Health Systems Interventions

Comprehensive medication management in team based care:
Formalizing the Role of the Pharmacist

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...The top prescription is for your arthritis, but it may cause a heart attack. The second prescription should prevent a heart attack, but it could damage your liver. The third should prevent liver trouble, but it may destroy your spleen. The fourth protects the spleen but has been known to eat away the prostate. The fifth.....

polypharmacy /poly·phar·ma·cy/ (-fahr´mah-se)
1. administration of many drugs together.
2. administration of excessive medication.
Medication Related Statistics

**NOW is the right time to evaluate the role of the pharmacist**

- 70-80% of physician office visits result in a medication being prescribed with more than 3.5 billion prescriptions being written annually
- Inappropriate use of medications costs our health care system an estimated $177 billion annually
- Long term adherence to medication regimen is about 50%
- CMS estimates that 11% of hospital readmissions occur due to medication non-adherence, creating an economic impact that is estimated to cost nearly $100 billion annually
- Access to healthcare is continuing to create barriers and challenges
1,399 medical offices between June and November 2013 in five different areas of specialization: cardiology, dermatology, obstetrics/gynecology, orthopedic surgery and family practice.

Merritt Hawkins, Healthcare and physician search firm conducted the survey
THE PERFECT STORM

The Central Valley
NOW is the right time to evaluate the role of the pharmacist

The Future Of Pharmacy
Patient care services by the pharmacist is growing, reimbursement is slow but is starting to come along
Provider status is expected to change at the national level, driven by the need for mid level providers to improve access

- The Pharmacy and Medically Underserved Areas Enhancement Act
  - These bills, **HR 592 and S. 314**, will increase patient access to health care through pharmacists’ patient care services

- Extending this recognition will allow pharmacists to work more closely with health care teams
  - manage chronic conditions
  - help patients transition between health care settings
  - reduce hospital readmissions
  - control medical costs.
National Impact On California

Access to health care is a serious issue in California.

51 of 58 California counties include areas designated as “medically underserved”.

Currently most Californians on Medicare do not have access to important services provided by pharmacists, including:
- Chronic Disease Management (e.g. Diabetes, Heart Disease)
- Drug Therapy Management
- Preventive Screenings & Related Counseling and Education
  - Glucose Testing
  - Blood Pressure
  - Cholesterol

If H.R. 592/S.314 becomes law, pharmacists - a qualified and underutilized health care provider - can help address the needs of California's medically underserved.

Over 33,000 Pharmacists Licensed in California

Source: National Association of Boards of Pharmacy & State Boards of Pharmacy data
California State Legislation

- **New category of provider** - **Advanced Practice Pharmacists**
  - Expand the types of settings that pharmacists can practice
  - Ensure that health plans and other systems of care can include pharmacists as a provider
  - Pharmacists New Scope of Practice:
    - Perform patient assessments
    - Order and interpret laboratory tests for the purposes of monitoring and managing drug therapies
    - Adjust a patient’s prescription
    - Discontinue medications that are duplicative, unnecessary, or life-threatening
    - Refer patients to other Healthcare Providers
  - Requires communication to patients physician after the visit

- **All pharmacist** - Independent prescribing to the level of the pharmacist license and training
  - Identified medication therapies under state wide protocol
    - Travel medicines, hormonal contraception, and smoking cessation drugs
    - Authority to provide immunizations
Comprehensive Medication Management

... A service provided directly to patients by qualified clinical pharmacists who practice as members of functional inter-professional teams.

Working in formal collaboration with physicians and other members of the patient’s health care team, qualified clinical pharmacists:

- Identify and document medication-related problems
- Initiate, modify, monitor, and discontinue drug therapy to resolve identified problems
- Uses a consistent care process that assures medication appropriateness, effectiveness and safety;
- Achieve medication-related outcomes that are aligned with the overall care plan and goals of therapy;
- Engage and educate patients and families to full understanding of their medication regimen
- Supporting active patient engagement in the successful use of their medicines

https://www.pcpcc.org/sites/default/files/media/medmanagement.pdf

CMM is recognized as a core strategy to achieve better clinical outcomes and quality in the emerging environment of patient-centered medical homes (PCMH)
Pharmacist Impacts To The Healthcare System

...Seek to improve the coordination of care, improve the quality of care, and control costs

- Reduce Hospital Readmissions
  - Short term readmissions are often related to medications
    - Patients may not fill medication or not take medications properly due to a lack of understanding

- Improve Patient Experience and Satisfaction
  - Transition back to their home is a key part of a patient’s experience
    - Pharmacists can help ensure a smooth transition, which can affect a patient’s perception of care

- Bolster Collaborative Partnerships
  - Major healthcare providers recognize that they can’t provide all healthcare services themselves
    - Medications are an important part of the treatment process for most patients, therefore, it is important for pharmacies to be integrated
EMBEDDED PHARMACIST MODEL

Oncology Care Hub
Emerging Payment Reform Trends

We are now looking at better models to manage outcomes and control costs
Rethinking Primary Care

Clear communication and effective coordination among health care providers are vital for patient health, but the current primary care structure makes collaboration incredibly difficult. See the difference:

Source: UCSF Center for Excellence in Primary Care.
Networks of Care for Oncology Services

Care Transitions Management

Medication Management & Pharmacy Services

Health Care Systems transitions

Health Plans/ State and Federal programs

Community Clinic & ED Encounters

Outpatient Support services such as DME, Home care

Post Acute Care

Behavioral/ Mental Health

Patient Engagement and Advocacy

Patient Advocacy

Care Coordination & Navigation

Care Team Collaboration for a unified care plan

Capitation/Bundle Reimbursement

Patient Centered Navigation to improve efficiency, control cost and deliver improved outcomes while achieving patient satisfaction
Our Practice Model

• Pharmacist Provider with Physician Medical Director
• Set up care model similar to PCMH
• Developed a workforce training incubator
  – Train the trainer for our students and office staff
• Opportunities to support physician practices
• Caravan Health believed in our innovative vision
  – Transformation of Clinical Practice Initiative Alignment
  – Practice Transformation Network (PTN) Program
  – Leveraged Caravan for training the team
Care Model Objectives

• Provide a comprehensive oncology patient care hub
• Promote safe & effective quality care
• Manage patient plan of care through care transitions
• Appropriately manage patient’s medication conditions while under the care of the oncologist
• Achieve desired outcomes by following clinical pathways
• Use pharmacist expertise to focus on medication related issues to save healthcare providers time and resources
• Assist provider with symptom management
• Improve provider efficiency and productivity
• Patient and provider satisfaction
Proof Of Concept

• Started with Staffing
  – One Pharmacist, one day a week for 6 weeks
  – One Administrator a few hours a week to monitor outcomes and workflow

• Services provided
  – Medication Reconciliation to obtain accurate medication history and list
  – Medication Therapy Management Assessment
  – Develop Medication Action Plan as needed
  – Patient Education
  – Recommendations on therapies and call in to pharmacy
  – Troubleshoot issue with community pharmacy
  – Communicate with PCP on findings, and recommendations
Patient Care Continuity Services Pilot

California Cancer Center

Dr Wu Care Team – Pharmacist Navigator

Oncology Comprehensive Care &
The Medication Management Home - Series Appointments

Collaborative Plan of Care
- Pain Mng
- Toxicity & Symptom Mng

Comprehensive Med Mng
for chronic conditions while under the care of
Dr. Wu

Patient Care Transitions/
Discharge Coordination &
Education

The Pharmacist will work with the Gyn Onc Care Team as well as referring Physician to manage and execute the medication management plan of care with the patient.
Identifying drug therapy related problems

Significant drug therapy problems identified from the preceding questions are systematically documented in the same framework:

INDICATION:
• (1) The drug therapy is unnecessary because the patient does not have a clinical indication at this time.
• (2) Additional drug therapy is required to treat or prevent a medical condition in the patient.

EFFECTIVENESS:
• (3) The drug product is not being effective at producing the desired response in the patient.
• (4) The dosage is too low to produce the desired response in the patient.

SAFETY:
• (5) The drug is causing an adverse reaction in the patient.
• (6) The dosage is too high, resulting in undesirable effects experienced by the patient.

COMPLIANCE/ADHERENCE:
• (7) The patient is not able or willing to take the drug therapy as intended.
Summary

Data for a total of 48 hours of time over 6 weeks

– Patients Seen 32 Complex Cancer Patients
– Total Meds Reviewed 298
– Drug Related problems Identified (49)
  • Appropriateness: 8
  • Effectiveness: 15
  • Safety: 12
  • Adherence: 10
– Other Interventions (52)
  • Call RX to Pharmacy: 4
  • Education: 48
Thank you

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