

1. Welcome/Attendance

a. **A** – Absent, **E** – Excused, **P** – Present

Committee Members

E	Abby Kahaleh		Hamna Khan	P	Mark Greg
A	Allison Cowett		Hasmik Sotelo	P	Mary Ann Klithermes
P	Alvin Godina	P	Honey Joseph	P	Matthew Biszewski
P	Ashley Stefanski	P	Imran Khan	A	Megan Hartranft
P	Brian Cryder		Jill Borchert	A	Nathan Mitchell
P	Bridget Dolan	E	Joe Blatz	E	Rebecca Castner
P	Brooke Griffin	P	John Keller	E	Starlin Haydon- Greatting
A	Chris Rivers	A	Keeyan Davis	P	Therese Castrogiovanni
P	Christie Schumacher	A	Kris Tupas	A	Tina Kolovos Zook
P	Dan Majerczyk			A	Tom Jurga
P	Dana Puljan	A	Kristine VanKuiken		
A	Denise Scarpelli	E	Ksenia Hankewych		
P	Elizabeth Van Dril	P	Leena Deshpande		
P	Erin McGuire	E	Lisa Palmisano		
A	Esha Bhargava	A	Marcus Radz		

ICHP Staff

P	Scott Meyers	E	Trish Wagner	A	Maggie Allen
P	Chris Crank	A	Jennifer Arnoldi		

ICHP Guests

P	MWU Students (5)	P	Kathy Vest + IPPES	P	Janki Vyas
---	------------------	---	--------------------	---	------------

2. Introduction of New Members

3. November 05 Meeting Minutes Review - approved

4. ICHP Updates – Trish/Scott/Chris

- a. Virtual Midyear ICHP Reception – Monday Dec 7, 2020 – do not need to be registered for Midyear to sign up
 - i. Registration: <https://ichpnet-org.zoom.us/meeting/register/tZlvceivqz4rHNDLj341Fhmd62lB7klr3Rub>
- b. Need a list of active ICHP volunteers – send to Chris and Scott
- c. Scott will be retiring at the end of this month! ☹️
 - i. Thank you for all your years of service and participation within the Amb Care Network. We all wish you the very BEST!

5. Engagement/Recruitment Initiatives – Updates

6. Discussion:

Review the group’s elevator speech ideas –

“Optimize medication regimens by the evaluation of therapy to ensure and enhance the quality of care and patient outcomes”

- Take this to individuals outside of pharmacy world (physicians, SW, RNs, family members, quality leaders, management)
 - o Does it make sense – ask for feedback
- Personal stories/anecdotes /data (external/internal)

<https://www.businessinsider.com/the-elevator-pitch-is-dead-2013-1>

https://www.huffpost.com/entry/why-the-elevator-speech-is-dead-and-what-to-do-instead_b_59ce4e14e4b0f58902e5cb74

See more in discussion below

Ambulatory Care Pharmacist Elevator Speech

https://hbr.org/2018/10/the-art-of-the-elevator-pitch?utm_medium=email&utm_source=newsletter_weekly&utm_campaign=weeklyhortlist_not_activesubs&referral=00202&deliveryName=DM15938

7. If you have topics that you would like to discuss or include in an upcoming meeting please contact Bridget or utilize the link below:

- a. <https://docs.google.com/document/d/1DU55Op2flu13ehDZxWGQ24FvWQnil7wZaUEbxFckpEE/edit?usp=sharing>
8. Review Project Groups – *Revisit*
 - a) Billing Champions
 - b) Ambulatory Care CE for ICHP
 - c) Ambulatory Care in IL demographics
 - d) IDPH CDC Grant Survey update
 - e) Ambulatory Care monthly call topics
 - f) Ambulatory Care info for trainees
 - g) Ambulatory Care Task Force - IL PPA review
9. Open forum
 - **Discuss roster demographics with photo**
10. Next Steps
 - a. Meeting scheduling: January 7th, 2021 at noon
11. Please let Bridget and Matt know if you are unable to attend, or if you would like to be removed from our mailing list.

Best,

Bridget

Elevator Speech Ideas

What do you do specifically/program you are solving, how does the audience benefit

“I collaborate with the healthcare team to provide personalized, patient-centered care through the optimization of medication use to reduce healthcare costs and improve patient outcomes and the quality of care.”

“I work as a member of the physician’s in-office clinical team to address medication related issues like starting insulin and other injectable diabetes medications and ordering certain blood tests. This helps the patient to get their diabetes under control much quicker. This arrangement helps the physician provide the highest level of primary care possible and benefits the patient’s overall health.”

“I am part of a clinic based health care team working closely with physicians, nurses, other health practitioners, and patients. I serve as the medication expert of the team ensuring the patient receives the appropriate medication, dose, and frequency to help the patient reach their health goals. I also implement disease management services, population health strategies, and therapeutic changes under a collaborative practice agreement.”

“Clinical pharmacists in ambulatory care settings provide medication regimen optimization for chronic disease states. Pharmacist interventions include (but are not limited to) starting, stopping, and adjusting medications based on glucose readings and lab results, providing medication and lifestyle education, and ordering labs to monitor medication appropriateness. The end goal of including a clinical pharmacist on a collaborative care team is to ensure that patients are receiving a safe, effective, and affordable medication regimen.”

Assessment of therapy regimen – pharmacotherapy assessment

Evaluation of therapy

“Optimize medication regimens by the evaluation of therapy to ensure and enhance the quality of care and patient outcomes”

- Take this to individuals outside of pharmacy world
- Does it make sense – ask for feedback
- Personal stories/antidotes/data (external/internal)

“Pharmacist patient care services optimize medication use across the spectrum, from assuring the best medication is order to making sure the patient is using it in a best way possible. Their responsibility and accountability is to identify, manage and reduce any medication related problems which is over a 500 billion dollar problem and a major cause of ER and hospitalizations.” – to payers/management more than physicians

“For patients:

I work with patients to help them manage their diabetes. I work with your physician and yourself to meet your health goals. This is currently a free program and is part of your care with _____ clinic. I can help with medication management and identify other problems that might come up in the future.

“Optimize” – may be better than “manage”

For Physicians:

By working with our collaborative practice on Diabetes, I help you manage your patients with diabetes. Internal medicine is so busy, and I can help follow up with those patients in between appointments and identify any issues the patient may have with being compliant with their therapy (such as costs, formulary, side effects). I work to make the follow up easier with these patients and take work off of your plate so you can focus on other tasks.”

- Complex medication patients

“My name is _____. I am the new Pharmd that works with the primary care group upstairs. I meet with patients to partner with them for better outcomes for their health. We address challenges such as diabetes or high blood pressure or sometimes both. Together in consultation with their primary care physician we optimize their medications, addressing patient’s concerns of cost and convenience and at the same time maximizing the best medication choice for their condition. This might involve beginning an injectable medication such as insulin or ordering lab tests to help monitor. This allows the patient to have more personalized higher quality care in a team approach.”