Implementation of Pharmacy Services in a Primary Care Clinic

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Conflict of Interest

I have no conflicts of interest to disclose and no relevant financial relationships exist.
Objectives

- Define Patient Centered Medical Home (PCMH) care model
- Describe the clinical services provided by an ambulatory care pharmacist
- Identify the key elements for how to develop the service
- List at least 5 clinic operations that require consideration when building the service
- Describe the most common billing model for reimbursement
Outline

1. Joint principles of a Patient-Centered Medical Home (PCMH)
2. Role of a pharmacist in a PCMH
3. Key elements to developing services
4. Financial considerations
5. Advantages and barriers of a family practice clinic
6. Developing relationships
7. Written protocol
8. Creating change
Patient Centered Medical Home

Team-based model of primary care that delivers comprehensive, integrated, and patient-centered care that takes responsibility for the overall health of a patient

- Deliver Better Healthcare
- Improve Patient Health
- Reduce and Control Cost
Provider

Health Care Team

Whole-person Orientation

Coordinated & Integrated Care

Quality & Safety

Enhanced Access

Patient
Role of pharmacists in PCMH

- Medication Therapy Management
  - Comprehensive medication reviews
  - Identifying and solving complex drug-related problems
  - Ensuring use of evidence-based, cost-effective therapies
  - Educating patient about appropriate medication use
  - Transitions of care
Role of pharmacists in PCMH

- Collaborative Drug Therapy Management
  - Anticoagulation services
  - Diabetes management
  - Immunization
  - Heart Failure
  - Osteoporosis
  - Smoking Cessation

- Clinical Resource
Which statement about a PCMH is true?

A. Focuses on the care of the patient during the office visit
B. Encourages patient participation in decision making
C. Increases access to medical care
D. Consists only of physicians and office staff
E. All of the above
F. Only B, & C
About Me

- **Midwestern University College of Pharmacy**
  - Downers Grove, Illinois
  - Completed PGY1 in Ambulatory Care and Academia

- **University of Maryland School of Pharmacy**
  - Baltimore City, Maryland
  - Completed 4 year Doctor of Pharmacy degree
- Independent Group Practice
- 2 Clinic locations
  - North University (Central Clinic)
  - Rodney Parham Road (West Clinic)
- 12 Medical Doctors
- 3 Case Managers/ Care Coordinator
- Pharmacist
- Dietician
- Access Coordinator
Comprehensive Primary Care Initiative (CPCI)

- **Milestone 2: Care Management of High Risk Patients**
  - Behavioral Health
  - Self-Management Support
  - Medication Management

- **Milestone 3: 24/7 Access by Patients and Enhanced Access**
Key Elements to Developing Services

- Develop the mission and vision of your practice
  - **Mission**: Describe the purpose of your program, why it needs to exist
  - **Vision**: Describe where the program is going, what it wants to achieve and accomplish
  - Provides a focus and guideline to assist in developing the services
Key Elements to Developing Services

- Perform a Needs Assessment or Market Analysis
  - Determining what is desired by the patients, providers, organization, and payers
  - Understand what are the gaps between the current level of care and desired level of care
  - Three questions need to be asked:
    - What are the needs or problems to be addressed?
    - How large is this problem, and what are the trends?
    - How well are the needs currently being addressed?
Key Elements to Developing Services

- Determine Your Scope of Practice
  - State regulations- Arkansas Board of Pharmacy
  - Disease State Management: “the performance of specific acts of disease state management delegated to a pharmacist for an individual patient by an authorized practitioner through written protocol.”
Key Elements to Developing Services

Identify and Evaluate the Optimal Care Delivery Method

- Departmental Model
  - CEO of Organization
  - Chief Officer
  - Director of Pharmacy
  - Ambulatory Pharmacy Manager
  - Ambulatory Clinicians
  - Inpatient Pharmacy Manager
  - Inpatient Clinicians

- Office Model
  - Office Administrator
  - Physician Network Administration
  - Clinic Director
  - Clinical Pharmacist
Key Elements to Developing Services

- Evaluating Resources Needed
  - Pharmacist Staffing
    - Direct Patient Care
    - Non-direct Patient Care
  - Support Staff
Key Elements to Developing Services

- Evaluating Resources Needed
  - Equipment
    - Computer
    - Phone
    - Furniture
    - Point of care testing equipment
    - Blood pressure machine
Key Elements to Developing Services

- Clinic Operations
  - Office space considerations
  - Scheduling patients
  - Referral system
  - Billing process
  - Follow-up
  - Documentation & Communication
  - Access to patient information
  - Clinic work flow
Financial Considerations

- **Cost Savings**
  - **Direct Savings**
    - Medication management to decrease medication cost
    - Increase generic utilization
    - Discontinue inappropriate medication
  - **Indirect Savings**
    - Decrease in healthcare costs due to more effective and safer care
    - Avoid adverse medication events, decrease ER visits and hospital admissions
    - Increase practice site capacity
Financial Considerations

- Reimbursement
  - Incident-to billing
    - Physician-based clinic: 99211
    - Hospital-based clinic: G0463
  - Fee-for-service
    - Medication Therapy Management Services (MTMS)
    - Diabetes Self-Management Training (DSMT)
    - Medicare Wellness Visit (MWV)
    - Transitional Care Management (TCM)
    - Chronic Care Management
How can a pharmacist be utilized in a clinic?

A. Counsel a patient on smoking cessation techniques
B. Perform a comprehensive medication review to identify drug interactions
C. Create a care plan with individualized treatment goals
D. Adjust medication for a patient not meeting treatment goals
E. All of the above
Setting: Family Practice Clinic

Advantages

- Collaboration with physicians and team on-site
- Easy access to physicians to increase efficiency of patient visits
- Easy access to pharmacist for consults and patient “drop-in”
- Ability to develop “physician extender” services
- Access to electronic medical record (EMR)
- Potential for quicker initiation of pharmacist services
- Provide continuing education for physicians
Setting: Family Practice Clinic

- Barriers
  - Leadership may not understand the full scope of pharmacy
  - Limited patient population
  - Reimbursement
Developing Relationships

- Communication
  - Documentation
  - Recommendations
- Building trust with providers and support staff
- Collaborative practice agreements
- Pharmacist-Patient relationship
Written Protocol

- Statement identifying the types of disease state management decisions that a pharmacist is authorized to perform:
  - List of ailments or diseases
  - List of drugs and types of drug therapy management
  - Specific description of procedures, decision criteria, or plan

- Statement outlining the method of documentation and communication or feedback to the authorizing physician concerning specific decisions made
### Dose Adjustment Algorithm for Patient on Warfarin Maintenance Therapy

<table>
<thead>
<tr>
<th>INR</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 1.5</td>
<td>• Give booster dose equal to 20% of weekly dose</td>
</tr>
<tr>
<td></td>
<td>• Increase weekly dose by 10-20%</td>
</tr>
<tr>
<td>1.5 &gt; INR &lt; therapeutic range</td>
<td>• No change in dose</td>
</tr>
<tr>
<td></td>
<td>• If two consecutive INRs are low, increase weekly dose by 10-20%</td>
</tr>
<tr>
<td>INR in therapeutic range</td>
<td>• No change in dose</td>
</tr>
<tr>
<td>Therapeutic range &lt; INR &lt; 4.5</td>
<td>• Consider holding 0-1 dose</td>
</tr>
<tr>
<td></td>
<td>• If two consecutive INR’s are high, decrease weekly dose by 10-20%</td>
</tr>
<tr>
<td></td>
<td>• If INR is only minimally elevated (0.1-0.4), dose reduction may not be necessary</td>
</tr>
<tr>
<td>INR 4.5 - 10.0</td>
<td>• Hold 1-2 doses then recheck INR within 2-4 days</td>
</tr>
<tr>
<td></td>
<td>• Increase frequency of monitoring and resume therapy at 10-20% lower weekly dose when INR therapeutic</td>
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<tr>
<td></td>
<td>• If no evidence of bleeding, recommended not to use Vitamin K</td>
</tr>
<tr>
<td></td>
<td>• If patient at high risk of serious bleeding, consider administering Vitamin K</td>
</tr>
<tr>
<td></td>
<td>• 1-2.5mg orally</td>
</tr>
<tr>
<td></td>
<td>• Bleeding increases substantially and should be monitored closely</td>
</tr>
<tr>
<td>INR &gt; 10.0</td>
<td>• Discontinue warfarin therapy temporarily</td>
</tr>
<tr>
<td>No Bleeding</td>
<td>• Administer Vitamin K 2.5-10mg, recheck INR next day*</td>
</tr>
<tr>
<td></td>
<td>• Increase frequency of INR monitoring and resume therapy at 20% lower weekly dose when INR therapeutic</td>
</tr>
<tr>
<td></td>
<td>• Administer additional Vitamin K if INR is not substantially reduced in 24 hours*</td>
</tr>
<tr>
<td>Any elevation of INR</td>
<td>• Refer for hospital management</td>
</tr>
</tbody>
</table>

*If necessary, consult a healthcare professional for guidance.*
Appendix C: Insulin Titration Algorithm for Type 2 Diabetes

1. Initiate basal insulin at bedtime.
   Dose: 10 units or 0.2 units/kg

2. Titrate basal insulin dose to achieve FBG goal of 70-130 mg/dL.
   Increase insulin dose every 2-3 days as needed.
   
   Fixed regimen: Increase dose by 2 units
   Adjustable regimen:
   - FBG 100-140 mg/dL: increase by 2 units
   - FBG 141-180 mg/dL: increase by 4 units
   - FBG > 180 mg/dL: increase by 6 units

   If hypoglycemia occurs (BG < 70 mg/dL), reduce dose by 4 units or 10%, whichever is greater.

3. Check A1C in 3 months

4. A1C at goal?
   Yes → Continue current therapy
   No → Check post-prandial BG (2 hours after meal).

5. Is post-prandial BG > 180 mg/dL?
   No → Check A1C in 3 months
   Yes → Continue adjusting basal insulin and checking post-prandial BG.

6. Add 4 units rapid-acting insulin prior to meal.
   Increase meal-specific dose by 2 units every 3 days until BG at goal (< 180 mg/dL)

7. Check A1C in 3 months

8. A1C at goal?
   Yes → Continue current therapy
   No → Continue adjusting basal insulin to control FBG and bolus insulin to control post-prandial BG.
Which of the following is NOT a key element to developing services?

A. Consulting state regulation to identify scope of practice
B. Identify a primary care office to start services since it is the optimal care delivery method
C. Write a mission and vision statement
D. Establish a method of documentation and communication between the pharmacist and provider
Creating Change

- Establish a sense of urgency
- Form a coalition to lead the change
- Create a vision and establish strategies to achieve it
- Communicate the vision
- Empower others to act on the vision
- Plan for and create visible short-term accomplishments
- Produce more change by increasing credibility
- Promote and institutionalize effective new behaviors

References


