



Section of
**AMBULATORY CARE
PRACTITIONERS**



In the Spotlight – January, 2012

Name: Sandra Leal, Pharm.D., CDE

Title: Director of Clinical Pharmacy

Work Location: El Rio Health Center, Tucson, AZ

Other positions: Co-Chair, HRSA Patient Safety & Clinical Pharmacy Services Collaborative

Her Story

I received my Bachelors of Science (Pharmacy) and Doctor of Pharmacy from the University of Colorado Health Sciences Center in 2008 and 2009, respectively. I then completed a general pharmacy practice residency at Southern Arizona VA Health Care System in Tucson. I am very interested in public health and am currently enrolled in the Masters of Public Health program at the University of Massachusetts Amherst.

I am currently the Director of Clinical Pharmacy at El Rio Health Center in Tucson, Arizona. El Rio is a community health center and is a FQHC or “Federally Qualified Health Center.” Like all FQHC sites, we provide comprehensive primary care and preventive care, including health, oral and mental health/substance abuse services to persons of all ages, regardless of their ability to pay. It is a great environment to work in! FQHCs are very progressive in their services and delivery models. The El Rio Community Health Clinic (CHC) is actually made up of 17 sites around the greater Tucson area and we serve about patients 75,000 patients every year.

Our staff includes 5 clinical pharmacists, 2 residents and 15 pharmacists in our in-house pharmacies. While we do have some sites that provide in-house dispensing services, clinical services are provided at all sites via collaborative drug therapy management contracts (CDTMC) including disease state management (i.e., diabetes, hypertension, lipids) as well as more broad-based primary care. Care is provided via physician-lead interdisciplinary teams that typically include nurses, a nutritionist, and a behavioral health specialist, in addition to the pharmacists. We use both 1-on-1 care models and group-based care. The 1-on-1 models often utilize schedule-based appoints with the pharmacists. El Rio HC is an accredited ASHP residency site and also precepts students from the University of Arizona College Of Pharmacy. These residents and students are integrated into the patient care processes.

There are many innovative and exciting opportunities in the CHC model. For example, the CHCs serve as an excellent structure for the patient-centered medical home (PCMH) and we are using several of the El Rio sites to pilot PCMH care delivery. Another focus area is transitions of care. We recently partnered with another care organization to explore reducing readmissions via pharmacist-provided post-discharge medication reconciliation. Our pharmacists review the care records and

medication profiles of these patients and intervene to correct errors and discrepancies, as well as ensure connection to a primary care provider in a timely manner.

What type of significant projects have you been involved in recently?

I am currently Co-chair of [HRSA's Patient Safety and Clinical Pharmacy Services Collaborative](#), which seeks to improve the quality of health care across the U.S. by integrating evidence-based clinical pharmacy services into the care and management of high-risk, high-cost, complex patients. El Rio is one of 170 teams across the U.S. that is participating. One example of how we are doing this is the MEADERS program or "Medical Errors and Adverse Drug Events Reporting System," which was developed by AHRQ to facilitate incorporation of medication safety practices into routine care. Sites document real time safety issues which drive continuous quality improvement via tracking and trending of the types and frequencies of medication incidents.

At El Rio, we are also using the Collaborative to engage the Arizona quality improvement organization (QIO). Nationally, the QIOs, via their contracts with Medicare for the 10th Scope of Work, are required to partner with collaborative teams to improve medication safety. We are hopeful that positive outcomes from the QIO partnership will be channeled directly to Medicare and could translate into greater awareness of the value of pharmacists (i.e., provider status).

Another interesting project that I have been personally involved with recently is a petition via Change.org. It is my goal to advocate for the tremendous value pharmacists bring to the health care team. I started the petition to create awareness about the lack of provider status for pharmacists. As of late January, over 16,000 persons from diverse disciplines have signed the petition. The plan is that we (and others around the country) will use the petition and accompanying comments in meetings with legislators to push for reforms that will ensure the involvement of pharmacists on care teams.

Value of ASHP

My involvement in ASHP has resulted in opportunities that I would have never imagined had it not been for colleagues I have met through the Society. At this time, I serve as the Chair of the Section Advisory Group on Clinical Practice Advancement for the Section of Ambulatory Care Practitioners. I have been a regular presenter at a number of ASHP meetings, including the recent Midyear. I was also co-author for a chapter on reimbursement for ambulatory services featured in the recently published "Building a Successful Ambulatory Care Practice" book from ASHP.

I think what I value most about ASHP is the opportunity the organization has created to work with others who are experiencing similar professional challenges. I feel it is critical to remain active in professional organizations to have a voice, make an impact and network with other incredibly talented professionals.