

## **2016 Geriatric Pharmacy Review and Recertification Course**

**December 3-December 4, 2016**

### **A G E N D A**

#### **Saturday, December 3rd**

**7:30 a.m. – 8:05 a.m.**

#### **Welcome/Introductions and Tips for Success**

**8:05 a.m. – 10:05 a.m.**

#### **Ambulatory---Geriatric Clinic Complex Case**

Sunny Linnebur, PharmD, FCCP, BCPS, CGP

ACPE Number: 0204-0000-16-963-L01-P

Application-based: 2.0 credit hours

#### *Objectives:*

At the end of the presentation, the pharmacist should be able to:

1. Recommend and interpret the results of appropriate screening and assessments relevant to the management of the geriatric patient.
2. Select the appropriate treatment and monitoring for a complex patient-case with multiple conditions, including:
  - Chronic obstructive pulmonary disease
  - Osteoarthritis
  - Depression
  - Urinary tract infection
  - Glaucoma
  - Herpes Zoster
3. Evaluate strategies to promote evidence-based approaches for screening, immunizations, health promotion, and disease prevention for older adults.
4. Assess the patient's complete medication list, including prescription and over-the-counter medications, and complementary and alternative therapies.
5. Identify the components of an interprofessional, comprehensive geriatric assessment and the roles individual disciplines play in conducting and interpreting a comprehensive geriatric assessment.

6. Assess specific risks to older adult safety, including falls, abuse, physical/chemical restraints, and other environmental hazards.
7. Recognize the role of advanced directives and living wills, power of attorney, and other substitute decision-makers documents in medication use decisions.

**10:05 a.m. – 10:20 a.m.**

**BREAK**

**10:20 a.m. – 12:20 p.m.**

### **Assisted Living Complex Case**

Carol Fox, PharmD, CGP

ACPE Number: 0204-0000-16-964-L01-P

Application-based: 2.0 credit hours

*Objectives:*

At the end of the presentation, the pharmacist should be able to:

1. Recommend and interpret the results of appropriate screening and assessments relevant to the management of the geriatric patient.
2. Select the appropriate treatment and monitoring for a complex patient-case with multiple conditions, including:
  - Urinary incontinence
  - Dysphagia
  - Stroke
  - Neuropathic pain
  - Gout
  - Seizure disorder
  - Substance abuse
3. Evaluate self-care capacity, including medication self-administration.
4. Recognize signs of substance and medication misuse/abuse in older adults.
5. Assess the impact of social behaviors, including use of tobacco, caffeine, alcohol, and illicit drugs.
6. Recognize need for referral of patients to other healthcare professionals.
7. Assess verbal and nonverbal communication strategies to overcome potential sensory, language, and cognitive limitations in older adults.
8. Evaluate adherence and provide strategies for improvement to older adults, their caregivers and the interprofessional team.

**12:20 p.m.-1:35 p.m.**

**LUNCH BREAK**

Lunch on own.

**1:35 p.m. – 3:35 p.m.**

**Long-term Care Complex Case**

Amie Taggart Blaszczyk, PharmD, CGP, BCPS, FASCP

ACPE Number: 0204-0000-16-965-L01-P

Application-based: 2.0 credit hours

*Objectives:*

At the end of the presentation, the pharmacist should be able to:

1. Recommend and interpret the results of appropriate screening and assessments relevant to the management of the geriatric patient.
2. Select the appropriate treatment and monitoring for a complex patient-case with multiple conditions, including:
  - Alzheimer’s with behaviors
  - Hypertension
  - T2DM
  - Geriatric syndromes – malnutrition/failure to thrive/weight loss
  - Renal dysfunction/CKD
3. Recognize ethical issues that arise during therapy with individuals who have diminished decision-making capacity.
4. Identify potential medication-related causes of declining physical and cognitive function.
5. Identify clinical situations where life expectancy, functional status, patient preference or goals of care should override standard recommendations for screening/treatment.
6. Prioritize care needs considering severity of illness, patient preference, quality of life, and time to benefit.
7. Advocate interventions and behaviors that promote physical and mental health, nutrition, function, safety, social interactions, independence, and quality of life to older adults and their caregivers.
8. Assess specific risks to older adult safety, including falls, abuse, physical/chemical restraints, and other environmental hazards.
9. Apply the findings of research to the care of older adults.
10. Evaluate the relevancy of clinical practice guidelines and standards of care for older adults.
11. Apply protocols for managing high risk medication. (institution-specific)

**3:35 p.m. – 3:50 p.m.**

**BREAK**

3:50 p.m. – 5:50 p.m.

### Hospice/Palliative Care Complex Case

Jill R. Johnson, PharmD, MHA, BCPS

ACPE Number: 0204-0000-16-966-L01-P

Application-based: 2.0 credit hours

#### *Objectives:*

At the end of the presentation, the pharmacist should be able to:

1. Recommend and interpret the results of appropriate screening and assessments relevant to the management of the geriatric patient.
2. Select the appropriate treatment and monitoring for a complex patient-case with multiple conditions, including:
  - Parkinson's disease
  - Pressure ulcers
  - Coronary artery disease
  - Peripheral vascular disease
  - Hyperlipidemia
  - Pain management
3. Prioritize care needs considering severity of illness, patient preference, quality of life, and time to benefit.
4. Recognize iatrogenic conditions (e.g., healthcare associated infections, falls, pressure ulcers, medication-induced conditions).
5. Understand cultural competencies (e.g., ethnic/racial, religion, spiritual, age-related, language) relevant to the older adult population.
6. Apply cultural competency concepts and guidelines to healthcare decisions.
7. Identify clinical situations where life expectancy, functional status, patient preference or goals of care should override standard recommendations for screening/treatment.
8. Recognize need for referral of patients to other healthcare professionals.
9. Recognize the altered benefit-risk ratio of medications at the end of life.
10. Discuss end of life issues as they relate to medication appropriateness.
11. Assess strategies to facilitate shared decision making when evaluating changes in the drug regimen considering patients' values, goals and preferences.

**Sunday, December 4th**

**7:30 a.m. – 7:35 a.m.**

**Welcome and Announcements**

**7:35 a.m. – 9:35 a.m.**

**Inpatient to Family Medicine Clinic Complex Case**

Maria Shin, PharmD, BCPS, CGP

ACPE Number: 0204-0000-16-967-L01-P

Application-based: 2.0 credit hours

*Objectives:*

At the end of the presentation, the pharmacist should be able to:

1. Recommend and interpret the results of appropriate screening and assessments relevant to the management of the geriatric patient.
2. Select the appropriate treatment and monitoring for a complex patient-case with multiple conditions, including:
  - Atrial fibrillation
  - Post-myocardial infarction
  - Gastroesophageal reflux disease
  - Heart failure
  - Hypertension
  - Insomnia
  - Urinary retention
  - Dry eyes and mouth
3. Define the continuum of care available to geriatric patients, such as community resources, home care, assisted living facilities, nursing facilities, sub-acute care facilities, hospice care, and hospitals.
4. Identify potentially inappropriate medications (PIM) for older adults.
5. Identify medications that contribute to geriatric syndromes or conditions (e.g., falls, cognitive impairment).
6. Assess biomedical information considering study design and methodology, statistical analysis, and significance of reported data and conclusions.

**9:35 a.m. – 9:45 a.m.**

**BREAK**

**9:45 a.m. – 11:45 a.m.**

**Ambulatory - Family Medicine Clinic Complex Case**

Dana G. Carroll, PharmD, BCPS, CDE, CGP

ACPE Number: 0204-0000-16-968-L01-P

Application-based: 2.0 credit hours

*Objectives:*

At the end of the presentation, the pharmacist should be able to:

1. Recommend and interpret the results of appropriate screening and assessments relevant to the management of the geriatric patient.
2. Select the appropriate treatment and monitoring for a complex patient-case with multiple conditions, including:
  - Atrial fibrillation, post-MI
  - Heart failure
  - Hypothyroidism
  - Diabetes mellitus, new onset
  - Benign prostatic hyperplasia
  - Hypotension
  - Gastroesophageal reflux disease
  - Frailty
3. Assess financial/reimbursement issues (e.g., formularies, insurance coverage) when making therapeutic recommendations.
4. Describe steps to assist a patient with payment issues for medications, medication therapy management services, and medical equipment.
5. Describe strategies to assess caregiver knowledge and expectations regarding advanced age and disease on health risks, needs, and treatment of health conditions.
6. Evaluate the appropriateness of care plans and services based on older adults' and caregivers' changes in age, health status, and function; assist caregivers in altering plans and actions as needed.
7. Evaluate adherence and provide strategies for improvement to older adults, their caregivers and the interprofessional care team.
8. Collaborate with older adults, their caregivers, and the healthcare team during care planning and implementation.
9. Recognize the need for continuity of treatment and communication across the spectrum of services and during transitions between care settings.
10. Select methods to facilitate medication reconciliation during transitions of care.
11. Apply outcomes of investigations to optimize care of older adults.

**11:45 a.m. – 1:00 p.m.**

**LUNCH BREAK**

Lunch on own

**1:00 p.m.-1:15 p.m.**

**Commission for Certification in Geriatric Pharmacy Overview**

Tom Clark, R.Ph., M.H.S., CGP

**1:15 p.m. – 3:15 p.m.**

**Inpatient Surgery to Skilled Nursing Facility Complex Case**

Lisa C. Hutchinson, PharmD, MPH, BCPC, FCCP

ACPE Number: 0204-0000-16-969-L01-P

Application-based: 2.0 credit hours

*Objectives:*

At the end of the presentation, the pharmacist should be able to:

1. Recommend and interpret the results of appropriate screening and assessments relevant to the management of the geriatric patient.
2. Select the appropriate treatment and monitoring for a complex patient-case with multiple conditions, including:
  - Delirium
  - Deep vein thrombosis prophylaxis
  - Pneumonia
  - Anxiety
  - Pain management
  - Fluid & electrolyte disorder
  - Falls
3. Define the continuum of care available to geriatric patients, such as community resources, home care, assisted living facilities, nursing facilities, sub-acute care facilities, hospice care, and hospitals.
4. Recognize the need for continuity of treatment and communication across the spectrum of services and during transitions between care settings.
5. Identify potential hazards of hospitalization for older adults, including immobility, delirium, medication side effects, malnutrition, pressure ulcers, procedures, and hospital acquired infections.
6. Assess specific risks to older adult safety, including falls, abuse, physical/chemical restraints, and other environmental hazards.
7. Recognize iatrogenic conditions (e.g., healthcare associated infections, falls, pressure ulcers, medication-induced).

**3:15 p.m. – 3:25 p.m.**

**BREAK**



**3:25 p.m. – 5:25 p.m.**

**Skilled Nursing Care Complex Case**

Trista Askins-Bailey, PharmD, BCPS, CGP

ACPE Number: 0204-0000-16-970-L01-P

Application-based: 2.0 credit hours

*Objectives:*

At the end of the presentation, the pharmacist should be able to:

1. Recommend and interpret the results of appropriate screening and assessments relevant to the management of the geriatric patient.
2. Select the appropriate treatment and monitoring for a complex patient-case with multiple conditions, including:
  - Anemia
  - Anxiety
  - Deep vein thrombosis prophylaxis
  - Osteoporosis
  - Pain management
  - SIADH
  - Falls
  - Constipation
3. Recognize the need for continuity of treatment and communication across the spectrum of services and during transitions between care settings.
4. Identify potential medication-related causes of declining physical and cognitive function.
5. Select methods to facilitate medication reconciliation during transitions of care.
6. Evaluate the relevance and limitations of biomedical information for the care of older adults.
7. Apply outcomes of investigations to optimize care of older adults.
8. Develop strategies to prevent or resolve iatrogenic conditions.
9. Recognize elder abuse/neglect (e.g., physical, psychological, and financial).
10. Identify resources to assist in prevention, reporting, and treatment of elder abuse/neglect.

**5:25 p.m. – 5:45 p.m.**

**Closing Remarks**

## Geriatric Review Course Faculty

**Trista Askins-Bailey, PharmD, BCPS, CGP**

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Professor, University of Arkansas for Medical  
Sciences UAMS College of Pharmacy  
Little Rock, Arkansas

**Jill R. Johnson, PharmD, MHA, BCPS**

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