

# Ambulatory Care Academy (AmCA) Newsletter

## Welcome ~ New Members



AmCA PGY-2 Resident Representative:  
Samantha Korsak, PharmD, BCPS

Sam is one of the PGY-2 ambulatory care pharmacy residents at Providence St. Peter Family Medicine in Olympia, WA. She earned her Doctor of Pharmacy from Midwestern University – Chicago College of Pharmacy in 2020 and completed her PGY-1 pharmacy practice residency at Mercy Hospital and Medical Center on the South Side of Chicago, IL.

Sam is interested in chronic disease state management, including diabetes, cardiology, substance use disorder, and mental health. By participating in the WSPA AmCA this year, she hopes to expand awareness of diversity, equity, and inclusion and provide resources to address social determinants of health in Washington State's ambulatory care setting. In her free time, she enjoys traveling, cooking, and hanging out with her dog, Waffles.



AmCA UW Student Representative: Ramon Garza, PharmD Candidate 2022

Ramon is a fourth-year pharmacy student at University of Washington School of Pharmacy (UWSOP). He is from Tacoma, WA and did his undergraduate studies at Tacoma Community College and UW Tacoma. Currently, he interns at Safeway Pharmacy. At UWSOP, Ramon has served as a student mentor, as a board member

for the Student National Pharmaceutical Association as their Diabetes/Chronic Kidney Disease Outreach Chair and Vice President in consecutive years, and as an active member of Kappa Psi Pharmaceutical Fraternity, Inc. and WSPA. He is currently on rotations and is excited about applying to ambulatory care focused residency programs. Ramon is passionate about ambulatory care and how it can be used to build ongoing relationships with patients while managing chronic disease states including heart failure, psychiatric conditions, and anticoagulation.

During this year as an AmCA student representative, he hopes to expand student knowledge of ambulatory care practice through the planning and promotion of ambulatory care focused events. He is also interested in the

## WSPA AmCA Purpose Statement

The WSPA Ambulatory Care Academy (AmCA) is committed to advancing direct patient care and prioritizing practice transformation in Washington state.

## WSPA AmCA Website

Please visit the WSPA AmCA website for more information, updates, and useful links.

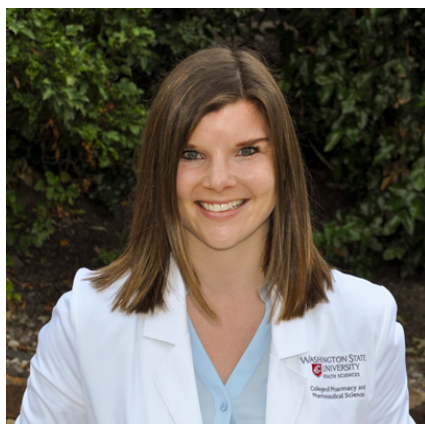
To access the website, go to [www.wsparx.org](http://www.wsparx.org) > About > Academies / Local Chapter > Ambulatory Care

## Submit Your Questions

### ASK AMBY

Ask Amby is a recurring column in the Ambulatory Care Academy, and it is a great place for pharmacists, technicians, and students to ask questions about ambulatory care, billing, clinical questions, etc... Some questions will be chosen and published in the next AmCA newsletter; your name will stay anonymous for all publications. Please submit questions via the WSPA AmCA Website (<https://www.wsparx.org/page/Amby>).

implementation of new ambulatory care services across the practice. Ramon is looking forward to building rapport with his AmCA colleagues and those currently practicing in an ambulatory care setting. In his free time, Ramon enjoys collecting Funko! Pops, watching movies and shows based on the Marvel Cinematic Universe, attending sports games, and traveling.



AmCA WSU Student Representative: Olivia Hiskey, PharmD Candidate 2023

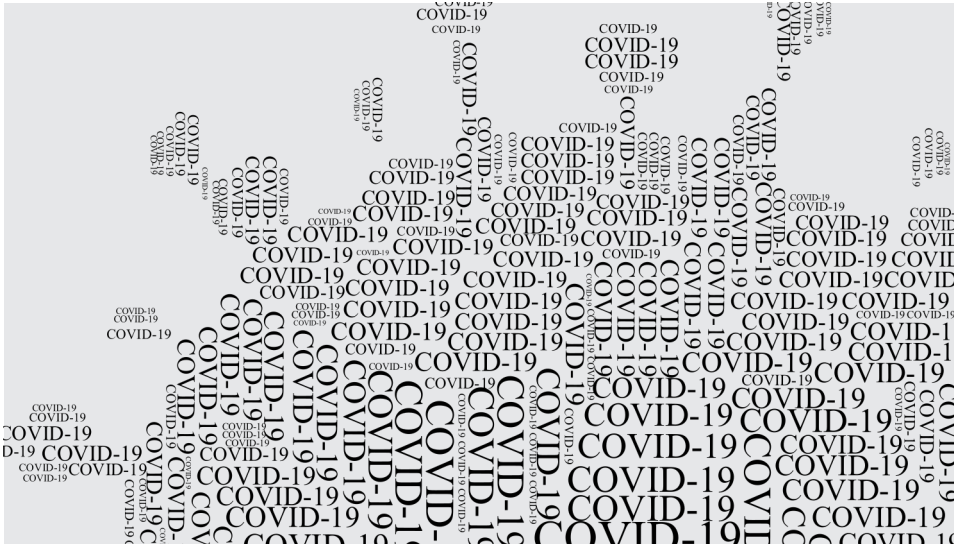
Olivia is a third-year pharmacy student from Washington State University College of Pharmacy and Pharmaceutical Sciences (WSU CPPS). She is originally from Seattle and completed her undergraduate degrees at Western Washington University and the University of Washington before making her way to the other side of the state to WSU CPPS. She currently interns at Fred Meyer. As a student pharmacist, Olivia has been an active member in the American Pharmacists Association-Academy of Student Pharmacists, serving as the past Operation Substance Use Disorder Chair and the current Patient Care Vice President for the WSU student chapter. She has also stayed active in the WSU chapter of the American College of Clinical Pharmacy, serving as pediatric

and ambulatory focus group chair, as well as the WSPA student chapter. Olivia is also a member of the Honors Research program at WSU CPPS, with a project focused on ambulatory care pharmacist telehealth delivery and provider satisfaction.

Olivia has interests in mental health, substance use disorder, and chronic infectious disease management. She is inspired to pursue a career in ambulatory care by the ability to build and maintain strong relationships with patients which she believes is a key part to improving patient health and quality of life. Through her time with the WSPA AmCA, she hopes to support the Academy in its endeavors and play an active role in the expansion and advancement of the ambulatory care pharmacy profession. When not participating in a pharmacy related extracurricular activity, Olivia enjoys hiking and backpacking as well as spending time with her family.

## SEEKING NEW AMCA CHAIR!

If you are interested in building your leadership skills and advancing the ambulatory care pharmacy field, apply to become the next Ambulatory Care Academy Chair! We are looking for pharmacists passionate about this specialty and interested in collaborating with the Washington State Pharmacist Association. You will work closely with ambulatory care pharmacists across Washington to deliver exciting news, lead forums, and present at the WSPA Annual Meeting. If you are interested, please apply at <https://www.wsparx.org/general/custom.asp?page=ACACallforLeaders> and email Jenny Arnold at [jenny@wsparx.org](mailto:jenny@wsparx.org) with any questions.



# Expanding Ambulatory Services With COVID-19 Monoclonal Antibody Therapies

By Ramon Garza, PharmD Candidate 2022

As we move into 2022, the COVID-19 pandemic continues to loom over our everyday lives. As the virus becomes more endemic, preventative measures and treatments are becoming more accessible for patients. Although vaccinations have been efficacious at preventing progression to severe disease, hospitalizations, and death, there have been many instances of breakthrough infections in our vaccinated population, especially with new variants circulating. We must also consider those who are hesitant to get vaccinated or have chosen against it. With or without vaccination, there are few approved treatments to help prevent hospitalization and death in those at risk for progression to severe disease.

With the advent of COVID-19



MultiCare Respiratory Clinic in Puyallup. From Left to Right: Tira Blanchard, Receptionist; Hebat Bakhach, RPh; Alex Park, RN.

monoclonal antibodies (mAbs), patient access to COVID-19 treatment is becoming more available across the state.<sup>1</sup> The options for patients are expanding into different pharmacy settings including the emergency department (ED), outpatient clinics, and potentially community pharmacies. Each setting is

unique in terms of what therapy they can provide. For example, the ED can utilize intravenous (IV) access, while outpatient clinics are handling subcutaneous (SQ) administration. Whether SQ or IV, COVID-19 infections can be treated and prevented with mAbs. Each mAb treatment is currently under Emergency Use Authorization (EUA) and has its own limitations of use based on patient specific demographics.<sup>2</sup> On Sept 09, 2021, the U.S. Department of Health and Human Services issued the 9th amendment to the PREP act which gives pharmacists the authority to order and administer FDA approved SQ, intramuscular, or oral COVID-19 therapeutics.<sup>3,4</sup> The treatment options currently available in Washington state include Casirivimab-Imdevimab (Regen-COV), Bamlanivimab-Etesevimab, and Sotrovimab.<sup>5</sup>

## Individual settings and the pharmacist role in treatment

Numerous pharmacy settings and systems are implementing mAb treatment, with varying degrees of success. Larger health care systems such as MultiCare have successfully implemented ambulatory mAb therapy in the Tacoma General ED and the MultiCare Respiratory Clinic in Puyallup. Independent

community pharmacies such as Rankos Stadium Pharmacy are still determining the best way to integrate these ambulatory services on top of their normal workflow.

In the Tacoma General ED, the mAb prescription is ordered by the provider after evaluating patient specific parameters and the order is

# Expanding Ambulatory Services With COVID-19 Monoclonal Antibody

then verified by the ED pharmacist if the patient meets the EUA inclusion criteria. The IV bag is prepared in the central pharmacy, verified by the IV room pharmacist, and sent down for administration. In these cases, however, the patient is not admitted and the mAbs are administered outside of the ED in an individual patient waiting room once IV access is established. The patients are then monitored for an hour to watch for severe adverse reactions. There have also been instances of patients receiving mAb treatment while already admitted for another condition if they meet the clinical criteria. The patient's insurance is then billed for the treatment and follow up was initiated to assess patient outcomes.

At the Multicare Respiratory Clinic in Puyallup, pharmacist duties are vast. Pharmacists can be referring providers, however most referrals come from physicians. Pharmacists then work up referrals and speak with patients to determine their eligibility. During their appointment, pharmacists counsel the patients on mAbs with respect to their indication, administration, adverse effects, monitoring parameters, expected therapeutic effects, status under EUA, and vaccination importance 90 days post-treatment. The pharmacist serves as the authorizing provider for the Regen-COV order placed which is then prepared by them or a nurse. The patient is called in to obtain their vitals and the pharmacist or nurse then administers four 2.5 mL SQ injections to their arm, thigh, and/or abdomen. When completing the

visit, pharmacists also serve as the billing provider. The patient is then monitored in the clinic lobby for one hour to ensure quick action can be taken in the event of a severe adverse reaction. From screening to administration and monitoring, pharmacists serve as the primary provider at this clinic.

There are several barriers to establishing mAb therapy in the community setting. Even with the authority to order and administer mAbs, effectively billing for mAb therapy may be challenging. Next, there is the matter of setting up a specific space for COVID-19 positive or PEP eligible patients to be administered mAbs and monitored for an hour. Patients receiving mAbs must be kept separate from normal workflow and other patients. Another challenge is allocating the manpower and resources to host these clinics. Pharmacists, technicians, and pharmacies are overwhelmed with their current workflow, and adding another service may prove to be difficult to implement. Setting up a clinic on a specific day/time outside of normal hours to properly assess, administer, monitor, and bill patient insurances for mAb therapy is likely necessary. For some community pharmacies, the desire is there, and successful implementation could lead to increased patient access, as well as increased revenue for the administering pharmacy.

## Looking ahead

Pharmacists will continue to play a vital role in curtailing the COVID-19 pandemic. On the horizon are oral antivirals. Pfizer's Paxlovid and Merck's molnupiravir are currently under evaluation from the FDA for EUA, the latter of which is already approved in the UK.<sup>6</sup> While these treatments could be more convenient for patients in terms of administration, the window for treatment in the current studies is up to 5 days from symptom onset versus 10 days with mAbs.<sup>6,7</sup> Also, exclusion criteria in the oral antivirals include women who are pregnant or breastfeeding, those with active liver and/or kidney disease, including dialysis patients, and current use of medications/substances that are highly metabolized by or are inducers of CYP3A4.<sup>7</sup> Considering these factors, mAbs are likely to continue to play a role in the treatment of COVID-19 moving forward.

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# Telehealth in the Era of COVID-19

By Olivia Hiskey, PharmD Candidate 2023



If there is one area of pharmacy practice which ambulatory care pharmacists have become increasingly more familiar with during the COVID-19 pandemic, it would likely be telehealth. Telehealth is defined as the delivery of health care, health education, and health information services via remote technologies.<sup>1</sup> This technology could include many platforms, including telephone, video, remote patient monitoring, or remote written communication via e-messaging. Telehealth utilization was steadily increasing pre-pandemic, with positive benefits such as increased access to care for patients experiencing physical or social barriers to care. Specifically, published literature pre-pandemic found that ambulatory care pharmacist telehealth programs had an overall positive impact on patient outcomes relating to disease state management, as well as positive rates of patient satisfaction with pharmacist telehealth care.<sup>2</sup> Additionally, large pharmacy organizations released statements supporting the use and expansion of telehealth in pharmacy practice (also known as telepharmacy). For example, the American Society of Health-System Pharmacists published a guidance on telehealth practice in 2017, stating telepharmacy practice improves patient outcomes, expands access to healthcare and enhances patient safety.<sup>3</sup>

During the COVID-19 pandemic, telehealth has been

extensively utilized to provide care to patients when in-person visits became unfeasible or impossible. With stay-at-home orders implemented, telehealth was the main avenue of health care delivery for many providers, including ambulatory care pharmacists. Reimbursement expansion, such as expanded approval of existing telehealth billing codes, new telehealth billing codes, and waivers of geographical site restriction by Medicare helped make this widespread implementation of telehealth practice feasible. Although Medicaid and commercial insurance telehealth billing regulations vary by state, we saw overall in-

creased flexibility regarding telehealth reimbursement.<sup>2</sup> These expansions have remained in place since March 2020 and have been continually renewed as the Public Health Emergency declaration has been sustained, with the most recent renewal set to expire in January 2022, which will also likely be extended.<sup>4</sup> As we transition into our new “normal”, which varies widely by institution and specialty, we see telehealth ambulatory care pharmacy practice remaining as a substantial portion of the care provided to patients. However, not much information is available regarding telehealth best practices in the ambulatory care pharmacy setting. Evaluating the limited published works, we summarized a few practices that may be beneficial to ambulatory care pharmacy telehealth care. We are hopeful these practices will result in positive patient and provider experiences and will allow for successful delivery of telehealth care.

## 1. Test calls for both providers and patients

Technology provides a significant barrier for patients to access telehealth care. Even when a patient has access to technology, utilizing the technology can still be extremely challenging. With many patients experiencing difficulties executing video platforms or institution specific portals, test calls or education surrounding the technology could decrease patient difficulty and ensure

smoother and more efficient telehealth visits. Additionally, ensuring the provider has adequate training on the telehealth technology platform is essential to aid in successful management of the appointment and potential troubleshooting with the patient.

## 2. Frequent follow-up or check-ins

When patients are not physically seen in the office for physical exams and laboratory measurements, they may be required to have more frequent self-monitoring practices (e.g., at home blood pressure cuff, peak flow meters, scales). With an increase in self-monitoring, an increase in provider follow-up could be beneficial to ensure the patient is monitoring correctly and accurately reporting their information.<sup>2</sup> Errors in technique could be addressed quicker, as well as identifying and responding to concerning measurements or results.

## 3. Meet the patient where they are

Specific telehealth technologies may be preferred for various reasons by providers and institutions, including reimbursement and ease of use. However, before establishing telehealth care with any patient, it is important to thoroughly evaluate the patient's access to and preference of technology. Understanding the patient's familiarity and accessibility to specific technology platforms can help the provider evaluate patient-specific barriers to telehealth care, and direct the patient to the telehealth platform that will best fit the patient and their needs.

The pandemic has resulted in widespread transition to telehealth utilization for patient care. In addition to telehealth service expansion, ambulatory care pharmacists have also experienced a diversification of practice due to the demands of the pandemic. As we continue to provide this care moving forward, continued evaluation of telehealth practices will be beneficial to refine and improve care. With the current expanded access to telehealth services, both clinical and non-clinical outcome evaluations could provide justification for continuation of telehealth programs beyond this public health emergency.<sup>2</sup> It would be beneficial to both patient health and the advancement of our profession to continue this expansion, supporting ambulatory care pharmacists to practice at the top of our licenses and education.

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# Residency Application Tips and Tricks

It's that time of year--residency applications! As the application season opens, where to start and what to do before applying can be overwhelming. This is by no means an all-encompassing list, but hopefully these tips and tricks will help make this stressful process a little easier to manage!



## Keep your CV up to

**date:** After each rotation, update your CV with your most significant interventions that you can expand on in interviews. Keep a running list of the projects, committees, etc. with which you have been involved. ASHP has a free CV review service, but also reach out to your mentors to help review.

**Go to showcases:** Whether it's Midyear or smaller local showcases, talk to every program that might interest you. Current residents, residency program directors (RPDs), and preceptors can give you their experience, which can all have different perspectives. This will help you narrow down your list to which ones you may want to apply to in the future.

**Reach out to Residency program directors (RPDs):** With some programs not attending Midyear, you might be able to speak to RPDs or current residents one-on-one by reaching out via email for a quick virtual call. This can give you a more personal look at the program to help with your decision making.

**Make a spreadsheet:** This can help compare programs after speaking to a few to aid in your decision on which to pursue. Some objec-

tive things to consider are number of residents, available rotations, stipends, locations, projects, staffing, and application deadlines. Subjective things could include personalities, moods, and overall "vibes" of the program.

**Prepare yourself:** If you attend an open house or have a one-on-one session with a program, be prepared to answer some basic questions as they get a feel for you, too. Some examples are:

- Tell me about yourself.
- What are you looking for in a residency program?
- Why are you interested in our program?
- What questions do you have for me?

**Prepare questions:** Almost all residencies have websites with their basic information. Especially with virtual platforms, you only have a limited time with residents and RPDs - make sure you ask meaningful questions and don't "waste" your time on things you can easily find online.

**Request your Letters of Recommendation (LORs):** Make sure you have references who can speak highly of your various skills (leadership, patient care, multi-task-

ing, etc.) and it is important to choose someone who knows you and can give specific examples of your strengths. Most programs will allow you to send in your application without the LORs completed, but make sure you give ample time for your writers to complete strong letters, and clearly communicate deadlines with your chosen references.

Check the residency's website to see if there are requirements for the letter writers (supervisor, preceptor, employer, etc.) or if they want any specific aspects addressed (e.g., leadership skills, time-management, communication, etc.).

## Write your Letters of Intent

**(LOIs):** When writing a LOI, you want it to follow the general format of introducing yourself, why you are interested in this specific program, and why you would be a good fit at that program. Pull in specific examples that make this program unique - it is very easy to tell when a letter is generic and little effort is put into writing it. Pro-tip: save them as PDFs before uploading them so the formatting looks how you want it.

## Request your transcripts ASAP:

Especially with the holidays coming up, admissions and registrar offices get swamped at this time and close right when application season happens. It is important to request them ASAP to make sure it doesn't get lost in the holiday rush. Like LORs, most programs will let you submit your application before they receive your transcripts, but they will likely need it before offering you an interview!

**Double-check deadlines:** If you made a handy-dandy spreadsheet earlier, you should have all of your deadlines easily accessible for the programs in which you are interested. Make sure those deadlines are correct, and you are aware which time zones they are due (east vs. west coast). You don't want to miss out on a great opportunity due to a clerical error!

**Proofread, proofread, proofread!** Going along with the last point, make sure you read your LOIs for grammar, spelling, or the wrong name before sending it out. There are many free programs or web browsers that will "read aloud" PDFs back to you which can help identify mistakes that your tired brain may overlook when you proofread it yourself. Whenever possible, try to have friends, family members, or mentors proofread for you, as well.

**Take a breather:** After you submit your application,

there is nothing else to do but wait. It's easy to obsess over your applications and speculate on if you received an interview, but you'll drive yourself crazy when you should be focusing your energy on other things. Treat yourself to some rest and relaxation before interview season starts up - it can get hectic! Pro-tip: Check your spam folders, as interview invites can get lost in there if programs send it through an automated system.

Hopefully you find these tips helpful, but know that there are so many great resources online to give you more pointers on writing your letter of intent, interviewing, and presenting yourself in a positive light through a virtual platform. At the end of the day, residency applications are a stressful time for everyone, so it is important to treat yourself kindly. No matter what happens between applying and the Match, you should be proud of yourself and your accomplishments thus far!

## AmCA Fall Biannual Meeting Recap

After over a year and a half of completely virtual meetings, the Ambulatory Care Academy was delighted to host its first hybrid meeting on October 1st! We had an excellent turnout both in-person at the WSPA headquarters and online, with great engagement from both sides.

During our meeting, we had excellent presentations and discussions on:

- Practice Highlight of Kaiser Permanente Washington
- Clinical Pearls Sessions on migraines, hepatitis C, and specialty rheumatology services
- Break-Out Discussion about the path to ambulatory care pharmacy, social determinants of health, and billing and quality metrics

Thanks to everyone who attended, participated, and gave feedback about ways to continue to improve our meetings. As always, we strive to keep our meetings as helpful and applicable as possible for each one of you, and appreciate any and all feedback you have.

## WSPA Annual Meeting - AmCA Forum Recap

The Ambulatory Care Academy reunited in-person this year at Suncadia Resort in Cle Elum, Washington on October 29th and 30th. We were thrilled to see so many attend our session and participate in some terrific discussions. Some of the specific topics covered included:

- Resident billing guides for both PGY-1 and PGY2s
- Social determinants of health (SDOH) overview and resources
- Ambulatory care telehealth best practice research
- Leadership discussion and team dynamics/decision-making activity

There were many topics covered in just a short hour, and we appreciated everyone's engagement. It was wonderful to hear different discussions and perspectives in the decision-making process. We received lots of positive feedback on the team building exercise, networking, and SDOH resources. People also enjoyed having multiple speakers and the interactive forum. Other feedback was incorporating an overview of what AmCA involves and having more time for the session. We look forward to incorporating your feedback in future meetings. Thank you again to all who attended!