Clinical Pharmacy Integration within Chronic Care Management Services

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Disclosures

• Jennifer Malinowski “declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.”

The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

Target Audience: Pharmacists and Pharmacy Technicians

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• Activity Type: Knowledge-based

Learning Objectives

• Describe the workflow established to implement a pharmacist-led medication review service integrated within routine appointments for chronic care managed Medicare patients

• Articulate lessons-learned during implementation and program maintenance.

Self-Assessment Question

The average time for a pharmacist to conduct a medication reconciliation is about:

a. 1 minute
b. 10 minutes
c. 20 minutes
d. 30 minutes
e. 60 minutes

The minimum number of chronic conditions needed to be considered for Medicare care management is:

a. 1  
b. 2  
c. 3  
d. 4

Location

- The Wright Center for Primary Care
- NCQA level 3 Patient-Centered Medical Home (PCMH)
- Serves 6,500 patients in Northeastern PA
  - Approximately 800 are considered “Chronic Care Managed”
- Clinical pharmacy services provided by a pharmacist faculty and advanced pharmacy practice pharmacy students (12-13/year) 3-4 times weekly

Unmet Needs

- Interprofessional collaboration
- Evidenced-based practice implementation
- Application of quality improvement processes

Proposed Value

- Collaboration of pharmacy team with care manager
  - Increase manpower to target quality metrics
  - Mutually beneficial relationship between academic institution and health care organization
  - CPT codes may be used in future to bill for telephonic interactions

On-Site Work Flow Processes

Pre-visit Check in/Medical Assistant (MA) → Pharmacy Team → Resident/Provider → Care Manager/MA/Pharmacy Team

Patient Identification

- Alert systems and high risk registries
- Populations of focus
  - Population of Focus (DM, Asthma, CV)
    - Uncontrolled HTN 75 and up at high risk for falls
    - 5 or more diagnoses and 8 or more medications with hemoglobin A1c >9%
- Number of medications
- Types of medications
Intervention Documentation

Intervention Types (Sept-Jan)

- Suboptimal Therapy 26%
- Lab indicated 18%
- Dose adjustment 12%
- Updated history 11%
- Improper med use 9%
- Drug-Drug interaction 3%
- Other 18%
- Lab indicated* 18%
- Suboptimal Therapy 26%
- 1339 total
- 710 med rec/patient ed
- 18 weeks
- 8 students
- 4 rotations

Lessons Learned

- Time studies, chart alerts for low literacy, joint med recs, education on med review process
- Data collection, set curriculum, HUDDLE meetings!
- Home visits, telephonic med adjustments, file system
- Point of care testing for LDL and A1c

Lessons Learned Addressed

- Added consistent monthly telephonic outreach for highest risk patients
- Recruited additional pharmacy students to evaluate therapies prior to visits
- Developed a referral process to prompt nurse referral to pharmacy services team
- Added in chart alerts to identify patient as opt in chronic care managed patient

Lessons Learned

- Student/faculty coverage gaps; staff education on med rec process
- Missed patients; added alert system
- Striving to add indications to meds and eliminate abbreviations
- Literature definition variability, lack of severity score

What do others think?

“I am taking 8 medications and this confuses me. I felt it helps me that I know about my medications and their different side effects to get more compliant.”

“Having pharmacy on-site helps to address the long felt deficiency of on-site medication education and also helps to prevent drug related errors and adverse events.”

Chronic Care Managed Patient

VP of Quality
Outcomes

- 8000+ documented interventions in 4 years
- 85% of patients 75 and over with uncontrolled blood pressure at goal BP 2 years later (n=47)
- 54% achieved A1c <9% 18 months later
  - Once under 9%, 82% sustained goal < 9% (n=45)
- Pharmacy team identified and corrected 3 potential/actual adverse events per patient in high risk groups

Key Points

- Interprofessional care teams supported by pharmacy students improves outcomes and safety
- Pharmacist work flow integration requires:
  - Efficient tools and processes
  - EHR prompts to identify patients and interventions
- Monthly PDSAs/Weekly Huddle meetings enhance accountability and reduce inertia
- Future plans to identify provider time saved to promote pharmacist integration and satisfaction review and establish non-face to face methods of intervention
- Need to align interventions with quality metrics

Self Assessment Question 1
The average time for a pharmacist to conduct a medication history AND provide interventions/documentation is about:

- a. 1 minute
- b. 10 minutes
- c. 20 minutes
- d. 30 minutes
- e. 60 minutes

The minimum number of chronic conditions needed to be considered for Medicare care management is:

- a. 1
- b. 2
- c. 3
- d. 4

Additional Resources

- http://blogs.aafp.org/fpm/gettingpaid/entry/chronic_care_management_lots_of
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