The Collaborative Role of Medication Management in a Patient-Centered Medical Home

PCMH
PCMH Best Practices

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Faculty Disclosure

• The **faculty** reported the following financial relationships or relationships to products or devices they or their spouse/life partner have with commercial interests related to the content of this CME activity:
  – Vanita K. Pindolia, PharmD
    • Salary: Henry Ford Health System,
Key Points

• Describe the unique services a Clinical Pharmacist can provide to the Patient-Centered Medical Home (PCMH) Team

• Describe a PCMH model integrating an Ambulatory Clinical Pharmacist for provision of Medication Therapy Management Services

• Demonstrate the need for clinical pharmacy services to be part of a PCMH model through measurable improvement of quality measures and cost-savings
• One of the nation’s leading comprehensive, integrated health systems
• The Henry Ford Medical Group is one of the nation’s largest group practices
  – 1,100 physicians & researchers in 40 specialties staff HFH and 25 HF medical centers
• 7 Hospitals totaling 2,285 total beds
• Health Alliance Plan (HAP) is a nonprofit managed care organization – serves more than 2,000 employer groups and 500,000 members
• Community Care Services
  – Ambulatory Clinical Pharmacy Program
PCMH Team Members

- Mid-level Provider
- Nurse
- Medical Specialist
- Nurse Assistant
- CDE
- Medical Assistant
- Community Resources
- Primary Care Physician
- Pharmacist
- Dietician
- Case Manager
- IT
Pre-Pilot: HFHS PCMH
Pharmacist Role

- Identify appropriate patient for pharmacist
- Identify source for patient identification
  - Automated queries versus referral-based
- Develop MTM tool that can be easily accessed and understood by physician
  - Obtain approval of medication regimen changes
- Implement MTM Plan
- Capture and Assess preliminary data
• Automated queries to identify patients with drug concerns
  – 8 or more long-term medications OR
  – 5 or more long-term medications with at least one of the following:
    • Digoxin
    • Insulin
    • Metformin
    • Anti-platelet/anti-coagulant
    • NSAIDs (consistent use)
Pre-Pilot: HFHS PCMH
Pharmacist Patient Identification

• Clinical Pharmacist Referral
  – On the HFHS PCMH Patient Plan of Care, ‘Clinical Pharmacist’ is listed as an option
  – Can be referred days to weeks in advance of clinic appointment

• Physician identifies patient for pharmacist
  – During weekly ‘huddles,’ PCMH team discussions on upcoming patient visits for week
  – Physician/other team members identify patients not meeting automated criteria
Pre-Pilot: HFHS PCMH Medication Therapy Management (MTM) Plan

- Identify drug-related concerns
  - Investigation time in eMR
  - Contact patient to obtain his/her goals/needs
- List recommendations for each concern
- Enter information in MTM worksheet
- Provide copy of worksheet to physician
  - Discuss recommendations during huddles once a week
  - Drop in doctor’s mailbox/office
Pre-Pilot: HFHS PCMH
MTM Plan Implementation

• Option 1: Physician will implement recommended drug therapy changes
  – Physician to provide the Worksheet back to pharmacist with ‘accepted’ or ‘not accepted’ and simple reasons why not accepted
  – Pharmacist to develop a follow-up plan for accepted changes to share with PCMH Team

• Option 2: Physician would like pharmacist to implement MTM Plan; Pharmacist activities:
  – Discusses new MTM Plan with patient
    • Telephonic or face-to-face
  – ePrescribes the new prescription plan
  – Develops a follow-up plan for PCMH team
Pre-Pilot: HFHS PCMH

Preliminary Data for Provision of MTM Services by an Ambulatory Clinical Pharmacist
• 3 Henry Ford Medical Group Physicians at 3 Different Clinics
  – Downtown Detroit
    • Teaching facility with residents in clinic
    • Full 12-week period
  – Southern Detroit Suburb (Taylor)
    • Community-setting clinic
    • 4-week period
  – Northern Detroit Suburb (Troy)
    • Community-setting clinic
    • 4-week period
• Pharmacist Time: 10 hours per week
  – For all PCMH-Pharmacist related functions

• Patient Identification
  – Automated query reviews the patients that are scheduled to see doctor in upcoming week
    • average of 80 patients per week
  – Pharmacist to manually review the identified patients
    • average 20 patients/week
Pre-Pilot: HFHS PCMH Pharmacist
Preliminary Findings

• 134 patients found eligible and 390 medication-related interventions identified
  – 95% of the patients identified with pre-screen
  – 5% of the patients referred by physician

• Of the 134 patients, 97 patients showed up for MD appointment (Majority of the patient no-show appointments were out of Downtown Detroit Clinic)
  – 62% of MTM recommendations accepted by physicians
  – 36% of MTM recommendations not accepted by physicians
  – 2% of MTM recommendations had unknown acceptance

• For 2 out of 3 sites, physicians preferred to implement recommended drug therapy changes
The top 6 types of recommendations accepted made up 60% of all accepted recommendations

- Indica w/o Drug: 37%
- Med w/o Indica: 15%
- Drug Deletion: 10%
- Drug Addition: 15%
- Lab Work Nec: 13%
- Dose Change: 10%
• The main reasons MTM recommendations were not accepted include:
  – 26%: Intervention not addressed due to other urgent medical issue
  – 26%: Patient refused or not found to be a problem for patient
  – 11%: Patient not taking identified medication
  – 4%: Patient referred to Specialty Provider to address issue
  – 33%: Unknown
For 38 patients, determined if MTM recommendation would have been implemented by physician without identification by clinical pharmacist

Physicians responses:
- 37% needed pharmacist to identify
- 23% did NOT need pharmacist to identify
- 40% undecided
• Lessons Learned
  – New process/concept for entire PCMH Team
  – Clearly identify roles for each team member
  – Educate PCMH Team and Medical Leadership on Clinical Pharmacists’ role in provision of MTM services
HFHS PCMH Changes in 2009

• HFHS Leadership approved the expansion of Case Managers in the PCMH pilots
  – This was based upon Case Managers’ ability to document reduction in hospitalization/ER rate

• Physicians refer complex patients to Case Managers

• The MTM Program developed for Health Alliance Plan Medicare Part D beneficiaries had gained local and national recognition
  – One of the highest enrollment rates; changing therapy for over 20 disease states; improved clinical outcomes and lowered prescription drug cost\(^1\)
  – Growing interest within HFHS for management of polypharmacy issues

Pilot: HFHS PCMH
Ambulatory Clinical Pharmacist Integration

• Objective
  – To determine whether adding an ambulatory clinical pharmacist to an existing Patient-Centered Medical Home (PCMH) model with defined physician and case manager roles that utilizes an electronic medical record and electronic prescribing brings value to the PCMH Team

• Specific Aims
  – Characterize types of referrals
  – Describe types of drug-related issue(s) identified by pharmacist
  – Describe recommended interventions
  – Evaluate impact of recommended interventions implemented
  – Evaluate impact on costs, resource utilization
• Patient Referral
  – Develop a separate ‘Ambulatory Clinical Pharmacist’ referral form and have it placed in eMR
  – List criteria for Clinical Pharmacist referral on form (eg, criteria for patients that increase their risk for medication-related errors)
  – Physicians and/or Case Managers can refer patients electronically or manually to Clinical Pharmacist via referral sheet

• Patients referred by Physicians to Case Managers are complex patients, thereby, higher volume of these patients would be at risk for a medication error
• Develop Medication Management Plan
  – Clinical Pharmacists conduct a thorough review of eMR, medication list, and/or contact patient to obtain his/her goals/needs
  – On a Patient-specific Medication Management Plan, the pharmacist lists the following for each medication:
    • Medication-related concern(s)
    • Recommended changes to overcome concerns
    • What and when to monitor
    • End goal(s)
    • If needed, when to refer back to Clinical Pharmacist
Pilot: HFHS PCMH
Ambulatory Clinical Pharmacist Integration

- Implement Medication Management Plan (MMP)
  - Clinical Pharmacist discusses MMP with physician and receives sign-off on all or parts of the MMP
    - Approved MMP elements entered into eMR
  - Clinical Pharmacist implements initial changes
    - E-prescribes the medication changes
    - In coordination with case manager: Counsel patient on medication changes, follow-up steps
  - Other PCMH team member(s) complete the follow-up steps listed on MMP
Pilot: HFHS PCMH Ambulatory Clinical Pharmacist Integration

- Documentation
  - Develop database for entry of intervention(s)
  - Track referral records from eMR

- Develop pharmacy-specific outcomes
  - Need to demonstrate integration of clinical pharmacy
  - What kind of outcomes?
    - Can NOT choose disease state-specific outcomes because these are ‘team effort’ outcomes (eg, entire PCMH team needed to improve diabetes control)
    - Medication-related outcomes chosen: improved medication effectiveness, improved medication safety, improved drug adherence, lowered drug costs
Key Steps for Integrating Clinical Pharmacist Into PCMH

- Demonstrate a need for incorporating Medication Therapy Management services into PCMH
- Differentiate pharmacist’s role in Medication Management from others on PCMH Team
- Demonstrate ability to reduce workload for physicians with a *simple* process, improve case managers’ effectiveness, improve quality of care for patients, and reduce cost for health system through an effective MTM Program
- Develop and track key Medication Management metrics