

**The Role of the Pharmacist in the Patient-Centered Medical Home: Taking Collaborative Practice to the Next Level**

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## Learning Objectives:

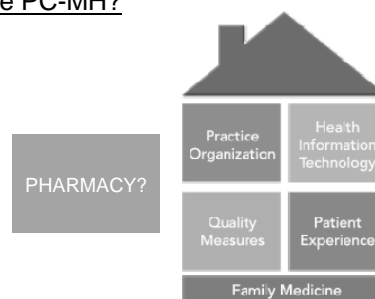
- Explain the components of the model of the patient-centered medical home
- Analyze factors supporting the role of clinical pharmacy services in the patient-centered medical home
- Discuss how a patient-focused collaborative practice model could be designed to combine the knowledge and skills of the prescribing provider and the pharmacist within the medical home practice
- Describe the seven essential principles for the effective integration of pharmacists' clinical services within the patient-centered medical home

## Innovative Solution: History of the PCMH Concept

- Introduced by American Academy of Pediatrics (AAP) in 1967
- Initially referred to a central location for medical records
- The medical home concept was expanded in 2002 to include:
  - Accessible
  - Continuous
  - Comprehensive
  - Family-centered
  - Coordinated
  - Compassionate
  - Culturally sensitive care
- In 2007, the AAP, the American Academy of Family Physicians (AAFP), the American Osteopathic Association (AOA), and the American College of Physicians (ACP) adopted a set of joint principles to describe a new level of primary care

## What is the Patient-Centered Medical Home (PC-MH)?

- What is the PC-MH?



## PCPCC/NCQA

- Patient Centered Primary Care Collaborative ([www.pcpcc.net](http://www.pcpcc.net))
  - coalition of major employers, consumer groups, patient quality organizations, health plans, labor unions, hospitals, physicians
  - develop and advance the patient centered medical home
- National Committee for Quality Assurance ([www.ncqa.org](http://www.ncqa.org))
  - NCQA's Patient-Centered Medical Home program emphasizes the systematic use of patient-centered, coordinated care management processes

## 2009 Health Care Reform Key Pharmacist Provisions

- Medical Home parameter
  - Senate Finance Committee
    - Part II: MTM services
    - Medicare pilot program "community care transitions"
  - Senate Health, Education, Labor & Pensions
    - Sec 212 grant program for community teams to include pharmacist-delivered MTM, medication reconciliation
  - House Tri-Committee
    - Sec 1301: must employ "community health workers that assist primary care providers in chronic care management activities such as MTM"

Matzke GR. Healthcare reform 2009 and its implications for pharmacists. Ann Pharmacother 2009;43:2088-2092.

## PC-MH: Joint Principles

- Personal physician
- Physician directed medical practice
- Whole-person orientation
- Care is coordinated and/or integrated
- Quality and safety
- Enhanced access
- Payment

[www.medicalhomeinfo.org/Joint%20Statement.pdf](http://www.medicalhomeinfo.org/Joint%20Statement.pdf) Accessed February 15, 2010.

## Why the Need?

- Four out of five patients who visit a physician leave with at least one prescription
- Nearly one-third of all American adults take five or more different medications
- Medications are involved in 80% of all treatments and are the most common modality for controlling and/or preventing the progression of chronic disease
- Medicare beneficiaries with multiple chronic illnesses:
  - see an average of 13 different physicians and have 50 different prescriptions filled each year;
  - account for 76% of all hospital admissions;
  - account for 88% of all prescriptions filled;
  - account for 72% of physician visits, and
  - are 100 times more likely to have a preventable hospitalization than someone with no chronic conditions.

PCPCC Medication Management Task Force Leadership Team. The Opportunity for Comprehensive Medication Management Within the Patient-Centered Medical Home Structure. <http://www.pcpcc.net/files/Opportunity-for-Comprehensive-Medication-Management.pdf>

## Role of Pharmacy

- Medication reconciliation
- Assessment of use of age-appropriate immunizations
- Use of risk assessments
  - Tobacco
  - Diet
  - Depression
- Counseling
- Evidence-based review of pharmacotherapy

## Role of Pharmacy

- Review of self-monitoring results
- Assessment of barriers when patients have not met treatment goals; refills
- Screening and/or interpreting clinical relevance of interactions
- Improve access to care through expanded hours

## Collaborative Drug Therapy Management

- Collaborative practice agreement between 1 or more physicians and pharmacist
  - Pharmacists work within the context of a defined protocol
    - Patient assessments
    - Ordering drug therapy-related laboratory testing
    - Administering medications
    - Initiating, monitoring, continuing, adjusting medication regimens
- Requires all health care professionals to share the responsibility of the patient

Hammond R, Schwarz A, Campbell MG, et al. Collaborative drug therapy management by pharmacists. *Pharmacotherapy* 2003;23(9): 1210-1225.

## What is Required?

- Collaborative practice environment
- Access to patients and medical records
- Education, training, knowledge, skills, ability
- Documentation of activities and quality assurance
- Payment for service

Hammond R, Schwarz A, Campbell MG, et al. Collaborative drug therapy management by pharmacists. *Pharmacotherapy* 2003;23(9): 1210-1225.

### Principles for Inclusion of Pharmacy Services in the PC-MH

- Access to pharmacists' clinical services
- Patient-focused collaborative care
- Flexibility in medical home design
- Development of outcome measures

American College of Clinical Pharmacy. Position statement on integration of pharmacists' clinical services in the patient-centered medical home. March 2009.

### Principles for Inclusion of Pharmacy Services in the PC-MH

- Access to relevant patient information
- Effective health information technology
- Aligned payment policies

American College of Clinical Pharmacy. Position statement on integration of pharmacists' clinical services in the patient-centered medical home. March 2009.

### The Convergence Opportunity for Retail Pharmacies

- Forces driving the opportunity
  - Consumers will use disease management services offered through retail pharmacies
  - Health plans and Medicare will pay retail pharmacies for disease management services that result in improved patient care and lower costs
- Findings
  - using pharmacists' databases to improve compliance, diagnostic accuracy, and prescription appropriateness can save money for health plans
  - concept enhances of the professional role of the pharmacist, placing him or her squarely within an integrated system of care

Deloitte Center for Health Solutions (2008). Disease Management and Retail Pharmacies. A Convergence Opportunity. Available at [http://www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/us\\_chs\\_RetailPharmacyandDMConvergence.pdf](http://www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/us_chs_RetailPharmacyandDMConvergence.pdf) Accessed February 15, 2010.

### Proposed Model in Community Pharmacy

- When patient signs up for medical home they commit to using one pharmacy for monitoring and follow-up
- BP, lipid tests, glucose, mental health, possible titration of meds
  - Continue role in distribution, education, interactions, adverse events, encouraging medication adherence
- All information input into an interactive, live electronic database – available to all providers
- Patients must be willing to increase responsibility for their own care

Shaya FT, Low S, Barakat S, et al. Case for a pharmacy-centered medical home. Expert Rev Pharmacoeconomics Res 2009;9(5): 397-399.

### White Paper: Depression

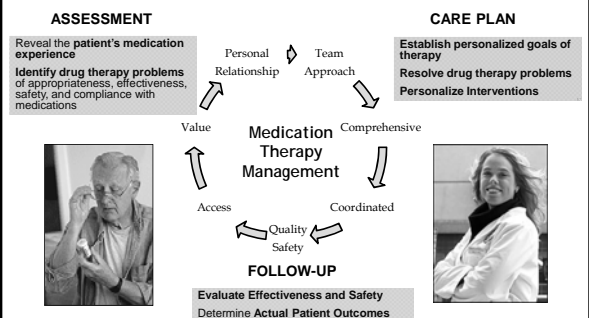
- APhA Foundation (2009)
- Blueprint for how the pharmacists' collaborative role can be expanded to manage the burden of depression.
- Strategies and Recommendations
  - Education and training
  - Collaboration with physicians to identify patients at risk
  - Pharmacists' role in education
  - Provider collaboration and communication
  - Quality of care and outcomes
  - Increase awareness of the pharmacist's role an involvement in public and private groups

APhA Foundation. White paper on expanding the role of the community pharmacist in managing depression (2009). Available at <http://www.pharmacist.com/am/template.cfm?Section=home> Accessed February 15, 2010.

### Annual Medical Expenditures: With and Without Mental Illness


Peterson SM, Phillips RL, Bazemore AW, et al. Why there must be room for mental health in the medical home. Am Fam Physician 2008;77(6):757.

## The Pharmacist in the Medical Home



Source: Dr. LH Strand presentation "Built to Last PCPC Stakeholders' Working Meeting April 28, 2009"

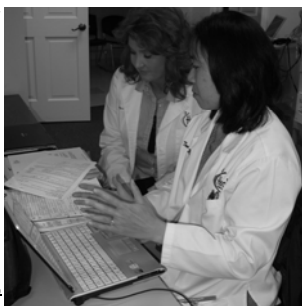
## C-Health, PC: Making Life Better

- C-Health, PC is a *private, family practice* clinic with three physicians, five nurse practitioners, one physician assistant, a clinical psychologist and 2 clinical pharmacists
- Located in a medically underserved area with a diverse patient population
  - Medicaid 20%
  - Medicare 35%
  - Private insurance 35%
  - Uninsured 10%



## Innovative Practice

- The clinical pharmacists receive consults from the providers and see patients by appointment
- The pharmacists work through a collaborative practice agreement and see adults and children with chronic disease states, including psychiatric and neurologic disorders
- The pharmacist plays a key role in group visits for opiate dependence, women's health, chronic pain, and tobacco cessation



## Innovative Practice

- Through a state-of-the-art electronic medical record, the pharmacist accesses medical records and documents comprehensive visit notes.
- Reimbursement
  - Cash charge (sliding scale)
  - Billed to the patient's insurance as incident to a physician visit

## Innovative Practice

- Provision of Education
  - Interdisciplinary team
  - Community
  - Pharmacy students
    - Over 35 students/year on IPPE/APPE rotations
- Provision of Patient-Centered Care
  - Patient/caregiver interview and assessment
  - Medication therapy management
  - Order/evaluate laboratory testing
  - Prescribing through collaborative practice
  - Referral to the clinical psychologist for counseling/CBT
  - Patient assistance program for the indigent



- Patients with chronic disease states, including psychiatric illness, frequently see their primary care provider for treatment while waiting for an appointment with a specialist
- Through the effective interdisciplinary team approach at C-Health, the provider and pharmacist work together to manage these patients as a bridge to specialty care
- Patients have improved access to healthcare and enhanced care through optimized drug therapy management

### Innovative Practice

- Patients receive close follow-up via scheduled on-site appointments, home visits, or phone calls
- Patients exhibit decreased drug-related problems and reduced costs through optimized medication regimens
- Through the patient assistance program, over \$100,000 of medications are ordered and delivered to indigent patients per year

### Innovative Practice

Over 200 patients with opiate dependence, chronic pain, tobacco abuse, or women's health issues are treated in outpatient group therapy where the clinical pharmacist and students work directly with the physicians to provide care



### Making a Difference

- On average, the clinical pharmacist makes 5-6 interventions per patient encounter
- The types of interventions and financial impact are currently being tracked
- The clinical pharmacists see an average of 8 patients/day by appointment and provide direct patient-centered care

**Patient care  
inside and  
outside the  
clinic setting**



### From the Physician's Perspective



### Health Information Technology Demonstration

e-MDs

care spark



## Discussion



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