

# C.A.R.E.S. Pharmacy Network Newsletter

Issue 7



Lillian Pharmacy Staff (left to right): left to right: Casey Mims- technician, Stormi Stallings-technician, Stacy Davis- RPh & owner, Steve Love-RPh, Carrie Ray- Pharm.D., Rose Miller-technician, Mindy Nobles- Certified technician



Please visit the  
C.A.R.E.S. Pharmacy  
Network webpage at:  
[https://  
alpharmacycares.org/](https://alpharmacycares.org/)

Editor: Tessa Hastings, MS  
tjh0043@auburn.edu

I hope everyone is enjoying the fall season and the cooler weather. As I reflected on the 2018 year, one thing that I am proud of is the expansion of the C.A.R.E.S. network. I would like to thank everyone of you for making the difference in the lives of our patients and Alabamians.

Since the launch of the Basics of Medicare 1-hour CE article, we have had 103 individuals complete this program. Please help us reach the goal of 150 individuals. If you know of any pharmacists and technicians who might be interested in learning more about Medicare, let them know about this program and/or refer them to us. We are also in the process of getting the 3rd 1-hour CE article about community resources that can be used to help Medicare beneficiaries. Stay tuned on that!

In this issue, I would also like to highlight our featured member, Dr. Carrie Ray of Lillian Pharmacy in Lillian, AL and Ms. Nicole Stroud from Lee-Russell Council of Governments. These are outstanding individuals who help reduce medical costs for their patients!

As I was writing this piece, it's during the Medicare Open Enrollment period now. Kudos to all of you who helped your patients select the best plan for their needs. Like you, we partner with the State Health Insurance and Assistance Program (SHIP) to help Medicare beneficiaries select Medicare Part D plans in various community settings. This is the 6th consecutive year for this initiative and I am very proud of our student pharmacists who volunteered to serve as SHIP counselors. As you know, the skills and knowledge they learned through working with actual Medicare population will prepare them to help their patients when they become pharmacists.

Please allow me to highlight some changes in Medicare Part D that will positively affect your patients. First,

the Part D coverage gap for brand name drugs will close in 2019, earlier than the proposed plan in 2020. The beneficiary coinsurance is reduced to 25%. To make up for the reduction in the beneficiary's responsibility, the pharmaceutical manufacturer's discount will increase to 70% and the Part D plan's discount will be 5%. The 2019 generic drug donut hole discount has not changed; beneficiaries will pay 37% of the generic drug cost. Second, during January through March of 2019, individuals enrolled in a Medicare Advantage (MA) plan can make a one-time election to another MA plan or return to original Medicare and a stand-alone Medicare Part D plan. However, this enrollment period does not allow for Part D changes for individuals enrolled in Original Medicare.

Once again, we thank you for your continued participation in our growing network.



Salisa Westrick, PhD  
Sterling Professor  
Health Outcomes  
Research and Policy

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## Opioid Abuse and Polypharmacy

Yi Zhao, MS, PhD Student

Opioid misuse and abuse continues to be a problem in the United States. As the state of Alabama has the highest opioid prescribing rate in the nation, it's critically important for us to stay up-to-date on the current situation. The most recent reports from the Centers for Disease Control and Prevention (CDC) indicate that 78 people die per day due to opioid overdose in the United States and more than 50% of them involve a prescription opioid medication [1]. From 1999 to 2008, the overdose rate increased by more than four times [2], and as many as 1.9 million individuals misuse/abuse or are dependent on pain medication, especially opioids. What's worse, opioid distribution increased by 376% between 2000 and 2011, while the opioid-related overdose mortality rate increased by 346% in the same period [1]. Patients that you serve in your pharmacy may be struggling with this problem, which is of major concern in the vulnerable older adult population.

Opioid misuse and abuse is particularly serious among older adults. Older adults tend to be treated with prescription opioid analgesics for longer periods of time versus their younger counterparts. Specifically, 7.9% of older adults aged 65 and older continue to use prescription opioid analgesics after an initial 30 days of treatment, compared to 4.7% of Americans aged 20-39. Indeed, 25.4% of long-term opioid users were  $\geq 65$  years in 2017. Among all Medicare Part D beneficiaries in 2011, up to 28% of them, or 9 million, received prescription opioids for pain that was not associated with cancer treatment or hospice care. Nearly 225,000 of them received high doses for 90 or more consecutive days, and more than 1.7 million of them received a dose that put them at increased risk for overdose. Strikingly, 44% of disabled Medicare beneficiaries used opioids in 2011, while 23% of these individuals were chronic users [4].

The reason behind this long-term opioid use is that older adults have a higher incidence of chronic persistent pain, suffer from complex chronic health conditions, and have a higher probability of falls and injury requiring medical intervention, thus resulting in longer durations of treatment with prescription opioid analgesics. These longer durations of treatment are of major concern when evaluating potential consequences and side effects of opioid use among the older adult population.

Opioid use among older adults can be much more dangerous than in younger populations due to some specific and unique reasons, including changes in how drugs are metabolized, changes to the immune system, more concomitant medical conditions and associated prescriptions, and higher probability of improper prescription use [3]. In particular, decreased renal function and decreased liver enzyme metabolism may lead to higher drug plasma concentrations in older adults [5]. Taken together, all of this puts older adults at increased risk of side effects and adverse reactions as a result of opioid use, such as respiratory depression, drowsiness, confusion and dizziness. In fact, seniors taking prescription opioids are 4-5 times more likely to suffer a fall or fracture than those taking non-opioid pain relievers [4]. When combined with other medications, the risk of these side effects becomes even greater.



Polypharmacy, or the use of multiple prescription medications, is common among older adults and severely aggravates consequences of opioid misuse/abuse among older adults. Polypharmacy often occurs when patients obtain medications from multiple pharmacies and prescribers, which is the case for the majority of Medicare Part D beneficiaries. On average, each Medicare Part D enrollee has 4 prescriptions per month, and 20% of them even have 8 or more [6]. This number is more striking among beneficiaries who filled at least one prescription for opioids from multiple providers. Beneficiaries with opioid prescriptions from two or three providers had on average 7.1 to 10.1 opioid prescriptions in 2010, respectively [7]. In comparison, those who filled opioid prescriptions from 4 or more providers had 15.2 opioid prescriptions on average in 2010. In addition to the difficulty in managing a complex regimen consisting of multiple medications, the potential for adverse drug events (ADEs) increases when additional high-risk medications are combined with opioid prescriptions, particularly benzodiazepines and muscle relaxants, which put older adults at increased risk of sedation, dizziness, and subsequent falls and fall-related injuries [8]. Furthermore, health outcomes tend to be poorer and healthcare utilization is higher among older adults with multiple prescription medications including opioids. In fact, Medicare Part D beneficiaries who filled at least one prescription for opioids tended to have more comorbid conditions and higher rates of hospital admissions, compared to those who were not prescribed opioids [6,7].

So what is your role as a community pharmacist in this situation? The most effective way to reduce the risk of polypharmacy and its associated poor health outcomes among older adults is to reduce the number of medications taken. However, determining which medications are supposed to be eliminated is a challenge for both non-clinicians and clinicians. Thus, by focusing on high-risk medications like benzodiazepines and muscle relaxants that pose the greatest risk when combined with prescription opioid medications, dangerous polypharmacy situations that may lead to fall injuries can be efficiently reduced. By monitoring patients' medication profiles for these high-risk combinations, community pharmacists can help to prevent opioid-related health emergencies within their current dispensing workflow. Moreover, because physicians and pharmacists are a trusted source of information for patients, education of patients regarding the risk of polypharmacy would be helpful; see the Medication Use Safety Training (MUST) for Seniors program ([www.mustforseniors.org](http://www.mustforseniors.org)) for more information and resources for your patients [6,7].

#### References:

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## Featured Pharmacy Member Carrie Ray, Lillian Pharmacy | , AL

Lillian, AL is a community with a large retired population. Identifying that many of her patients were underutilizing available programs, she joined the C.A.R.E.S. Pharmacy Network.

“Many don’t have access to the internet nor are they able to efficiently use it, let alone navigate Medicare’s complicated network. Many of these patients also have very limited income and at times opt to not get their medications filled so that they can pay for other necessary expenses. I decided that since I was able to identify these patients easily through the pharmacy and having the knowledge of how these programs worked, joining the C.A.R.E.S. Pharmacy Network seemed like the best way to benefit these patients.”

Lillian’s success in identifying and referring patients to the C.A.R.E.S. Pharmacy Network is built on Carrie’s integration of pharmacy staff into the referral process. She has discussed the information learned through the C.A.R.E.S.

Training with pharmacy staff so that they are able to identify patients who could benefit from available programs.

“The more that we know as a whole, the more patients we can reach out to. Often my technicians and cashiers are the ones who can first identify these patients and then refer them to me as they encounter them when collecting their copays. The hardest part about being able to identify people is that you just don’t have time. Unfortunately, retail pharmacy is pretty fast paced and I don’t always have the ability to have these important conversations with customers. I really feel that this is where it’s important to have your staff involved.”

Carrie identifies two types of patients she often refers:

“The first being the patient who comes to me when they can’t afford a new or existing prescription copay. Often, when I counsel these patients, I discover their entire story of “why” they can’t afford the copay. Some times it is that their spouse has recently passed and their income is not what it was, or that their spouse is extremely ill and they are struggling physically, mentally, and economically as a result. The second type of patient I often refer are the ones that I have the opportunity to complete a comprehensive medication review (MTM) through their Medicare prescription plans. When reviewing their medications, I can identify those in most need of the C.A.R.E.S. Pharmacy Network. “

These patients have provided positive feedback related to their experience with the C.A.R.E.S. Pharmacy Network.

“My favorite part of being a member of the C.A.R.E.S. Pharmacy Network is looking at the face of a person who is really struggling with being able to afford their medications, supplies, etc. and being able to tell them that I can help. It is one of the reasons why I love being able to be a pharmacist in a small community like mine. When I’m able to help people, it makes the other stresses of a retail pharmacy completely worth it. I like to think that every pharmacist wants to feel that they truly make a difference in peoples’ lives and I know that this Network has helped me make a difference. I have had quite a few of my patients come back to the pharmacy a few weeks later to thank us for our help with getting them assistance. I often get positive feedback from customers’ adult children who take the time to let me know what an impact it had on their parent(s). Every now and then, I will process a claim for a customer that was once unaffordable and notice that they now have extra supplemental help and their new copay or out-of-pocket expense is nothing. Sometimes, the feedback isn’t even about the program, but more that we took the time to really care about their needs and show empathy to towards them and their situation. This program helps me be a better pharmacist for my community. “



Left to right: Mila Ray (3 yr old), Carrie Ray, Lorelei Ray (infant), Andy Ray (husband and Pharm.D.)

***SHIP Spotlight***  
**Nicole Stroud**  
**SHIP Coordinator**



Nicole Stroud graduated from Auburn University in 2015 and began her career as a Case Manager at East Alabama Mental Health. In 2016 she transitioned to the role of State Health Insurance and Assistance Program (SHIP) Coordinator for Lee and Russell counties.

As SHIP Coordinator, Nicole counsels Medicare beneficiaries face-to-face and via telephone on a daily basis. Most of these clients are either new to Medicare, have questions or concerns about their Medicare, Supplemental plans, Medicaid, employee or retiree insurance and/or Social Security benefits ( i.e. appeals, needs aren't being met, billing, etc). She assists clients with enrolling in Medicare Parts B, D and Medicare Advantage plans. Nicole also provides application assistance for clients eligible for LIS (Extra Help) and/or MSP (Medicare Savings Programs). In her role as SHIP Coordinator Nicole also spends time conducting training classes and presentations to supply updated information about Medicare.

“I’m all about helping people. That’s who I am and what I love to do. That’s why I accepted this position and that’s what keeps me going. And once we’re finished, to just see and hear the gratitude like a weight has been lifted off their shoulders is a blessing in itself.”



**Medicare Outreach 2018**

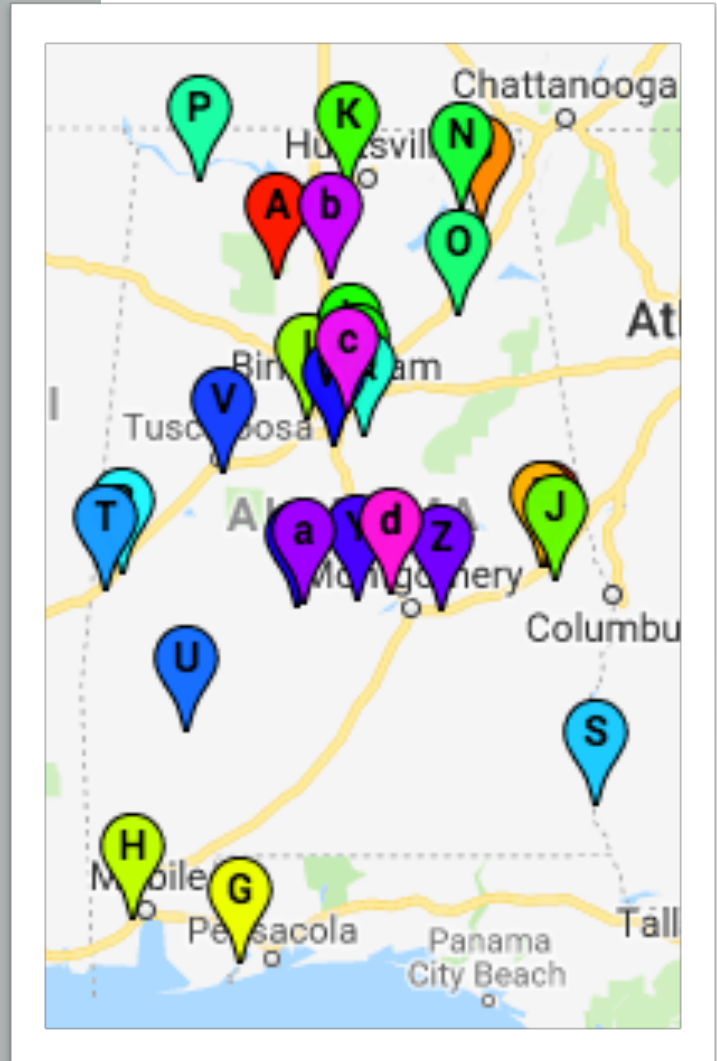
Every year, Medicare patients are advised to reevaluate their prescription drug coverage to ensure that they are enrolled in a plan that meets their needs. During Medicare Open Enrollment, from October 15th to December 7th, the Auburn University Harrison School of Pharmacy (AU) partners with the Alabama State Health Insurance Assistance Program (SHIP) to form the AU-SHIP Medicare Outreach Program. During this time student pharmacists and SHIP counselors come together to help Alabama Medicare beneficiaries evaluate their options and select the best Medicare Advantage or Part D plan for their needs.

This year, 23 second year pharmacy students were trained and served as certified counselors at open enrollment events. Six joint events were held between October and December 2018 serving a total of 31 Medicare patients. Of these, nine patients decided to enroll in a new plan with a predicted average annual cost savings of \$302.22.



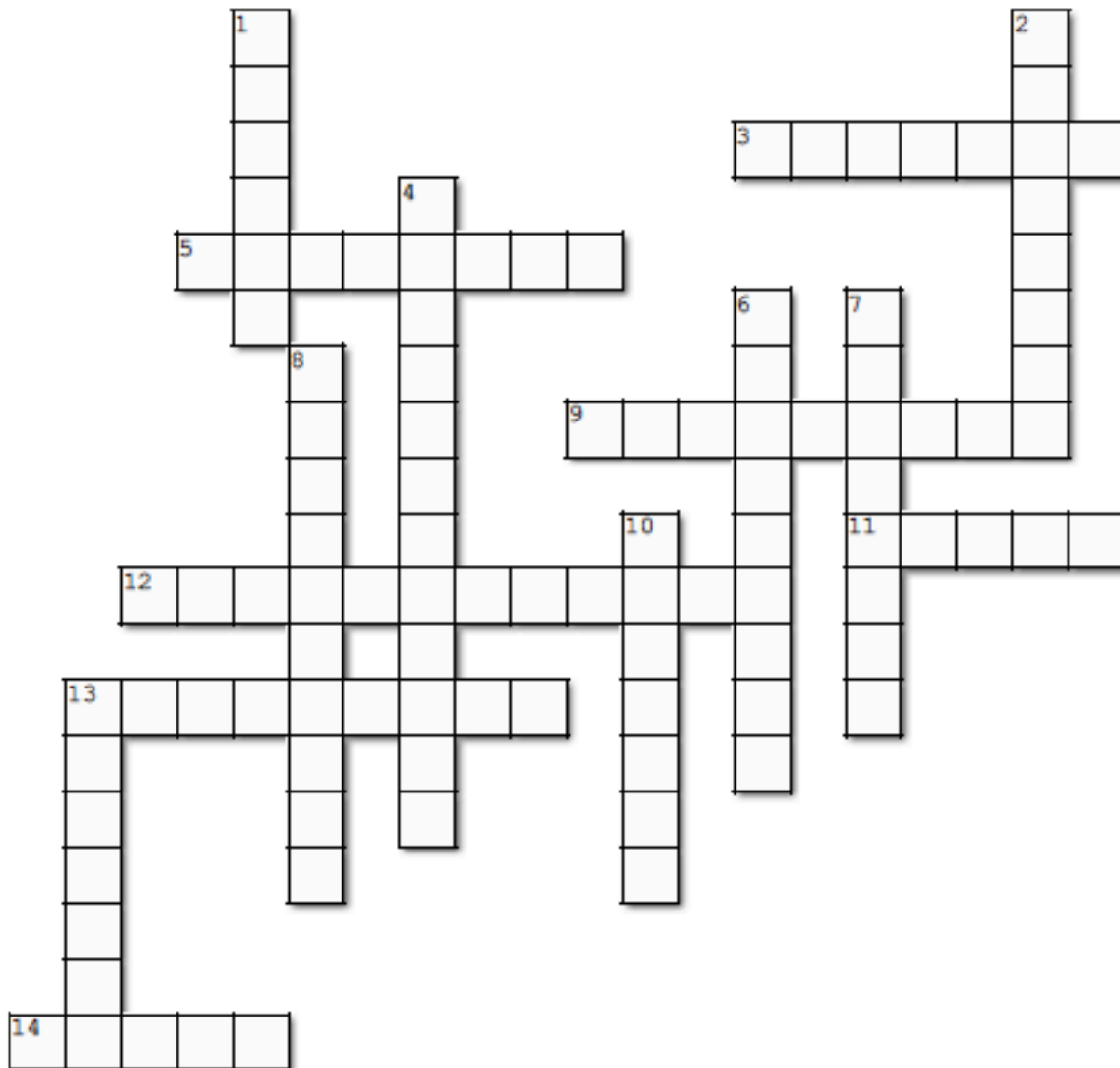
## C.A.R.E.S. Pharmacy Network Members

- A) Addison Discount Pharmacy | Addison, AL
- B) Kroger Pharmacy | Opelika, AL
- C) Walgreens Pharmacy #6955 | Hueytown, AL
- D) Rainsville Drugs | Rainsville, AL
- E) Walmart Neighborhood Market | East University location, Auburn, AL
- F) Walgreens Pharmacy #4589 | Pelham, AL
- G) Lillian Pharmacy | Lillian, AL
- H) Pharmacy Services of Mobile | Mobile, AL
- I) Weldon Pharmacy | Hueytown, AL
- J) Beauregard Drugs | Auburn, AL
- K) Rite Aid Pharmacy #07054 | Madison, AL
- L) Rite Aid Pharmacy #07013 | Birmingham, AL
- M) Continuity of Care Internal Medicine Clinics- Brookwood Baptist Health | Birmingham, AL
- N) Section Pharmacy | Section, AL
- O) Gadsden City Pharmacy | Gadsden, AL
- P) Fred's Pharmacy #3056 | Tuscumbia, AL
- Q) Walmart Pharmacy #4330 | Chelsea, AL
- R) The Drug Store | Livingston, AL
- S) Beasley Pharmacy | Columbia, AL
- T) York Drug | York, AL
- U) City Drugs | Grove Hill, AL
- V) Walgreens Pharmacy #10525 | Tuscaloosa, AL
- W) Walgreens Pharmacy #9427 | Pelham, AL
- X) Winn-Dixie Pharmacy #0543 | Selma, AL
- Y) Autauga Pharmacy | Autaugaville, AL
- Z) Turenne PharMedCo | Montgomery, AL
- a) Swift Drug Co. | Selma, AL
- b) Borden Family Pharmacy | Cullman, AL
- c) Walgreens #10333 | Birmingham, AL
- d) Adams Drugs | Prattville, AL



The C.A.R.E.S. Pharmacy Network has grown to include 30 pharmacies across the state of Alabama. These network pharmacies have submitted a total of 134 patient referrals as of December 2018. Through the C.A.R.E.S. Training Program, 297 hours of continuing education credit have been awarded since the program began in October 2015.

Course	Number of Individuals Completed
Medicare Basics 1-hour CE Article	103
Pharmacists' Role 1-hour CE Article	179
3-hour CE Course	99

**Across**

3. OUR FEATURED PHARMACY MEMBER, CARRIE RAY, IS FROM \_\_\_\_\_ PHARMACY.
5. IN 2019, THE PHARMACEUTICAL MANUFACTURER'S \_\_\_\_\_ WILL INCREASE TO 70%.
9. JANUARY-MARCH 2019, INDIVIDUALS ENROLLED IN A MEDICARE \_\_\_\_\_ PLAN CAN MAKE A ONE-TIME ELECTION TO ANOTHER MA PLAN.
11. 20% OF MEDICARE PART D BENEFICIARIES HAVE \_\_\_\_\_ OR MORE PRESCRIPTIONS PER MONTH.
12. MORE THAN 50% OF OPIOID OVERDOSE DEATHS INVOLVE A \_\_\_\_\_ OPIOID MEDICATION.
13. 134 PATIENT \_\_\_\_\_ HAVE BEEN SUBMITTED BY C.A.R.E.S. NETWORK PHARMACIES AS OF DECEMBER 2018.
14. THE NEW CE ARTICLE, ASSISTANCE PROGRAMS AVAILABLE FOR \_\_\_\_\_ ADULTS, IS COMING SOON!

**Down**

1. ALABAMA HAS THE HIGHEST \_\_\_\_\_ PRESCRIBING RATE IN THE NATION.
2. SENIORS TAKING PRESCRIPTION OPIOIDS ARE 4-5 TIMES MORE LIKELY TO SUFFER A FALL OR \_\_\_\_\_.
4. \_\_\_\_\_ IS THE USE OF MULTIPLE PRESCRIPTION MEDICATIONS.
6. THE PART D COVERAGE GAP FOR \_\_\_\_\_ DRUGS WILL CLOSE IN 2019.
7. THE 2018 AU-SHIP MEDICARE \_\_\_\_\_ PROGRAM SAVED PATIENTS \_\_\_\_\_ A PREDICTED AVERAGE OF \$302.22 FOR 2019.
8. THE NEWEST PHARMACY TO JOIN THE C.A.R.E.S. NETWORK IS \_\_\_\_\_.
10. APPROXIMATELY 1.7 \_\_\_\_\_ MEDICARE PART D BENEFICIARIES ARE AT INCREASED RISK OF OPIOID OVERDOSE.
13. NICOLE STROUD SERVES AS SHIP COORDINATOR FOR LEE AND \_\_\_\_\_ COUNTIES.

## FINAL CE ARTICLE IN 3-PART SERIES COMING SOON!

In partnership with Alabama Department of Senior Services (ADSS), the Harrison School of Pharmacy has developed a new ACPE approved one credit hour CE article available at no cost to you or your technician. As a network member, we are offering this to you as a refresher course.

This CE Article, entitled *Assistance Programs Available for Older Adults*, provides pharmacists and pharmacy technicians with information surrounding Aging and Disability Resource Centers (ADRCs) and the variety of services and support programs available through these entities. These programs include the State Health Insurance Assistance Program (SHIP), SenioRx, Elderly Nutrition Program, Senior Employment, Long Term Care Assistance Program, Caregiver Support, Legal Assistance, Long Term Care Ombudsman, and Senior Medicare Patrol. After learning about these programs and their respective eligibility criteria, pharmacists and pharmacy technicians will be able to request assistance on behalf of their patients and refer them to the local ADRC.

The learning objectives of this CE Article are as follows:

1. Describe the objectives of Aging and Disability Resource Centers (ADRCs)
2. Describe ADRCs' programs in terms of their objectives and eligibility requirements
3. Identify the local ADRCs in which a collaboration can be established

This CE article will be available January 2019. If you would like to complete this course and receive credit, simply review the educational material and complete the post-test and evaluation in the next month or so. You can access the CE at <https://alpharmacycares.org/> where it will be available January 2019 as a downloadable pdf. The assessment is included within the CE pdf and upon completion, can be faxed to 334-844-8307, or emailed to Tessa Hastings at [tjh0043@auburn.edu](mailto:tjh0043@auburn.edu). Alternatively, you may complete the assessment online at <https://alpharmacycares.org/>.

For non-network members this course will be offered as the final requirement in the 3-part CE series. Pharmacies with at least one full time pharmacist who have completed each of the three CE articles will be eligible to join the C.A.R.E.S. Pharmacy Network. Completion of all three CE articles is equivalent to completion of the 3-hour online continuing education program. If additional staff at your pharmacy are interested, please pass this information along.

Articles in this series are available at <https://alpharmacycares.org/> and include:

1. The Basics of Medicare for Pharmacy Personnel
2. Pharmacists' Role in Assisting Medicare Patients with Limited Income
3. Assistance Programs Available for Older Adults- COMING SOON!

If you are interested or want more information about either CE program, please visit <https://alpharmacycares.org/>

### Crossword Puzzle Key:

ACROSS:  
3. LILLIAN  
5. DISCOUNT  
9. ADVANTAGE  
11. EIGHT  
12. PRESCRIPTION  
13. REFERRALS  
14. OLDER  
DOWN:  
1. OPIOID  
2. FRACTURE  
4. POLYPHARMACY  
6. BRANDNAME  
7. OUTREACH  
8. ADAMS DRUGS  
10. MILLION  
13. RUSSELL