



CPC Practice Spotlight 60

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Pharmacist Integration Strategy: Working Directly with Patients to Improve Medication Adherence and Outcomes

Banner Health (9 CPC sites), Denver, Colorado; system-affiliation; 37 physicians; 53,272 patients

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CPC Change Driver 1: Comprehensive Primary Care Functions

- 1.2: Planned Care for Chronic Conditions and Preventive Care

CPC Change Driver 2: Enhanced Accountable Payment

- 2.1: Strategic Use of Practice Revenue

CPC Change Driver 3: Internal Measurement and Review

For more information about the CPC initiative, visit

<http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/>

Situation: Banner Health currently has two (and soon to be three) pharmacists integrated across six of its nine Colorado CPC practices. While they are available to care teams for consults and to answer medication-related questions, the pharmacists primarily work directly one-on-one with patients the care teams have identified as needing additional support with their medication therapies. Banner's data to date suggests that patients, specifically patients with diabetes, benefit from pharmacist consultations.

Strategy: Banner Health identified two groups of patients as most in need of additional support that a pharmacist could provide: patients with diabetes (either complex medication management or new diagnosis) and patients using anticoagulation therapies.

Banner then set up collaborative practice agreements between its clinical pharmacy services and the practices that allow the pharmacist to adjust doses and medications as well as order labs. Since April 2014, pharmacists have worked directly with patients.

Referrals – Care teams identify patients who would benefit from pharmacists' consultations. Along with the above-mentioned diagnosis groups, providers may refer patients for medication reviews (particularly polypharmacy) to help minimize side effects and eliminate unnecessary medications. Providers create a referral in NextGen for the pharmacist who contacts the patients for a face-to-face intake appointment at the primary care office. As pharmacist availability increases in the coming weeks, office assistants will help with appointment setting.

Patients with diabetes – These 60-minute intake visits include diabetes management education. While some are patients newly diagnosed with the disease, most patients simply need more help managing their medications. In addition to reviewing medications, discussing how to take them and adjusting dosages as needed, the pharmacist may also show patients how to use glucometers and inject insulin.

Frequency and length of follow-up appointments with these patients are tailored to the patient's ongoing needs.

Natalie Yount, PharmD, BCPS, remarked that she has been on the phone every two to three hours to help patients experiencing a hypoglycemic episode avoid an emergency room visit. Others may need daily support as they build confidence in their ability to self-manage. Still others need only a check-in phone call every two weeks or so. Overall, having pharmacists work closely with these patients to effectively manage their medications has helped free up time for the providers in the clinics, and the patients benefit from timely access as the pharmacists' schedules offer more flexibility than other providers'.

Patients using anticoagulant therapies – At 30-minute intake appointments, pharmacists review current dosages and make any necessary medication adjustments. Patients new to anticoagulant therapies may be in contact with the pharmacists weekly until they are stable, and then appointments are every four to six weeks.

Workloads – Currently, two pharmacists rotate across three sites each per week, working in designated office spaces. In the coming weeks, a third pharmacist will come on board, which will expand services to all nine Banner sites. Pharmacists balance daily workloads with intake, follow-up phone calls and completing clinical notes. Pharmacists are also available for care teams' requests for ad hoc consultations and questions, which frequently pop up as instant messages during the day. Dr. Yount says she works with 15 to 20 patients per day on average, not counting impromptu consultations or requests for information from providers.

Measurement and Tracking – Based on a patient list pulled from NextGen, pharmacists use a shared spreadsheet to record the number of referrals, types of visits, no shows and phone visits. At this time, they track A1cs for patients with diabetes, and they will soon start tracking outcome measures for patients on anticoagulant therapies.

Outcomes: Data for quarters 1–3 2015 show that 78% of patients with diabetes who have met with pharmacists have A1c scores below 9% and a mean reduction of A1c of 1.7 points. Further, providers appreciate having another in-house clinician support patients toward successfully participating in treatment. Plans are now underway to expand referrals for patients for cardiovascular risk reduction (dyslipidemia and hypertension).

Pharmacist Consult Tracking, Q1–3, 2015

Patients with Diabetes				
	Q1	Q2	Q3	Year to Date
Number of new patients	41	63	45	149
Follow-up appt.	43	50	37	130
Phone follow-up	0	230	63	293
% of pts < 9 A1c	80%	78%	74%	78%
Mean change in A1c	-1.5	-1.6	-1.7	-1.7

Patients Using Anticoagulant Therapies				
	Q1	Q2	Q3	Year to Date
Number of new patients	36	29	33	98
Follow-up appt.	286	370	436	1092
Phone follow-up	0	159	125	284
Bridging patients	1	12	11	24

The above tables are sampled from Banner's tracking data. Along with outcomes measures, they track the pharmacists' level of effort and also how much support different patient groups require.



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