Implementing Contraceptive Prescribing in a Community Pharmacy

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Disclosures

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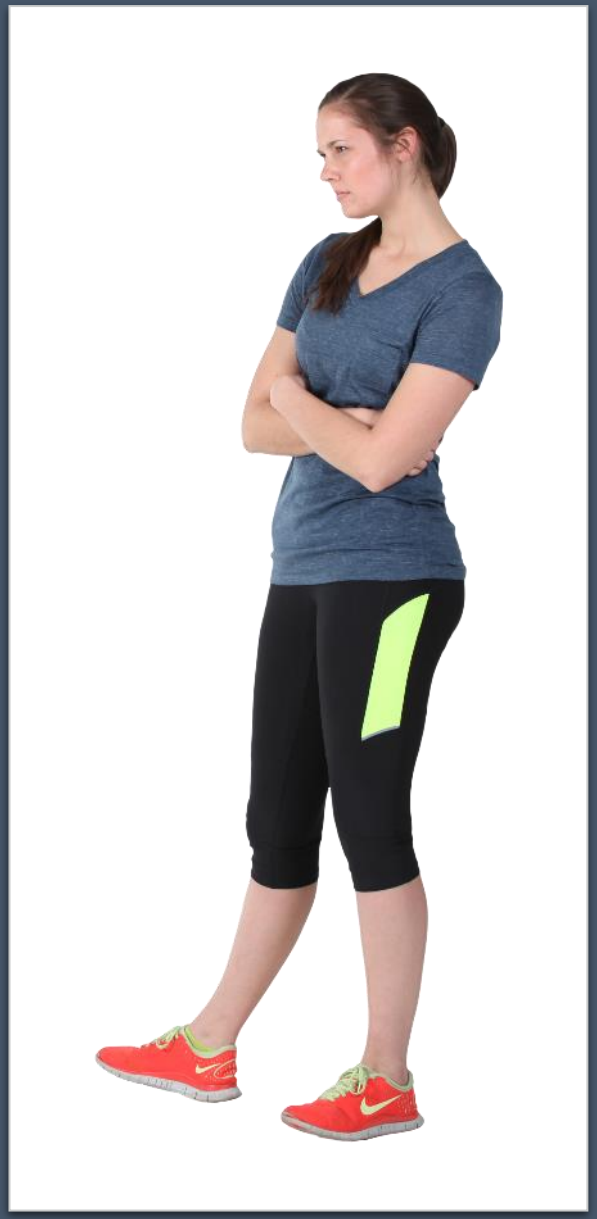

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A Story

- 26-year-old woman
- Comes to your pharmacy to buy emergency contraception (levonorgestrel) “just in case”
- Wants to vent to you. She is frustrated since she hasn’t taken her regular birth control for over 2 weeks.
- Has abstained from sexual intercourse since her birth control lapsed
- She hasn’t had a regular primary care provider since the pandemic started
- Last got her birth control through urgent care, but she cannot afford another $200 visit

Meanwhile behind her…

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How do we help?

Learning Objectives - Pharmacist

By the end of this presentation, you should be able to…

- Describe common barriers to implementing a contraceptive prescribing service in a community pharmacy
- Identify strategies to efficiently operate a clinical prescribing service within a community pharmacy setting
- Compare the roles of a pharmacist and pharmacy technician in a contraceptive prescribing service
- Locate and utilize resources to approach situations that may appear during a contraceptive consult

Learning Objectives – Pharmacy Technician

By the end of this presentation, you should be able to…

- Describe common barriers to implementing a contraceptive prescribing service in a community pharmacy
- Identify strategies to efficiently operate a clinical prescribing service within a community pharmacy setting
- Describe the ways a pharmacy technician can be involved in a contraceptive prescribing service
- Identify resources that should be made available to staff to help facilitate contraceptive prescribing

Background

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Presenter Background

- Grocery store pharmacy
- LGBT+ area of Seattle, WA
- Higher proportion of young adult patients
- No pharmacist shift overlap
- Other Services:
  - Travel Medicine
  - Naloxone
  - MTM, Med Sync
  - And more

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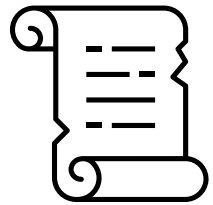
RPh Prescriptive Authority in WA



- WA state does not have state protocols or a state required training for contraceptives.

- Collaborative Practice Agreement (CPA, CDTA in WA)
  - A written protocol agreed upon **between a pharmacist and prescriber**, giving the pharmacist the ability to prescribe medications
  - The CDTA determines:
    - What training a pharmacist needs
    - Which patients are eligible for the service
    - What medications can be prescribed
    - Documentation and follow-up

Training

RPh may choose to be trained and offer the service.

- Our CDTA requires that we follow the company specified training and protocols
- Attended a company Q&A and case series

Staff Training

- All staff are educated about our service and technicians are encouraged to offer the service when a need arises.

Our Contraceptive Service

- Our service is one of many clinical prescribing services
- Both appointment and walk-in when need arises
- New start and continuation of therapy
- Service is cash pay, medication product is run through insurance
- For emergency contraception
  - Levonorgestrel (Plan B) is OTC
  - Ulipristal (Ella) is Rx and included on our protocol

Poll Question:

Who are you, and do you provide contraceptive prescribing services at your location?

a. Pharmacist or Intern – Yes
b. Pharmacist or Intern – No
c. Technician or Clerk – Yes
d. Technician or Clerk – No
e. None of the above apply to me

Barriers to implementing a prescribing service

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Back to the case…

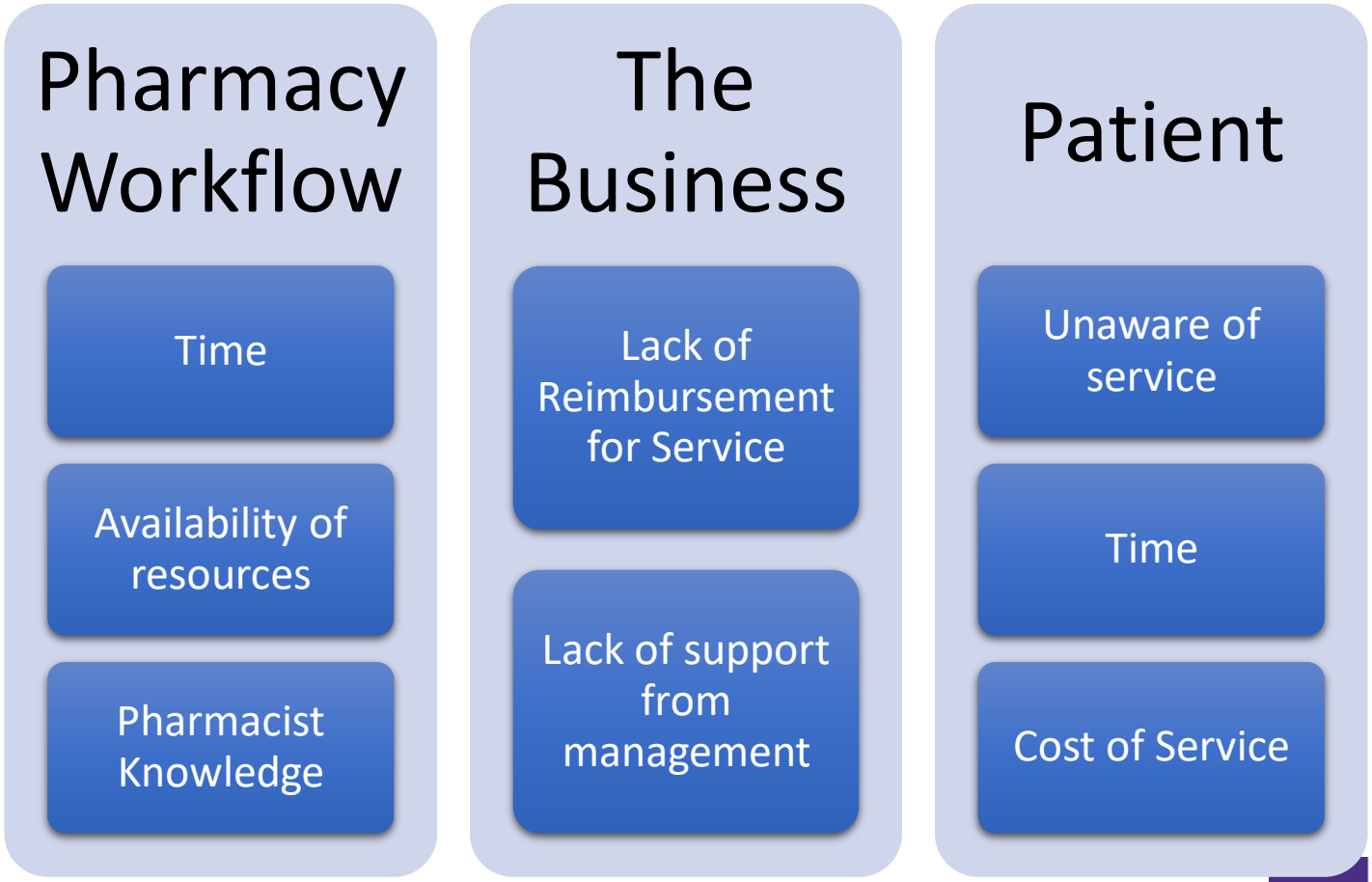
- As you look at the line forming behind the patient, what are some thoughts that you may have?

She got her emergency contraception; I need to move on to the next customer

We have a birth control service, but could she come back another time?

I know we have protocols, but I am not knowledgeable enough to give her good service efficiently

Common barriers to running a clinical service in community pharmacy



Biddle MA, Cleveland KK, O'Connor SK, et al. Assessing pharmacists' views and barriers to providing and billing for pharmacist-provided health care services. *Journal of Pharmacy Technology*. 2021:875512252110211. doi:10.1177/87551225211021187

Reyes LD, Hong J, Lin C, Hamper J, Kroon L. Community pharmacists' motivation and barriers to providing and billing patient care services. *Pharmacy*. 2020;8(3):145. doi:10.3390/pharmacy8030145

Despite barriers, there is positivity

- California study:
  - Looked at patient experiences visiting a pharmacist to be prescribed contraception
    - > 97% patients satisfied with the visit
    - > 96% patients reported likely to return
    - > 74% sought a method faster than waiting for a doctor appointment
    - > 46% stated location was more convenient

Rafie S, Wollum A, Grindlay K. Patient experiences with pharmacist prescribed hormonal contraception in California independent and chain pharmacies. *Journal of the American Pharmacists Association*. 2022;62(1):378-386. doi:10.1016/j.japh.2021.11.002

Running an efficient clinical service

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Let’s do it!

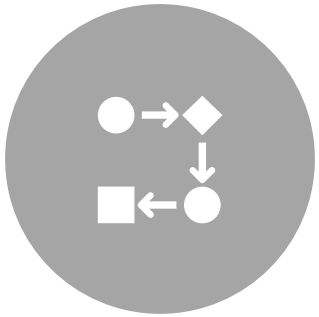
- You recognize the importance of getting her restarted on her hormonal contraception and tell her about your service

- She is thankful and would like to utilize the service.

- How can we fit this in for her?

Running a Clinical Service

PERSONNEL



WORKFLOW DESIGN

RESOURCES

The most important team member

Who is the most important team member in the pharmacy?

The most important team member

Pharmacy technician!!!

A highly trained and motivated technician changes everything!

- Techs can be the biggest advocate for the service and for the patient
- Techs can help identify eligible patients
- Techs can perform most of the tasks except the consultation and prescribing
- Techs can help manage your workflow during the consultation

But…

How many of you work in a setting where a patient comes up for a clinical service, talks to the person at the counter, and…

Ways to enhance a technician's utility

Train **all staff**

All staff should be aware of the service so there is consistency

Certain staff may be trained to "lead" or be "subject matter experts"

Have a consistent **ROUTINE** for all clinical services

Where is the intake paperwork and how should it be filled out?

How is a patient to be checked in?

How and when do we charge a patient for the service?

What are the expectations for the patient?

Do a **mock consultation** with all staff

Allows your staff to know the ins and outs and expectations

Applies to any other type of clinical service.

Mock Consultations with Staff

Lessons Learned:

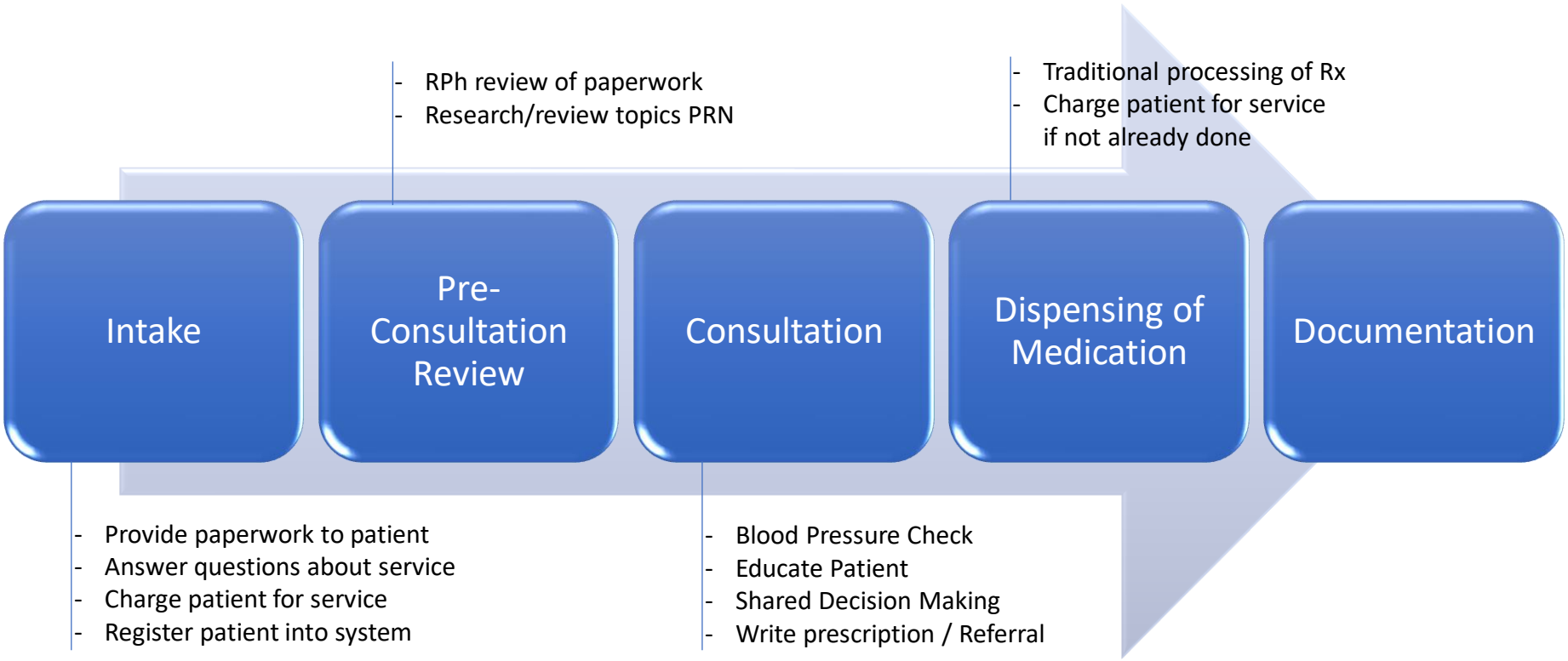
- Awesome project for pharmacy students
- Great method to troubleshoot your routine and find efficiencies in the process
- Encourage technicians to ask difficult questions or propose situations
- Technicians become much more knowledgeable about the service post-consultation
- Mock consultations can be used for any service within the pharmacy

Case continued

The patient would like to utilize the service but will come back later tonight when it is less busy. What tasks can be done before the patient leaves?

- Give patient intake paperwork to fill out
- Register patient into the system
- Give the patient a specific time to return
- Notify pharmacist of the upcoming consult

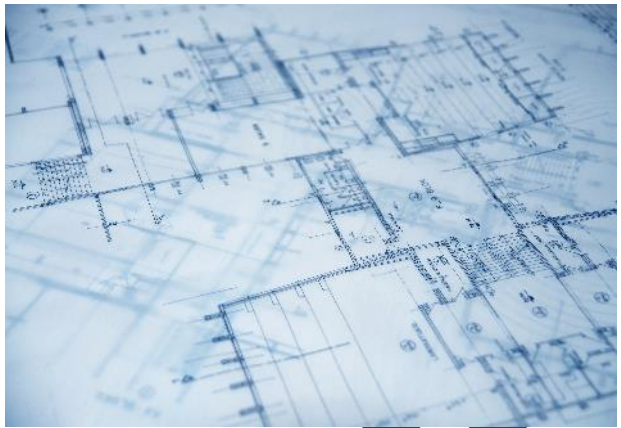
Workflow Design: The Service



Workflow Design: Utilize Technicians!

Which tasks can a technician complete?

- Technician does intake
  - Provides forms to patient
  - Charges patient for service (at intake or conclusion)
- Pharmacist reviews forms and performs consult
  - Blood pressure screen
  - Educate patient + come up with a shared decision
  - Write a prescription for the patient
- Technician fills the prescription
- Pharmacist check and consultation
- Document service



Consistent Routine

Most clinical services can follow a standard routine:

- Most intake and check out procedures are similar
- For appointments, how are appointments scheduled?
  - Online? In Person?
  - Is there a standardized appointment form?
  - Is there paperwork to be filled out and submitted ahead of time?
    - If so, how many days preparation should be set?
  - How do you determine an appropriate appointment time?
    - RPh Overlap
    - Slow times
- If a patient calls over the phone, how should staff respond?

Workflow Design: Intake

Considerations for Intake:

- Everyone should know the price and the approximate timing of the service

- While patient fills out paperwork, gives RPh time to complete other work and prepare for the service.

- If very busy, consider making an appointment or be upfront about the timing of the service.
  - If patient will come back later, consider having them fill out the form or provide some info before they leave
    - Is it a continuation of therapy?
    - New start with certain concerns?

Case continued

Later in the evening…

The technician now lets you know that the patient is here for their consultation. They hand you the paperwork.

- Which resources would be helpful to have on hand to work up the case?
- How should the technician help in the consultation process?

Build Your Toolkit

- Keep a contraception binder with everything you need so you do not have to spend time looking up information

- How can you enhance the toolkit beyond the basics?

Tip: Pre-Print all Forms and Documents

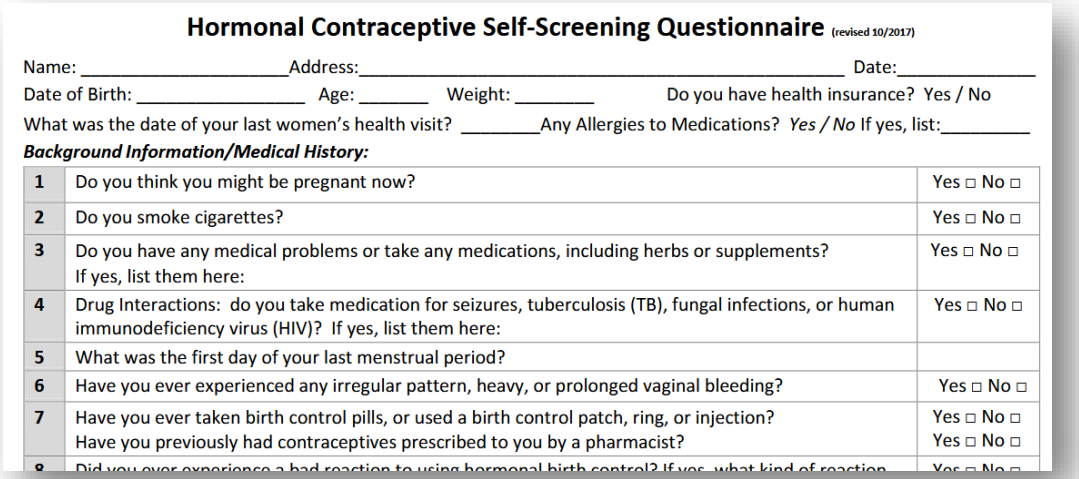
Put together packets:

- Intake/Visit Forms
- HIPAA/Privacy Forms
- Prescription Form
- Visit Summary Forms
  - For patient and to send to provider

- Educational Materials
  - Types of Birth Control + Effectiveness
  - Counseling points for prescribed birth control
    - COC, POP, Vaginal Ring, Patch, etc.
  - Education for when the service cannot be provided
    - Blood Pressure Education, Pregnancy

Tip: Algorithms and Intake Form Keys

Ensure you have an algorithm or key to follow-up with any of the responses to the Self-Screening Questionnaire



Hormonal Contraceptive Self-Screening Questionnaire (revised 10/2017)

Name: _____Address:_____ Date:_____

Date of Birth: _____ Age: _____ Weight: _____ Do you have health insurance? Yes / No

What was the date of your last women's health visit? _____Any Allergies to Medications? *Yes / No* If yes, list:_____

Background Information/Medical History:

1	Do you think you might be pregnant now?	Yes □ No □
2	Do you smoke cigarettes?	Yes □ No □
3	Do you have any medical problems or take any medications, including herbs or supplements? If yes, list them here:	Yes □ No □
4	Drug Interactions: do you take medication for seizures, tuberculosis (TB), fungal infections, or human immunodeficiency virus (HIV)? If yes, list them here:	Yes □ No □
5	What was the first day of your last menstrual period?	
6	Have you ever experienced any irregular pattern, heavy, or prolonged vaginal bleeding?	Yes □ No □
7	Have you ever taken birth control pills, or used a birth control patch, ring, or injection? Have you previously had contraceptives prescribed to you by a pharmacist?	Yes □ No □ Yes □ No □
8	Did you ever experience a bad reaction to using hormonal birth control? If yes, what kind of reaction	Yes □ No □

Oregon has an example key linking the responses to the CDC Medical Eligibility Chart

Tip: Algorithms and Intake Form Keys

Example Key from Oregon Contraceptive Protocols:

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

Updated July 2017. This summary sheet only contains a subset of the recommendations from the USMEC. It is color coded in the left column to match the corresponding question of the Oregon Self-Screening Risk Assessment Questionnaire.

For complete guidance, see: http://www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm

Key:	
1	No restriction (method can be used)
2	Advantages generally outweigh theoretical or proven risks
3	Theoretical or proven risks usually outweigh the advantages
4	Unacceptable health risk (method not to be used)

Note: Most contraceptive methods do not protect against sexually transmitted diseases (STDs). Consistent and correct use of the male latex condom reduces the risk of STDs and HIV.

Corresponding the Oregon Self-Screening Risk Assessment Questionnaire:

Condition	Sub-condition	Combined pill, patch (CHC)		Progestin-only Pill (POP)		DMPA (Inj)		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	Initiating	Continuing	
a. Age		Menarche to <40=1		Menarche to <18=1		Menarche to <18=2		Yes
		≥40=2		18-45=1		18-45=1		Yes
				>45=1		>45=2		Yes
b. Smoking	a) Age < 35	2		1		1		Yes
	b) Age ≥ 35, < 15 cigarettes/day	3		1		1		Yes
	c) Age ≥ 35, ≥15 cigarettes/day	4		1		1		Yes
c. Pregnancy	(Not Eligible for contraception)	NA*		NA*		NA		NA*
d. Vaginal Bleeding	Unexplained or worrisome vaginal bleeding	2		2		3		Yes
e. Postpartum	a) < 21 days	4		1		1		Yes
	b) 21 days to 42 days:							
	(i) with other risk factors for VTE	3*		1		1		Yes

https://www.oregon.gov/pharmacy/Documents/MECCorrespondingToORQuestionnaire1.18.pdf

Tip: Algorithms and Intake Form Keys

trc pharmacist's letter ™ trc prescriber's letter ™ trc pharmacy technician's letter ™

October 2022 ~ Resource #381027

Choosing a Contraceptive

The FAQ below answers some common questions about patient-specific considerations to help choose a contraceptive, including continuous- and extended-cycle options and emergency contraception. The chart that follows includes common contraceptive-related patient complaints and management considerations. See our resource *Comparison of Oral Contraceptives and Non-Oral Alternatives* (US subscribers; Canadian subscribers) for available contraceptive options.

Contraceptive definitions used within the FAQ and chart below include:

- CHC = combined hormonal contraceptive = oral pills with estrogen plus a progestin, vaginal rings, transdermal patch
- COC = combined oral contraceptive = oral pills with estrogen plus a progestin
- DMPA = depot medroxyprogesterone acetate injection
- EC = emergency contraception
- IUD = intrauterine device (Canada: IUD refers to copper IUD; IUS [intrauterine system] refers to levonorgestrel-releasing IUDs)
- POP = progestin-only pill
- Progestin-only options = depot medroxyprogesterone acetate, levonorgestrel-releasing IUD (LNG-IUD), etonogestrel implant, progestin-only pill
- Nonhormonal options = copper IUD, barrier methods (e.g., condoms), behavioral methods (e.g., fertility awareness-based methods, withdrawal)

Question	Answer/Pertinent Information
Choosing a Contraceptive	

Pharmacist's Letter. Choosing a Contraceptive. Pharmacist's Letter. Oct 2022, https://pharmacist.therapeuticresearch.com/Content/Segments/PRL/2015/Oct/Choosing-a-Contraceptive-8934

Tip: List of Stocked Contraceptives

Keep a list of contraceptives that your location stocks!

- Color code for easy comparison
- Sort by Estrogen/Progestin components and their dose

- List products that you do NOT carry and how patients may obtain them
  - Example: IUD, Injection

Tip: List of Stocked Contraceptives

Combined Oral Contraceptives (COC)				
	1st Gen ↑*Acne, ↑Breakthrough Bleed*	2nd Gen ↑↑*Acne, Wt, Dyslipidemia* ↓*Breakthrough Bleed*	3rd Gen ↑*VTE* ↓*Androgenic (Less acne, hirsutism, oily skin)*	Spi ↓*Andr*
Monophasic				
EE 20 mcg	EE 20 mcg / Norethindrone 1 mg	EE 20 mcg / Levonorgestrel 0.1 mg		
EE 30 mcg	EE 30 mcg / Norethindrone 1.5 mg	EE 30 mcg / Levonorgestrel 0.15 mg EE 30 mcg / Norgestrel 0.3 mg	EE 30 mcg / Desogestrel 0.15 mg	EE
EE 35 mcg	EE 35 mcg / Norethindrone 0.5 mg EE 35 mcg / Norethindrone 1 mg EE 35 mcg / Ethynodiol DA 1 mg		EE 35 mcg / Norgestimate 0.25 mg	
EE 50 mcg	EE 50 mcg / Ethynodiol DA 1 mg			
Multiphasic				
EE 25 mcg			EE 25 mcg / Norgestimate 0.18/0.215/0.25 mg	
EE 35 mcg	EE 35 mcg / Norethindrone 0.5/0.75/1.0 mg		EE 35 mcg / Norgestimate 0.18/0.215/0.25 mg	
Extended Cycle				
EE 10 mcg	EE 10 mcg x 26d / Norethindrone 1 mg x 24d			
EE 20 mcg	EE 20 mcg x 24d / Norethindrone 1 mg x 24d	EE 20 mcg x 84d, EE 10 mcg x 7d / Levonorgestrel 0.1 mg x 84d		EE 20 mc

Common Monophasics

EE 20
Start here!
EE 20 / Norethindrone 1
( )

EE 20 / Levonorgestrel 0.1
( )

EE 30
EE 30 / Norethindrone 1.5
( )

EE 30 / Levonorgestrel 0.15
( )

EE 30 / Norgestrel 0.3
( )

EE 30 / Desogestrel 0.15
( )

EE 30 / Drospirenone 3
( )

EE 35
EE 35 / Ethynodiol DA 1
( )

EE 35 / Norgestimate 0.25
( )

EE 35 / Norethindrone 1
( )

EE 50
EE 50 / Ethynodiol DA 1
( )

Tip: Billing References

Do you have barcodes for your cash pay clinical services?

If you bill insurance for the service, is there a step-by-step guide for the staff to follow?

Does your pharmacy bill insurance for OTC contraceptives?

- Create a billing guide
- Identify NDCs that are covered under common insurance plans and stock them!
- Consider having coupons available

Tip: Responding to a situation where the patient may be unsafe

Are your staff trained to recognize and assist a sexual assault or domestic abuse survivor?

National Resources:

National Sexual Assault Hotline: 1-800-656-HOPE (4673)

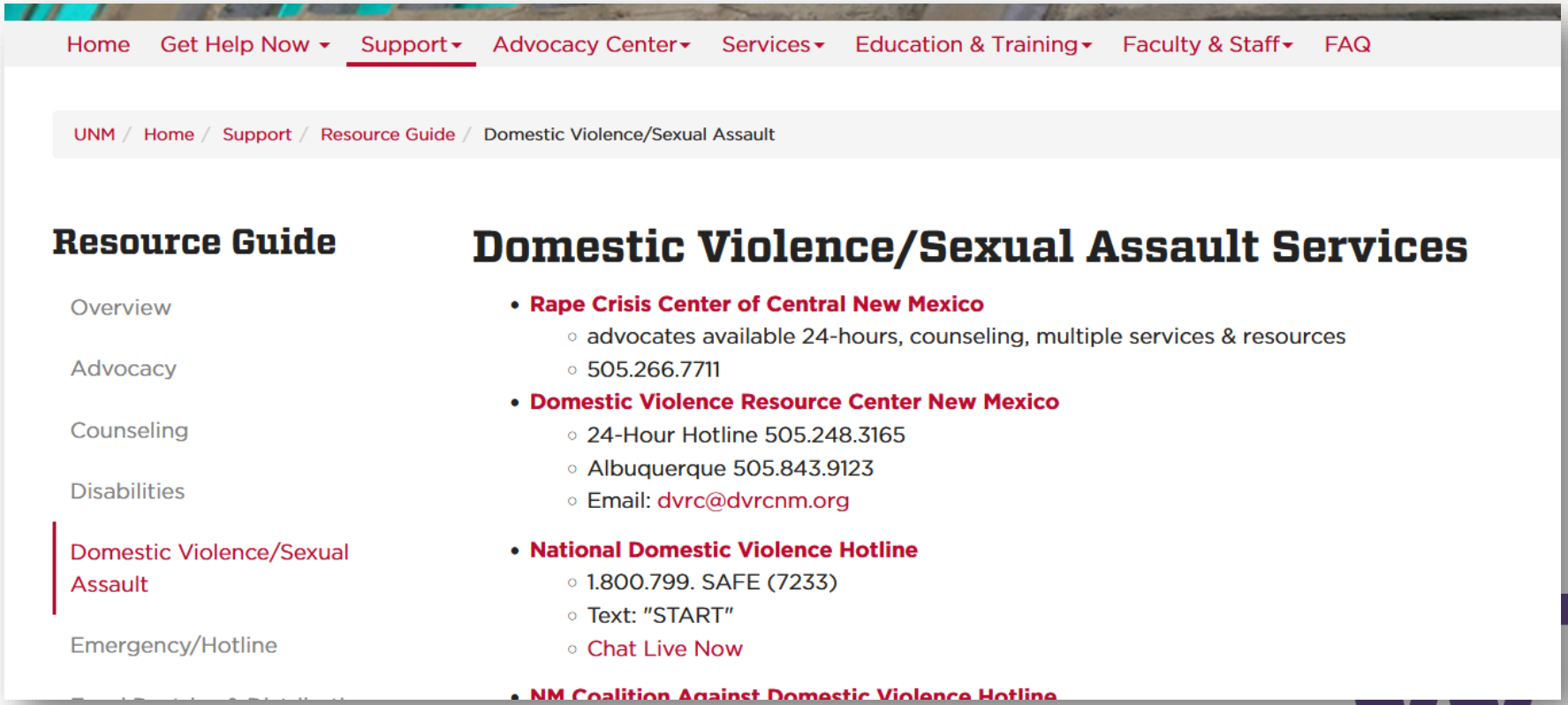
National Domestic Violence Hotline: 1-800-799-SAFE (7233)

Where can a patient find a SANE (Sexual Assault Nurse Examiner) program?

Tip: Responding to a situation where the patient may be unsafe

UNM Resources:

https://loborespect.unm.edu/support/resource-guide1/domestic-violencesexual-assault.html



Tip: Where are your referral locations?

Ideally refer a patient to their PCP, but if they don't have one or are unable to schedule a visit:

- Where are your closest:
  - Urgent Care Clinics
    - Consider: If a patient is looking for IUD or other long acting reversible contraception (LARC), do these clinics do this service?
  - Community Health Centers (State/Federal Funded Clinics)
  - Family Planning Clinic

Techs: Where or how would you refer your patient if your regular RPh is not there and you have a float RPh?

Tip: Do others refer patients to you?

If you have close relationships with nearby clinics or businesses, they may refer patients to you

- Get to know your local businesses and community
  - Make sure they have your location's contact information and information about eligibility criteria for the service

Tip: Step by Step Guide

Put together a 1 page or 1 card guide

Consider these sections:

- Eligibility: Who is eligible for the service?
  - Referrals: If not eligible or your RPh is not present, where can we refer the patient?
- Paperwork: What paperwork is needed?
- Procedure
- Cost and Limitations
  - Prescribing Exclusions?
  - Cash Pay/Insurance?
  - How to bill for service

Other Tips

- Practice makes perfect
  - Each consultation will go smoother than the previous
- Quality care is important
  - Don’t rush the consultation. Proper education will ensure the patient knows the key points of using contraception and will increase the likelihood they will recommend your service or come back.
  - If you can’t ensure a quality consultation, utilize your resources to refer appropriately

Summary: Your Homework

1. Does your pharmacy follow a standard procedure for all clinical services?
2. Are **all** of your staff familiar with the procedures?
    1. How can you maximize ancillary personnel in the delivery of your service?
3. Build your contraceptive toolkit
    1. What type of items and forms should you add to your toolkit to add efficiency or value to your service?
    2. What items can go into a packet to prepare ahead of time for each patient visit?

Assessment Question #1

Which of these is NOT considered a common barrier to implementing contraceptive services in the community pharmacy setting?

a. Pharmacy busy schedule and lack of time
b. Patients are unaware of the service
c. Patients do not trust pharmacists prescribing contraception
d. Lack of third-party payment for clinical service
e. Pharmacist is not confident with knowledge

Assessment Question #2

Who in the pharmacy should be trained on the steps of the contraceptive service?

a. Only pharmacists should be familiar with the service to ensure it is completed correctly
b. One lead technician per pharmacy should be trained on the service
c. Only interested staff members should be trained on the service
d. All pharmacy staff members should be trained on the service

Assessment Question #3

Which of these contacts should be available to the pharmacy to help facilitate a referral if a patient does not have a primary care provider?

a. Local family planning clinics
b. Other pharmacies that may offer contraceptive services
c. 1-800-656-HOPE when suspecting sexual assault
d. Nearby community health centers
e. All of the above

Assessment Question #4

Which of these is a benefit of performing a mock contraceptive consultation with staff?

a. A mock consultation would allow a pharmacy student to become certified to provide the service alone
b. This would help determine which technicians are suited to participate in or exclude from the service
c. Only pharmacists would benefit from a mock consultation
d. The consultation can help identify areas to make the service efficient
e. Technicians can help make contraceptive recommendations for patients when the pharmacist is busy

Questions?