RHODE ISLAND PHYSICIANS CORPORATION PRIMARY CARE

The Role of the Ambulatory Care Pharmacist

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What is a Clinical Pharmacist

Rhode island primary care physicians corporation (RIPCPC) is a multi-specialty independent practice association (IPA).

At RIPCPC the clinical pharmacists work collaboratively with the care team in the development and implementation of patient care plans.

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About Rhode Island Primary Care Physicians Corporation (RIPCPC)

- Rhode Island's largest primary care driven Independent Physicians Association (IPA)
- 150+ primary care physicians including internists, family practice, pediatrics
- Servicing 150,000 patients (15% of Rhode Island population)
- Multi-specialty including eye care, behavioral health, cardiology and gastroenterology
- Centralized operations
- 10 Electronic Health Record platforms

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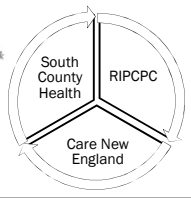
RIPCPC belongs to an ACO called Integra

- Accountable Care Organizations are groups of doctors, hospitals, health plans and other health care providers who come together voluntarily to give coordinated high-quality care to their Medicare patients.
- The goal of coordinated care is to ensure that patients get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.
- When an ACO succeeds both in delivering high-quality care and spending health care dollars more wisely, the ACO will share in the savings it achieves for the Medicare program

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About Integra

integra Community Care Network



Contracts:

Medicare - NextGen

Blue Cross Blue Shield of Rhode Island Medicare Advantage and Commercial Membership

UnitedHealthcare Community Plan of RI

Neighborhood Health Plan Managed Medicaid

150,000 RI patients covered by Integra ACO

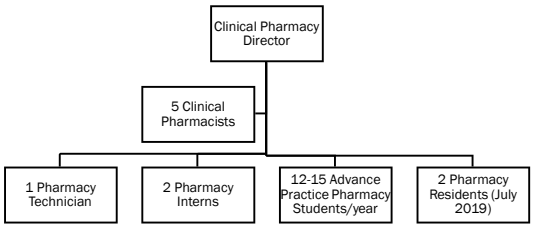
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RIPCPC Care Team Model



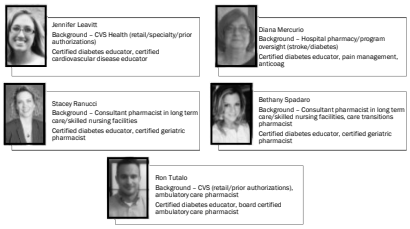
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RIPCPC Pharmacy Program Staff



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RIPCPC Pharmacists



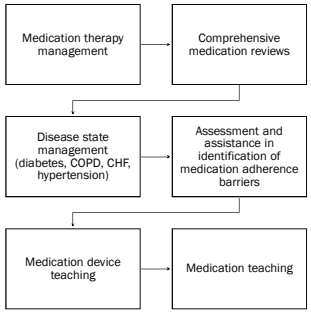
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The RIPCPC Pharmacy team provides the following services for physicians:

- Drug information consults
- Care transition support (medication reconciliation, medication and disease education)
- Recommendations for alternative therapies with consideration for patient needs
- Support practice based quality measures (diabetes control, blood pressure control)

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The RIPCPC pharmacy team provides the following services for patients:



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RIPCPC Pharmacy Program Metrics

- Medication review completion rates
- Rate of use of inappropriate medications in elderly patients (Beers criteria)
- CMS star ratings (adherence measures, gaps in therapy)
- HEDIS measures (A1C control, BP control)
- Hospital readmission rates
- Medication reconciliation measures
- Osteoporosis/Microalbumin measures
- Generic dispensing rate (GDR) percentage
- Polypharmacy rate – Rx/1000

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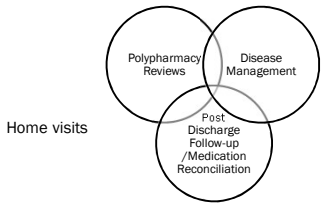
Pharmacist Role



- Assignment to practices by geography – North/Central/South
- Servicing ~20 providers/pharmacist
- 2 week rotation practice schedule for on-site
- Remote management in practices with low volume/lack of provider engagement

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Pharmacist Role



Home visits

Office visits

Telephone outreach

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"Pharmaceuticals are the most common medical intervention, and their potential for both help and harm is enormous. Ensuring that the American people get the most benefit from advances in pharmacology is a critical component of improving the national health care system."

- The Institute of Medicine (IOM)[1]

[1]The Institute of Medicine, National Academy of Sciences. Informing the future: Critical issues in health. 2007 Fourth edition, page 13. http://www.nap.edu/catalog/12014.html

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The Importance of Medication Management

- Medication mismanagement accounts for **30% of all hospitalizations and 45% of readmissions** among the elderly
- **One in four Americans** (~75 million people) do not take their medications as prescribed
- Approximately **$290 billion** is spent each year in hospital admissions, extra doctor visits, lab tests, and nursing home admissions as a result of adverse drug events due to **inappropriate use of medications**

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What is Medication Therapy Management

- Medicare Part D introduced term, "MTM"
- Medication therapy management (MTM) is medical care provided by pharmacists whose aim is to optimize drug therapy and improve therapeutic outcomes for patients
- Aims to improve outcomes by helping people to better understand their health conditions and the medications used to manage them
- Provides education on the disease state and medications used to treat the disease state, ensuring that medicines are taken correctly, looking for any side effects, and providing education on how to manage any side effects

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MTM can be further broken down into five basic steps:

1. Medication therapy review
2. Personal medication record
3. Medication-related action plan
4. Intervention and or referral
5. Documentation and follow-up

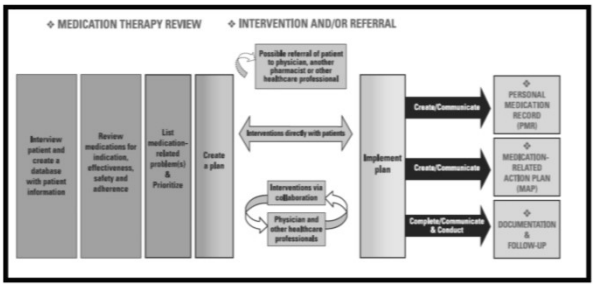
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Polypharmacy Review

Collect	Collect patient-specific information
Assess	Assess therapy for medication-related problems
Develop	Develop prioritized list of problems
Create	Create patient-centered plan

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Flow Chart of a Medication Therapy Management Service Model



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Patients for MTM Services



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Patients Benefitting from MTM

- Undergone care transition
- Medication regimen has changed
- Taking 5 or more chronic medications
- Has one or more chronic disease or condition
- Abnormal lab values due to medications
- Taking high-risk medications
- Not adherent with medications
- Limited health literacy or cultural differences
- Reduce out-of-pocket medication costs
- Change or loss of insurance coverage
- Experiencing side effect or adverse drug event
- Self-referral



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Highest Risk Patients

Older	• Patients over 65 are at the highest risk of medication errors • Cognitive issues
High Healthcare use	• ≥3 physicians • > 10 physician visits in 12 months
No support system	• Individuals that live alone are at the highest risk of medication errors • Lack of assistance with medication management
Multiple Chronic Conditions	• Patients on 8 or more medications are at the highest risk of medication errors • More complex med regimens

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Medicare Part D MTM Eligibility Criteria

- Multiple Chronic Diseases
  - 3 or more
  - CHF, Diabetes, Dyslipidemia, HTN, Respiratory disease
- Number of Medications
  - Eight or more
- Annual Cost of Medications
  - $4,000+

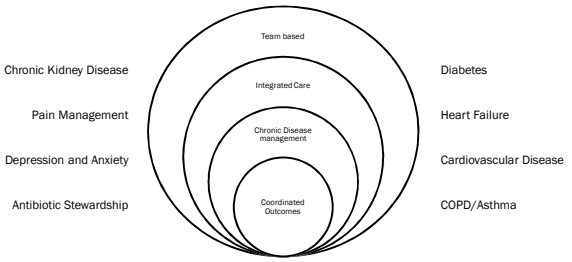
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Pharmacist Roles Chronic Disease Management

- Key components of successful disease state management include
  - *medication management*
  - *symptom control and management*
  - *patient disease state knowledge*
  - *patient self-management skills*
- Increased use of appropriate evidence based medication regimens
- Increased medication adherence
- Reduction in hospital admissions and readmissions
- Action plan put into place that includes an escalation plan

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Clinical Pharmacy Services in the ACO Model



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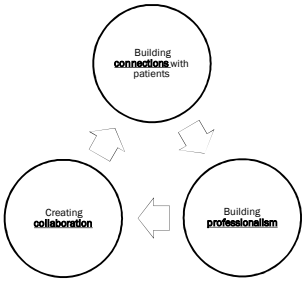
Clinical Pharmacists in PCMH

Patient centered approach, focus on patient selected goals



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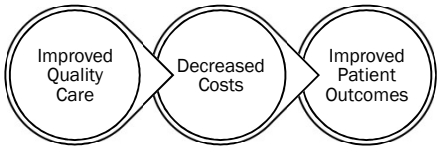
PCMH Pharmacist Perspective



- Enhancing the pharmacist's image with the public and colleagues
- Obtaining a new level of respect from patients
- Increasing patient–provider–pharmacist interaction
- Establishing trust with patients
- Achieving more personal interaction with patients
- Feeling more a part of the health care team
- Increasing patient loyalty

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Benefits of Clinical Pharmacy Services in the ACO Model



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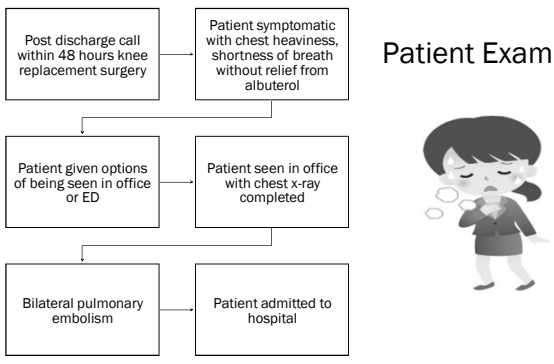
Return on Investment



- Total cost savings through 10/31/18 $4.08M
- $681K Direct savings
- $3.4M Indirect savings
- 1202 CMRs completed
- 4.8 average star rating on Medication adherence measures = increased quality incentives
  - *Triple weighted quality measure*

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Patient Example



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Patient Example



- Diabetes management
- Blood sugars high, A1C = 10.5
- Medication adjustments made in coordination with the physician
- Within 2 months – A1C = 7.6
- Additional insulin adjustment made
- Most recent A1C = 6.8!

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Patient Example



- 67 year old female flagged for polypharmacy review
- Patient experiencing side effects
- Prescribing Cascade Identified
- Taper down and/or weaned off of 5 medications
- Symptom Improvement with change in or removal of medications
- Medication changes done in collaboration with physician and patient involvement

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Summary



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Questions?



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Resources

- Patient-Centered Medical Collaborative, www.pccc.net
- Integrating Pharmacists in the Patient-centered Medical Home, Marghie Giuliano, RPH, CAE –CT Pharmacists AssnT , Marie Smith,PharmD – U Conn School of Pharmacy, Tom Buckley, RPh, MPH –U Conn and CPA, Susti Net Medical Home Advisory Committee, Feb 17, 2010
- Integration of collaborative medication therapy management in a safety net patient-centered medical home, Leticia R. Moczygemba, Jean-Venable R. Goode, Sharon B.S. Gatewood, Robert D. Osborn, Akash J. Alexander, Amy K. Kennedy, Lisa P. Stevens, and Gary R. Matzke Journal of the American Pharmacists Association www.japha.org, March/April 2011, 51.2,
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- Centers for Disease Control and Prevention. Collaborative Practice Agreements and Pharmacists' Patient Care Services: A Resource for Pharmacists. www.cdc.gov/dhdsp/pubs/docs/Translational_Tools_Pharmacists.pdf.

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