Methods

A collaboration was established between Kroger Pharmacy and one large, health-system POMH in the Cincinnati area. From January 2013-2014, a Kroger clinical pharmacist spent 4 hours, twice weekly in the POMH.

Physicians referred patients to the pharmacist for medication reviews and demonstrated that patients with uncontrolled conditions, ≥3 chronic medical conditions, or ≥8 medications.

Pharmacists reviewed medications, discussed lifestyle modifications, provided handouts, and set SMART goals and documented these in the EMR.

Follow-up appointments occurred either at the POMH or on the PCMH pharmacy basis on patient preference.

Practice Innovation:

- The Cincinnati-Dayton region participates in the Comprehensive Primary Care Initiative (CPCI).

- PCMH offices receive shared savings based on performance on Accountable Care Organization (ACO) quality measures.

- Kroger and the PCMH office contracted to receive payment on a capitated model of a defined fee per patient per month for an estimated 1,000 high risk patients to help achieve quality measures.

- A collaboration was established between Kroger Pharmacy and one large, health-system PCMH in the Cincinnati area.

Purpose and Objectives

- The objectives of this study were to determine the feasibility of a partnership between a community pharmacy and a PCMH and determine the impact on patient-centered medical home neighbors (PCMH-N).

- Kroger and the PCMH office contracted to receive payment on a capitated model for reimbursement.

- The Cincinnati-Dayton region participates in the Comprehensive Primary Care Initiative (CPCI).

- PCMH offices receive shared savings based on performance on Accountable Care Organization (ACO) quality measures.

- Kroger and the PCMH office contracted to receive payment on a capitated model of a defined fee per patient per month for an estimated 1,000 high risk patients to help achieve quality measures.

Results

Patient-level Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Pre (Mean, SD)</th>
<th>Post (Mean, SD)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1C (n=41)</td>
<td>8.7% (1.56)</td>
<td>7.8% (2.04)</td>
<td>0.002</td>
</tr>
<tr>
<td>Sys BP (n=12)</td>
<td>145 mmHg (22.65)</td>
<td>127mmHg (8.49)</td>
<td>0.014</td>
</tr>
<tr>
<td>Diastolic BP (n=12)</td>
<td>77mmHg (13.80)</td>
<td>76mmHg (9.17)</td>
<td>0.751</td>
</tr>
<tr>
<td>LDL (n=8)</td>
<td>101 mg/dL (45.79)</td>
<td>88mg/dL (22.63)</td>
<td>0.212</td>
</tr>
<tr>
<td>Weight (n=23)</td>
<td>112.1kg (22.56)</td>
<td>110 kg (22.78)</td>
<td>0.124</td>
</tr>
</tbody>
</table>

Vaccines

- Eligible Pneumococcal

<table>
<thead>
<tr>
<th></th>
<th>Pre (Mean, SD)</th>
<th>Post (Mean, SD)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre (Mean, SD)</td>
<td></td>
<td>Post (Mean, SD)</td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>1611 (602)</td>
<td>2096 (744)</td>
<td>&lt; 0.001</td>
</tr>
</tbody>
</table>

Discussion

- This project showcases a successful partnership between a community pharmacy and a physician’s office.

- The PCMH office is currently still contracted with Kroger Pharmacy using the same payment model.

- The pharmacist is now in the office only 4 hours per week, but continues to follow-up with patients at the pharmacy.

- Office-level outcomes were not substantially changed, however, the pharmacist only saw <2% of the total patient population, making it difficult to show an impact on the office as a whole.

- However, flu vaccines were statistically increased, which was a focus of the pharmacist’s interventions.

- Limitations:
  - While the retrospective data showed significant results, a lack of control group is a limitation.
  - There were no differences in the control group from pre to post intervention.