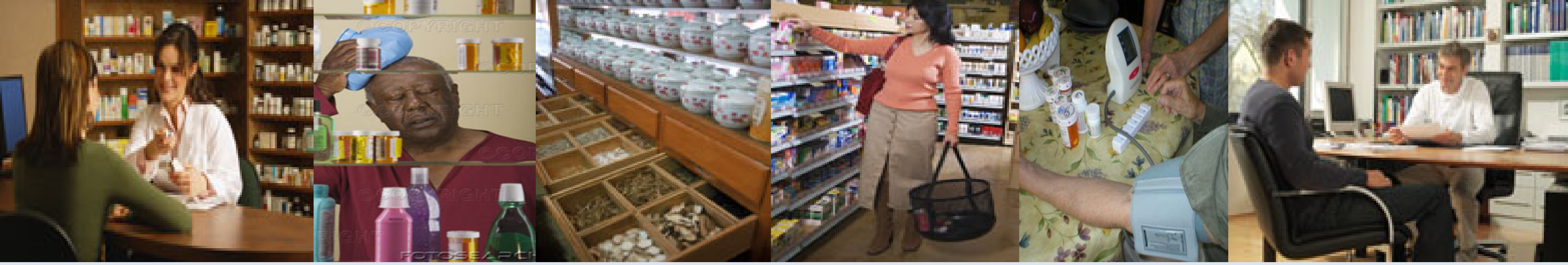

Integrating Pharmacists in the Patient-centered Medical Home

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SustiNet Medical Home Advisory Committee

Feb 17, 2010

Topic Overview

- Medication Use and Safety in Primary Care
  - Fragmented, disparate med info sources in Primary Care
- Pharmacist Education/Training
- Pharmacist’s Clinical Role in Medical Home
- CT DSS Medicaid ERx/HIE Demonstration Project
- Q&A

Primary Care Med Use and Safety Issues - 1

“ …no single element of a profession or, indeed, any single member of a profession has a monopoly on ideas.“ *Joseph A. Oddis, 1970*

- 71% of physician office visits involve medication therapy with 15% of visits having 4 or more prescriptions

- Only 47% of meds used at home were documented in EMRs; 89% of prescription medications and 76% of OTCs/herbals had discrepancies with EMR

- 30% patients taking prescription meds and 48% patients taking OTCs/herbals had actual meds used at home that were not recorded in EHRs

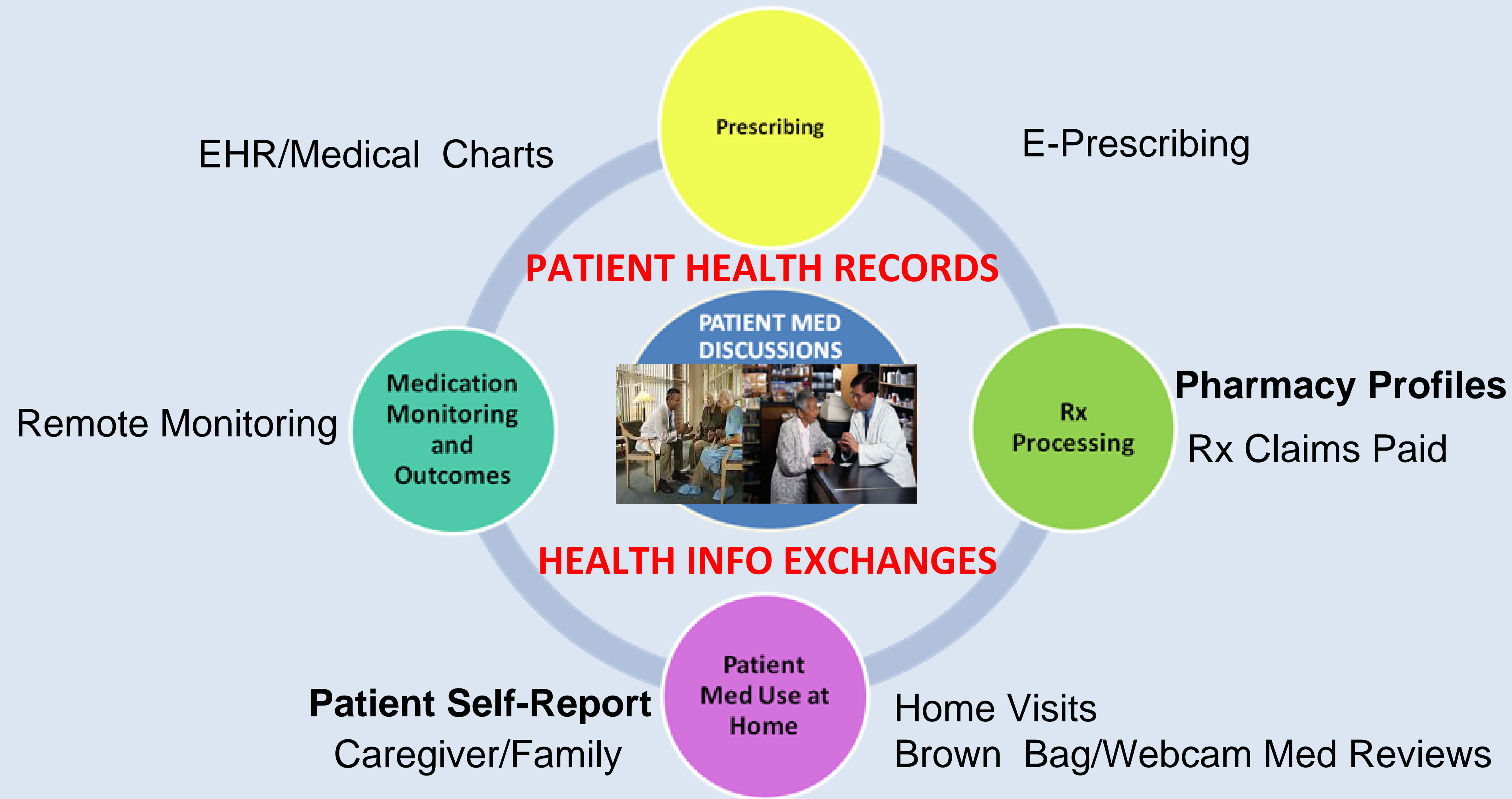
Primary Care Med Use and Safety Issues - 2

- 175,000 visits/yr to US emergency depts for adverse drug events (ADEs) in the elderly
- 32% adverse events leading to hospital admission attributed to medications
- 49% patients with unexplained med discrepancies between home to hospital discharge; 29% patients with unexplained med discrepancies between hospital discharge and 30-days post discharge

Primary care offers sufficient opportunities for interdisciplinary collaboration for safe, effective, and evidence-based medication use

SOURCES: National Ambulatory Medical Care Survey: 2006 Summary. Natl Health Stat Report. 2008 Aug 6;(3):1-39. Arch Intern Med. 2005;165:1842-1847; Ann Pharmacother 2008;42:1373-9.; JAMA. 2008;300(24):2867-2878. Ann Intern Med. 2007;147(11):755-765.; Arch Intern Med. 2006;166:565-571; Int J Med Informatics 2008:153–60; Jt Comm J Qual Patient Saf 2007 May:33(5):286-292.

Disparate, Fragmented Med Info Sources in Primary Care



HIE is a shared platform for care coordination and patient medication info on use and outcomes that can be accessed by all health care professionals (and patients??)

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Pharmacist Training and Expertise

Education and Training

- Entry-level 6-yr degree (PharmD)
  - 2 yr pre-pharmacy + 4 yr pharmacy curriculum
  - **2-3 yrs Pharmacotherapeutics**
  - 1.5 yr Drug Info/Lit Eval'n
  - 3 yrs integrated pharmacy problem-solving seminars
  - **4 yrs patient-care exp + clinical rotations**
- **Postgraduate Residencies and Fellowships**
- Board-certified Specialties
  - **Ambulatory Care**, Geriatrics, Pharmacotherapy, Nutrition Support, Psychopharmacy, Oncology, Nuclear Pharmacy

Expertise Areas

- **Drug Information**
- **Pharmacotherapy**
- **Pharmacokinetics**
- **Pharmacovigilance/Drug Toxicities**
- **Patient Medication Safety**
- **Medication Therapy Management (MTM)**
  - **Rx, OTCs, Herbals, Dietary**
- **Pharmacoadherence Assessment**
  - **Compliance and Persistence**
- **Pharmacoeconomics and Outcomes Research**

Pharmacists' Role in Patient-centered Collaborative Care

Pharmacist Services in Primary Care

- Perform comprehensive medication therapy reviews and reconciliation
- Identify, resolve, and monitor medication-related problems
- Optimize polypharmacy regimens
- Monitor /manage chronic disease medication regimens (referral model)
- Design tailored adherence and health literacy programs
- Recommend cost-effective therapy regimens

CT DSS Medicaid Transformation Project

- Demonstration MTM Project with CT Medicaid ERx/HIE Program
- Specially trained Pharmacists see Medicaid patients in PCP office
- Study Measurements:
  - ✓ Medication Discrepancies
  - ✓ Drug Therapy Problems
  - ✓ Adherence Trends

Culturally-Appropriate Medication Optimization Project

- Elderly Cambodian patients with Khmer Health Advocates using CHW (CT/ CA via telemedicine)

Pharmacist Intervention: Medication Therapy Management (MTM)

❖ MEDICATION THERAPY REVIEW

❖ INTERVENTION AND/OR REFERRAL

Includes Med Reconciliation

Interview patient and create a database with patient information

Review medications for indication, effectiveness, safety and adherence

List medication-related problem(s) & Prioritize

Create a plan

Possible referral of patient to physician, another pharmacist or other healthcare professional

Interventions directly with patients

Interventions via collaboration

Physician and other healthcare professionals

Implement plan

Create/Communicate

Create/Communicate

Complete/Communicate & Conduct

❖ PERSONAL MEDICATION RECORD (PMR)

❖ MEDICATION-RELATED ACTION PLAN (MAP)

❖ DOCUMENTATION & FOLLOW-UP

MTM Pharmacist CPT codes established in Jan 2008

Source: APhA/NACDS Medication Therapy Management in Pharmacy Practice, Core Elements of an MTM Service Model, Version 2.0

Contract with Health Plans/Payers, Employers, Providers, Health Systems **for Pharmacist Services**

Recruit Qualified Pharmacists to provide contracted services

Pharmacists Collaborate with Health Care Professionals & **Provide** Patient-Centric Care

Improved Patient Care and Outcomes

NETWORK SERVICES

- Negotiate Contracts
- Administrative and billing service
- Coordinate network of pharmacists
  - Competency/skill-based qualifications
  - Not dependent on pharmacists' workplace
- Validate credentials of pharmacists involved
- Provide standardized pharmacist documentation tool
  - HIPAA compliant
  - Web-based , secure access
  - Standardized reports
- Systematic approach to all services offered

PHARMACIST MED'N THERAPY MANAGEMENT

- Pharmacist at Point-of-Care (Primary Care Office/Telemedicine)
- Perform Comprehensive Medication Review
  - Develop a Personal Medication Record
  - Assess Medication-Related Problems (MRPs)
  - Duplicate therapy/ Drug interactions
  - Adverse events and side effects
  - Adherence
- Develop Patient Medication Action Plan
- Document /Follow-up Plan
- Communicate with Primary Care Provider

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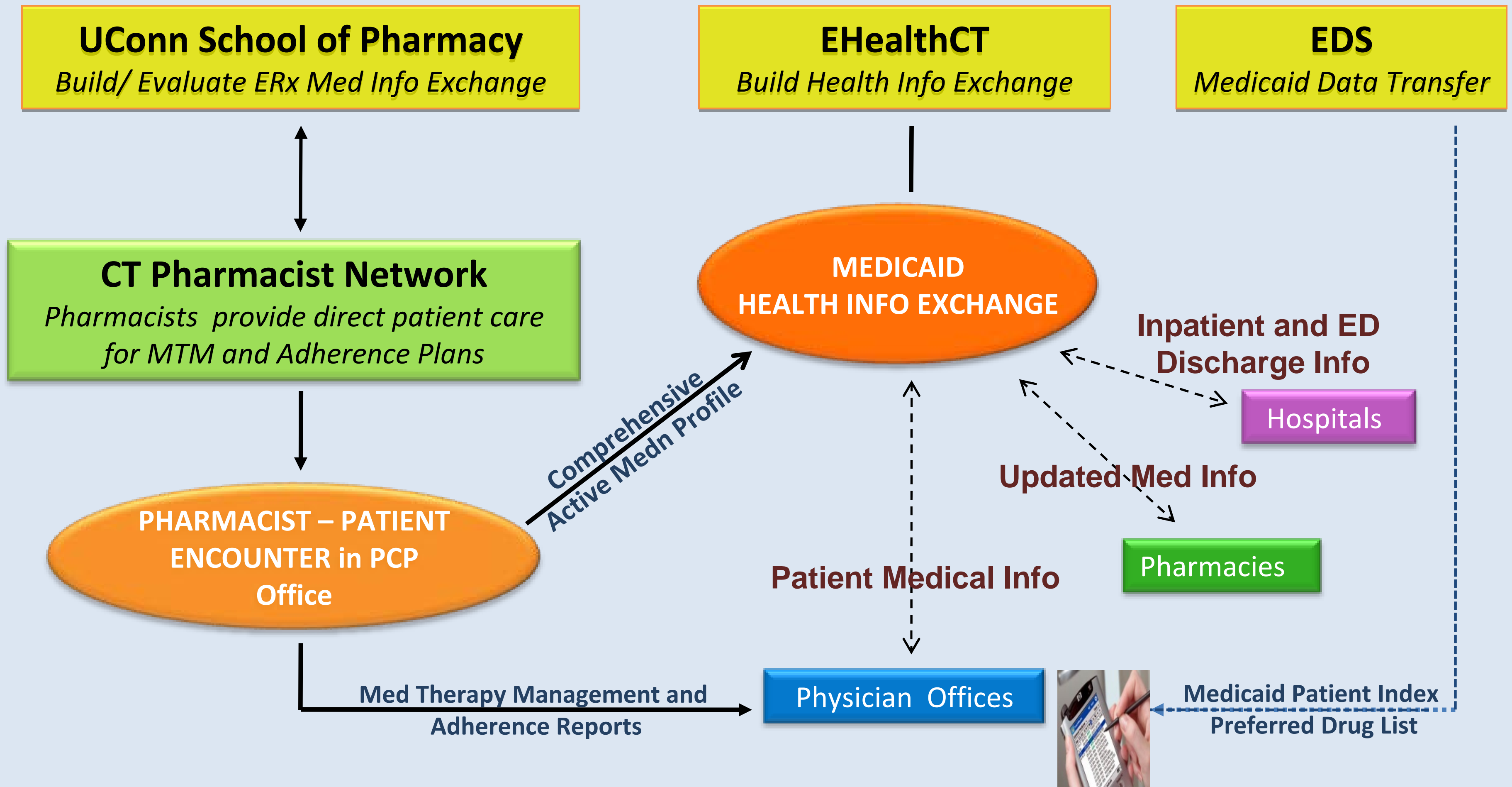
CT DSS Medicaid Transformation Grant

Building a Medicaid HIE and ERx Med Info Exchange



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Medicaid Study Patient Overview

Eligibility Criteria

- Adults with ≥1 chronic medical condition
- ≥ 4 chronic prescription meds

Sites: > 12 months use of EMR/E-Rx

Patient Demographics

- ~ 52 yo
- ~ 8 medical conditions/ptnt
- ~ 15 meds/ptnt (Rxs, OTCs, herbals)

Initial Pharmacist Visit + 5 monthly visits

Medicaid Study Outcomes Parameters

- **Medication discrepancies**
  - Sources: EMR, Medicaid claim, patient self-report
- **Drug therapy problems – identified, <u>resolved, and monitored</u>**
  - Unnecessary drug therapy
  - Needed additional drug therapy
  - Ineffective drug
  - Dosage Too low/high
  - Adverse drug reaction
  - Noncompliance
- **Impact on health care costs**

Incorporating Pharmacists in the PCMH

Pharmacists practicing at the "top of their license"

- Collaborate with providers to:

✓ Identify, resolve and monitor medication use and safety

✓ Optimize cost-effectiveness of medications

✓ Improve medication compliance and persistence = adherence

✓ Perform medication reconciliation and communicate med info to patient, providers, and all other entities in care transitions

- Enhance Access to Care

✓ Pharmacists can provide patient services in multiple locations

- Address Health Disparities

✓ Culturally and linguistically appropriate care

✓ Health literacy issues

QUESTIONS??