

## ASPR TRACIE Webinar Transcript Healthcare Operations During the COVID-19 Pandemic Speaker Series- Dr. Alfred L'Altrelli, UPMC Presbyterian

October 2020

**PowerPoint Presentation:** <https://files.asprtracie.hhs.gov/documents/aspr-tracie-healthcare-operations-during-covid-19-webinar-series-laltrelli.pdf>

**Recording:** <https://attendee.gotowebinar.com/recording/1611210455958634760>

0:03

Welcome to the ASPR TRACIE Speaker Series, Healthcare Operations During the COVID-19 Pandemic.

0:09

This collection of brief presentations highlights emerging practices among healthcare facilities across the country facing operational, logistical, and clinical adjustments due to the surge of COVID-19 patients.

0:21

For background on this issue, please watch the introduction to this series by Dr. John Hick, linked, along with the other speaker's presentations on the first slide of this presentation.

0:33

In this video we will hear from Dr. Alfred L'Altrelli, Administrative Director of Pharmacy at UPMC Presbyterian discussing his experience with pharmacy needs and COVID-19. Dr. L'Altrelli.

0:48

Thank you very much for the introduction and for having me.

0:52

I wanted to start just by sharing a little bit about the pharmacist's role over time. Historically, a pharmacist's role in healthcare really centered around dispensing medications after receiving a prescription and performing the final check to ensure that it's built correctly

1:09

and then providing any associated medication information to the patient.

1:13

This was really a product-focused role.

1:16

Today, the focus of the role of pharmacists is really that of the care provider, So today pharmacists are committed to patient centered care, ensuring high quality use of medications that really encompass effectiveness, safety, and the overall patient experience.

1:32

So, I think it's important to remember that the pharmacist's role today is well beyond just the product dispensing activity.

1:38

Next slide please.

1:43

So, in the community setting, what we have found are that pharmacists can really help clarify misconceptions

1:52

during this time of COVID. Pharmacist's rank among the most trusted professionals in America. Pharmacists are typically known to be natural and comforting sources of information and treatment for minor ailments.

2:07

Pharmacists are also highly accessible to the public, especially the community pharmacists.

2:13

There is data out there that more than 90% of the US population lives within five miles of a community pharmacy.

2:20

So, during the COVID pandemic, pharmacists are really well positioned to educate patients and the public on effective strategies to prevent contraction and spread of infection.

2:32

So, this includes things such as sharing facts around hand hygiene practices, the value of masking and social distancing, as well as facts about medication therapy that may have poor evidence or no evidential basis at all to prevent patients from harming themselves.

2:52

There have been some reports of Motrin or ibuprofen that can worsen symptoms of COVID

2:59

by prolonging illness or further causing respiratory complications.

3:06

It's important to note that that information wasn't evidence-based, and it hasn't been endorsed by any national guidelines.

3:15

So, whenever you have public that are worried, if I have a headache or I have an ache, and I normally would take this. Now, I saw something somewhere that it could be of detriment to my health. What do I do?

3:27

A pharmacist really can step in and help guide them to more factual decision making.

3:34

Clarifying misconceptions also really include helping patients understand the difference between certain respiratory symptoms and when the need for quarantining or sticking out further care might be necessary.

3:47

So, distinguishing basically the differences between COVID or allergies, or other types of ailments, pharmacists are also well-positioned to really share those true sources or best resources

3:59

for COVID information, such as local health department websites, the CDC, and hospital websites. That way people in the community can really go to resources that we can rely on that are, again, a little bit more vetted and evidence-based.

4:22

So minor ailments are something that pharmacists can address.

4:25

These are ailments such as cold sores, dermatitis, oral thrush, heartburn, bugs bites, different types of skin infections,

4:36

hemorrhoids, even different sprains and strains.

4:42

Maybe a more detailed example of a minor ailment consultation would be a pharmacist using their professional judgement to determine that they can and should treat a patient's allergies with an oral antihistamine.

4:56

So, they can assess their signs and symptoms, their past medical history, help select a therapy, review the dosing and administration with the patient, and then provide that medication.

5:06

Something that can be done in the community setting directly with the pharmacist instead of adding additional burden to the healthcare system in hospitals and in doctors' offices.

Pharmacists are also trained to ensure that medications are used properly throughout chronic medication management.

5:27

So, many pharmacists perform comprehensive medication management activities for common diseases, such as high blood pressure, diabetes, and asthma.

5:39

And here, pharmacists can provide individualized evaluation through the provision of their chronic medication management by adjusting medications in partnership with physicians and following up with patients until their treatment goals are reached.

5:53

So, this really allows pharmacists to be that extender

5:56

where they're seeing the physician, they're getting that diagnosis, and now they're just working to meet a treatment goal. And it really doesn't require another entry into the hospital or a physician's office. Again, helping reduce the burden on other healthcare providers.

6:15

Point of care testing for flu, strep, or other infections are something that have been gaining more traction in the community setting at pharmacies.

6:25

And with COVID testing, it has really been something of a more recent increased focus.

6:34

We definitely think that there'll be more opportunities for these, especially as testing becomes more widely available. Community pharmacies would be a good place to allow better access to it.

6:47

Also, pharmacists on the frontline of immunization efforts.

6:52

They can administer vaccines in all 50 states in the country.

6:56

Regulations regarding who can actually prescribe the vaccine to then be administered do vary, along with the different patient ages, that pharmacists can provide the vaccination to as well as the type of vaccine.

7:09

But we do see that as something that's more ubiquitous across the country.

7:15

We typically see flu clinics provided by pharmacists routinely in the community.

7:21

And we are anticipating a similar showing when the COVID vaccine is available.

7:25

And then a lot of areas we're preparing for what that might look like as it starts to spread out into our community pharmacy-type of setting so that we can be more frontline in the prevention efforts.

7:41

Next slide, please.

7:42

As we turn to the hospital settings, pharmacists can really serve to mitigate shortages.

7:49

Hospitals have been known for doing this for quite a while.

7:53

We all know that drug shortages lead to serious consequences, especially when it comes to patient safety and outcome.

8:01

Again, shortages aren't new to pharmacies.

8:04

In fact, most pharmacies are juggling multiple shortages right now at any given time.

8:10

It's definitely worth noting that when replacing a medication in a health system or on an institutional formulary where you're taking one medication that's built into the system and using another non-formulary alternative, it involves a lot of additional work, creating new computerized, physician order entry bills, familiarizing physicians within new medications, as well as making sure that pharmacists and nurses are aware of how to prepare the medication and administer it.

8:42

This exposes us to a higher risk of error that is further elevated with more healthcare providers having a routine practice that is modified rapidly and frequently.

8:52

There's all of these changes occurring and it's really hard to make sure that we're on top of everything.

8:57

So, engaging the right people where they can help is definitely beneficial, and pharmacists can do just that. Help connect everyone to make sure that we're reducing these types of potential errors.

9:09

Here, we've had a lot of a focus on medication safety and practices whenever we're doing these different builds and we're changing these strategies. And I know it's something that our medical staff have been very appreciative of.

9:24

Pharmacists can also help evaluate the supply chain.

9:28

So, on hand inventory, looking at alternative medications to really stratify different patient populations into

9:39

so that when the primary medication is short or unavailable, we can figure out who that primary medication was reserved for

9:48

and which patients in the different stratifications could more appropriately get that alternative.

9:54

So, really trying to help conserve medications for those who most need them.

10:00

It's something that we've seen a lot of benefit to working with our physician leadership with.

10:06

So, while the treatment protocol development and validation is a role in shortage mitigation, there's many different therapeutic classes that may be affected by the pandemic that lead to a need to evaluate prescribing practices, monitor compliance within institutional protocols and so on.

10:26

Pharmacists can do these comparisons. Pharmacists really like digging into the data and into the detail to do an assessment and provide what we call medication use evaluation.

10:38

But a larger review and discussion that can really help guide prescribing.

10:44

What we've found is this is really the time to practice evidence-based medicine, not work around it.

10:50

So, allowing pharmacists to participate in some of that additional assessment and review is quite helpful.

10:59

That brings us to literature evaluation.

11:01

We're actively living in a time where we haven't encountered this degree of uncertainty in our lifetime.

11:08

We're living through a situation where the traditional infrastructure that we are used to and rely on, isn't really in place to guide us.

11:15

For example, there's no specific treatments approved by the FDA. So, all therapies are really still being studied.

11:23

Short-term solutions to meet our immediate patient care needs have focused on off label use of existing medications.

11:31

So, an example with the compassionate use basis for remdesivir

11:37

and quantifying any real, actual reduction in time to clinical improvement and identifying which patient type

11:46

and the level of severity of symptoms is one thing that comes to mind that we help sort of do the review for and follow up for here.

11:57

It's really extremely important to keep on top of the current evidence to ensure that we have safe and effective medication use.

12:05

Treatment guidelines are updated frequently, published data becomes available daily.

12:10

It's a lot for anyone to keep on top of, and it's something that pharmacists know about it and something that they like

12:16

and they are well-positioned to do that. Antimicrobial stewardships are approaches to guiding and promoting, overseeing the use of antimicrobials to ensure safety and efficacy while minimizing the emergence of antimicrobial resistance and drug resistant infections. So, it's interesting that as soon as somebody is sick, they immediately think, "oh, I got to get to the physician and get an antibiotic or a pill that takes care of everything."

12:41

Well, we've been fighting this battle through typical viruses,, as you know, before COVID.

12:47

And hopefully, people know that antibiotics shouldn't be prescribed for viral infections, and we don't have an antiviral treatment for COVID-19. So, there's really no magic pill to cure it. We're also in a very different place right now.

13:00

Some patients will, however, develop secondary bacterial infections and will require antimicrobial therapy.

13:06

So, while this may be an infrequent incurrence and relies on that clear differentiation between a viral and bacterial infection, there may be a need to use appropriate antibiotics as a beneficial therapeutic decision to treat a secondary infection.

13:22

So, we have infectious disease pharmacist's, antimicrobial stewardship pharmacist in hospitals throughout the country, here too at UPMC,

13:31

that really help guide therapy to target the likely bacterial pathogen with a narrow spectrum agent for the shortest duration.

13:39

So, physicians can really rely on these types of expertise

13:44

to make sure that, in the context of COVID, these secondary infections are treated

13:49

with the highest degree of efficacy. Through pharmacist rounding with the medical teams on all of our different floors and units,

13:58

there's a daily opportunity for pharmacists to review patients to see if there is a need to continue antimicrobials or if they can really focus on that duration review and start de-escalating patients who don't need antimicrobials as well.

14:18

Just to conclude with this slide, pharmacists really are medication experts. We're all well-educated, we obtain a Doctor of Pharmacy as the required minimum degree.

14:29

Many of us train in post-doctorate bedding, completed residency and fellowships, as well as get additional certifications and even secondary degrees.

14:36

So, really, there is a great opportunity if people remember to engage pharmacists anywhere in the medication management process.

14:45

Next slide, please.

14:47

So, finally, looking at the pharmacist's specific role in emergency preparedness. Having a team of pharmacists ready to respond to the PERT team or pharmacy emergency response team, really allows you to have that go-to group of people or core team that are trained and ready to respond when needed.

15:06

It's something that we've had in place for nearly half a decade here and is something that we've grown accustomed to whenever we need to basically respond and do pop-up vaccination tents as part of the drill

15:20

that would be coming to support any type of COVID vaccination effort that we might want to do, and say for our parking lot that people are coming to work.

15:30

That's something that the team participated in.

15:32

Also, establishing a clear pharmacy chain of command, and having pharmacy leadership included in that larger hospital plan

15:40

is critical. Having expectations clearly laid out and even having a pharmacy-based command center is helpful in ensuring that the pharmacy response is connected to larger responses.

15:54

A lot of times what we see are pharmacies might be forgotten, or the pharmacy structure isn't the same in an emergency responses

16:05

as it is in the normal day-to-day, and that can lead to different variations where it's not as coordinated, so, definitely taking some time to think through that chain of command approach is worth it.

16:19

Pharmacy can also best directly communicate pharmacy's needs and capabilities with hospital leadership.

16:26

You know it might seem silly to say that, but what I've seen many times is that this talk isn't always prevalent. Here, I'm quite fortunate because it is, but in a lot of other places, whenever I talk to colleagues across the country, pharmacy isn't part of their hospital incident command center.

16:46

I've found that this really facilitates direct, timely, and accurate information sharing.

16:52

So, it's really critical to remember to have pharmacy at the table in some way, especially during planning and during the response.

17:01

So, with that, I think I'll turn it back to you for questions.

17:08

Thank you so much. I do just have a couple, This is really a truly wonderful overview of the pharmacist's role. What I'd love to know is: what is the biggest barrier to pharmacists becoming more involved in responses?

17:26

Thank you.

17:27

So, I think it varies in different places. Really, some places, pharmacists don't know what they're capable of.

17:35

So as leaders, encouraging them to see what's going on globally and in the pharmacist's role globally, really does help them engage and have more of a connection to what they could be doing.

17:49

A lot of times, certain things don't have the same reimbursement level, if a pharmacist participates in any reimbursement at all.

17:59

So, I know that at times, there are business decisions that kind of get in the way of expanding what pharmacists can do. Other times, too, I think a lot of times, pharmacists are a little bit overlooked

18:13

and just need somebody to reach out and really say, "Hey guys, we would love to have you at the table. What can you contribute?" and turn them loose.

18:23

That's great advice. So, lead, right, just lead? So, is there any advice, then, on where to start in forming a pharmacy emergency response team? So, you talked a little bit about a pharmacist individual role, but maybe as a facility or as an organization, how would you establish that pharmacy emergency response team? I think you referred to it as a PERT.

18:49

Yes, thank you.

18:51

So, UPMC is a quite large system so we have a lot of different hospitals

18:56

and we're fortunate to have a lot of different pharmacist experts throughout the system.

19:01

From neonates, psychiatry, to transplant to different types of infectious disease and trauma, and so on and so forth.

19:10

So, really trying to identify all of the different areas that could need someone to participate

19:17

in a response, and kind of mapping them to the people that you have available.

19:22

You know, sometimes you might not have somebody in a dedicated role, especially if you're a smaller hospital.

19:26

Having that person who is kind of an expert allows you to help build that team.

19:32

Of course, the team needs the leader or a pharmacy kind of commander

19:37

that can form the team and create that framework.

19:40

There's a lot of different resources online. I would encourage people to go there and look through it.

19:46

We're always happy to share what we've learned here.

19:49



We have a pretty robust plan for our Pharmacy Emergency Response Team. But really figuring out what members you need to serve the patients in the way that you might need to serve them in an emergency situation is really the first thing. And, as we sat down and we looked through that, it was really amazing to see all of the people that wanted to participate and couldn't understand why we didn't have one of these teams

20:16

decades ago.

20:20

**Great.**

20:21

Thank you very much for speaking with us today. That concludes today's presentation. Please feel free to reach out to ASPR TRACIE with any questions for any of our speakers in this series.