


Understanding the Value of Integrated Clinical Pharmacy Services to Improve Health Outcomes and Patient Safety



**Communities Organizing Integrated
Delivery Systems With Clinical
Pharmacy Services**

**For Patients With Chronic Conditions
Whose Health Status and Safety Are
*Persistently Not Under Control***

Sandra Leal, PharmD, MPH, FAPhA, CDE
Clinical Director of Pharmacy at El Rio Health Center
Chair, PSPC



National Center for Health in Public Housing

- The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported in part by grant number U30CS09734 from the Health Resources and Services Administration. NCHPH provides training and technical assistance to strengthen the capacity of federally-funded health centers to increase access to health care, eliminate health disparities, and enhance health care delivery for the millions of residents of public and assisted housing.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

Objectives

- Describe essential elements of the Patient Safety and Clinical Pharmacy Services (PSPC) Collaborative.
- Summarize how integrated clinical pharmacy services into care teams can address systems barriers to optimal care delivery to patients.
- Apply the practices outlined by PSPC to address adherence, improve medical outcomes and address medication related adverse drug events (ADEs).

AIM

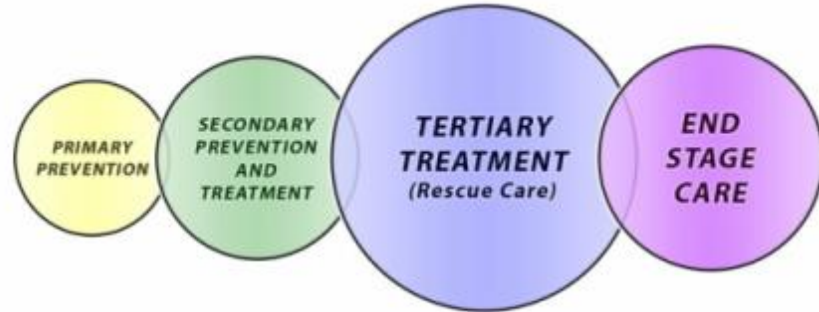
- “Committed to saving and enhancing thousands of lives a year by achieving optimal health outcomes and eliminating adverse drug events through clinical pharmacy services for the patients we serve.”

Strategies

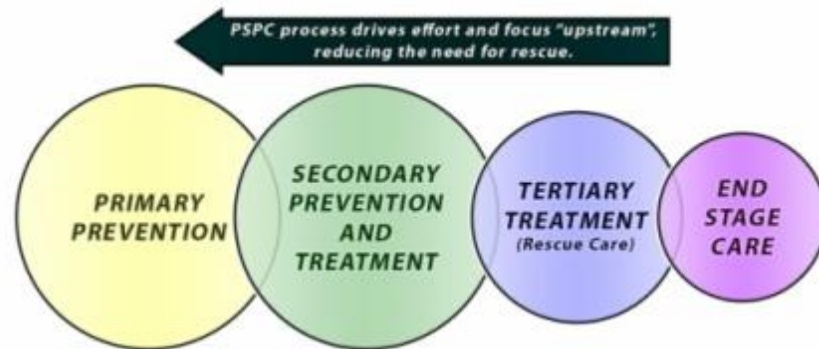
- **Leadership Commitment:** Develop organizational relationships that promote safe medication-use systems and optimal health outcomes
- **Measurable Improvement:** Achieve change using the value and power of data- driven improvements
- **Integrated Care Delivery:** Build an integrated health care system across providers and settings that produces safety and optimal health outcomes
- **Safe Medication Use Systems:** Develop and operate by safe medication-use practices
- **Patient-Centered Care:** Build a patient-centered medication-use system

**ALLOCATION OF HEALTH CARE EFFORT, AND THE ASSOCIATED
DISTRIBUTION OF HEALTH WORKFORCE AND RESOURCES**

----- C U R R E N T -----



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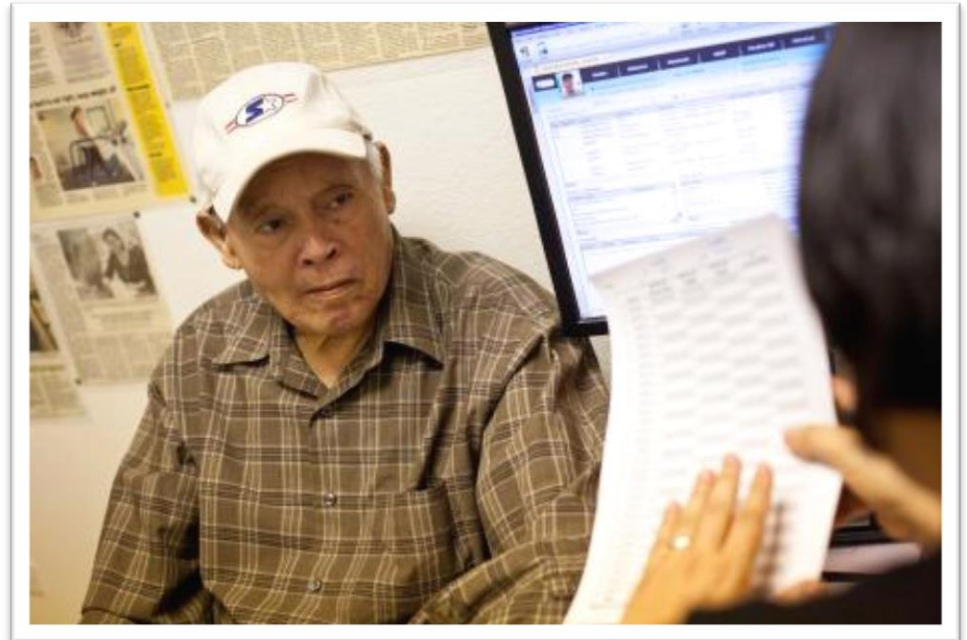


Focus on safe use of effective treatments for patients with uncontrolled chronic conditions prevents the complications and harm that otherwise requires secondary, tertiary care and eventually end-stage care.

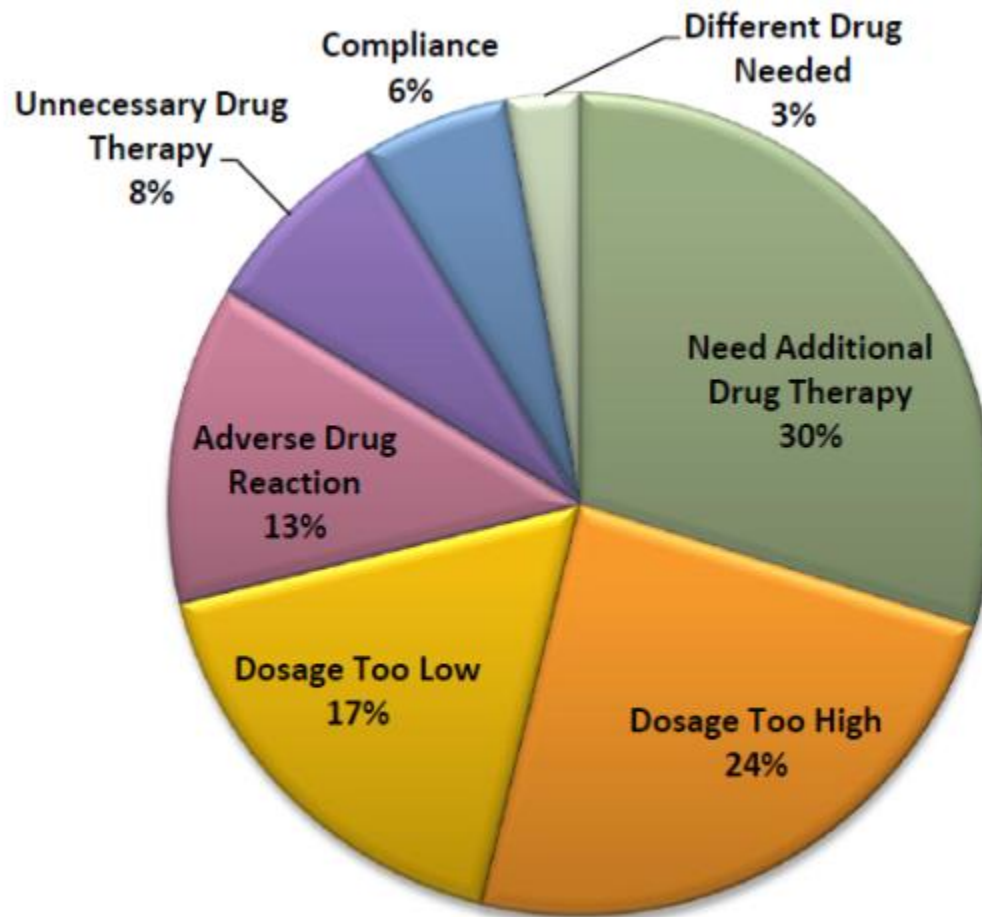
Innovative Care Model

- Integrating clinical pharmacy services into treatment teams before prescription is written, during and after:
 - To improve prescribing
 - To decrease errors
 - To improve patient safety
 - To improve health outcomes

Not Unusual...



Common Types of Drug Therapy Related Problems



Common Types of Drug Therapy Related Problems, Continued

Medication Therapy Management: 10 Years of Experience in a Large Integrated Health Care System

TABLE 2 Drug Therapy Problems Identified and Addressed by MTM Pharmacists^a

	Categories of Drug Therapy Problems	Number of Drug Therapy Problems (%)
Indication	1. Unnecessary drug therapy	2,196 (5.7)
	2. Needs additional drug therapy	10,870 (28.1)
Effectiveness	3. Ineffective drug	3,387 (8.8)
	4. Dosage too low	10,100 (26.1)
Safety	5. Adverse drug reaction	3,197 (8.3)
	6. Dosage too high	2,502 (6.5)
Compliance	7. Nonadherence	6,379 (16.5)
	Total	38,631

^aReflects services provided from September 1998 through September 2008 to 9,068 patients.

MTM = medication therapy management.

TABLE 3 Drug Therapy Adherence Problems Addressed by MTM Pharmacists^a

Drug Therapy Problem	Count (%)
Cannot afford drug product	2,311 (36.2)
Patient does not understand instructions	1,585 (24.8)
Patient prefers not to take	1,014 (15.9)
Patient forgets to take	806 (12.6)
Drug product not available	546 (8.6)
Cannot swallow/administer	117 (1.8)

^aReflects MTM services provided from September 1998 through September 2008 to 9,068 patients with a total of 6,379 adherence problems. Table shows the problem that, in the opinion of the pharmacist, was the main reason that the patient was nonadherent. For patients with more than 1 reason, only the main reason is shown. MTM = medication therapy management.

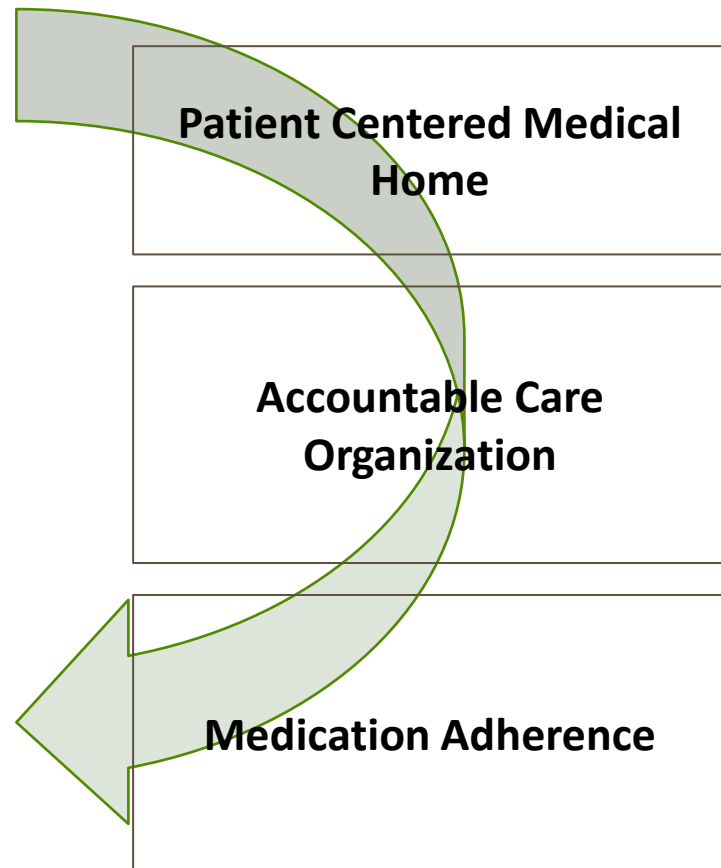


PCPS Aligns With National Efforts to Reform Service Delivery Systems

➔ PSPC Team Efforts



National Efforts



Aligns with Targeted National Campaigns

Million Hearts™ Campaign strives to prevent 1 million heart attacks and strokes over five years.

Elements to both Million Hearts and PSPC include:

- Educating, Treating and Coaching patients
- Following medication treatments and improving adherence
- Empowering one's community to have a support system for health care needs
- Promote team-based approach to patient care and integrate services to improve delivery
- Build local collaboration and convene partners to enhance effectiveness and efficiency of efforts towards patient care

Aligns with Targeted National Campaigns

Partnership for Patients is a public-private partnership that offers support to physicians, nurses and other clinicians working in and out of hospitals to make patient care safer and to support effective transitions of patients from hospitals to other settings. Medication use and safety is a major concern.

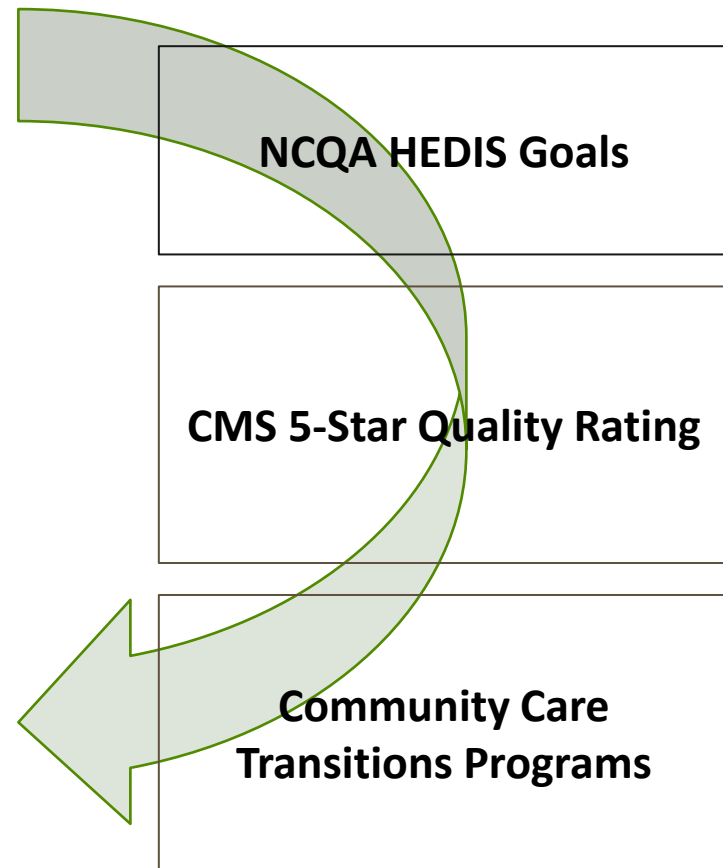
PSPC teams have successfully built models of care with local networks and partners that can contribute to Partnership for Patients safety improvement initiatives.

PSPC Aligns With National Program Goals

➤ PSPC Team Efforts



National Program Goals



National Diabetes Education Program

A program of the NIH and the CDC

- **PPOD** is a collaborative team approach that:
 - Engages many health providers who treated patients with diabetes
 - Reinforces consistent diabetes messages across four disciplines:
 - Pharmacy
 - Podiatry
 - Optometry
 - Dentistry

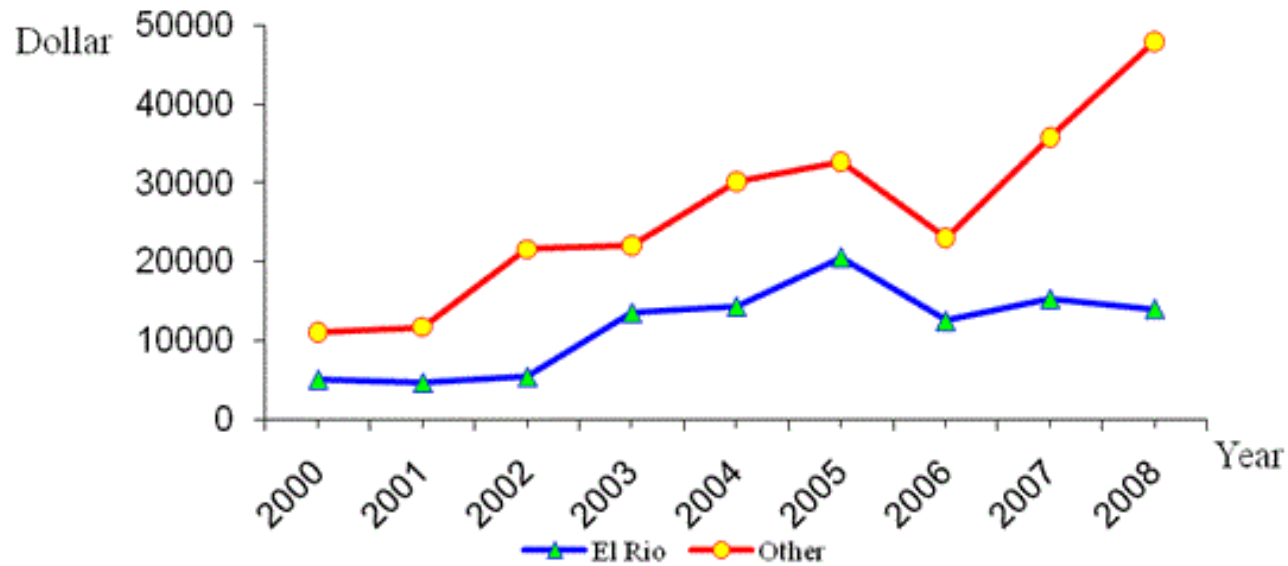


Project IMPACT: Diabetes National Interim Results

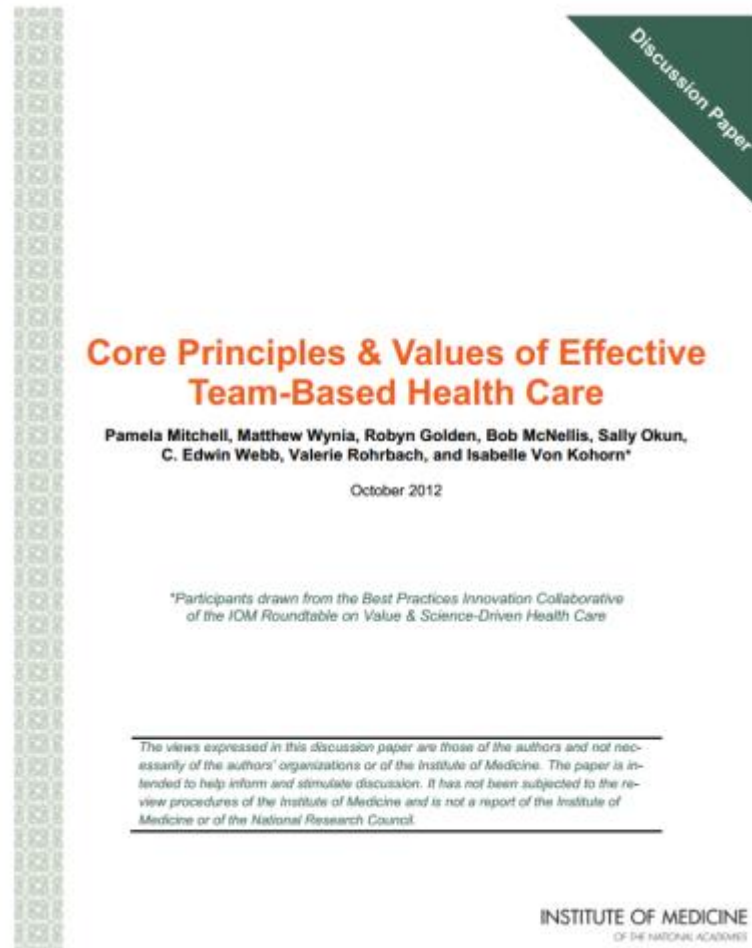
	N =	Baseline	Most Recent	Change	P Value	Days Experience
A1C	1580	9.0	8.3	-0.7	0.000	206.5
Body Mass Index	1699	35.1	34.9	-0.2	0.000	186.8
Systolic Blood Pressure	1702	131.8	129.9	-1.9	0.000	187.8
LDL Cholesterol	966	99.5	92.2	-7.3	0.000	199.4


Interim results represent aggregate data from all 25 communities for care provided through July 31, 2012.

Average Amount of Total Charges among Diabetes Patients, 2000-2008



Institute of Medicine





**El Rio Community Health Center
Tucson, Arizona**

Team composition: The pharmacy team is formed by five clinical pharmacists and two residents who work together with the center staff, which includes physicians, nurse practitioners, physician assistants, dentists, clinical diabetes educators, nutritional counselors, behavioral health workers, mental health workers, nurses, administrative staff, and more.

Clinical Care: El Rio Community Health Center serves over 75,000 people in the Tucson area to provide accessible and affordable care for all income levels. In particular, the pharmacy team focuses on diabetes care and the clinic's most complex cases.

Team Process: Team members work together to develop a comprehensive care plan for the patient. The entire center coordinates care using an electronic health record system, and each patient is provided with a printed care plan. To discuss quality improvement and team communication, the pharmacy team meets once a month, and then every other week with clinical staff.

For more information, visit <http://www.elrio.org/programs.html>.



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Fixing Healthcare Can Be As Close As Your Neighborhood Pharmacy

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The clinical emergency is medicine itself

Demand for primary care services is projected to increase through 2020, due to the increasing aging and population as well as the expanded insurance coverage implemented under the Affordable Care Act (ACA). In other words, the demand for primary care physicians will grow more rapidly than the supply, resulting in a projected shortage of over 20,00 full-time physicians.

Expanding the role of the pharmacist

However, the reality is, for most, the pharmacist simply isn't considered a healthcare provider but a dispenser of drugs. This fact certainly impedes utilizing pharmacists to the fullest degree. While there have been some advancements in the pharmacy profession such as prescriptive authority and administering immunizations, there is still a tremendous potential to explore and potentially tap. A survey conducted in 2013, revealed 70% of consumers said they would go to a pharmacist for health services if their insurance covered them. Twenty one percent of that 70% say they'd still go to a pharmacist even if they would have to pay \$75 out of pocket. These percentages suggest that patients would both trust and engage pharmacists for medical care. This becomes important, particularly in rural areas where access is limited. A central point is that pharmacists can play a valuable role working with physicians and other providers to optimize medication therapy, deliver patient-centered care, and assist in managing acute and chronic conditions.

2014 PSPC is Transition to AIMM

Government-supported PSPC will end after 6.0 year

AIMM will offer:

- A powerful, action learning collaborative building upon PSPC successes
- An enriched, defined accountability pathway for delivery system transformation
- New capabilities for tracking, collecting and reporting data outcomes for local, regional and national performance stories

AIMM's Offer

- Learning infrastructure with defined structure, tools and resources to help rapidly advance the organizations towards their goals.
- Transforming organizations and partners to provide healthcare by integrating comprehensive medication management services into their delivery system.

AIMM's Offer

- ➔ AIMM collaborative (AIMMc) focuses on integration of comprehensive medication management (CMM) into the delivery system to:



Decrease



- Number of potential and Adverse Drug Events per patient;
- Community care transitions
- Readmissions rates;
- Overall health care spending;



Increase



- Patients with controlled chronic conditions
- Patient satisfaction and engagement
- Alignment with national measures

AIMMc's Action Learning Network

Structure is highly flexible, cohort-based Action Learning Network

Nationally Based Learning Network

- A broad approach where organization from all types come together for a wide range of networking and educational events.
- Sharing all information with all organizations
- Limited targeted events for cohorts of teams.



AIMMc's Cohort Action-based Learning Network

- Bringing teams together based on specific cohorts of organizational need.
- Cohorts could be based on region, organization type, disease states or many other defining factors.
- National networking and educational still important part of the collaborative

Partners for Community Impact

➤ Quality Improvement Organizations (QIOs)

➤ CMS recently released the Quality Improvement Organization (QIO) program's 11th Scope of Work (SoW) that is scheduled to commence in August 2014. The following attempts to capture some of the primary changes.

➤ The purpose of the Quality Innovation Network (QIN) contract is to improve care for Medicare beneficiaries in a manner that aligns with the work that CMS will be doing in its efforts toward achievement of the National Quality Strategy (NQS) and the CMS Quality Strategy.

➤ Apexus Prime Vendor for the 340B Drug Pricing Program

➤ Apexus is the government's awarded contractor to serve as the prime vendor for the 340B Drug Pricing Program. Apexus helps 18,500 safety-net providers receive additional savings on outpatient drug purchases through the 340B PVP as well as provides educational support to promote program integrity for all stakeholders.

➤ **Mission:** The mission of Apexus is to leverage our unique resources and expertise in delivering maximum value to its 340B stakeholders, through the promotion of program integrity, compliance and optimization of the 340B Drug Pricing Program.

Estimated QIO Funding in the 11th Scope of Work

PROGRAM HIGHLIGHT	
Estimated QIO Funding 11 th Statement of Work (2014-2018) Dollars in Millions	
QIO Clinical Quality Improvement	\$
Healthy People Healthy Communities	\$159.3
Better Healthcare: Patient-centered, Reliable, Accessible, & Safe Care	\$325.4
Better Care at Lower Costs	\$88.8
Technical Assistance, Phase II and III Tasks and IT	\$266.4
Subtotal, Clinical Quality Improvement	\$839.9
Value-based Purchasing Support Contracts and Quality Measures	\$1,129.4
Infrastructure, Coordinating Centers, and Special Initiatives	\$562.0
Beneficiary and Family-centered Care	\$402.5
Other Support Contracts and Staff	\$1061.8
Subtotal	\$3,995.6

- QIOs are experts in the field working to drive local change which can translate into national quality improvement.
- The key goals for the upcoming contract cycle are improving the health status of communities; delivering patient-centered, reliable, accessible, and safe care; and better care at lower costs.
- These goals will also be achieved by efforts to reduce adverse drug events among other targets.

Summary

- The PSPC Collaborative model offers an integrated approach;
- Integrated/coordinated care results in decreased barriers to access, adherence, drug related problems far beyond the clinic walls;
- Partnerships are critical in expanding resources beyond the primary care home into the community.

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the
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**2014 Health Center and
Public Housing National Symposium**

The Westin Alexandria, Alexandria, VA

Contact Us

Karen Williams
Director of Health
karen.williams@namgt.com

James Field
Deputy Director of Health
james.field@namgt.com

Dr. Jose Leon
Clinical Quality Manager
jose.leon@namgt.com

Johnette Peyton, MS, MPH, CHES
Manager of Research, Policy and Health Promotion
johnette.peyton@namgt.com

Rachel Logan, MPH
Training and Technical Assistance
rachel.logan@namgt.com

Joy Oguntimein, MPH
Health Research and Policy Analyst
joy.oguntimein@namgt.com

Warren Brown
Resource Manager
wbrown@namgt.com

Devon LaPoint
Management Analyst
devon.lapoint@namgt.com

Please contact our team for Training and Technical Support
703-812-8822