

## Spotlight on a geriatric, long-term care practice

Cindy Thomas, RPh, CGP<sup>1</sup>

<sup>1</sup>Consultant Pharmacist, Omnicare Central Ohio, Columbus, OH

### KEYWORDS

geriatric, long-term care, consulting pharmacy

#### **Describe your geriatric clinic/long-term care setting and your day-to-day activities. What is your time commitment to the practice or clinic?**

We consult approximately 1000 charts per month in a variety of long term care settings (e.g., Skilled Nursing, Assisted Living, MRDD Intermediate Care Facilities) which equates to 1 x FTE or 40 hours per week. A typical day consists of meeting with the Director of Nursing and Licensed Nursing Home Administrator upon arrival to a facility in order to ascertain specific health needs/complications of the community residents. Depending on the situation, this may require directly meeting with the patient and/or family members for medication/disease state consultation. In addition to specific requests from facility leadership, each resident's chart is reviewed for appropriate supporting diagnoses, medication monitoring (e.g., laboratory, risk assessment scales, vitals, potential side effects, proper administration times/procedures), evaluate for unnecessary meds (e.g., duplication, duration, Beer's criteria, drug-drug interactions), and a variety of ambulatory care issues (e.g., diabetes, osteoporosis, dementia, hyperlipidemia, weight loss concerns) and regulatory compliance (e.g., gradual dosage reduction requests/documentation for psychotropic agents). As a consultant pharmacist to Skilled Nursing Facilities, I am also expected to destroy discontinued narcotic medications with a licensed nurse (usually director of nursing) and oversee proper medication availability and storage parameters are maintained (sometimes involves problem solving between nurse/facility staff and dispensing pharmacy).

#### **How long have you been practicing at your current practice?**

I've been practicing for 10 years. Consulting pharmacy practice has been a goal of mine since the practice was introduced when I was a pharmacy student.

#### **How did you get to where you are today?**

A combination of great family, friends, and teachers/mentors! I received a BS in Pharmacy from Butler University; Certification in Geriatrics

#### **What is the greatest impact you have had on your patients?**

Two-fold: Discontinuation of unnecessary medications for improvement in psychosocial well being as well as (medication) cost savings; adding medically appropriate medications for preventative health measures and lower health system costs.

#### **What do you feel is the greatest need the elderly or those with Alzheimer's disease have in regards to pharmacy services?**

Educating facility personnel on non-pharmacologic interventions for behavioral symptoms of dementia as well as advocate for appropriate medication management to prescribers and family members (reduce anticholinergic load, add appropriate dementia therapy, advocate for agents other than antipsychotics for behavioral symptoms of dementia when hallucinations/delusions not present).

#### **Do you bill for the services you provide?**

I work for a corporation that bills for professional consulting services at fair market value.

#### **What is your favorite part of the service you provide?**

I like the clinical aspect of care that can be provided directly (e.g., face to face consultations with patients or clinicians) and/or indirectly (e.g., consultation reports, usually to attending physicians). It offers a great amount of flexibility and can be tailored to accommodate a variety of communication styles.

#### **How would you advise a pharmacist who would like to set up a practice in a setting such as yours?**

Consider joining a professional organization specializing in geriatrics; network with other professionals in the LTC industry (e.g., pharmacists, nurses, administrators, medical directors, pharmaceutical medical liaisons, dieticians, social workers).

#### **How do you involve students or residents into your daily work?**

It is sometimes difficult to incorporate students and residents into daily activities depending on the

territory/amount of travelling required. It is best to have interested individuals practice longitudinally with you for better understanding of consulting pharmacy practice (e.g., at one site rather than multiple settings). Students and residents are incorporated into my practice with chart reviews, facility staff education (e.g., inservices, supplying applicable educational materials, LTC industry updates), and (new) drug information, P&T/pharmacoeconomic information.

**What are some resources to learn more about Alzheimer's disease or long-term care pharmacy that you would recommend?**

- [Alz.org](http://Alz.org)
- [Ascp.com](http://Ascp.com)

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