Integrating Pharmacist Support for Thriving in Place Home Health Program

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Objectives

To demonstrate patient-centered, sustainable, transferable and high quality medication management services provided by an independent pharmacist consultant in under-served community primary care practices and pharmacies who cannot otherwise afford experienced clinical pharmacist support, making positive contribution to population health. Patients must have two or more chronic diseases and wish to remain home based.

Methods

1) Collaborative practice agreement (CPA) with a primary care practice: opiate weaning, chronic pain, metabolic syndrome, cardiology, evolution into polypharmacy, A1C, BP reduction to comply with MACRA, CQM/meaningful use.

2) Collaborative public health event(s) in which increased participation of community pharmacists performing clinical interventions lead to improved outcomes, launched during Fall Prevention Week, Sept. 19 to 25, 2016, follow-up spring 2017.

3) Hospital based collaborative drug therapy management: explored pharmacist provision of comprehensive medication management (CMM) to multiple primary care practices for complex patients.

*Project made possible with a grant from the Community Pharmacy Foundation

Results

Primary Care Practice: Pain clinic patients had opioid dosages reduced significantly:

(43.3% Morphine Sulfate Equivalent (MSE) reduction collectively in 30 patients in first 6 months) without related ED/hospital admission or falling patient satisfaction scores.

Renewed smoking cessation attempt (8 of 11 smokers in chronic pain group), and

3 long-term institutionalizations prevented (8 months total to date @ $1,600/month to CMS in 2012 dollars) due to clinical turnaround resulting from pharmacist interventions (3).

Sustainability: extend pharmacist efforts as ‘clinical staff’ for chronic disease management reimbursement codes.

Fall Prevention Week (September 19-25, 2016) fall risk medication screening generated 100% participation of retail pharmacies in target communities using AHRQ Medication Screening Tool (4) for a complete medication/supplement/herbal list. Valuation of interventions preventing probable adverse drug events was $279,109 for 25 patients (2015 US dollars) (1,2).

A similar repeat one day event has been requested by one of the project collaborators in a local hospital for April 3, 2017.

Hospital based CMM: initial interest by target area hospital, not pursued due to inadequate ‘incident to’ provider support.

Clinical Issues Identified

Multi-modal integration of a consultant pharmacist into under-served ambulatory care can extend provider and pharmacist capabilities, improve healthcare delivery and patient outcomes, reduce cost and promote provider status.

References:

4) See https://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/fallpxtk-tool3i.html. Although primarily designed for hospitals, we found this to be ideal for ideal for initial screening in the community in a public health setting.