UGA RX

THE UNIVERSITY OF GEORGIA
COLLEGE OF PHARMACY MAGAZINE

FALL 2007

Hope for Drug-Resistant AIDS Patients

Pioneer of Consultant Pharmacy

Studying Urban Nuclear Attack and Medical Response

November 2: *Groundbreaking*

Armon Neel: Pioneer of Consultant Pharmacy

by Sheila Roberson

One of Armon Neel's ('61) favorite bumper stickers reads: "What's popular is not always right. What's right is not always popular." Another favorite quote is from the Country Parson, "The fellow who is pleased with himself didn't set his goals high enough;" it appears framed on his desk in an office overflowing with pharmacy memorabilia, plaques and awards that Neel and his family of pharmacists have received over the years. Both quotes reflect his attitude toward life and his profession, and both were given to him by his late father, the fourth pharmacist in the Neel family.

"Pharmacy is my career and my hobby," said Neel, who happily acknowledges that his practice of pharmacy has labeled him a renegade at times and has even gotten him into trouble with the State Board of Pharmacy. He prefers being viewed as a pioneer and a patient advocate.

Armon Neel, now 69 years old, retired a few years ago, for about three weeks. He had planned to travel with June, his wife of 45 years, fish and play with his seven grandchildren, but he missed the challenge of his work and feared losing his sense of purpose; so he decided to go back to work. He opened MedicationXpert in Griffin, primarily to counsel geriatric patients via Internet or in person, on drug therapy management; he also resumed his work at a few long-term care facilities several days each month and started classes for home caregivers of Alzheimer's patients.

Retirement just wasn't for him.

Innovations in Pharmacy Practice Neel opened his first apothecary shop in Griffin two years after graduation; it had a waiting room and a counseling room, along with the pharmacy area. The facility's design was almost unheard of in the profession but Neel wanted to focus on patient care rather than on just dispensing medications. Neel perceived a "void between the prescription and the patient" and didn't want to practice retail pharmacy the way his father had, he said. He prepared prescriptions, kept detailed patient records and consulted with patients on medication use and drug interactions. He also developed successful counseling programs in pre- and post-natal care for mothers and their infants, and in diabetes and hypertension.

"Back then it was actually illegal to discuss medications with patients," he said. "Many accused me of playing doctor and the State Licensing Board didn't like what I was doing, but I saw myself as a health care practitioner and was able to keep my license."

Neel changed his career focus in 1968, three years after Medicare began requiring pharmacists to provide consultant services to nursing homes. With a new concentration on geriatrics and nursing home care, he became known as a consultant pharmacist, a new term in the profession. By 1977 he had closed his retail practice and opened a new business, called Institutional Pharmacy Consultants, that encompassed drug therapy consultation, nutritional consulting, quality assurance, education, care systems design, and health care management in long term care facilities. He assembled a staff of pharmacists, physical therapists, nurses, occupational therapists, dieticians, computer programmers and health care administrators.

"IPC was the first in the country to computerize medical records in the nursing homes, the first to use unit dosing in nursing

> The fellow who is pleased with himself didn't set his goals high enough

facilities, and the first to initiate a number of different policies and protocols, everything from a liberalized geriatric diet concept, reductions in restraint use, and antipsychotic drug use to glucose monitoring for diabetics," said Neel.

Patient Advocacy Neel's pioneering work in drug therapy management in nursing homes has always focused on the patients' needs, making sure therapy suited the patient.

"Pharmacists are often the last line of defense with doctors who may not trained or up-to-date about prescribing drugs to geriatric patients," noted Neel, who became a board certified geriatric pharmacist in 1997.

Neel maintained charts on his patients to monitor their medications and therapeutic outcomes and wrote detailed reports, always sending a copy to the doctors involved. To many doctors and even some pharmacists this practice was considered beyond the realm of a pharmacist's responsibility, but to Neel it just made sense.

"A nursing home is a controlled environment where we could see drug therapy work from admission to outcome. Because it was a hands-on experience, we were able to develop guidelines for drug protocols based on those outcomes," he said. "We could see positive results."

Neel's determination to make sure patients were taking the right medications in the right doses has paid off from the standpoint of safety and cost.

"The risks of adverse effects expands exponentially with the number of medications being taken, partly because medications indicate the presence of medical problems and provide an opportunity for drug-disease and drug-drug interactions," said Neel. "The rule of thumb is $100 a drug per patient per month. If a patient is taking 15 drugs that means $1,500 per month, or $18,000 per year. Misuse of prescribed drugs can cost billions in terms of drug cost, loss of work, hospital admissions and death."

In IPC-served facilities, Neel said, patients' drug use was at a rate of 4.1 drugs per patient, one of the lowest medication usage rates in the country. Hospitalization rates were substantially lower than the national average, and overall prescribing rates were about 50 percent lower than the national average.

Neel's protocols and procedures were eventually written into the federal regulations that helped lead to the nursing home reform act in OBRA 1987. The law against pharmacists doing patient counseling was changed in 1990. For Neel what started as a vision led to more than 311,000 patient consultations in his lifetime and dozens of honors and awards from his professional colleagues.

What's Best for the Patient Three years ago after an article on his work was featured in the AARP Bulletin, Neel was bombarded with consultation requests from senior citizens across the country. One case, in particular, was an 84-year-old man who was so anemic he could barely walk or even sit up in a chair when he arrived in Neel's office. He had been given a statin drug by his doctor to protect his heart five years back, and since then had been hospitalized 11 times, undergone seven coronary catheterizations and been prescribed a variety of medications including blood thinners, non-steroidal anti-inflammatory drugs, and muscle relaxants; a total of 22 medications were being used. After a thorough consultation and drug review, Neel suggested that the patient reduce his medications drastically, to about four medications plus iron supplements and prescription vitamins for anemia. Fortunately the patient's physician agreed with Neel and today the patient is playing golf and enjoying a good quality of life.

"This physician did what he thought was best, but his knowledge base was in patient treatment, not in drug therapy," said Neel. "As consultant pharmacists we can make a big difference, often by facing the challenge of doing what's best for our older patients by identifying, resolving and preventing medication-related problems that destroy their quality of life and even hasten their death."

Neel sees clinical consultant pharmacy as the key to the survival of the pharmacy profession.

"Third party intervention in providing drugs will change the practice of pharmacy as we know it. Over 50 percent of all medications are paid for by the government and about 30 percent by other third parties. This will continue to increase rapidly in the next few years," he predicts.

"This is a wonderful time for pharmacists to move away from drug dispensing and into the role of counseling patients about what they know best, drugs. In this professional arena the pharmacists' opportunities are limitless."