Gazing into the crystal ball: Tyler advances pharmacy practice toward the future

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Many Faces of MTM

Linda S. Tyler, PharmD, believes in exercising the principle of always. “This means not just doing a process or intervention well some of the time, but doing it well all the time,” she said. At the University of Utah Hospitals and Clinics, Tyler is on the leading edge of patient care by advancing innovative pharmacist and pharmacy technician roles and services throughout the health system. “I tell people that if you think you will be doing the same thing you are doing 5 years from now, it’s just not true,” she said. “Pharmacists and pharmacy technicians need to be nimble because things are changing.”

Left to right: Chris Kane, PharmD, I.V. Center Pharmacist, and Linda Tyler, PharmD, Administrative Director of Pharmacy Services, discuss a parenteral drug shortage.

Teamwork and innovation

With the spirit of adventure and collaboration, Tyler has her eye on the future of pharmacy. Since she took the reins as the Administrative Director of Pharmacy Services in 2008, Tyler and her team have implemented numerous cutting-edge programs that bolster the role of the pharmacists and technicians. “As we move forward, we need to be able to work as part of a team and be flexible in terms of taking on new roles,” she said. “I ask our pharmacists and technicians to try different things and think about how we can make patient care safer and more efficient.”

Located in Salt Lake City, the University of Utah Hospitals and Clinics includes four hospitals, 10 community clinics, 14 community pharmacies, and four infusion services. As the Intermountain West’s only academic health care system, the group provides care for patients in Utah and residents in five surrounding states. There are approximately 175 pharmacists, 21 pharmacy residents, 44 pharmacy interns, and 170 pharmacy technicians on staff.

Care transitions

One of the first programs Tyler and her team helped develop was improving care transitions for patients by having pharmacists involved at several points during a patient’s hospital stay to reconcile medications during admission, hospitalization, discharge, and in the outpatient clinics.

According to Tyler, the care transition program grew organically as pharmacists began “closing the loop” to take care of patients at multiple points of care to help with their medication therapy. Pharmacists first began addressing transitions in care issues working with patients in the transplant department, and the program grew to encompass patients in the anticoagulation, cardiology, oncology, and cystic fibrosis services.

Today pharmacists provide transition support to all patients in the hospital. Technicians are often partnered with pharmacists to help with discharge counseling, thrombosis referrals, clinical services, transplantation care, and medication therapy.
management (MTM) services.

Although some pharmacists were cautious in the beginning, “one pharmacist told me that she couldn’t believe there was such a demand for pharmacists during care transitions,” said Tyler. “It’s very gratifying to me to hear how pharmacists make a difference and catch medication problems that would have otherwise gone unresolved.”

Above: Lynda Roe, CPhT, and Zubin Bhakta, PharmD, coordinate cystic fibrosis patients’ medication therapy as they transition from inpatient settings to their homes; Tyler and Cardiovascular Unit Pharmacist Tyler Sledge, PharmD, discuss clinical pharmacy services; PGY1 Pharmacy Resident Anastasia Diamantopoulos, PharmD, Aubree Westover, CPhT, a technician in the discharge program, PGY2 HSPA Resident Jordan Burger, PharmD, and Sledge collaborate on a patient’s medication therapy.
Patients at the University of Utah Hospitals and Clinics have responded positively to pharmacist interventions. According to data from the hospital’s Press Ganey inpatient satisfaction survey, the mean score for patients responding favorably regarding the opportunity to talk with a pharmacist about medications increased from 70.6% to 73.4% in the first year (2008) and continued to increase to 82.4% the following year, with sustained results since then.

During the discharge process, the most common medication problems identified by pharmacists were related to omission of a prescription or discontinuation of a medication, insurance coverage issues, and access to medications. The hospital’s cardiology pharmacists were instrumental in achieving nearly 100% compliance with core measures for both heart failure and acute myocardial infarction and reducing readmissions.

The key to the program’s success, noted Tyler, is teamwork. “Pharmacists have to be part of an integrated process. We can’t do it by ourselves,” she said.

Pharmacists at the University of Utah Hospitals and Clinics Drug Information Service are nationally recognized for their work with drug shortage information. The initiative began in the 1990s as hospital leadership looked for a way to disseminate good clinical information about drug shortages. “We started this work because it was critical to our patients,” explained Tyler. “If the provider wants to prescribe a drug and the drug isn’t available, then that’s a huge critical safety issue to our patients. We needed to get information out quickly about what are the alternatives, how are we going to manage it, and if we just don’t have drugs, then how are we going to work through that.”

In 2000, the health system partnered with the American Society of Health-System Pharmacists (ASHP) to help spread accurate information about drug shortages. “None of us knew in the early 2000s how big the issue of shortages would be, so we were well positioned to be the experts in drug shortages,” said Tyler. “We had no idea at the time that the drug shortages would skyrocket from 5, 10, or 20 per year to hundreds of shortages per year.”

Today, as soon as pharmacists at the University of Utah Hospitals and Clinics know about a shortage, they immediately talk to the manufacturer, gather relevant information, and develop a clinical drug monograph within 24 to 48 hours that is posted on the ASHP website. “Drug shortages have the potential to have devastating impact to patients,” explained Tyler. “By getting information to clinicians as quickly as possible, we can minimize the impact to patients and implement alternatives if available.”

A somewhat surprising element that grew out of the University of Utah Hospitals and Clinics’ work with drug shortages was the need for pharmacists to partner with the organization’s public relations department. “We know drug shortages better than anyone else, and if pharmacists aren’t willing to talk to the media, then they’ll find someone else to talk to them,” said Tyler. “If we don’t tell our story, someone else will, and it won’t be with the passion and knowledge we bring.”

At the University of Utah Hospitals and Clinics, pharmacists also collaborate closely with the informatics department. The health system is currently in the process of implementing EPIC as the inpatient electronic medical record system (EMR). “Pharmacists and pharmacy technicians are a key piece to successful EMR development and implementation,” said Tyler. “But we have to work together with the informatics team to build the right infrastructure for the system.”

In keeping with the theme of developing the future of pharmacy, Tyler has also expanded the health system’s pharmacy residency program. “From a workforce standpoint, we have to make sure we have enough well-trained people,” explained Tyler. For example, in the ambulatory areas, “we need well-trained people to provide MTM services and develop core competencies in MTM,” she added.

Tyler stressed that the expanding residency programs represent a conscious decision to train student pharmacists in ambulatory as well as inpatient areas “to create pipelines of people [who] have the skills we need as we go forward.”

If Tyler could look into a crystal ball to see what the future brings for pharmacy, she predicts that great things are on the horizon at the University of Utah Hospitals and Clinics. “Our pharmacists and technicians are humble people who do incredible things every day by working with patients to help them achieve their therapeutic goals without adverse effects,” she said. “As we embrace the changes that are occurring in health care, the sky is the limit for what we can achieve. We are...
truly advocates for our patients and provide a unique role in caring for patients.”

Tyler, James Cenaruzabetitia, CPhT, and Kamie Ashton, CPhT, discuss bar coding and pharmacy automation in the central pharmacy area.

Care transitions programs recognized by APhA, ASHP

Last year, APhA and the American Society of Health-System Pharmacists (ASHP) announced the Medication Management in Care Transitions project, which highlights eight care transitions programs as best practices that improve patient outcomes and reduce readmissions.

University of Utah Hospitals and Clinics is recognized for its best practices, as well as Einstein Healthcare Network (see July 2013 Pharmacy Today), Mission Health (see September 2013 Today), Hennepin County Medical Center (see October 2013 Today), and Froedtert and the Medical College of Wisconsin (see December 2013 Today). Other care transitions programs will be featured in future issues of Today.

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