




Primary Care Medication Management as a Team Sport

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Topics

- Team-based Care
- Pharmacist Care Process
- Medication Gaps/ Safety Opportunities
- Innovative Delivery and Payment Models
- Primary Care Workforce of the Future

Pharmacist Training and Expertise

Education and Training

- **Entry-level 6 or 7-yr degree (PharmD)**
  - ✓ 4 yrs Pharmaceutical and clinical sciences
    - ✓ 3 yrs Clinical cases/problem-based learning
    - ✓ 4 yrs Patient-care experiences/clinical rotations
- **Postgraduate Residencies and Fellowships**
- **Board-certified Pharmacy Specialties (9)**
  - ✓ Ambulatory Care, Geriatrics, Nuclear,
  - ✓ Nutrition Support, Oncology,
  - ✓ Pharmacotherapy, Psychiatric
  - ✓ Pediatrics, Critical Care

  Proposed: Pain and Palliative Care
- **Medication Management Certificate Programs**
- **Advanced Pharmacy Practitioner Credentials**

Pharmacist's Expertise

- ◆ Pharmacology
- ◆ Pharmacotherapeutics
- ◆ Pharmacokinetics and Pharmacodynamics
- ◆ Drug Toxicities – Adverse Drug Events, Interactions
- ◆ Drug Information and Evaluation
- ◆ Patient Medication Safety
- ◆ Medication Management and Monitoring

  - Identify, Resolve, and Prevent Medication Problems
- ◆ Medication Adherence

  - Compliance and Persistence
- ◆ Pharmacoeconomics
- ◆ Outcomes Research
- ◆ Patient Communications/Health Literacy
- ◆ Pharmacy Practice Systems

Pharmacists' competencies are SYNERGISTIC (not duplicative) with those of other health professionals

High-Performing Team Characteristics

- Know each others' competencies and expertise
- Respect each others' role on the team – especially for "handoffs"
- Striving for same goals

"Change Happens at the Speed of Trust"

Team-based Primary Care

" Patient care that is coordinated across professionals, facilities, and support systems; continuous over time and between visits; tailored to the patients' needs and preferences; and based on shared responsibility between patient and caregivers for optimizing health."

--- Sara Singer et al., Med Care Res Rev. 2011;68(1):113.

Annals of Internal Medicine | Position Paper

Principles Supporting Dynamic Clinical Care Teams: An American College of Physicians Position Paper

Robert B. Doherty, and Ryan A. Crowley, for the Health and Public Policy Committee of the American College of Physicians*

The U.S. health care system is undergoing a shift from individual clinical practice toward team-based care. This move toward team-based care requires fresh thinking about clinical leadership and responsibilities to ensure that the unique skills of each clinician are used to provide the best care for the patient as the patient's needs dictate, while the team as a whole must work together to ensure that all aspects of a patient's care are coordinated for the benefit of the patient. In this position paper, the American College of Physicians offers principles, definitions, and examples to dissolve barriers that prevent movement toward dynamic clinical care teams. These principles offer a framework for an evolving, updated approach to health care delivery, providing policy guidance that can be useful to clinical teams in organizing the care processes and clinician responsibilities consistent with professionalism.

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For author affiliations, see end of text.

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The U.S. health care system is shifting from the prevailing care delivery model in which clinicians operate independently toward team-based care. In this new model, groups of physicians, nurses, physician assistants, clinical pharmacists, social workers, and other health professionals establish new lines of collaboration, communication, and cooperation to better serve patient needs. The team-based model requires a new way of thinking about clinical responsibilities and leadership, one that recognizes that different clinicians will assume principal responsibility for specific elements of a patient's care as the patient's needs dictate, while the team as a whole must ensure that all elements of care are coordinated for the patient's benefit.

The American College of Physicians (ACP) believes that the nation's health care system must encourage and enable clinicians to work together in dynamic clinical care teams. The movement to team-based health care delivery has generated confusion among the public, policymakers, physicians, and other health disciplines on how to organize teams to achieve the best possible outcomes for patients. To address this confusion, ACP offers the following principles related to the professionalism, regulation, reimbursement, and research of clinical care teams to attempt to dissolve the barriers that hinder the evolution toward dynamic clinical care teams and nimble, adaptable partnerships that encourage teamwork, collaboration, and smooth

Professionalism and Clinical Care Teams

Professionalism requires that all clinicians—physicians, advanced practice registered nurses, other registered nurses, physician assistants, clinical pharmacists, and other health care professionals—consistently act in the best interests of patients, whether providing care directly or as part of a multidisciplinary team (1, 2). Therefore, multidisciplinary clinical care teams must organize the respective responsibilities of the team members guided by what is in the best interests of the patients while considering each team member's training and competencies.

The following framework applies principles of professionalism to the organization, functions, and responsibilities of clinical care teams and applies to teams that are part of a single practice or institution as well as to virtual teams comprising members from more than 1 practice or institution that organize around shared patients to deliver care.

Definition of Clinical Care Team

A clinical care team for a given patient consists of the health professionals—physicians, advanced practice registered nurses, other registered nurses, physician assistants, clinical pharmacists, and other health care professionals—with the training and skills needed to provide high-quality, coordinated care specific to the patient's clinical needs and circumstances.

Clinical care teams typically include, and are supported by, personnel who have a wide range of clinical,

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Dynamic Teams

A clinical care team for a given patient consists of the health professionals – physicians, advance practice registered nurses, other registered nurses, physician assistants, clinical pharmacists, and other health care professionals – with the **training and skills needed to provide high-quality, coordinated care services specific to the patient's clinical needs and circumstances."**

(American College of Physicians Position Paper, October 2013)

Complementary Skills

Primary care teams should include health care practitioners who have **complementary skills to those of the physician to achieve quality improvement initiatives and improve physician productivity.**

(K Grumbach, T Bodenheimer *JAMA* 2004;291:1246-1251)

Medication Management and Pharmacist Patient Care Process

Comprehensive Medication Management
….is a process of whole-person care that begins with the individual and seeks to optimize medications by identifying and resolving medication-related problems that stand in the way of reaching the patients' therapy goals.

Source: http://www.pharmacist.com/sites/default/files/JCPP_Pharmacists_Patient_Care_Process.pdf (2014)

Primary Care Med-related Problems

Medication-related Problem (MRP) Categories	MRP Subtypes
Appropriateness (based on evidence-based guidelines)	Unnecessary drug therapy
	Needs additional therapy
Effectiveness	Ineffective drug therapy
	Dosage too low
Safety	Dosage too high
	Adverse drug event
Adherence	Patient non-adherence/health literacy issue

- "UPSTREAM"
- Clinician-influenced
- 70-75% MRPs

- "DOWNSTREAM"
- Patient-influenced
- 25-30% MRPs

SOURCE: Cipolle RJ, Strand LM, Morley PC. Pharmaceutical Care Practice: The Patient-centered Approach to Medication Management. 3rd ed. New York, NY: McGraw--Hill; 2012.

Med Optimization and Safety Opportunities

- Suboptimal Medication Outcomes
- Medication-related Quality Measures (HEDIS,ACO, Core Primary Care, etc)
- Vulnerabilities for Med Discrepancies and Errors
  - Care Transitions
  - Multiple Prescribers and Pharmacies
  - Emergency Room
  - Post-Acute/Rehab
  - High-Risk Meds in Elderly
  - Complex Regimens
  - Discontinued Meds
  - Auto-refill - especially when meds are discontinued

Innovative Delivery Models

- Pharmacist-Nurse Care Manager Teams
- Enhanced Community Pharmacist Services/Medical Neighborhood
- PCMH Collaborative Practice/Direct Patient Care
- ACO Population Health Pharmacist

Innovative Payment Models

- Performance/quality payments
- Advance care management payments
- Capitation
- Shared savings

Primary Care Workforce Implications

1. Pharmacist Integration Models

• Employment: pharmacist on staff; large group practices or integrated delivery systems

• Embedded: co-funded partnership between practice and health system/schools of pharmacy

• Shared Resource: contractual arrangement; pharmacist may provide medication management services for multiple practices or specific patients (e.g., high risk, care management program, population health)

• Virtual Team: pharmacist not co-located, remote access to EMR, e-consultations, between PCP office visits

2. Provider/Practice Considerations

How can pharmacist-provided medication management services:

- improve practice/provider efficiencies or workflows?
- complement the skills of other health care practitioners?
- improve the practice's ability to meet care quality or performance measures?
- align with care management or population health programs?
- be delivered with on-site direct patient care, interactive video, "virtual team" models (e-consults with PCPs)

3. Patient Selection Considerations

- Not just administrative claims review (ex. highest utilization and costs)
- Consider patient progress toward care plan goals and treatment outcomes between primary care visits
- Define "high risk patients" - usually chronic conditions and/or multiple co-morbidities

- high-risk medications, complex medication regimens, insufficient response to treatment, care transitions

Resources

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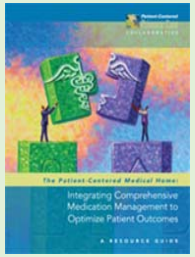

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