Partnerships for Better Care: Pharmacists in Medical Groups to Improve Transitions of Care

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Changing The Paradigm

“...pharmacists are highly trained clinicians who can play a vital role in improving health outcomes while also increasing efficiencies - and it's time to unleash their potential.”

-Dr. Sachin Jain
Transitions of Care

Patients with chronic diseases transition frequently

- Hospital ➔ Home
- Home ➔ Provider
- Provider ➔ Specialist
- Provider ➔ Home

Also: home health, Med D calls (MTM), social supports

Traditional Team Model
Bridging the Gap

- Equivalent of the entire U.S. population visits pharmacies each week
- Interaction with patients is often significant - frequent and prolonged
- 80% of treatments involve medication
- As “gatekeepers” pharmacists are in a unique position

New Team Model
Transition to Wellness

Community pharmacists are part of the transition team

• Access to EHR & HIE
• Order sent to community pharmacy
• Pharmacist provides education at discharge
• Follow-up on days 3, 10 and 25 (minimum)
• Meds are packaged & delivered to bedside

Closes the loop

• Complete med list faxed to all providers
• Follow-up calls documented in hospital EHR
• Address social determinants of health (SDOH)
• After 30 days, scripts are transferred to pharmacy of choice
• Summary note shared with primary care provider
Sustainability of Services

• Initially funded through a grant

• Now a self-sustaining model

• Focus is on the service but dispensing still plays a role

Service Extensions

Services:
• Chronic Care Management
• Annual Wellness Visits (on site)
• Remote Patient Monitoring

Billing:
• Incident-to
• Direct patient payment
• Contracted reimbursement (employers, payers)
Outcome Measures

• Long-term
  BP, A1C, Hospital readmission rates
• Short-term
  Preventive care/screenings
  Labs
  Deprescribing
  Reduced emergency room visits

What Pharmacists Can Do

• Off-site clinical pharmacy service
• Jan-Mar 2019 (65 patients)
  6 Colonoscopies
  5 Mammograms
  8 ED visits avoided
  15 Vaccinations
  22 Medication changes
Patient Driven Process

- Personalized care plans
- Goals are created by and meaningful to the patient
- Resources and referrals are local and specific
- Community-clinical linkages are key
  - Community programs
  - Public health department

How To Integrate

- Contracted Services
  Business Associate Agreement
  Shared EHR access improves efficiency
- Embedded Pharmacist (directly employed)
- Collaborative Practice Agreement
Cost-Benefit Considerations

• Published research:
  
  Average of $10 gained for every $1 spent on pharmacist clinical services
  
  ROI average between 3:1 and 5:1 (12:1)
  
  Hospital readmissions
  Unnecessary and inappropriate medications
  ED visits

References


Questions

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