



Integrating Pharmacists in the Patient-centered Medical Home

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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

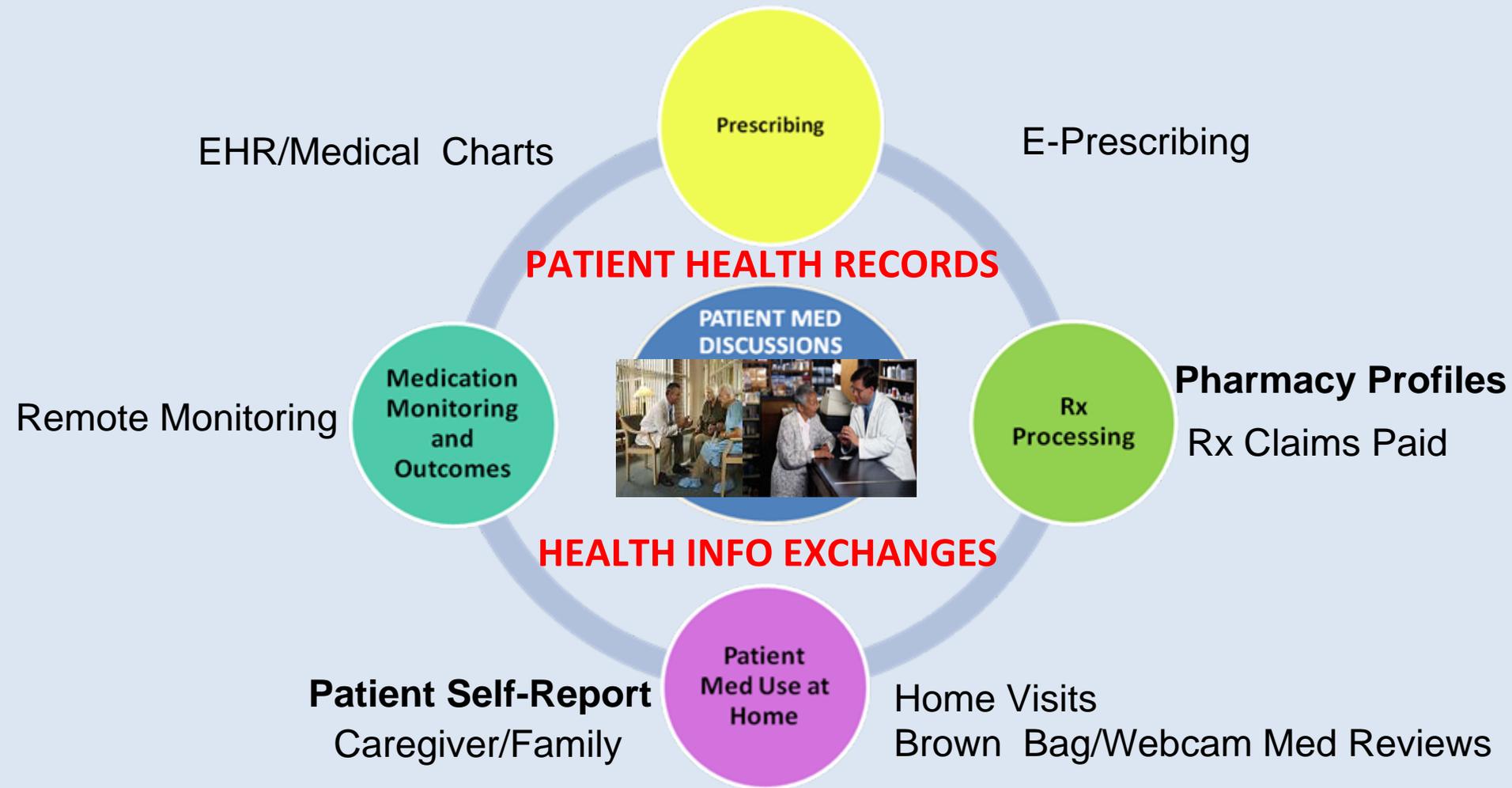
Primary Care Med Use and Safety Issues - 2

- 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??)

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

Creates/Communicate

Creates/Communicate

Complete/Communicate & Conduct

❖ PERSONAL MEDICATION RECORD (PMR)

❖ MEDICATION-RELATED ACTION PLAN (MAP)

❖ DOCUMENTATION & FOLLOW-UP

MTM Pharmacist CPT codes established in Jan 2008



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

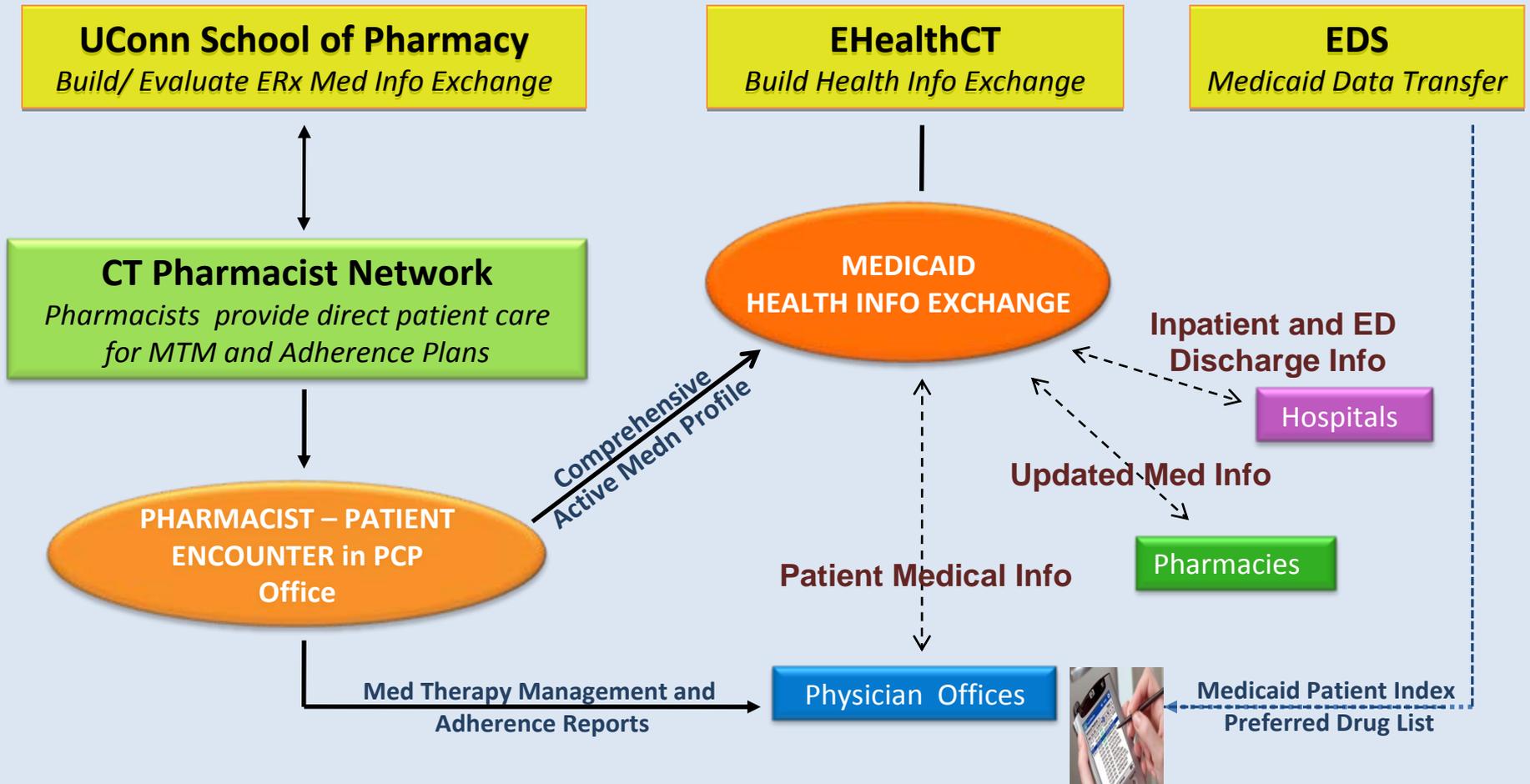
- **Negotiate Contracts**
- **Administrative and billing service**
- **Coordinate network of pharmacists**
 - **Competency/skill-based qualifications**
 - **Not dependent on pharmacists' workplace**
- **Validate credentials of pharmacists involved**
- **Provide standardized pharmacist documentation tool**
 - **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**

CT DSS Medicaid Transformation Grant

Building a Medicaid HIE and ERx Med Info Exchange



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, resolved, and monitored**
 - 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??

