

Chronic Disease Care: Better Ideas for Solving Real World Problems

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*Pushing the Envelope – Medical Care Outside of the Office:
What Role can Community Pharmacists Play?*

WHO:

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WHAT:

Providing community-based pharmacist cognitive services for targeted health plan members utilizing multiple medications. This program was requested by a self-insured health plan on behalf of its qualifying members over concerns about prescription drug utilization. The basis of the service is to provide pharmacist-based consultations focused on medication therapy management (MTM) care. The goal of MTM and the pharmacist consultation is to identify prescribing irregularities, educate patients, and reduce out of pocket spending. The program will allow each health plan member access to an assigned pharmacist as many times as is needed to meet the need of each individual enrolled plan member. The plan members whose chose to enroll in the program are contacted by a participating pharmacist to schedule an appointment. The pharmacists are located in community pharmacies, and convenient to the residence of the enrolling plan member. The pharmacist MTM consultations focus on improving patient satisfaction for the health plan through the free benefit offering, identifying any medication related problems with recommendations for resolution, and potentially reduce patient medication costs by evaluating the health plan's drug formulary and recommending any needed changes to reduce costs

SO WHAT:

The value of the program is that the patients have access to a trusted and conveniently located health care professional who schedules up to an hour to review all of their medical history, quality of life issues, and correlate that information with the medications that have been prescribed. Many patients have been very pleased to have the amount of time to discuss both their medical conditions and the medications that have been prescribed for those conditions. In many cases medication related issues have been identified, and patients get recommendations they can implement, and/or pharmacists contact the PCP to recommend prescription changes to drive better quality of life and health outcomes through appropriate medication usage. Additionally, some patients had no idea why they were taking the medications that had been prescribed, and/or were not taking them appropriately. Patient education in a relaxed environment and sufficient time allowed, becomes a large advantage over a standard 15 minute scheduled PCP appointment relative to in-depth counseling on medication usage and related quality of life.

HOW:

Based on the targeted plan members residence, the identification of pharmacists willing to be participants in the FFS program, and who were also willing to attend two training sessions was the first step. The second step was to ensure that pharmacists participating could schedule in blocks of time for consults with the plan members, while not disturbing the pharmacy in which they worked given their normal workflow requirements. The third step was creating and implementing the necessary data capture reporting tools and providing back-up support and clinical quality assurance oversight for the health plan regarding the participating pharmacists consultations.

WHAT NEXT:

Modifying and formalizing new processes and data collection tools from lessons learned, in order to prepare for an additional 100 patients the health plan wants to enroll into the program. This will involve adding additional pharmacists and pharmacy locations to accomplish the task.

TAKE HOME:

Pharmacists are the best positioned health care professionals to consult with patients on medication therapy management. From the patient's perspective, easy access to a trusted health professional in a convenient and non-threatening environment is the key to driving better quality of life and medication usage, education and adherence. Overcoming the barriers of workflow issues has been the challenge.