

# Practice Transformation: Stories from the Field

compiled by Helene McDowell, MS, Megan Grant

**P**SW continues our pharmacy-led, public health programming that focuses on facilitating connections between pharmacies, primary care, and community-based organizations to improve chronic disease management, health care access, and health equity. All of which affect patient quality of life and pharmacists' ability to provide the highest standard of care for all their patients. Your commitment to sustain and advance these initiatives is essential to the success of this work. To highlight this dedication and the significant impact it has on patient health outcomes and pharmacy practice, PSW is committed to sharing your work through storytelling. The stories you share are in your voice and are intended to showcase the incredible care pharmacists and technicians are providing to change the lives of their patients and to highlight the critical role pharmacy practice has in patient care.

Going forward, these success stories will be a continuing series in JPSW with each issue focusing on a different topic and highlighting perspectives from pharmacists, technicians, patients, and community partners. This issue focuses on stories supporting cardiovascular patients.

If you would like to submit your story to an upcoming issue of JPSW, please email PSW at [info@pswi.org](mailto:info@pswi.org).

## Gretchen Kunze

A 55-year-old African American woman with a history of type II diabetes, hypertension, hyperlipidemia, and depression presented as a new patient to the pharmacy. She fled an unsafe home situation in Milwaukee and jumped on a bus, which ended up in La Crosse. After leaving everything behind, she found herself without any support in a new city. The patient was unable to read and write, had low health literacy, and was reluctant to trust healthcare professionals. She walked

into the pharmacy with a social worker from the Salvation Army, who identified she needed to be restarted on medications after being without them for some time.

### CMR/A

The patient was unaware of what medications she took (name, strength, frequency). The pharmacist sat down with the patient to hear her story and start building a trusting relationship. The pharmacist was still able to figure out which pharmacy the patient used previously and transferred the prescriptions over. Upon assessing the active prescriptions, the pharmacist determined that there were gaps in therapy for her chronic conditions, with some likely expiring off the list. The pharmacist helped coordinate with a local provider to write prescriptions for additional necessary medications. One of the transferred medications was a combination tablet of olmesartan/hydrochlorothiazide/amlodipine to assist with adherence, however, this was not going to be covered by insurance. Subsequently, the pharmacist had it changed to individual medications for coverage.

The pharmacist identified that the patient would benefit from weekly medication bubble packing. While it normally takes multiple weeks to transition a new patient into bubble packing, the pharmacist worked to coordinate with the whole staff to urgently provide bubble packed medications the same day. The pharmacist condensed the regimen into taking medications only twice daily. Since she could not read, the pharmacist adapted the bubble packaging to show suns and moons that represented times of day to take it. Thorough medication counseling was provided to the patient so that she was comfortable with taking them. To address other social determinants of health barriers, the pharmacist referred her to other community programs and a charitable managed care organization. This helped the patient find stable housing and consistent medical follow up. Due to transportation barriers, the pharmacy directly delivered the bubble packs to her each week.

### Outcome

A couple years later, the patient continues to receive the weekly bubble packed medications and has better control of her chronic conditions. This patient taught the pharmacist that their pharmacy could rise to the challenge to meet urgent patient care needs from coordinating with all staff members. It exemplified the importance of active listening and empathy with patients to build trusting relationships. As a result, the pharmacist was able to be creative with tailoring the bubble packaging to meet the needs of this patient. Lastly, this case demonstrated the importance of pharmacy collaborating with community organizations to address social determinants of health. The pharmacists here have strong relationships with community partners to provide comprehensive care.

## Abbie Linde

The patient is a 57-year-old white male with a 20-year history of type 2 diabetes. Following a ketogenic diet in the past, he had achieved control of his diabetes reducing his A1c to within goal at 5%. At the time of the initial visit, he had not been following a ketogenic diet for 2 or 3 years. The patient used self-monitored blood glucose (SMBG) to monitor his blood sugar and was not taking any diabetes medications. He spent most of his free time as a caretaker for his mother and mother-in-law.

### June 2022

The pharmacist met with the patient to conduct an initial intake for diabetes nutrition management. During the visit, the patient's diabetes was uncontrolled with both his A1c and SMBG readings above goal at 7.2% and 200 mg/dL respectively. The patient reported worsening vision and some tingling in his feet, likely consequences of his uncontrolled diabetes, and that he wanted to return to a ketogenic diet to regain control. The pharmacist identified his biggest barrier to successfully managing his diabetes as being lack of time due to his caregiving duties. The pharmacist

reviewed the patient's diet, exercise habits, social habits, and medication/supplement use. Using this information, the pharmacist developed a plan to re-engage the patient with a ketogenic diet and incorporate resistance training into his exercise plan. To address the time barrier, the pharmacist recommended using intermittent fasting which would compress his eating window and allow more time for meal prep and exercise. The pharmacist also coached the patient to not feel guilty for taking time for himself. The patient was responsive to this guidance. For monitoring purposes, the pharmacist recommended switching to continuous glucose monitoring (CGM) as well as to ketone tracking. The patient agreed to implement CGM, but was unwilling to track ketones. The pharmacist planned to follow-up with the patient 7-days later to assess CGM use.

### *July 2022*

The patient had started using CGM and the pharmacist reviewed the initial numbers that showed largely uncontrolled blood glucose values over 200 mg/dL. The patient's amount of time spent within his target blood glucose range (70-180 mg/dL) was low at 43% with the estimated average blood glucose during this time being 198 mg/dL. Since the patient has just begun his diet and exercise plan earlier that week, limited improvements were expected, so the diet, exercise and monitoring plans were continued. The pharmacist would follow up in a month to re-assess.

### *August 2022*

The patient returned stating he had been following the plan and was still using CGM to track his blood glucose. This time, his time in blood glucose range had jumped to 81% with an estimated average blood glucose of 161 mg/dL, which was a significant improvement compared to just a few weeks prior.

### *Outcome*

The patient was re-engaged to a ketogenic diet with intermittent fasting and began to incorporate resistance training into his exercise plan. The intermittent fasting allowed the patient to spend more time meal prepping and exercising, which improved his diabetes control. Following implementation of CGM, the patient was shocked at how much the numbers were improving. The patient reported that the pharmacist's recommendation to use CGM had been his biggest motivating factors in his diabetes management as it allowed him to track his progress in real time and identify foods that significantly impacted his blood sugar control. Understanding these food choices allowed him to make smarter choices and continue to improve his blood sugar control. The patient has since reported having increased energy levels, which has motivated him to incorporate even more resistance training into his exercise routine. The pharmacist continues to follow up with this patient regarding his diabetes management.

### **Taylor Millar**

The patient is a 59-year-old African American woman who recently moved out of a homeless shelter to stay with a family member. She has a history of type 2 diabetes, hypertension, and a previous stroke in 2021 that had left her with intense neuropathic pain in her legs. The pain caused her to be bedridden most days, only getting up for medical appointment, pharmacy visits, and other necessities. She had previously enjoyed being an active member of her church, but was no longer able to participate due to the pain. For the pain, the patient was taking the maximum dose of gabapentin, which did not have any reported effect. For her diabetes, she was on a long-acting insulin and Pioglitazone. The patient also had a history of "drug abuse" as noted by the pharmacy system, which she described was because she had been prescribed an opioid and was trading it for free transportation. At the time of the initial visit, the patient was utilizing transportation through WI Medicaid to get to the pharmacy.

### *March 2022*

The patient came in for an initial CMR/A which was intended to focus on blood pressure, but her blood pressure was at goal (< 130/80 mmHg). However, her diabetes was very uncontrolled with an A1c over 14%, so the pharmacist shifted the focus of the CMR/A to diabetes management. Upon reviewing the patient's medication list, the pharmacist

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noted she was not taking Metformin, a first line therapy for type 2 diabetes. The pharmacist contacted the patient's doctor to recommend starting her on Metformin to help manage her diabetes.

### May 2022

The patient had started Metformin, but was found to only be taking it once a day instead of the prescribed twice a day because she was afraid of dangerously low blood sugar. Knowing that Metformin is not a medication that can cause low blood sugar on its own, the pharmacist educated the patient on this low risk compared to the huge benefits from taking the medication as prescribed. The pharmacist also discovered that the patient had not been consistently testing her blood glucose because she kept her testing supplies downstairs from the bedroom where she spent most of her time due to her mobility and pain problems. The pharmacist suggested the patient keeps her testing supplies next to the bed so that she would have reliable access to these supplies and the patient agreed.

### July 2022

The patient presented for a follow-up CMR/A that was again planned to be tailored to her hypertension, but her blood pressure was still controlled, so focus shifted again to her diabetes. During the CMR, the pharmacist noticed the patient was in a lot of pain as she was very slow moving and expressed how much it hurt to get out of bed. The patient reported her pain

level to be at an 8 out of 10, which was a good day for her. In general, the patient noted that the pain was often so bad she contemplated suicide or doing "street drugs" to deal with the pain. She was convinced she needed an amputation. After reinforcing the patient to stay compliant to her diabetes management, as uncontrolled diabetes could be contributing to the neuropathic pain, the pharmacist reached out the patient's provider to explain everything that was going on. During the call the pharmacist discovered the hospital had her old address on file and had been sending everything to the wrong address. The pharmacist helped them update the address, expressed the patient's interest in getting an amputation, and requested that someone reach out to her to set up a consultation. In the meantime, the pharmacist also suggested that the patient try Duloxetine, a medication that is typically used to improve mood but has also been shown to be effective for neuropathic pain as well. After the pharmacist got off the phone, the patient began to cry exclaiming that someone had finally listened to her concerns. The patient agreed to take Duloxetine and was counseled to try it for at least 4 weeks. They ended the visit in prayer during which she thanked God for bringing the pharmacist into her life. A prescription for Duloxetine was received by the pharmacy, and the patient began taking it on the following day.

### July 2022 – October 2022

The pharmacist frequently called the patient to see how she was doing and whether the Duloxetine was being effective. During the first few phone calls, the patient reported that the Duloxetine had not helped much with her pain, however she began to see drastic improvements in her mood. However, in the October check-in, the patient noted that her pain had gotten much better since starting Duloxetine and that her mood had continued to improve.

### Outcome

The patient was able to better manage her diabetes through the addition of Metformin and more frequent blood glucose monitoring. Additionally, she was able to get in contact with the hospital to set up an appointment with her endocrinologist to further improve her diabetes control. The Duloxetine that the pharmacist had recommended was proven to be effective in improving both her pain and mood, two major barriers that stood in the way of the patient doing the things she enjoyed, such as going to church. The patient has not reported any suicidal thoughts or desire to seek out street drugs since she began taking Duloxetine. The patient's quality of life was significantly improved.

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