Innovative pharmacy practice: Lonni Johnson

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Please provide some background information about your practice setting

I work in a small, rural pharmacy in Drayton Valley, Alberta. It's attached to a physician's office that has approximately 12 physicians who have rotating schedules. We're close to the local hospital. I have patients of all ages—a broad demographic range.

Describe your practice/role—what do you think makes it unique/valuable?

We have a diverse practice. We are very patient focused. I have a specialty in diabetic care and travel medicine. We do in-depth medication reviews that include lab requisitions and follow-ups. I do a lot of unique follow-ups with my patients. For example, I text my diabetic patients

In-depth medication reviews are an important part of Lonnie Johnson's practice.

**Since this interview was given, Ms. Johnson has moved to a new position in Barrhead, Alberta, where she continues to use her Additional Prescribing Authority.*

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daily to follow up for the purpose of doing insulin adjustments. We have terrific collaboration with our full health care team that is very relaxed. We have a good relationship with our local physicians. I have my Additional Prescribing Authorization (APA) and injections authorization. We very frequently do travel medicine. We get recommendations from the local health unit. We get patients sent over, ranging from weekly to daily. Physicians also often send patients to me who need insulin to be started. When I sit down with patients, I do a full medication review; so, I go over all of their current medications and discuss what may be being stopped, changed and/or added to optimize their regimen. We discuss their current diet, and I have them start a diet journal for me, so I can see exactly what their current eating habits are. Initially, I see them at least weekly, so that we can look at their menu plans and help them to make good menu choices that can fit in with their daily lifestyle. I try to gear a healthy eating plan to be something that they can maintain for the rest of their lives. We start on the insulin. Some of my patients—the older ones, in particular—I have come in daily for the first few days so that they can give their own injections with me observing them and assisting them, if necessary. I have all of my patients use my demo devices until they are comfortable injecting themselves. Then, they will do their own injections at home and call or text me with their glucose readings, and I tell them how much insulin to give. And we proceed that way until they're comfortable doing their own readings. The ultimate goal is to have patients be comfortable with their condition, know why they need to know their numbers, what they mean, why they're doing what they're doing, so that they have a total understanding and are able to manage it on their own. I also do a lot of weight loss counselling. I do blood pressure monitoring all the time—it's part of a daily routine. There's a variety of other things that I do, as well, depending on the needs of the patient. With some things, such as the travel medicine and diabetes, I will just make changes and notify the physician afterwards. For example, I might get a prescription from the physician for Twinrix, but when I do the patient assessment, I find out that they already got their hepatitis B in school and don't need that again. I'll just change it and give them the hepatitis A vaccine instead. But when it comes to something a bit more major, even though I

could do it on my own, I will call the physician and discuss it with them. For me, this builds the relationship with the physician and builds trust. I had a patient who presented with symptoms of serotonin syndrome that appeared to be related to the addition of new medications to their regimen. Their physician was away, so I couldn't call them to discuss; so I just made the changes that I felt were in the patient's best interest and gave the physician the report when they returned and had the patient follow up with me and the physician. So, in some cases, I use my APA on my own, and in other cases, I choose to have the discussion with the physician first, if possible.

How did you come into this practice/role and how did you prepare for it?

Honestly, it started very small, with the first study that Dr. Ross Tsuyuki approached us about. I was convinced to go for my APA, which terrified me. I didn't think I could do it. But I got that and then just took baby steps forward. I gradually took on more and more roles all the time until what I am as a pharmacist today is nothing like what I was as a pharmacist 5 years ago. It wasn't an overnight change; it was kind of day by day. And I was able to learn from everyone around me—every time I had contact with a new person or pharmacy student or a new physician, as well as participating in 2 studies for Dr. Tsuyuki—everything has given me a new learning curve. I graduated from pharmacy in 1989, so have been practising now for over 25 years. That's why this was such a big change for me. I needed the change, though; it felt like I was stagnating. Jen Winter, the owner of the pharmacy I work at, has been great; she pushed me to get my APA and was very encouraging. She went for hers first and then was very supportive of me getting mine. Having my APA, injection authorization and ability to order lab tests is invaluable. I would not be able to go back to practising the way I was 5 years ago. I use these every day. I wouldn't be able to do what I need to do without them—my ability to provide care would suffer tremendously. My patients are used to the care that I provide, and even the physicians are getting used to the way things are being done. I really believe that all pharmacists should aspire to have APA and understand it and use it appropriately.

How have the other members of the health care team responded?

Initially, we were met with a little bit of a wall. As with anything new, you have to prove that you can do what you're saying you can do and that you can do it within your guidelines and capabilities and do it right and follow through. If you're going to be writing lab requisitions, then you follow up on the results. For the most part, now it is totally supportive—it's a team effort. One physician even went so far as to say that he wants to tell everyone how proud he is of what we're doing and the results we were showing in the studies; he couldn't see his practice without our support anymore. He said he couldn't spend the time that he needed to with the patient, but he knew that he could count on us to spend the time with the patient and continue the care and that, as a team, the patient would get the care that they need.

How have patients responded?

Our patients love it. They love the care. They recommend us to other people. We get phone calls where people say, "My friend said you helped them and that I need to see you, too." We're getting asked to speak at local groups, so we can tell people what we do as pharmacists. It's really, really positive. It's nice to hear the positive stories and the appreciation.

Any advice for other pharmacists who want to advance their practice?

The main thing I would say is: don't be overwhelmed. Because when you first look at what

you have to do, it may look like too much. People might think, "I'm so full already, I'm working too hard, I'm working too many hours, I don't have any time." Just start with the little things and just make one change and then build on it. For those in Alberta, get your APA first. If you're not in Alberta, start with your med reviews, for example; do 1 or 2 a week and then just start doing them daily. Just make it a part of your everyday practice, so that eventually, once you get that prescription coming in, you're automatically checking kidney function, checking labs, previous medications; you're just doing that as part of that prescription. And it becomes very quick and part of everything that you do. And once it becomes part of what you do, your technicians and assistants start to pick up on that and start doing that—it becomes part of what they do. So your whole practice changes. Even if you're not the one on that computer, your technician will identify things like, can this patient with kidney failure take this medication? And spend the time with your patients. Sometimes they will tell you something that they don't tell their physician that makes all the difference. Another tip is to find something that interests you. Find your niche. I started with travel medicine. And then I went to diabetes. Find something that you like and do it well and then just find something else after and do it well. ■