

Impact of a Pilot Ambulatory Care Pharmacist in a Family Practice Clinic

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Disclosure Statement

- **IRB Status:** Not required
- **Co-investigators:**
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 - Amy Emmert, RN
 - Andrew Gilbert, MD
- **Conflicts of Interest:** None
- **Project Sponsorship:** None

Learning Objectives

- At the end of this presentation, participants should be able to:
 1. Recognize the most frequent pharmacist driven interventions completed in a family practice clinic.
 2. Identify areas for pharmacists to provide education for patients in the ambulatory care setting.

St. Peter's Hospital

- St. Peter's Hospital is a non-profit health care organization that serves a five county region in southwestern Montana
- St. Peter's Medical Group is the associated outpatient clinic
 - Healthcare services between the two clinic locations:

➤ Family and internal medicine	➤ Nephrology
➤ Cardiology	➤ Neurology
➤ Ear/Nose/Throat	➤ Orthopedics
➤ Obstetrics	➤ Rheumatology
➤ Gastroenterology	➤ Urology
➤ Oncology	➤ Infectious Disease

St. Peter's Hospital (continued)



- Medical Group
 - Family Practice Medicine
 - 13 physicians
 - 7 midlevel practitioners

Background

- Up to 60% of patients are non-adherent to their medication regimens
 - Associated estimated cost \$177 billion annually
- 30% of patients 65 years and older are on ≥ 5 medications
 - Over 50% have one or more unnecessary or high risk medication
- Poly-pharmacy is an area for pharmacists to provide evidenced based assistance to improve medication use in the primary care setting

1. National Council on Patient Information and Education, 2007.
2. Ernst FR, J Am Pharm Assoc, 2001, 41(2).

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Objectives of Pilot Study

Phase One

- Evaluate the impact of a pharmacist working with the primary care team
- Assessment of pharmacist's time utilization and interventions

Phase Two

- More focused evaluation of pharmacist's role as part of the primary care team

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Methods

- Prospective, observational study design
- Pharmacist embedded in a single pod of the family practice clinic
 - Comprised of two physicians, one nurse practitioner, nursing staff, and front staff
- Pharmacist workflow was proposed with room for flexibility to meet the needs of the pod



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Methods (continued)

Proposed Pharmacist Tasks – Phase One

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Identify patients at high risk for medication adverse effects ▪ Review patients with medication related problems ▪ Medication reconciliation ▪ Medication education ▪ Medication management | <ul style="list-style-type: none"> ▪ Assist in pneumonia vaccine outreach ▪ Patient medication assistance ▪ Drug information questions ▪ Additional tasks and assistance where requested |
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Metrics Assessed

Phase One

1. Safety and Quality
 - Interventions driven by measures set forth by:
 - National Committee for Quality Assurance (NCQA)
 - Centers for Medicare and Medicaid Services (CMS)
2. Provider's Perspective
 - Acceptance as part of the primary care team
 - Future growth for pharmacy services
3. Pharmacist Specific
 - Time utilization
 - Interventions

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Metrics Assessed (continued)

Phase Two

- In-depth evaluation of pharmacist's role as part of the Comprehensive Primary Care Plus (CPC+) initiative

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Phase One Results

1. Safety and Quality
 - Interventions driven by NCQA's Medication Management Metrics
 - Total of 246 medication reconciliations complete
 - Focus on care transitions

Medication Education	<ul style="list-style-type: none"> ▪ Occurred during > 80% of med recs ▪ 20% of pharmacist time was spent doing medication education alone
Updated Medication List	<ul style="list-style-type: none"> ▪ 100% of time med rec complete ▪ Average of two changes per med rec

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Phase One Results

1. Safety and Quality

➤ CMS driven metrics

- Profile reviews to evaluate for standards of care
 - I.e. Aspirin or other antiplatelet use in patients with history of myocardial infarction

Influenza and Pneumococcal Vaccine	▪ Evaluated or recommended 64 times
High Risk Medication Use in Elderly	▪ Focus for Phase Two

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Phase One Results

2. Provider's Perspective

➤ Key insights from Phase One pod providers

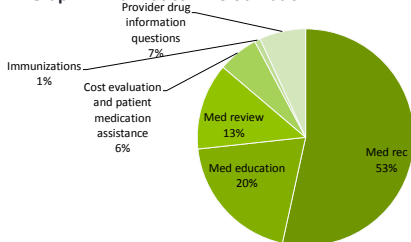
- "Having a pharmacist in the pod) gives me more time with patients – less time chasing drug information, interactions, etc. Overall, a very good impact."
- "Collaborating with a pharmacist really gives the best patient care. If patients are educated at the time of a new medication appropriately, the chances of use improves with compliance being key."
- "My perspective has changed with pharmacy in the pod to the point of never wanting to be in a practice where one isn't available."
- Providers outside of the pod began utilizing the pharmacist for various tasks
- Approval of pharmacist positions as part of the primary care team
 - Collaborative Practice Agreements (CPA)

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Phase One Results

3. Pharmacist Specific

Graph 1. Pharmacist Time Utilization

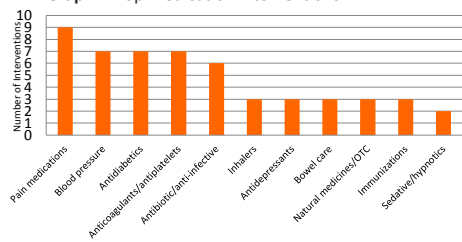


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Phase One Results

3. Pharmacist Specific

Graph 2. Top Medication Interventions



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Phase Two Results

➤ As of January 1, 2017, St. Peter's Medical Group is participating in America's largest multi-payer initiative to improve primary care



- Program offered in 14 regions
 - 2,891 primary care practices participating
- Goal to strengthen primary care and transform delivery of care
 - Collaborative care teams

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Phase Two Results

➤ New workflow proposed based on data from Phase One, in addition to quality metrics set by payers of the CPC+ initiative

Proposed Pharmacist Tasks – Phase Two

- Medication reconciliation and education for top 5% high risk patients
- Provide closer follow-up and medication titrations under CPAs
- High risk medication use in elderly review
- Care team drug information questions
- Patient medication education
- Patient medication assistance
- Underutilization reviews
- Additional tasks and assistance where requested

3. Centers for Medicare and Medicaid Services, 2017.

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Phase Two Results

- Pharmacists included as part of the care team for the CPC+ initiative
- Collaborative Practice Agreements signed by providers of St. Peter's Medication Group
 - Titration of medications related to chronic disease states
 - Diabetes
 - Hypertension
 - Asthma
 - COPD
 - Anticoagulation
 - Smoking cessation

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Questions?

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Conclusions

- Majority of pharmacist time spent in Phase One was related to medication reconciliations and medication education
 - Observations from Phase One used to delineate subset that would benefit most from medication reconciliation
- Most frequent pharmacist interventions in Phase One related to chronic disease states
 - Used this information to propose Collaborative Practice Agreements for these top chronic disease states
- Pharmacists play a vital role as part of the primary care team
 - Next steps include evaluation of pharmacist interventions as part of the CPC+ care team

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