Vicki (00:01):

Welcome to the ASHP official podcast, your guide to issues related to medication-use, public health, and the profession of pharmacy.

Vicki (00:12):

Thank you for joining us for the special edition podcast on COVID-19. This podcast provides an opportunity to listen in as we shared the latest on COVID-19 with our resident experts. My name is Vicki Basalyga. I'm the Director of the Clinical Specialists and Scientists Section here at ASHP, and I'll be your host for today's special edition podcasts on COVID-19. Today we'll take a look at the current literature and reviewing ACHP resources to assist pharmacists with me is Elaine Snow, Editor-in-Chief of AHFS Drug Information and Handbook on Injectable Drugs, and Seth Strawbridge, Clinical informaticist at ASHP. Thanks for joining us today, Elaine and Seth.

Elaine (00:49):

Happy to do so. Thank you. Thanks for having us.

Vicki (00:52):

Of course. Let's get started to talking about today's topic, COVID-19, literature evaluation, and current ASHP resources. So for our listeners, I'm not sure if you're aware, but a post on the COVID ASHP COVID-19 Resource Center is a document called Assessment of Evidence for COVID-19 Related Treatments. It's a great document, if you haven't checked it out. Elaine, I was wondering if you could tell us a little bit about this document and how it was developed.

Elaine (01:19):

Um, at ASHP, we saw a great deal of information was circulating in news media and various other postings about drugs that might be used to treat the infection itself or the drugs that were used in supportive care for patients who were, uh, infected, uh, with COVID-19. And we thought that there was a great deal of rumors and speculation, uh, some misinformation that was circulating, uh, back and forth. And the drug information experts from AHFS were asked to try to bring some kind of order to the information that was in circulation. So we sought to analyze the evidence that was out there to track back some of the stories that we were hearing, to what the original source of the story was, and then to evaluate the information and present that for our users so that they could look at it and find out was it, was it based on a study?

Elaine (02:19):

Was it based on speculatiom, um clinical experience, case reports? Just so that they knew what - what was behind some of the recommendations that were circulating. So we took a different approach. Normally when we're developing drug information monographs, we evaluate the evidence and some things we might just discard because it's so preliminary, so speculative. It just doesn't really inform what we would write. In this case because there was so much circulating, we tried our best to just look at the evidence and then tell our readers what the evidence was. So we had both a section and the table about

what the rationale was for whether a drug should be used or in some cases there were speculation, maybe a drug should not be used in patients with COVID-19. And we tried to, uh, and we also presented brief summaries of what evidence we found about clinical experience or research.

Elaine (03:15):

Uh, sometimes it might be in COVID-19, sometimes it might be in a related infection. And sometimes it was just speculation. And then where, where it looked like a drug was being used and there were various dosages that were reported. So there's, there's not a real consensus for a lot of this information. We were able to present that as well with additional comments as necessary. We do have some things that we found that came from, uh, WHO or from CDC and wherever we found that we stated that. But the idea was to just try to compile this together into a concise table where a clinician could look very quickly to see what was happening, uh, and make a judgment as to what, what they were hearing about and how they could apply it in their setting.

Vicki (04:03):

Yeah. Um, and again, for our listeners, uh, looking at this table is wonderful cause not only does it have the infectious disease component but it also has the critical care component and it's for support, like information about steroids. And then, uh, things we've been kind of hearing on the news about ibuprofen. So I really like, uh, this table and I think you got you all at AHFS did a wonderful job. Um, moving on to a little bit about, um, as the data's coming in and what we have provided for AHFS, Seth, can you tell us a little bit about how pharmacists are using AHFS database and how big data is helping ASHP develop resources for pharmacists?

Seth (04:41):

Absolutely. I'd love to. But first off, thanks for having us on the podcast. It's great to be here and thank you, listeners, for tuning in. I hope everyone is staying safe and healthy out there. So for around 60 years, AHFS Drug Information has been one of the most trusted drug information and drug safety resources available to healthcare professionals. AHFS Clinical Drug Information, also known as AHFS CDI is a web based and Apple iOS native app that allows users to access the full suite of AHFS drug information databases and drug shortages bulletins all in one convenient online portal. Now, as a part of our organization's efforts to support healthcare professionals on the front lines of the COVID-19 pandemic, ASHP is providing the health, is providing healthcare professionals with free access to AHFS CDI. So take advantage of this free access. Simply go to www.ahfscdi.com and log in with the username ahfs@ashp.org password covid-19. Again, that's www.ahfscdi.com, username A as in alpha, H as in hotel, F as in Foxtrot, S as in sierra, @ashp.org, password all lowercase covid-19. Now our daily user numbers on CDI have increased significantly in the week that this promotion has been live.

Seth (06:11):

In fact, we've had a few thousand users already take advantage of the free access and the app is set up like a typical search engine so the user interacts with the app via searches and the search history data that has been providing ASHP with some big data insights. The search data allows us to keep a pulse on

what medications are currently trending with our users. For example, we noticed last week that like hydroxychloroquine and chloroquine were the most search drugs in the CDI platform. Now armed with this information, ASHP has since put together, shared and shared several resources addressing the use of hydroxychloroquine and chloroquine in the treatment of COVID-19. However, when it comes to big data, getting at the data is usually the easy part and the quote Carly Fiorina on this point, the goal here is to turn data into information and information into insight. And it's that last part that's truly the hardest. So to achieve this in with the data we're pulling from the CDI app, we've been building several dashboards that we are able to share with ASHP and groups within the organization to quickly identify what drug and drug shortages are most popular among our users and numbers. So big data solutions like this are helping us deliver focused and relevant resources to our members and the healthcare community at large in a timely manner.

Vicki (07:30):

Thanks, Seth. Uh, back to you, Elaine. Um, can you tell us how with the information that Seth is providing us and um, on those dashboards we seem to have new information coming out every couple of days and it's not always robust or reliable. Uh, can you talk to us a little bit about the goals for updating this document, um, how you'll add and remove information, um, and if we have a member who has found some landmark article that they feel that should be a part of the table, um, who they should contact to, uh, contribute to the, uh, the amount of data that we have?

Elaine (08:06):

Oh, thank you for the questions. Those are great questions. Um, before I get to that though, I would like to answer, I would like to refer back to what Seth was referring to about the AHFS CDI for instance. Uh, the monographs in there, we're aware that some, some clinicians may not use hydroxychloroquine or chloroquine very often in their practice. So by looking at AHFS CDI, you can, you can see more information about the background of the drug and how it was, how it's normally used, what the, uh, some of the adverse effects might be. Uh, and just refresh your knowledge on those things. So the AHFS CDI is a great resource to use. The table is where we're compiling all this developing information, trying to respond more rapidly. So, so it contains information that has not yet been incorporated into the monographs because the evidence in some cases is still, uh, influx to say the least.

Elaine (08:56):

Um, but we, we were quite aware that as we developed the table, it was basically a snapshot in time because evidence is, uh, is rapidly evolving. There's additional research that's underway. And then of course there's still endless speculation and lots of interesting things that may or may not be accurate. So clearly it was going to be necessary for us to update the table. Right now, in fact, there is an update in the process as I speak. Um, our first update to the table, but basically our drug information experts are, are reviewing information in certain areas, uh, on an ongoing basis to see what's developed and where it's necessary to, uh, update the table. So we have the pro-, we have a process where we can add drugs to it, we can refine what's already there. And, um, we're still, um, we're still working on our first update, but it's clearly the situation changes frequently.

Elaine (09:55):

We will, our goal at this point is to update the table at least twice a week, uh, as, as the situation evolves with the pandemic, it's possible that that may become, uh, less, less frequent, as more solid evidence emerges. But right now we're going to, we want to update it at least twice a week. However, during the daily monitoring activities, if someone finds something that they think really needs to be, uh, put out immediately, we have the capacity to update it more frequently than that. So basically it's, I guess the message is stay tuned for future developments, but we, we do have a process in place to update it regularly. As far as contacting us, um, the, if, if clinicians are aware of additional research that should be considered that we, that we may have missed or that we've not yet posted, they can email us at our AHFS email address. And that is ahfs@ashp.org. Um, and that's the American Hospital Formulary Service, the old acronym for that. So it's ahfs@ashp.org. I would request that if anyone does send us information about this, that they put the COVID-19 in the subject line at the very beginning of it because we do get multiple emails to this, uh, to this place and we want to be able to route those out quickly. So please be sure to include COVID-19 in the subject line.

Vicki (11:27):

Great. Thank you. Elaine. Um, and for again, for our listeners, when you take a look at the table, you will see that, uh, we do have an updated date on there. Um, so you can make sure that you're getting the most reliable or the most up-to-date version just by taking a look at the last day that it was updated and we, uh, we upload those once they're updated on a pretty regular basis. So my final question for both of you is, as we know, handwashing is essential to, uh, along with social distancing is essential to cut down on the spread of the COVID-19 virus. Um, so two weeks ago when I talked with Eric, the song that I was watching my hands to was spice up your life by the Spice Girls. Um, and because variety is the spice of life, I have decided to change my song from week to week. So this week I'm washing my hands to Bruce Springsteen's Born to Run. So I was just wondering what your favorite song was to wash your hands to.

Seth (12:27):

Okay. Uh, it's an oldie but a goodie and I will not sing it to you. It's um, Jimmy Buffett's Volcano Song.

Vicki (12:34):

Oh, that's a good one.

Seth (12:38):

Okay. Seth, your turn. So I grew up like doing the happy birthday song and that got kind of boring pretty fast when I started working in the healthcare industry. So I started switching it up and I've got two that are my go-tos right now. And, uh, first one is No Scrubs by TLC. And the second one is, uh, We Will Rock You by Queen, singing the chorus four times through.

Vicki (13:02):

Those are both excellent, excellent choices. So, um, thank you guys for joining us today. Um, I wanted to share some resources with the members that ASHP has developed and what is ASHP is working to help

members manage the outbreak. You've heard us mention a couple of times now about our resource center. It can be found on ashp.org and it has information for our pharmacy leaders, clinicians, and other resources for patients. I also wanted to bring your attention that ASHP has developed the policy recommendations for state and federal policymakers. Ask your legislators to support ASHP's COVID-19 recommendations. Send an email using the online Advocacy Center at advocate@ashp.org. If you're an ASHP member, you already have access to Headspace. What's Headspace? Headspace is the official meditation app of ASHP members. Choose from hundreds of guided exercises for any mood. Listen to sleepcasts of sleep sounds to help create optimal conditions for better night's rest and squeezing bite-size meditations during busy days. Visit ashp.org/headspace to learn how to access this valuable research. That's all the time we have today. I wanted to thank both Elaine and Seth for joining us today to discuss COVID-19 and ASHP efforts to provide pharmacists with the most up-to-date therapeutic information. Be sure to subscribe to ASHP podcasts. We'll be posting more on practice at therapeutic management of COVID-19. I'm Vicki Basalyga and thank you for joining us today.

ASHP Official (14:32):

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