Anticoagulation Services

March 2014

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Ambulatory Care Specialist
Background

- Arch Health Partners
  - Palomar Health’s medical group
  - Care management nurse operated x 10 years
  - Pharmacy assumes in April 2012

<table>
<thead>
<tr>
<th>April 2012</th>
<th>October 2013-March 2014</th>
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<tbody>
<tr>
<td>350 patients</td>
<td>Growing toward 700+ patients</td>
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<td>4 hours/day (M-F)</td>
<td>8 hours/day (M-F)</td>
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<tr>
<td>0.5 FTE pharmacist</td>
<td>1 FTE pharmacist</td>
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<tr>
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<td>1 FTE technician</td>
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Model

• Staffing
  – Pharmacists
    • Shared from inpatient staff
  – Technicians
    • Missing patients
    • Patient management and customer service
  – Students role TBD

• Patient care
  – INRs by laboratory draws
  – Letter sent to patient for in-range and stable results
  – All other results - Telephone-based management by pharmacist
Changes Implemented

- Added technicians
- Letters to replace some calls
- Additional quality measures
- Re-write of procedure
- Novel oral anticoagulants
  - One-time review and intervention
Student Involvement

• Major barrier in Anticoagulation Service
  – Space allocation - March 2014

• Department level
  – Student and resident expansion for next year
Question

Addition of students to a service should occur:

A. At the beginning of program growth so student experiences unique opportunity.
B. After a period of stabilization so student assists with program enrichment.
C. After completion of program growth and stabilization.
D. There is never a perfect time. A preceptor needs to dive in at some point and frame the experience to be educational.