

PGY1 Pharmacy Residency Program

PUBLIC HEALTH FOCUS

KOMOTO HEALTHCARE | DEC 1, 2023



AGENDA

Company Overview

Our Residency Program

Q&A

Introductions

Preceptor



Brian Komoto
PharmD
Chief Executive Officer

Residency Program Dir.



Kevin Komoto
PharmD, MBA
Chief Operating Officer

Preceptor



Jonathan Hashimoto
PharmD, APh
Chief Clinical Officer

Preceptor



Kami Hashimoto
PharmD, APh
Lead Clinical Pharmacist

Preceptor



Peter Vigil
PharmD
Pharmacist-In-Charge

Preceptor



Jessica Song (UOP)
PharmD, FCSHP
Chair, Dept of Pharmacy Practice

Advisory Committee Member



Simon Kim
MBA
Business Development

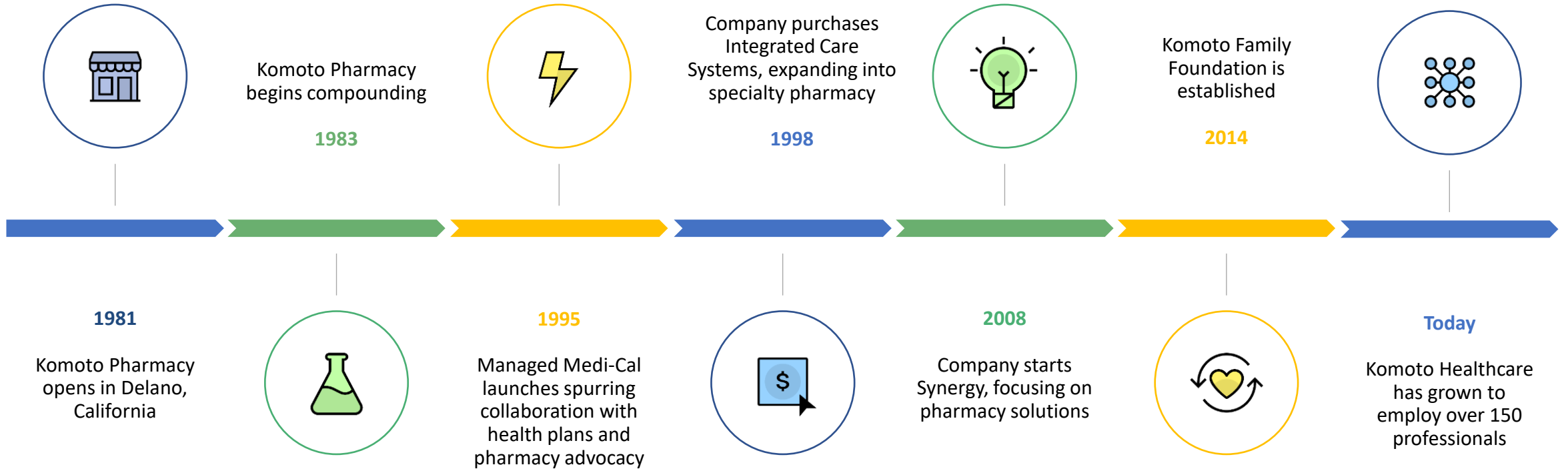
About Komoto Healthcare

Komoto Healthcare specializes in delivering pharmacy related services serving the needs of our community and partnering hospitals and health plans.

The company first started in 1981, operating as a community pharmacy in Delano, California with the goal of practicing clinical pharmacy to an underserved population. While our organization has now evolved and grown to encompass five companies, our patient centric focus as always been at our core.



Company History



Residency Program Overview

Learning Experiences

Clinical Experience

Experiences will build on principles of chronic disease management, TOC, and patient health outcomes.



Pharmacy Practice Experience

Learn principles in safe medication fulfillment, patient education, and medication safety. Subject matter includes meds-to-beds, hospice, OTC, immunizations, and more.



Teaching Experience

Engage in a longitudinal presentation and teaching experience in affiliation with the University of the Pacific.



Public Health & Equity

A longitudinal experience working with the local community, within Komoto Healthcare, and affiliates to address health disparities in rural communities.



Business Development Experience

Gain experience in pharmacy operations, project management, process analysis, and other skillsets required to implement pharmacy services.



Public Health & Equity



Danielle Colayco, PharmD, MS
Executive Director,
Komoto Family Foundation

Public Health & Equity

Learning Experiences

- Understand root causes of population-level health disparities
- Work on solutions that can be implemented at the pharmacy level in collaboration with providers and local community-based organizations

Activities

- Mobile vaccination clinics
- Develop tools to bridge gaps in health literacy
- Participate on the Equity Task Force and help implement the DEI strategic plan
- Participate in the Kern County Sexual Health & Harm Reduction Collaborative meetings



Factors affecting our underserved community



Healthcare System

Physician to patient ratio

- Kern County 1:2,021
- California 1:1,280

Aging physicians

Poor access to care

- Primarily Medi-Cal
- Underinsured



Chronic Diseases & Risk Behaviors

- Diabetes
- Cardiovascular disease
- Asthma
- Hepatitis C
- Sexually transmitted infections
- Unintended pregnancy
- Mental health
- Substance use disorders

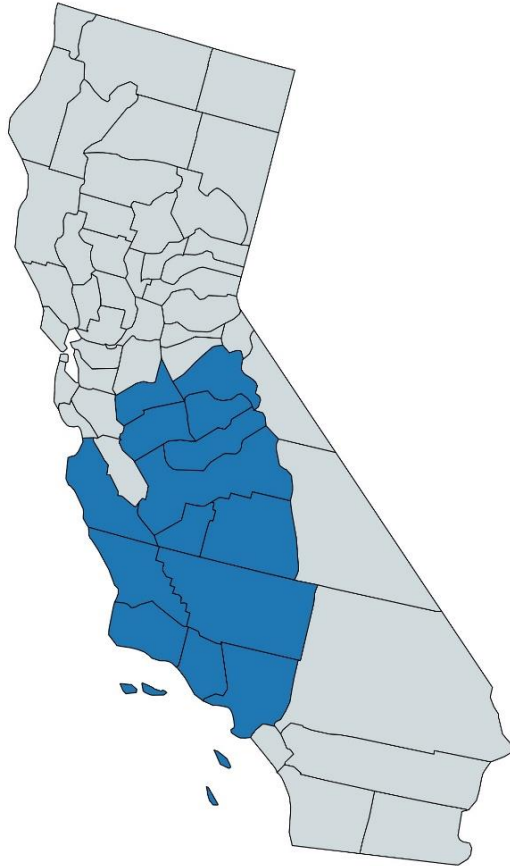


Environmental / Social / Economic

- Air quality
- Valley fever
- Agriculture herbicides / pesticides
- Poverty
- Household size
- Immigration status
- Transportation

Practice Sites

Our operations offer services that covers the Southern Central Valley of California.



Komoto Pharmacy – Delano, CA

Community pharmacy providing retail and clinical services

Komoto Medical Pharmacy – Bakersfield, CA

Community pharmacy with a specialty in providing institutional facing services like meds-to-beds and compounding

Integrated Care Systems – Visalia, CA

Home infusion and specialty pharmacy providing IV therapy, nutrition therapy, and nursing services to transition patients from hospital to home

Avina Health – Bakersfield, CA

Clinical pharmacy services company working with health plans and medical groups to reduce hospital readmissions, improve health outcomes, and reduce total cost of care

Komoto Family Foundation – Bakersfield, CA

A non-profit organization with a mission to improve access to care and medication while promoting health equity for underserved communities

Delano Site

Learning Experiences:

- Pharmacy Practice (Community Focus)
- Community Pharmacy MTM

Longitudinal Experiences:

- Staffing
- Project Management
- Pharmacy Advocacy



Bakersfield Site

Learning Experiences:

- Pharmacy Practice (Institutional Focus)
- Pharmacy Admin
- Medication Therapy Management
- Internal Medicine
- Transitions of Care

Electives:

- Non-sterile Compounding
- Hospice Care
- Operations Management

Longitudinal Experiences:

- Public Health and Equity
- Project Management
- Staffing



Visalia Site

Learning Experiences:

- Home Infusion and Specialty Pharmacy



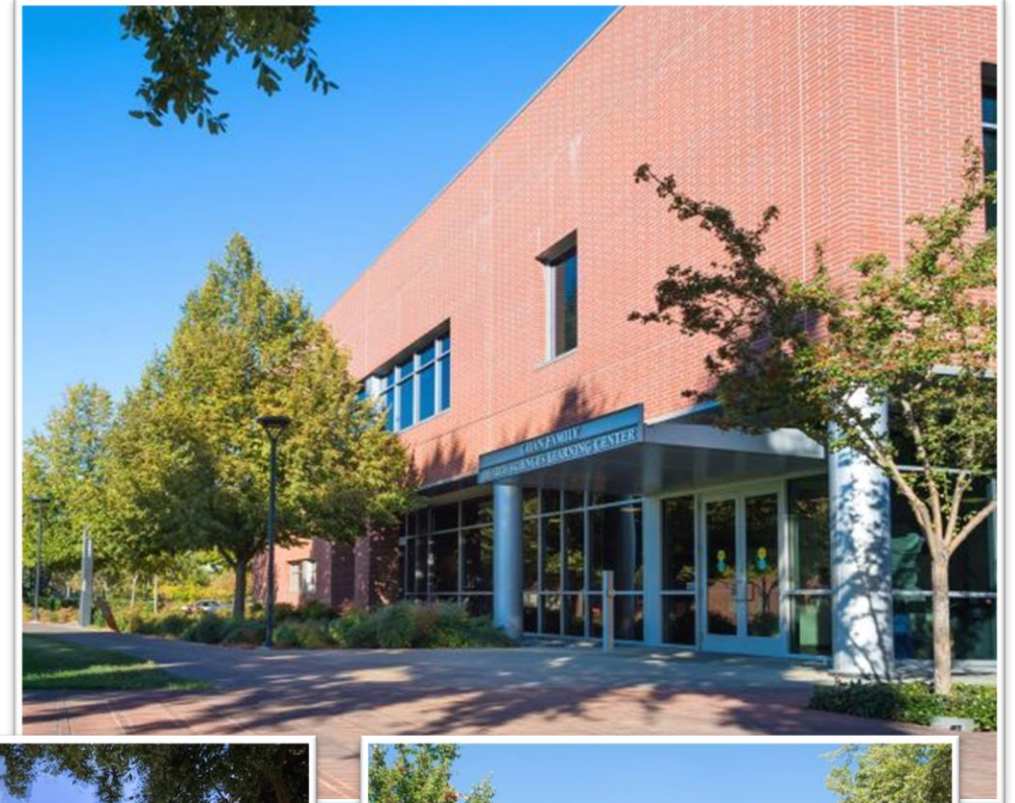
University of the Pacific

Learning Experiences:

- Teaching Certificate

Other Experiences:

- Leading patient case discussions
- Lectures
- Patient counseling sessions



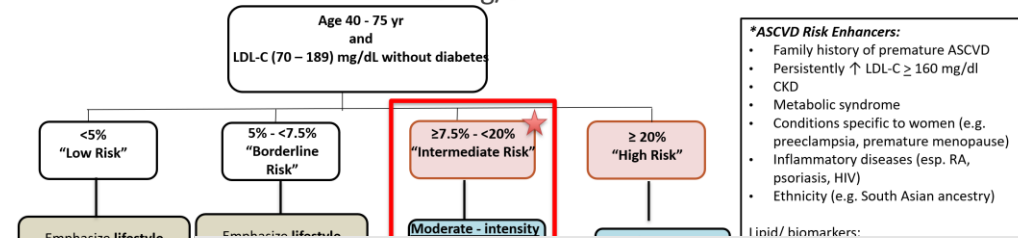
Case-Based Course

Case sample

Important management of all anticoagulants

- Monitoring:
 - Signs & symptoms of bleeding (minor, clinically relevant, & major)
 - Labs:
 - Hemoglobin/Hematocrit, Platelets (& additional labs based on the agent)
- Screen for DDIs:
 - Direct interactions (e.g., with antiplatelets)
 - Medications that increase bleeding risk (e.g., antiplatelets)
 - Disease states
- Assess duration of therapy
- Anticoagulants & double checks/s

4. Without clinical ASCVD or diabetes who are 40-75 yrs with LDL-C 70-189 mg/dL



PHYSICAL EXAMINATION:
 Vital signs: BP 156/69 mm Hg, pulse 68
 General: Female in no acute distress
 HEENT: Within normal limit
 Neck: JVP normal, no carotid bruits
 Pulmonary/Chest: Clear to auscultation
 Cardiovascular: RRR, S1, S2, with physiologic murmurs
 Abdominal: Soft. She exhibits no distention
 Extremities: warm, well-perfused, no edema
 Neurological: She is alert and oriented

10/18/2023 LABS (Fasting) & PROCEDURES

Sodium 140 (135-145 mEq/L)	Calcium 9.8 (8.8-10.2 mg/dl)
Potassium 4.1 (3.5- 5 mEq/L)	Albumin 4.0 (3.4-5.7 g/dl)
Chloride 103 (98-107 mEq/L)	Phosphorus 3.3 (2.5-4.5 mg/dl)
Bicarbonate 26 (22-26 mEq/L)	Alk Phos 49 (43-122 IU/L)
BUN 19 (8-20 mg/dl)	TC: 195 (<200 mg/dl)
Creatinine 0.6 (0.2-1 mg/dl)	LDL-C: 110 (<130 mg/dl)

EKG: AF at rate of 68, Premature atrial contractions (PACs). QTc interval

Please work-up and write a Pharmacist's Care Plan Note for the following:

- Atrial Fibrillation – focus on anticoagulation
- Major Depressive Disorder – focus on appropriate pharmacotherapy
- Hyperlipidemia – calculate ASCVD Score and reassess therapy

SSRIs

Drug	Initial Dose	Titration Schedule	Maximum Dose	Notes
Citalopram (Celexa)	20 mg PO QD	20 mg weekly	40 mg PO QD; limit to 20 mg PO QD if ≥ 60 yo, liver dx, CYP2C19 PM or inh.	QT prolongation, avoid if CrCl < 20 mL/min
Escitalopram (Lexapro)	10 mg PO QD	10 mg weekly	20 mg PO QD; limit to 10 mg PO QD if elderly or liver dx	QT prolongation, avoid if CrCl < 20 mL/min
Fluoxetine (Prozac, Prozac Weekly)	20 mg PO QD	20 mg every 2 weeks	80 mg PO QD	Potent CYP2D6 inhibitor; most activating (insomnia)
Paroxetine (Paxil, Pexeva)	20 mg PO QD (10 mg PO QD if elderly, severe liver/renal impairment)	10 mg weekly	50 mg PO QD (40 mg PO QD if elderly, severe liver/renal impairment)	Paroxetine is a strong CYP2D6 inhibitor. Highly anticholinergic, risk of weight gain. High rate of sexual dysfunction.
Sertraline (Zoloft)	50 mg PO QD (25 mg PO QD with liver dx)	25-50 mg weekly	200 mg PO QD (100 mg PO QD with liver dx)	QT prolongation, weaker CYP2D6 inhibitor

Key Information

Appointment: July 1, 2024 to June 28, 2025

Positions available: 1

How to Apply: Applicants must register for the ASHP Resident Matching Program and submit application by **January 4, 2024**

Application Requirements: A cover letter along with three letters of recommendation is required

Salary: annual salary of \$70,000, paid semi-monthly

Insurance: Residents are eligible for the company's medical, dental, and vision insurance plans

Paid Time Off: Residents will be eligible to accrue PTO hours that can be used for vacations, holidays, personal leave days, and short-term sick leaves. Residents can expect to earn 184 hours of PTO

Fringe Benefits:

- Travel stipend to and from University of the Pacific campus and professional conferences
- ASHP and CSHP membership
- Enrollment in the University of the Pacific's "RX4Success" program



Putting the Pieces Together:

A look at **Transitions of Care**



National Publications



The American Journal of Managed Care (Mar 2017)

Impact of a pharmacy-based transitional care program on hospital readmissions.

Ni W, Colayco D, Hashimoto J, Komoto K, Gowda C, Wearda B, McCombs J.



Journal of Managed Care & Specialty Pharmacy (Feb 2018)

Budget Impact Analysis of a Pharmacist-Provided Transition of Care Program.

Ni W, Colayco D, Hashimoto J, Komoto K, Gowda C, Wearda B, McCombs J.



American Journal of Health-System Pharmacy (May 2018)

Reduction of healthcare costs through a transitions-of-care program.

Ni W, Colayco D, Hashimoto J, Komoto K, Gowda C, Wearda B, McCombs J.



Medical Care (Jun 2021)

Impact of Adding Pharmacists and Comprehensive Medication Management to a Medical Group's Transition of Care Services.

Xuan S, Colayco D, Hashimoto J, Barca J, Dekivadia D, Padula W, McCombs J.

Q&A