

From CVS to EMS! Paramedicine and Mobile Integrated Health with Victoria Reinhartz, PharmD

Jimmy: This is Jimmy Pruitt and you're listening to another episode of the Pharm So Hard podcast.

intro music

Jimmy: What's good fam, it's your host Jimmy Pruitt aka PharmD in the ED and I'm bringing you another episode of the Pharm So Hard podcast. I have something that's gonna be amazing for you guys, it's gonna be a really unique episode and I'm super super super excited. But before we jump in, **a few housekeeping things for you guys if you haven't already** look out for EmpoweRx conference. It's gonna be coming March 11 and 12, again you can find that at empowerx-conference.com. That's gonna be there, of course you can check it out on social media and our websites and of course if you want to get into some of our premium stuff always check out PACU again Pharmacy and Acute Care University so check that out.

So now that's out the way, let's go ahead and jump into this episode. I've been like really excited we've been planning this for months it's just life is just life and I'm just like really what we get into it so just for everyone can you go ahead and introduce yourself to everyone then we're gonna dive into this episode.

Victoria: Absolutely I'm so excited to be here. I love all of your podcast interviews and episodes so it's really an honor for me. My name is Dr Victoria Reinhartz, I am what we call a mobile integrated health consultant pharmacist and I basically work with and alongside emergency medical services teams who are going and providing services proactively in patients' homes so not on a 911 or emergent basis but we are going to patients' homes to identify disease and social issues that are going to eventually cause a 911 call. So, our goal is to prevent that.

Jimmy: Yeah that's amazing I think most people even when you look at the turn just like you like para medicine the wait wait wait the paramedics like no I spelled it wrong so I think a lot of people really not necessarily understand that background is something I have to look into as well but before we get into that for some of our people who are listening can you really go back through some of your some of things you're interested in pharmacy school ____ like each step that you had the story gets more and more interesting so I think the audience need to hear these.

Victoria: Yeah and you know I I think that when we're when we're talking about background and history and how I got to this point where I'm at it's important to know that you know before pharmacy school I never held a leadership position I was super shy I had never stepped out of my comfort zone from you know personal growth standpoint or professional growth standpoint and I took my first leadership position ever while I was in pharmacy school and kind of just continued to push myself and say yes to things that I really wasn't even totally sure that I wanted to do but I I knew I wanted to challenge myself and you know I got involved in a couple different organizations I would go to different conferences while I was in school. And I actually did not pursue a residency I know at residency is a super hot topic when we're talking about emergency medicine pharmacist and specialty pharmacists but I did not pursue a residency I I became a pharmacy manager for target when target was our beloved target pharmacy and I was in that role for several years but again continue to figure out how to develop myself in every way possible. I became a district pharmacy resource supporting the efforts of the 12 stores in

the Tampa Bay Florida district and I became a trainer for new pharmacists that were on boarding with the company and became a preceptor and and there are a lot of different things where I continue to develop skills even early on in my career.

Jimmy: I think that's really key this is what I really want to get you on especially this time of the year because people are pulling their hair out right now trying to wait for residency interviews things that nature and the more I look at the pharmacy and the more I get involved in podcasting, people are doing some really interesting and cool things that if you're if you're pigeonholed by residency you would never want to experience so I really appreciate that what how you went from not being very active initially as far as leadership wise that what pharmacy consider to be leadership and then ____ from pharmacy school and then from there building yourself building your practice like building at target and then from there it gets even more interesting so I just think that was so cool phenomenon for you and I think a lot of people need to understand if you're an interesting personnel say if you're someone who has ambition who's you know just really wants to figure out what's out there you can find something for you and I think you really get that so before moving to talk about paramedicine and mobile integrated health, so can you like from target what happened then because most people unfortunately they get into a community they do a little bit it just beats them up and that's it. So what happened between there and kind of where you are today because it's really intriguing.

Victoria: Well you have hit the nail on the head right that we tend to in our profession look at it as those that go to do residency are the successful ones so to speak and if you don't get a residency or things don't work out exactly as you were hoping initially that maybe somehow that's less ____ or are not a significant of an achievement but I think if I'm proving anything I'm proving that you can take what I lovingly call the scenic route. You can you can still achieve any goal that you have for yourself professionally you just have to embrace that your path is going to look slightly different from maybe what you know what I mentor might have said or what somebody else advise you to do at some point so you know I was there as a target pharmacy manager. I of course retail is brutal it's even more brutal now than it's ever been but even back then you know you're you're looking at 10, 12, 14-hour days and no lunch breaks and it was really tough but I think that you know I identified that personal growth and professional growth and and projects that I was passionate about that really helped focus me on patient care, on you know mentoring and developing other people on education those things that I was saying yes to in addition to my role as a pharmacist on the bench those things kept me going and kept me thriving and kept me finding satisfaction even in a community setting and so again it is about okay so I'm not happy where I'm at so what skills can I develop and what can I do.

So again I had taken on those extra responsibilities as the district resource as a preceptor as a trainer and I started to also explore opportunities for doing things like speaking and participating so whether that looks like going and doing at a lecture on you know safe OTC's for your local rotary club or your church or or whatever that looks like just start getting yourself out there developing some additional skills and then I I in doing a lecture in my community or or a speech in my community LECOM which is a school of pharmacy in Bradenton Florida. They were currently recruiting for a faculty role and they saw me speak and recognize that I have the skills to do that and I did accept a professor role at the school of pharmacy and I have been in that role for I guess a little over 6 years.

Jimmy: Yep that's amazing I think in everything that we see especially because we do teaching ____ sometimes you can't you can't teach certain things you can't teach the passion you can't

teach wanting to actually teach so it's like one of those things where we go to all these training and on PGY1, PGY2 that crap it's like I feel that we we're not telling our students the entire truth about the options that are out there if again if they're motivated so I think that's unique you went from you know community and then start doing stuff on your own and you position yourself to be in a position where you start teaching.

Now that ___ point which is I think is really cool can you just before we get into because I think we're gonna have to define some of these things for most of our audiences, can you explain what a paramedicine is and talk about mobile integrated health and once you get to that how can a pharmacist be involved in that that's like your niche right now and we want to expand on that.

Victoria: Yeah absolutely so ___ into my path as well when I except to my faculty role again I took it as an opportunity to kind of reinvent my clinical skills make an impact in a new place and I started doing some public health work with our local department of health I started some consulting work in providing pharmacy guidance and advice and I got brought in to provide guidance on a project for developing a community paramedicine program and so this even as a pharmacist I was saying what is community paramedicine? So community paramedicine as a definition is is basically where we take paramedics EMTs and paramedics and we give them additional training and support in say you know substance use disorders or mental health conditions or chronic diseases and we send them out into the communities proactively not when a patient calls 911 but before they need to and we help utilize these teams to you know identify those disease and social issues that are causing that patient to constantly call 911 to bounce back and forth to the hospital and and end up with really poor disease outcomes so that's what community paramedicine is, it's using those EMTs and paramedics and that much more you know community risk reduction preventative role. And it's really effective because if anybody knows you know Mr Jones and Mrs Smith that doesn't have what she needs and it is going to call 911 again next week it's paramedics and EMTs so that's what community paramedicine is by definition. Mobile integrated health is actually then we take that community EMT or that community paramedic and we partner them with another inter professional health care provider so this is our allied health care professionals like myself the pharmacist like nurseing like social workers like mental health counselors physicians of course but dietitians I mean the list goes on based on you know what their specific needs are in that community and what's causing this patient's to continuously call 911.

Jimmy: perfect that's amazing because I can begin working in the ER it seems like if those patients if you don't get to them, I'm gonna have to deal with them. In my shop it is amazing how we think now especially with the pandemic going on and everyone is flooding to E. R. or hospital system I work yesterday and I was just amazed at the volume traditionally used to seeing double and what happens is is not necessarily just hold it that's the issue then we realized that we have a back ___ that have other mental health conditions chronic disease states are not being appropriately either managed because they can't get in to see their providers or it's just so many other components that are going on that you're probably more ___ than I am and I think a program like this everywhere. would completely revolutionize healthcare and it's something that we talk about the first time I was like, why are we not doing this. It seems like the perfect scenario and I'm just amazed by that and I think to myself what other things can we can we do but you spoke about the overall goal what does the mobile integrated health is can you talk a

little bit little bit about you know what is your setting what are you doing the kind of help get these get these EMTs, different team players involved when it comes to medications ____.

Victoria: Yeah so and you know in your role first hand you recognize and any we've all seen it right every single person who has seen this podcast still open med list and like this is a mess. Like there's duplicating meds, there's interacting meds there's doses that are totally unsafe there is there is meds in their medlist and you're like so they're here for diarrhea they're here for you know **afib** or or whatever it is and you're like well this medicine caused it right. Like you you know when you open it it's it's often a hot mess and we're finding that in these patients you know these patients at our high system utilizers bouncing back to the hospital every month or every other month, patients that are calling 911 a couple times a week, patients with 4, 5, 6, 7, 8 comorbidities right you know you you got end stage heart failure and end stage C. O. P. you're on dialysis right? Once we have that patient population we know that there's gonna be some med issues and we find that there's anywhere from 2 to 6 medication problems real legitimate problems with the medicines for each of those patients that we have enrolled in these programs and so again you know I cannot speak highly enough to the skill sets that an EMT and a paramedic bring to the table they are the best at triage they're the best at navigating you know at and in out of the traditional setting/space they are just awesome at what they do and and they have the patient assessment skills that we as pharmacists don't have but what they don't have is all the pharmacology knowledge for chronic disease management they don't know the most evidence based guidelines to date they might walk into a patient's home and identify you know that that Tom Smith is having and a hyperglycemic episode and that we need to probably adjust insulin but you know that the odds of that paramedic knows exactly which insulin to adjust what the dose adjustment should be whether or not that's that's in alignment with you know AACE guidelines and things for this year that's not their expertise right but that's where pharmacist is spot on for their skill set to complement that and that's what I do on a regular basis when I'm working alongside an EMS team.

Jimmy: yeah it's really cool because I've had a few the EMS right along to get more on that acute side versus when you guys been in prevention and it is it is very different than what most people think is happening at home you walking some of these patients at home and you know you just realize there are so many challenges just to be able to get them from their home to the pharmacy and all the resources that are needed to be able to insure the receive basic basic needs so the fact you guys are going out to be able to go through all of that and identify problems and fix them at their home is amazing I think it's something that more people should really consider and figure out how to make a team of of that to all our major areas especially in some of our more rural areas because where I am now we have our major center in downtown Charleston we have multiple facilities hundreds of miles out where people don't have access to healthcare professionals and I can see this being something that can be really helpful and will help in in in all areas in general so this is pretty amazing and I think that's something that we probably will probably talk about a few more times on here and get more people involved so along with that do you have any any other projects that you're working on right now or any anything that you can really let look forward for you coming out anytime soon.

Victoria: Yeah there's a lot a lot of things moving right now we're at the _____ we started in 2021 with the Reinhartz run down which which started as you know quick 2 to 3 minute video of clinical pearl about some random pharmacy topic that has been launched. Those are available for any pharmacist and students that are interested in just a quick non time down right couple

minutes review of a clinical topic. We're also launching a variety of different courses focused on outpatient monoclonal antibody administration, mass vaccination sites was done this past year and we also have a variety of mental health courses coming which is fantastic and then I later in the year we do plan to launch more or less a clinical crash course for pharmacists that might be in a retail setting or you know maybe didn't get their dream position but really are recognizing they want to reinvent themselves they want to go for new position or maybe they want to work in mobile integrated health like I do and so we will be developing courses specifically for pharmacists that are looking to reinvent their own careers as well

Jimmy: That's amazing I think right now with the pandemic everyone's looking at their career and ___ can I do this for 5 more years 10, 20, 30 yeah I think this is a perfect opportunity for us to just analyze what we're doing you know we work tough jobs and I think the from retail standpoint things have changed drastically and I feel smart my brothers and sisters out there who are going to do he's very tough working conditions and I'm just gonna flat out say it that we have to change within or these places are going to crash and burn to be honest but I digress on that that's an episode for itself. As we're closing out what what advise do you have about how I know you mentioned a course but is there any other advice about how pharmacists can actually get involved in mobile integrated healthcare medicine because what's the first step, what's the first thing they can do if they're really interested in this.

Victoria: The first step I would say you know connect me. There's not too many pharmacists in that realm of mobile integrated health they connect me find me on linkedin right find me find me on Facebook and linkedin linkedin is my primary for anything professional and related to my business I'm always also recruiting so like this year I'm recruiting a variety of speakers and recruiting for you know clinical content development an online course development I'm recruiting for you know people who wanna do writing I'm recruiting for people who want to do preceptor and mentorship there's so many options to figure out a way to get involved but I would think that's the number one thing is just send me a message connected me send me a message on linkedin and if I can support you in some way I'm happy to do that and kind of give you the inside scoop and and provide some resources my website is also a really great option as to mobilehealthconsultants.com and then from there you can sign up for those updates right so the clinical updates we talked about blog and articles that are coming out about mobile integrated health and and how to get involved and what the topics are and all of those things are great ways to start getting involved.

Jimmy: Any last tips you got I think right now we're in this very interesting area any tips for students in residence right now because the the market is looking very different right now so as we dissect if you can hang up if you had to get them you know a couple tips after you've read it comes what is next next semester.

Victoria: yeah you know I think that anytime we talk about huge and and monumental change it the number one thing is fear it feels overwhelming it feels like I may be unattainable and I think the quote that has been in my heart and in my mind a lot lately and and especially with the passing recently of Desmond Tutu who who was a leader too and you know really help to change things in South Africa and bring down ___ he has a quote that he says which is how do you eat an elephant. And the answer is one bite at a time. And I feel I feel a lot of connection to that with his recent passing I've been reflecting on just the monumental activity that she the the monumental task that he undertook relative to human rights and although you know my personal journey it could never be compared to that as far as the value to the world that it would

bring I think that that has really help center me a lot when I when I feel overwhelmed or when I'm launching this big new project or initiative right and I think it's the same for anybody if you're looking at career change if you're looking at tackling something huge if you're looking at you know doing the unthinkable or living out your biggest dreams of why how you would want to change the world, you eat an elephant one bite at a time.

Jimmy: that's amazing I think about just now all the projects all the letter of recommendations all of the rest of the applications, research, you know, things at PACU, Pharm So Hard, all those things like I just write down is like what's the sub task like what if that's what's the actual task what's the first sub task to get there and that's really a huge thing so I think right now you know we're quickness on January 4 I think is a lot of people were expressed outright now and then we just take things one step at a time you know one bite at a time will be a lot better but that's that's all I have for today I want to respect your time and get to close out yeah any final thoughts as we we wrap up this episode.

Victoria: No I I just I'm always open to pushing our profession forward I'm always open to connecting I think a lot of times in our profession people want to like secret away snatched away knowledge or or insider tips or whatever that we have I'm I feel like I'm the opposite of that I if I can help you in some way let's do it let's figure it out if you just want to contribute something in some way to start developing your skills we'll figure out a way to you know make it happen so yeah if I can support anybody I am happy to do it and and don't hesitate to reach out.

Jimmy: That's what we're all about here you know on on the podcast it's exploring different options guys I probably had as many different types people as possible and I'm probably the most strange individual cross ____ fortunate to meet I think we we reached out a few a few months back and it's really been helpful to know people doing different things and building different things for pharmacists and I think that we can recreate what it means to be a pharmacist so that that's really all I had for for today guys check out the show I'll put all the links or for linkedin, email all that's going to be on the actual website so definitely check that out.

And I'm gonna close out the same way we always do guys, you don't have to be a pharmacist you don't have to work in the ED, but everything you do, make sure you Pharm So Hard.