, Maryann, Tammy – Am Care CE Dawn, Chris – Collaborative Practice Agreements Starlin, David – IDPH CDC Grant Survey update Brian, Reggie - ASHP IL PAI Benchmarking Tiffany – ICHP Detailed Roster update ICHP Gov't Affairs update – Megan 7. Open Forum 	<p>Introductions of new members/ projects current members are working on</p> <ul style="list-style-type: none"> • Brandon- building a new pharmacist run anticoagulant clinic/ transition of care management with pharmacy involvement at DMH <p>ICHP Updates – Trish Wegner</p> <p>ICHP Spring Meeting is this Friday and Saturday (April 15-16 2018) at Embassy Suites Conference Center in East Peoria. The group is finalizing little details. The spring meeting has poster session (different from annual); platform presentations (2 top poster submitters); presentation on best practice pearl deadline is July 1st prize \$1000 for institution— presenting past winners at Spring meeting Key note speaker topic – changes in healthcare and how we cope with the changes.</p> <ul style="list-style-type: none"> • Article Discussion – Christie Heart failure article – incorporating pharmacists in the management of heart failure patients; medication

8. Next Steps

reconciliation; discontinue medications that exacerbate heart failure, check drug interactions and pharmacist's role for inpatient and outpatients

Requirements to work as a heart failure pharmacist requires: advanced training with a PGY2 cardiology experience or ambulatory care focused residency within heart failure clinics, and advanced credentialing. The pharmacist needs to be proficient at physical assessments and have experience with patients to know when to increase doses; push beta blockers/hold back, etc.

In discussion the Hines VA is struggling to find a way to incorporate HF patients into general medicine since they do not have a focused heart failure clinic at this time.

- **Update on Illinois Law – Dan**

Birth control prescribing: training in other states for pharmacists to prescribe birth control:

Oregon – 4 hour online course

California – 1 day course to certify PharmD. to prescribe birth control

Online training course for CE credits towards certifications

- **Survey support and advocacy for Birth Control Bill – Starlin**

Wait time for Medicaid recipients – Medicaid does not want to pay pharmacists

- California –cash basis

- Oregon – integrated health insurance

Frequently asked question list

Medicaid will not disclose how much they pay for doctors/NPs to prescribe patients birth control

Pharmacists need to meet with Medicaid for

reimbursements – we need Medicaid onboard

The bill includes **ALL 3 estrogen containing products**

Project discussion

- **Taskforce** – Abby, Alex, Brooke, Brian, Christie, Liz, Mary Ann

Standardize practice of ambulatory care in Illinois. Evaluating why there is a gap in Illinois of pharmacists role in am care compared to other states

- Help to provide an opportunity for more clinics and increased autonomy of pharmacists within the clinics

Need to prove the value that pharmacy brings to patient care

- **Collaborative practice agreements (CPA)** – Dawn, Christie

Illinois CPA – practice by protocol

ASHP SAG group for clinical practice advancement

Compiling all states agreements to compare CPAs: need to go to physicians meetings get involved, work with physicians and specialists to make recs then keep making recs and then hopefully gain disease state management authority
Necessity: Demonstrate competence and have a lot of face time so the other providers know what you can do
Show value as a pharmacist, coordination of care (prior auths), Apple job model – “you do not know what you need until you have one, then you cannot live without one.” – Need to make it that patient care cannot improve without pharmacists

-- **Brian**: expanding the pharmacy practice act would open up possibility for all pharmacists to help address chronic disease managements – barbershop article (community pharmacists)
If not tied by organizations then better opportunities for pharmacists to care for patients in the community

Relationship physicians have with nurse practitioners:

Community side pharmacists have hard time building trust with other providers because they are not directly with physicians, unlike the nurse practitioners

IDPH CDC Grant Survey update; Initiative patient care process— Brian

How are pharmacists approaching patient care, what is the standard of a pharmacist responsibilities in patient appointment

Conducted a survey of pharmacists; is there a certain level of authority in an organizational level, collaborative agreement to help broaden it. The population, n= 20, is not a large enough sample size to encompass enough pharmacists to know where we are in the state; ASHP has national numbers on this survey, but there were lots of differences between all practices on how pharmacists practice within clinics. This needs to be standardized and we need educate the providers.

Gov't affairs update:

Successful leg day ~400 participants, Bills are highlighted in Keypost It; Hormone Contraceptive Bill –important

SPRING MEETING Friday and Saturday (4/15-4/16)

Open Forum

Dawn: am care pharmacists working with community pharmacists to get patient better care – looking at getting refills coordinated

Looking for more information if anyone is doing something

	similar
	If you no longer wish to participate on the network calls, please let Abby know and we can remove you from the email communication
IX. Next Meeting –	May 3, 2018 @ 12P CT Note that the dialing code is 3389197#
X. Adjournment	1:00 PM CT