Background

- A patient-centered medical home (PCMH) is a patient-centered, comprehensive, team-based, and coordinated model of care with a focus on accessibility.
- Several studies demonstrate the positive impact on appropriate medication use and disease management when pharmacists are incorporated into a PCMH practice.
- One opportunity for pharmacist integration into PCMH practices is through the development of a patient-centered medical neighborhood with a community pharmacy.
- In a medical neighborhood, the PCMH coordinates care with other local specialty practices, known as patient-centered medical home neighbors (PCMH-N).
- A patient-centered medical neighborhood including a pharmacy may increase access to care as patients could receive services at both the PCMH office and the pharmacy.
- A community pharmacy practice serving as a PCMH-N is a novel approach.
- This project integrated a community pharmacist into an existing PCMH and developed a referral process to the community pharmacy for initial and/or follow-up medication therapy management (MTM) services.
- Additionally, we investigated the feasibility of a capitated payment model for reimbursement.

Methods

- A collaboration was established between Kroger Pharmacy and one large, health-system PCMH in the Cincinnati area.
- From January 2013-2014, a Kroger clinical pharmacist spent 4 hours, twice weekly in the PCMH.
- Physicians referred patients or the pharmacist reviewed charts to identify 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 interventions in the EMR.
- Follow-up appointments occurred either at the PCMH or the pharmacy based 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.

Evaluation:

- Office-level outcomes were pre and post the start date and compared to a control group with similar baseline clinical outcomes using a chi square test.
- A retrospective review of patient-level data was analyzed using a paired t-test.
- SPSS version 22 was used for analysis and this study was approved by the University of Cincinnati IRB.

Results

- Aggregate Office-level Outcomes

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pre (Mean, SD)</th>
<th>Post (Mean, SD)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1c (n=411)</td>
<td>8.7% (1.56)</td>
<td>7.8% (2.04)</td>
<td>0.002</td>
</tr>
<tr>
<td>Systolic BP (n=12)</td>
<td>145 mmHg (22.65)</td>
<td>127 mmHg (8.49)</td>
<td>0.024</td>
</tr>
<tr>
<td>Diastolic BP (n=12)</td>
<td>77 mmHg (13.80)</td>
<td>76 mmHg (9.17)</td>
<td>0.751</td>
</tr>
<tr>
<td>LDL (n=8)</td>
<td>101 mg/dL (45.79)</td>
<td>88 mg/dL (22.63)</td>
<td>0.212</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 reviewed charts to identify patients with uncontrolled conditions, ≥3 chronic medical conditions, or ≥8 medications.
- Follow-up appointments occurred either at the PCMH or the pharmacy based on patient preference.
- This project was funded in part by the Community Pharmacy Foundation.