“Meaningful Collaboration with Pharmacists to Improve Quality and Meet Patient Needs”
Moderator
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Impact of Pharmacists Beyond the 4 Walls of Acute Care Hospitals
Pharmacists’ Patient Care Process

Pharmacists use a patient-centered approach in collaboration with other providers on the healthcare team to optimize patient health and medication outcomes.

Using principles of evidence-based practice, pharmacists:

**Collect**
The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

**Assess**
The pharmacist assesses the information collected and analyzes the clinical effects of the patient’s therapy in the context of the patient’s overall health goals in order to identify and prioritize problems and achieve optimal care.

**Plan**
The pharmacist develops an individualized patient-centered care plan, in collaboration with other healthcare professionals and the patient or caregiver that is evidence-based and cost-effective.

**Implement**
The pharmacist implements the care plan in collaboration with other healthcare professionals and the patient or caregiver.

**Follow-up: Monitor and Evaluate**
The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other healthcare professionals and the patient or caregiver as needed.
Pharmacists’ Patient Care Process (PPCP): Patient Care Services

• Medication reconciliation
• Comprehensive and targeted medication reviews
• Medication synchronization and adherence services
• Transitions of care programs
• Medication and disease state education
• Drug therapy monitoring
  – High risk medication
  – High cost medication
  – Pharmacokinetic consults
Pharmacists’ Patient Care Process (PPCP): Patient Care Services

• Medication management
  – Chronic diseases
  – Hospice, palliative care and pain management
  – Mental health
  – Specialty clinics
  – Polypharmacy clinics
  – Refill clinics

• Wellness and prevention
  – Medicare Wellness Visits
  – Tobacco cessation
  – Immunizations including travel clinics
  – Weight management
Pharmacists’ Scope of Practice

- Regulated by state laws and board of pharmacy regulations
- Four primary domains
  - Ensuring appropriate medication therapy and outcomes
  - Dispensing medications and devices
  - Engaging in health promotion and disease prevention
  - Engaging in health systems management

Collaborative Practice Authority

- State law authorizes pharmacist to enter into an agreement or protocol with a provider
- Collaborative practice agreement (CPA): A voluntary formal agreement in which a licensed provider makes a diagnosis, supervises patient care, and refers a patient to a pharmacist under a protocol or agreement that delegates specific patient care functions to the pharmacist beyond the pharmacist’s regular scope of practice:
  - Functions can include initiating, modifying, and discontinuing patients’ medication therapy and ordering laboratory tests
- Terminology* for the agreement varies in state law
- Variability between states regarding types of functions, practice settings, patient populations, and requirements for the agreement

*Collaborative drug therapy management agreement, collaborative pharmacy practice agreement, consult agreement, physician-pharmacist agreement, standing order or protocol, simply physician delegation
Patient Care Delivery

• Settings:
  – Community pharmacies
  – Physician’s office
  – Outpatient clinics
  – Patient’s bedside
  – Worksite health
  – Pharmacist consultant practice

• Delivery modes:
  – Face-to-face
    • Appointment-based
    • “On the fly”
  – Telehealth
Panelists

Steve Simenson, RPh, FAPhA
Goodrich Pharmacy
Anoka, Andover, Blaine, Elk River and St. Francis Minnesota

Molly J Ekstrand, RPh, BCACP, AE-C
Medication Management Program Lead
Park Nicollet Health Services, Minneapolis, MN

Hae Mi Choe, PharmD
Director, Pharmacy Innovations & Partnerships
University of Michigan Medical Group, Michigan Medicine

Sharon Burks, PharmD
Director, Clinical Pharmacy Programs
Kaiser Permanente, State of Washington
Panelist Presentations

• Collaboration with pharmacists
• Pharmacists improving quality
• Pharmacists meeting patient needs
• Best practices
• Financial models
• First step
Goodrich Pharmacy
Anoka, Andover, Blaine, Elk River and St. Francis Minnesota

• Organization type: Community Pharmacy partnering with Health Partners Riverway and MultiCare Clinics
• Founded: 1884
• Patient care services launched: 1996
• Number of pharmacists: 18
• Number of pharmacy sites: 5
• Number of partnering clinics: 5
Goodrich Pharmacy
Anoka, Andover, Blaine, Elk River and St. Francis Minnesota

• University of Minnesota College of Pharmacy teaching community pharmacy residency site
• Practice-based research
• EMR access in Health Partners Clinics and MultiCare Clinics via Ethernet link
• Unique Medication Management patients served in 12 months
  • Onsite (Pharmacies): 900 unique CMM patients and 700 unique Disease State-MTM patients.
  • Offsite (Primary care clinics): 1,280-1,600 patients
• 11 collaborative practice agreements (e.g. asthma management, diabetes management, lipid management, hypertension management, tobacco cessation)
Patient Care Services Offered

In the pharmacy:
- Medication therapy management
- Comprehensive med reviews
- Blood pressure monitoring/mgt
- Lipid management
- Asthma management
- Tobacco cessation
- Board and Care Facility medication consulting
- Immunizations
- Therapeutic substitution and refill authorization
- Home delivery, adherence packaging, medication synch
- Compounding services

In the clinic:
- Medication therapy management
- Comprehensive med reviews
- Blood pressure monitoring and management
- Diabetes management
- Asthma management
- Lipid management
- Care transitions
- Tobacco cessation
- Opioid review and management
- Therapeutic substitution and refill authorization
Integrating Pharmacists into Patient-Centered Care

- Do the right things well.
- Align the Incentives,
- Improve the Outcomes,
- Control the Costs

“The Best way to predict the future is to invent it”

Alan Kay
Evolution of Our Collaborative Patient Care Practices

- Therapeutic substitution - clinic requested
- Blood pressure monitoring and management
- Lipid management research project
- Prescription refill management with clinic
- Pharmacist and resident in clinic
- Immunizations (influenza)
- Collaborative practice agreements

Drivers: 1). Patient needs 2). Fill a need or solve a problem
How the Pharmacist Works as Part of the Health Care Team

In the Pharmacy AND in the Clinic

• Scheduled patient visits
• Clinic staff consulting
• Referrals to other HCPs
• Patient follow up
• Ordering necessary Labs
• Documenting care in EMR
• Managing patients through collaborative practice agreements
Physician-Pharmacist Collaboration
Benefits to Clinic Health Care Providers

- Impact patient outcomes
- Raise MN Community Measure Scores
- Provide timely monitoring and follow up
- Increase availability to HCPs for medication consultation
- Able to tackle difficult medication problems
- Improve immunization goals
  - add to EMR
  - triage which specific type referred to which practice
- Able to help other HCPs be more efficient, increase capacity to see more patients
- Assist in meeting targets in value-based programs (e.g. MIPS)
Impact on Patients and Providers

- Improve patient satisfaction with all HCPs
- Improve medication adherence and outcomes, through med synchronization, med monitoring and adherence packaging
- Empower patients to be partners in therapy
- Improved communication of progress to HCPs
- Detect and prevent adverse drug events
- Assist in lowering health care costs
Pharmacists Improving Quality

Pharmacists are establishing recognition of the unique value they provide in the eyes of patients and other health care providers.

Clinic Community Measures Achieved

- Pneumoccal
- Flu Shots
- % generics
- Asthma
- Hypertension
- Diabetes

Clinic with Pharmacists vs Clinic without Pharmacist
## Pharmacists Meeting Patient Needs

<table>
<thead>
<tr>
<th>Patient Satisfaction</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Pharmacist Cares about my Health</td>
<td>4.8</td>
</tr>
<tr>
<td>My Pharmacist Improves my knowledge of my Medications &amp; How they are Expected to Work</td>
<td>4.5</td>
</tr>
<tr>
<td>My Pharmacist has made a difference in my care</td>
<td>4.6</td>
</tr>
<tr>
<td>My Pharmacist helps me make good decisions</td>
<td>4.5</td>
</tr>
<tr>
<td>My Pharmacist is easily accessible when I need them</td>
<td>4.4</td>
</tr>
<tr>
<td>My Pharmacist follows-up on my Health Regularly</td>
<td>4.3</td>
</tr>
<tr>
<td>My Pharmacist talks to my Doctor when necessary</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>Overall Satisfaction</strong></td>
<td><strong>4.5</strong></td>
</tr>
</tbody>
</table>

Rating scale of 1 to 5 with 1 = Very Poor and 5 = Excellent
## Pharmacists Meeting HCP Partners’ Needs

<table>
<thead>
<tr>
<th>Health Care Provider Satisfaction</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Director Satisfaction with Pharmacist Care</td>
<td>4.0</td>
</tr>
<tr>
<td>Clinic Administrator Satisfaction with Pharmacist Care</td>
<td>4.5</td>
</tr>
<tr>
<td>Medical Staff Satisfaction with Pharmacist Care</td>
<td>4.4</td>
</tr>
<tr>
<td>Goodrich Pharmacists Document Patient Care well</td>
<td>4.5</td>
</tr>
<tr>
<td>Goodrich Pharmacists are accessible when I need them</td>
<td>4.8</td>
</tr>
<tr>
<td>Goodrich Pharmacists keep me informed of my Patient’s Progress and use their privileges in a professional manner</td>
<td>4.5</td>
</tr>
<tr>
<td>Goodrich Pharmacist play a needed role in my practice</td>
<td>4.1</td>
</tr>
</tbody>
</table>

| Overall Satisfaction | 4.4 |

Rating scale of 1 to 5 with 1 = Very Poor and 5 = Excellent
Elements for Success

Physicians and other health care providers don’t want us to bring them a problem we could fix...Pharmacists need the authority and tools to fix the problems we find.

Necessary tools to succeed:

• Use EMR as other HCP’s in clinic
• In pharmacy use EMR to:
  • Check last clinic visit and care plan
  • Check med list in transitions of care
  • Check for/add immunizations
  • Check for new or discontinued medications
  • Schedule patient appointment or refer to HCP’s
  • Prepare for patient pharmacist visit
• Use collaborative practice agreements
• Credentialing and privileging
Exploring Financial Models

• Contract for pharmacist time
  – Clinic contracts for pharmacist services delivered in the clinic

• Share staff... split time
  – Employee of both the clinic and the pharmacy
  – Pay for hours worked at each site by location

• Hire a pharmacist to staff the clinic
Support From Innovative Health Systems

- “There is so much potential in the use of medications”
- “When I think of the growth in the cost of prescription medications and I think of that medications are the #1 resource in treating chronic conditions”
- “I still think the pharmacist has been the least effectively used member of the health care team”
- “There are lots opportunity to connect pharmacists more effectively with patients then there has been in the past”

With Chris Farrell Economic Journalist
MPR News Presents November 3, 2015
Welcome to Goodrich Pharmacy

Thank you for choosing us!
Goodrich Pharmacy, Inc

Steve Simenson, RPh, FAPhA, DPNAP

ssimenson@goodrichpharmacy.com
Collaboration with Pharmacists

Our Medication Management Program, by the numbers:

- 8.6 FTE Pharmacist Providers
- 1 FTE PGY1 Resident Pharmacist
- 15 Ambulatory Clinic sites
- 1 FTE Patient Outreach Coordinator
- 1 FTE Pharmacist Leader
- Budget $1.7M

2016 Med Mgmt Data

5,147 New Patients
12,405 Encounters (↑18%)
15,090 Med Related Problems (87% Resolved)
468 Returned Patient Surveys (25%RR)

Our Integrated System, by the numbers:

- One 426 Bed Hospital
- 22 Primary Care Clinics
- 18 Specialties
- 13 Retail Pharmacies
- CMS ACO 4th Year
- >1M patients cared for annually
- 1 HealthPartners Plan
- 9/11 HEDIS Measures, Top 1% in State!

Park Nicollet

HealthPartners®
Paradigm Shift to Leveraging the Pharmacist in Team Based Care

A Pharmacist is the lowest cost, best equipped resource to help patients with complex chronic disease to optimize their medications.

Medications are first line therapy for 88% of Chronic Disease.

We know where med utilization is greatest % of TCOC

Integrated Chronic Disease Proposed Model
Pharmacist = Medication Specialist
Comprehensive Medication Management

Direct patient care service
Assessment, Care Plan, Follow-up
Unique evaluation and management of medications, focusing on areas for potential medication intervention

1. Indication
2. Effectiveness
3. Safety
4. Convenience/Compliance—Adherence!

A Pharmacist’s approach and skillset is unique on the team!

Patient Centered Primary Care Collaborative Model: Comprehensive Medication Management http://innovations.ahrq.gov/content.aspx?id=3419
Pharmacists Improving Quality
Minnesota Community Measures

Collaborative Practice Agreements Streamline Care Processes
- Delegate Medication Management to PharmDs
- Patient specific clinical decision making for drug therapy
- Real time patient care!

### Med Mgmt Collaborative Practice Agreements – 2016 Utilization

<table>
<thead>
<tr>
<th>Collaborative Agreement</th>
<th>Unique Encounters</th>
<th>Medication Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes *</td>
<td>1868</td>
<td>2294</td>
</tr>
<tr>
<td>Hypertension Management *</td>
<td>2142</td>
<td>2662</td>
</tr>
<tr>
<td>Pain Control/Opioid *</td>
<td>1095</td>
<td>1294</td>
</tr>
<tr>
<td>Tobacco Cessation *</td>
<td>621</td>
<td>628</td>
</tr>
</tbody>
</table>

* Pay for Performance Alignment

Implemented with Primary Care Leadership
Pharmacists Meeting Patient Needs

88% say they felt more confident to manage their medicines after meeting with their pharmacist.

95% say their pharmacist is working as a team with their other healthcare providers.

For Patients, it’s about the confidence to manage their health and well-being.


2016 PNHS Patient Experience Survey Results, n=468
Pharmacist Collaboration for Organizational Needs

Direct Medication Alignment

Endocrinology Access Crisis
- Appointments booked months out
- Lack of clinician hiring pools
- Department burn out
- Medication use is 67% TCOC

Chronic Pain/Opioid Work
- Chronic Pain Care Package
- Opioid Tapers
- Coaching High Prescribing Providers

Indirect Medication Alignment

ESRD & Med Mgmt Next Gen ACO Pilot
- >10% above benchmark, ~100 total dialysis Next Gen patients
- Proactive outreach
- Comprehensive Medication Management Services provided
- Saved $1M in 2016

Hennepin County Employee ACO
Goal reduce TCOC through ↓ ED and Unplanned Admissions
Best Practices: Practice Management Systems

Medication Management Pharmacists are:
• Credentialed
• Providers, with NPIs and a schedule
• Completing all documentation in the EMR
• Leveraging their team resources

Data Driven Results:
• Internal Metrics for productivity/utilization
• Attribution/Accountability for quality
• Data extracts for contract compliance reporting
Exploring Financial Models
HealthPartners Plan MTM ROI Analysis

Commercial Patients, 2013 & 2014 data

<table>
<thead>
<tr>
<th>Overall &amp; High-Risk Commercial Members</th>
<th>Estimated Return on Investment</th>
<th>Estimated Reduction in Total Costs</th>
<th>Average Annual TCOC Reduction</th>
</tr>
</thead>
</table>

Publication pending!
Includes full details and analysis

Commercial Patients, Q1 2008-Q3 2009 data, Internal Analysis

<table>
<thead>
<tr>
<th>Overall MTM Engaged Commercial Members</th>
<th>Estimated Return on Investment</th>
<th>Estimated Reduction in Total Costs</th>
<th>Average Annual TCOC Reduction</th>
</tr>
</thead>
</table>

11:1
$331 PMPM
18%
Your Ambulatory Team, Financially

<table>
<thead>
<tr>
<th>Ambulatory Care Resources</th>
<th>Average Salary *</th>
<th>Relative to Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician, Internal Medicine</td>
<td>$232,520</td>
<td>1.9</td>
</tr>
<tr>
<td>Physician, Family Medicine</td>
<td>$190,140</td>
<td>1.55</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>$122,140</td>
<td>1</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>$106,740</td>
<td>87%</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>$104,390</td>
<td>85%</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>$72,310</td>
<td>59%</td>
</tr>
<tr>
<td>Counselor, mental health</td>
<td>$68,410</td>
<td>56%</td>
</tr>
<tr>
<td>Dietician</td>
<td>$59,390</td>
<td>48%</td>
</tr>
<tr>
<td>Health Educator/Coach</td>
<td>$51,390</td>
<td>42%</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td>$42,440</td>
<td>35%</td>
</tr>
<tr>
<td>Certified Medical Assistant</td>
<td>$36,200</td>
<td>30%</td>
</tr>
<tr>
<td>Pharmacy Technician</td>
<td>$33,520</td>
<td>27%</td>
</tr>
<tr>
<td>Front Line/Scheduling</td>
<td>$30,810</td>
<td>25%</td>
</tr>
</tbody>
</table>

www.bls.gov/oes/2015/may/oes_33460.htm
Potential Financial Models

• Increase patient access to billable clinicians
  – Utilize pharmacist prescriptive authority (CPAs)
  – Offload Recheck and Med check visits as appropriate
  – Alter clinician schedules to see more patients

• The Value Equation, Reimbursement tied to cost and quality
  – Invest in cost effective interventions that reduce TCOC
  – CMS Goal 90% by 2018: MACRA, MIPS, CPC+, APM, ACO

• Reach our targeted high-risk populations
  – Health plan partners, including HealthPartners

*Financial Stewardship and Agility are my commitment!*
Leveraging Pharmacists in Ambulatory Care Teams to Optimize Medication-Related Health Outcomes

Park Nicollet Health Service's Approach

Domain: Care Coordination
Category: Care Management
Competency: C02.8 Implement systems and programs for targeted medication therapy management

The complete series is available at https://www.accountablecarelc.org/CSB
The Competency Document is available at https://www.accountablecarelc.org/publications/competencies-public-comment

About the Accountable Care Learning Collaborative (ACLC)
The ACLC accelerates the transition to accountable care by identifying what providers need to succeed in value-based payment models. Through collaborative forums, members contribute their understanding and experience in the real world of accountable care implementation. The ACLC is managed by Leavitt Partners, LLC.
Taking that First Step…

**Build trusting relationships!**

Align with system priorities
- Where are the medication related priorities?
- Start small and focused to show quick wins

Where is there *financial* ‘skin in the game’?
- Payer Partnerships: shared risk/shared savings opportunities
- Reduced utilization of high cost health care

Alleviate access hot spots
- Endocrinology, Neurology, Complex chronic disease in IMed
  - Utilize pharmacist prescriptive authority (CPAs)
  - Offload Recheck and Med check visits as appropriate
Park Nicollet Health Services

Molly J Ekstrand, RPh, BCACP, AE-C

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March 23, 2017
University of Michigan Medical Group, Michigan Medicine
Hae Mi Choe, PharmD
Director, Pharmacy Innovations & Partnerships
Associate Dean & Clinical Associate Professor
College of Pharmacy, University of Michigan
Director, MPTCQ Program/Coordinating Center
Statewide Collaborative Process Initiative (CPI)

March 23, 2017
Michigan Medicine
(University of Michigan Health System)
Collaboration with Pharmacists

PCMH Pharmacists Practice Model

• 11 embedded pharmacists (5.1 clinical FTE) and 2 PGY2 Ambulatory Care Specialty Residents across 14 primary care clinics.

• Pharmacist’s time at PCMH sites varies depending on patient volume (range: 1 – 3 days/week).

• Provide disease management and comprehensive medication review services.
Collaboration with Pharmacists (cont’d)

Patient Enrollment and Service Delivery

– Disease Management Services
  • Focus on diabetes, hypertension, and hyperlipidemia
  • Proactively identify patients who would benefit from pharmacist’s services through disease registries
  • Schedule patients for clinic or phone appointments (15 - 30 minutes)

– Comprehensive Medication Review (CMR) Services
  • Initial appointment (clinic - 45 minutes): focus on patient’s medication concerns, confirm medication use, assess patient’s understanding of disease states and treatment plan, and identify potential barriers to treatment including drug cost
  • Follow-up appointment (clinic or phone - 30 minutes): discuss new treatment plans to improve efficacy, safety and lower drug costs
Collaboration with Pharmacists (cont’d)

Clinical Pharmacy Services in Specialty Areas

- CKD Clinics
- Psychiatric Clinic: Michigan Psychiatric Assessment and Care Transition (MPACT)
- Anticoagulation Services
- Central Transitions of Care Services
- Palliative Care Services
- Transplant Clinics
- Oncology Clinics
- Telehealth Pharmacist Services
Pharmacists Improving Quality

Average Decrease in A1c
Patients Co-Managed By Clinical Pharmacists

*Patients may belong to more than one category
Pharmacists Improving Quality (cont’d)

Diabetes Registry QI Report

- A1c Tests: 95% for Non-PharmD, 99% for PharmD
- LDL-C Test: 80% for Non-PharmD, 86% for PharmD
- LDL < 100: 65% for Non-PharmD, 59% for PharmD
- On Statin: 96% for PharmD, 93% for Non-PharmD
- Monitor for Nephropathy: 87% for PharmD, 81% for Non-PharmD
- Eye Exam: 88% for PharmD, 81% for Non-PharmD
- Foot Exam: 71% for PharmD, 81% for Non-PharmD
- Flu Shot: 76% for PharmD, 69% for Non-PharmD

- Non-PharmD Patients
- PharmD Patients
Pharmacists Improving Quality (cont’d)

Medical Director Satisfaction Survey
June 2015
(Scale: 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree)
(14 Medical Directors)

- I am satisfied with the care provided by the clinical pharmacist: 5
- The clinical pharmacist provides useful drug information to me as a clinician: 4.9
- The collaborative practice agreement which allows pharmacists to independently modify medications is a valuable aspect of the clinical pharmacist/provider relationship: 5
- The clinical pharmacist provides useful communications to me regarding the health status of my patients: 4.9
- The clinical pharmacist makes appropriate clinical decisions for my patients: 5
- The clinical pharmacist positively impacts the health status of my patients: 5
Pharmacists Meeting Patient Needs

Comprehensive Medication Review

Overall Average Rating (1 - Least to 5 - Most)

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<tbody>
<tr>
<td>4.61</td>
<td>4.92</td>
<td>4.60</td>
<td>4.59</td>
<td>4.69</td>
<td>4.38</td>
<td>4.48</td>
</tr>
</tbody>
</table>

N = 288
Best Practices

• Clinical Pharmacists have full access to:
  – EMR with bi-directional communications between providers
  – Population level data including quality metrics and gaps in care through ambulatory care dashboard

• PCMH Pharmacists have been granted special clinical privileges by the credentialing committee in our system.

• PCMH Pharmacists have collaborative practice agreement with physicians to initiate, adjust dose, and discontinue therapy based on delegation protocols.
Exploring Financial Models

• **Value-based Reimbursement**
  – Performance-based payment by achieving high quality scores
    • Pharmacists can impact up to 80% of quality metrics
  – PDCM VBR uplift/care management incentive program
  – At risk contracts

• **Capitated Payment**

• **Fee-for-service Payment**
  – Clinic, phone, virtual visits
  – Team conferences
Statewide Expansion to Integrate Pharmacists into Care Team

Blue Cross and U-M Health System launch plan to integrate pharmacists into care teams to improve medication use

Blue Cross Blue Shield of Michigan and the University of Michigan Health System are collaborating with physician organizations and pharmacists across the state as part of a new initiative to integrate clinical pharmacists into patient care teams.
Taking the First Step

• Identify key stakeholders to collaborate with
  – Physician champion
  – Lead pharmacist
  – Administrator (clinical operations)
  – Quality/data expert

• Prioritize focus areas to align with institutional strategic directions and goals.

• Start with small wins and plan for bigger impact.
Collaboration with Pharmacists

- Kaiser Permanente is an integrated health care system in Washington State
- Clinical pharmacist model has evolved over time
  - Hybrid centralized/de-centralized model
  - All clinical pharmacists are board certified
  - Focus on high-risk/high-cost populations in primary care and specialty care

- 675K members
- +900 WPMG Physicians (member of AMGA)
- 25 Kaiser Permanente Clinics
- 30 Clinical Pharmacists
Collaboration with Pharmacists

50% centralized/50% decentralized model with shared accountability goals and targets

Centralized staff support virtual consults and interventions – primarily support standardized workstreams

Decentralized staff placed at medical centers for high touch interventions (quality metrics and/or high cost prescribing)
Pharmacists Improving Quality

**PATIENTS (ANNUALLY)**

- Other (Provider Consults): 3151
- Med Therapy Mngmt Program (Medicare): 3142
- Chronic Disease Management: 2731
- Med Rec Home Health: 2467
- Medication Management: 2209
- Med Rec Post Hospital Discharge: 2171
- New Patient Onboarding Program: 2128
- Medication Affordability Strategies: 2033
- Med Rec Specialty: 1298
- Oncology: 1183
- Hepatitis C: 805
- HIV: 286
- Multiple Sclerosis: 267
- Idiopathic Pulmonary Fibrosis: 35
- Pulmonary Arterial Hypertension: 12

**Average HbA1c improvement**: 1.9%

**Estimated annual drug cost avoidance with new patient onboarding program**: $1.2M

**Estimated annual cost avoidance for readmission post hospital discharge**: $1.65M

**Therapy completion rate for hepatitis C**: 98%
## Pharmacists Meeting Patient Needs

<table>
<thead>
<tr>
<th>Patient Satisfaction</th>
<th>Average Score</th>
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</thead>
<tbody>
<tr>
<td>Friendliness</td>
<td>4.75</td>
</tr>
<tr>
<td>Information about medication(s)</td>
<td>4.81</td>
</tr>
<tr>
<td>Effort made to engage patient in decision making</td>
<td>4.87</td>
</tr>
<tr>
<td>Explanation of disease state</td>
<td>4.83</td>
</tr>
<tr>
<td>Use of plain language</td>
<td>4.81</td>
</tr>
<tr>
<td>Instructions regarding next steps and follow-up</td>
<td>4.74</td>
</tr>
<tr>
<td>Empathy for patient concerns/worries</td>
<td>4.89</td>
</tr>
<tr>
<td><strong>Overall Satisfaction</strong></td>
<td><strong>4.89</strong></td>
</tr>
</tbody>
</table>

*Scale 1 to 5, 1 being Very Poor and 5 being Very Good*

**Results reflect response from patient Hepatitis C survey**
Best Practices

align priorities and share accountability
• Need strong medical leadership support
• Utilize physician champions
• Create shared goals, metrics and targets

build a comprehensive care team
• Utilize clinical pharmacist as member of the care team
• Play to team members strengths
• Define roles and responsibilities

design for continuity of care
• Utilize electronic medical record (EMR)
• Utilize Collaborative Practice Agreements
Exploring Financial Models

Determine net value in improving patient care

• Published program results

• Internal Evaluation of ROI

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<thead>
<tr>
<th>Program</th>
<th>ROI</th>
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</thead>
<tbody>
<tr>
<td>Chronic Disease Management</td>
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<td>Medication Therapy Management (Medicare)</td>
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<td>Medication Reconciliation</td>
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<td>Overall ROI of Clinical Pharmacist</td>
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Taking the First Step

Partner with lead pharmacist

Identify clinical opportunities (preferably tied to incentives) to optimize drug therapy (HEDIS, Medicare 5-Star, PQA, Affordability)

Validate opportunity by measuring current performance compared to target

Identify stakeholders and get buy-in
Next Steps

- What metrics are pharmacists impacting currently in your practice?
- What metrics could a pharmacist improve in your practice?
- What pharmacist partners are in your organization?
- How can you expand the pharmacist’s role on the team?
Example Programs Where Pharmacists Are Impacting Quality Measures

- CMS Programs
  - Quality Payment Program (QPP): MIPS/APMs
  - ACOs: Medicare Shared Savings Program (MSSP), Next Generation ACO
  - Comprehensive Primary Care Plus
  - Part C and Part D Star Ratings Programs
- Private sector value-based ACOs and Medical Home programs
- Accreditation, certificate and recognition programs (e.g. NCQA for PCMH)
Example High Priority MIPS Measures

• Effective clinic care
  – Diabetes: Hemoglobin A1C Poor Control > 9%
  – Controlling high blood pressure
  – Medication management for people with asthma

• Patient safety
  – Documentation of current medications in the medical record
  – Adherence to antipsychotics medications in schizophrenia
  – Use of high-risk medications in the elderly

• Communication and care coordination
  – Medication reconciliation post discharge (>65yrs)

• Community/population health
  – Pneumococcal vaccination status for older adults – not high priority
  – Preventive care and screening: influenza immunization – not high priority
See Pharmacists in Your Future!