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Comprehensive Primary Care

MS 2: Medication Management

Measurement and Data Recording

June 16, 2015 – 1:00 pm ET

Peer Faculty

- Abby Frye, PharmD, BCACP, Clinical Pharmacy Specialist with Providence Medical Group (OR) and Kristy Butler, PharmD, BCPS, BCACP, FASHP, *Manager, Clinical Pharmacy Specialists*
- Tom McCloskey, PharmD, MS, & Misti Scott, RN, with Primary Care Partners in Grand Junction

Facilitators

Rachel Wallis and Jackie Crain
Arkansas Regional Faculty

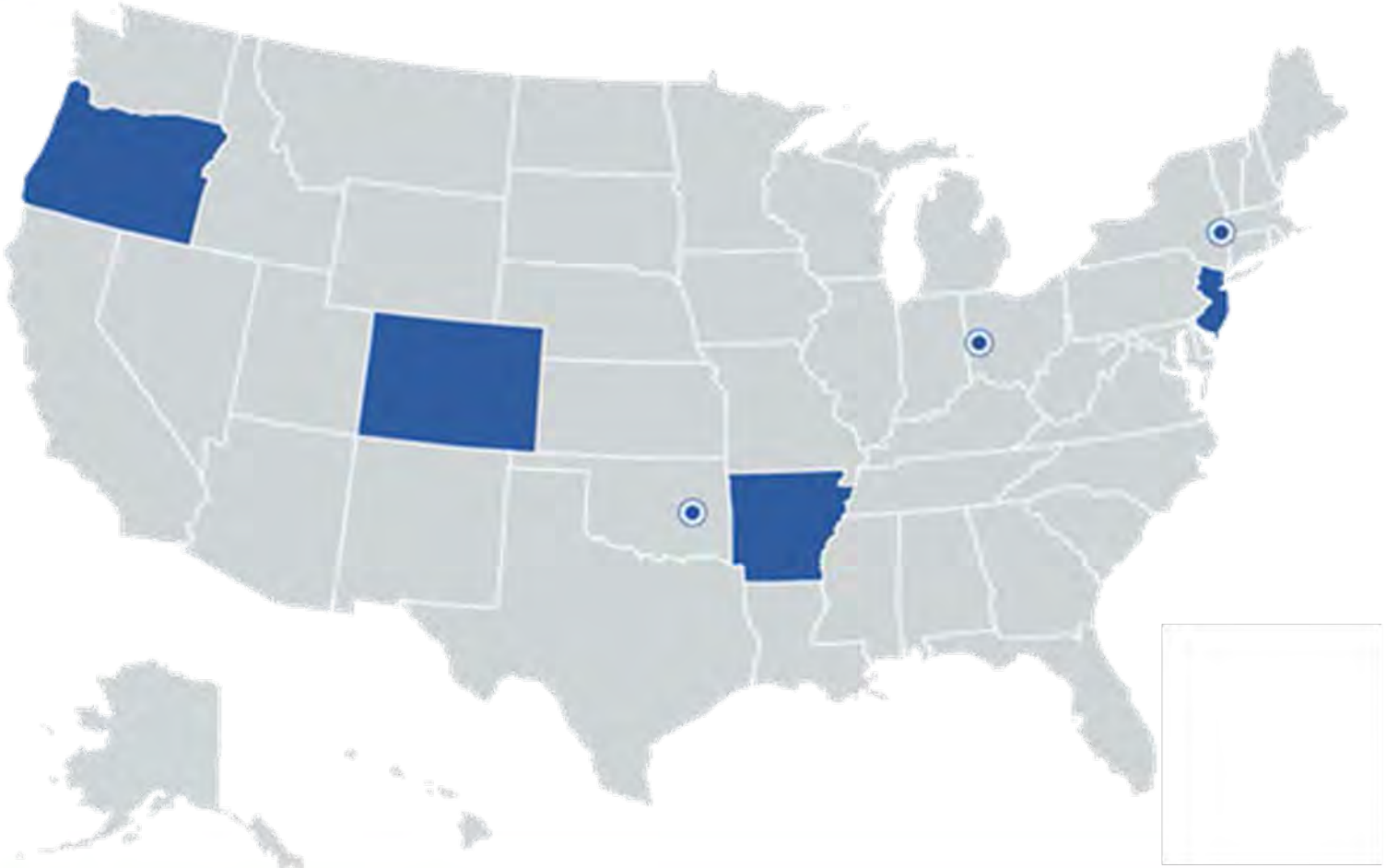
Subject Matter Expert

Marie Smith

Moderator

Rose Langdon
TMF Health Quality Institute

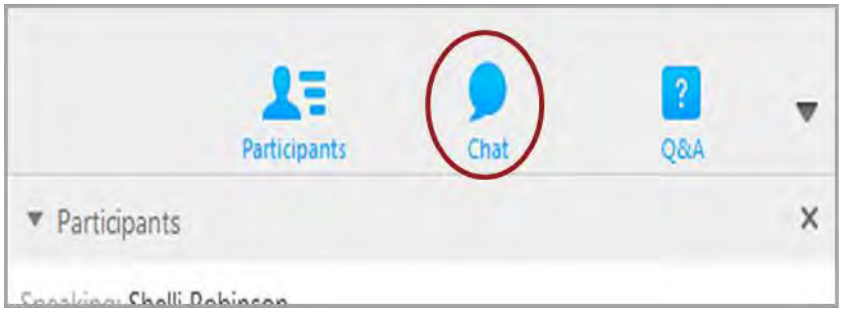
Click the arrow on the annotation toolbar, then point to your location…

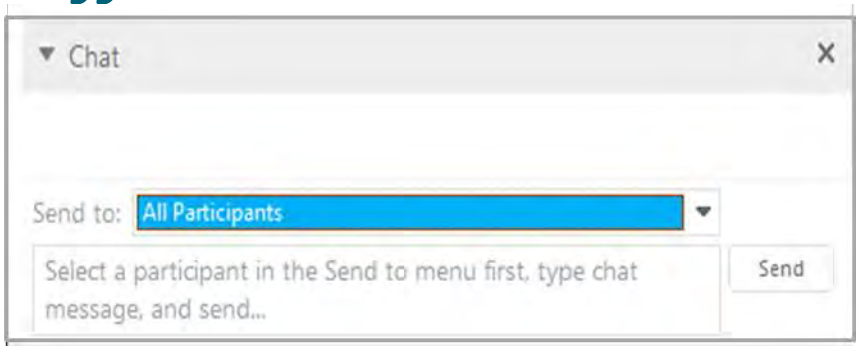


Source: Centers for Medicare & Medicaid Services

Live Session Pointers

- This is YOUR Action Group!
- Will be interactive, using chat, polls and the forum
- More activity means more learning!
- ***Chat now:*** ***What question would you like answered about measuring the impact of your medication management efforts?***





REMINDER: After the session…

To continue our learning, do the following and share your experiences on the forum and in the library:

- Share with us ideas, successes, barriers around measuring the impact of integrating a pharmacist into your practice
- Tell us what you would like to discuss during our next group call

3 Ways to Experience the Collective Intelligence

USE YOUR TELEPHONE	CHAT	LISTEN
Share your sticky spots	Share your sticky spots	Catalyze insight from others
Ask questions that provoke new thinking	Ask questions that provoke new thinking	Prioritize action steps that you might take on Monday
Share your experience to reduce ambiguity for others	Share your experience to reduce ambiguity for others	
	Network with peer practices in other CPC markets	

What is your role in the practice?

- Physician
- Nurse
- IT Specialist
- PA-C or ANP
- Care Mgr/ Coord
- Practice Manager
- Quality Specialist
- Pharmacist
- Other

Overview

- Last Session Highlights:
  - Integrating pharmacists into the TOC workflow
  - Pharmacists supporting TOC as inpatient and outpatient resources
  - Team member roles in TOC

What triggers a pharmacist's role in TOC?

Here is the list compiled during today's live call.

Diuretic use
Renal function
Behavioral health medications
New insulin – starts/changes
Benzos
Chronic pain meds
Patient outcomes
Patients taking high risk medications

What else would you add to the list?

Resource: Multi-Center Medication Reconciliation Quality Improve

The goal of MARQUIS (Multi-Center Medication Reconciliation Quality Improvement Study) is to develop better ways for medications to be prescribed, documented, and reconciled accurately and safely at times of care transitions when patients enter and leave the hospital. This study, which was funded by the Agency for Healthcare Research and Quality, has produced a set of medication reconciliation tools to reduce medication errors that frequently occur during care transitions.

The toolkit includes the following materials:

- The MARQUIS Medication Implementation Manual: A Guide for Medication Reconciliation Quality Improvement
- Training videos illustrating strategies for taking a medication history and providing discharge medication counseling

LINK to TOOLKIT:
https://innovations.ahrq.gov/qualitytools/multi-center-medication-reconc...

What are the most common medication errors or adverse drug events that you see in your practice?

What are you doing to reduce those numbers?

What's happening on the Forum?

What has happened in your practice since the last call?

Let's get started…

- Today's Topic:
  - Measuring the impact of pharmacist integration
- Are there other topics you would like to discuss today?
  - Please use the Chat function to share

Audience Response

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Have you identified a method for measuring the impact of the pharmacist's role in your practice?

Yes

No

Primary Care Partners in Grand Junction – 2 CPCi Practices

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- **Practice Presenter's Name**
- Tom McCloskey, PharmD, MS
- Misti Scott, RN
- Email – tmccloskey@pcpgj.com
- mscott@pcpgj.com

- 3150 N. 12th & 1120 Wellington, Grand Junction, CO
- Total of 22 physicians and 8 mid-levels
- 33,508 total empanelment
- 6 total CM/CC
- Allscripts Touchworks v11.4.1 HF12

Pharmacy Review Processes

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- Processes were developed by clinical division physicians and care team.
  - Patients with five or medications
  - High-risk Patients
  - Transition of Care Patients
  - High-risk medications
- Trends observed: increased requests for:
  - medication profile reviews
  - drug information, cost/coverage data
  - face-to-face patient contact when approaching medically complex patients (chronic pain, polypharmacy, smoking cessation)

Additional Medication Management Activity

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- CDTM – Smoking Cessation
- Chronic Pain Task Force
  - Development of Pain Contract
  - Review Controlled Substance Patient List
- INR Protocol Development
- Employer-Based Generic Drug Program

Patient Chart Access/Tasks

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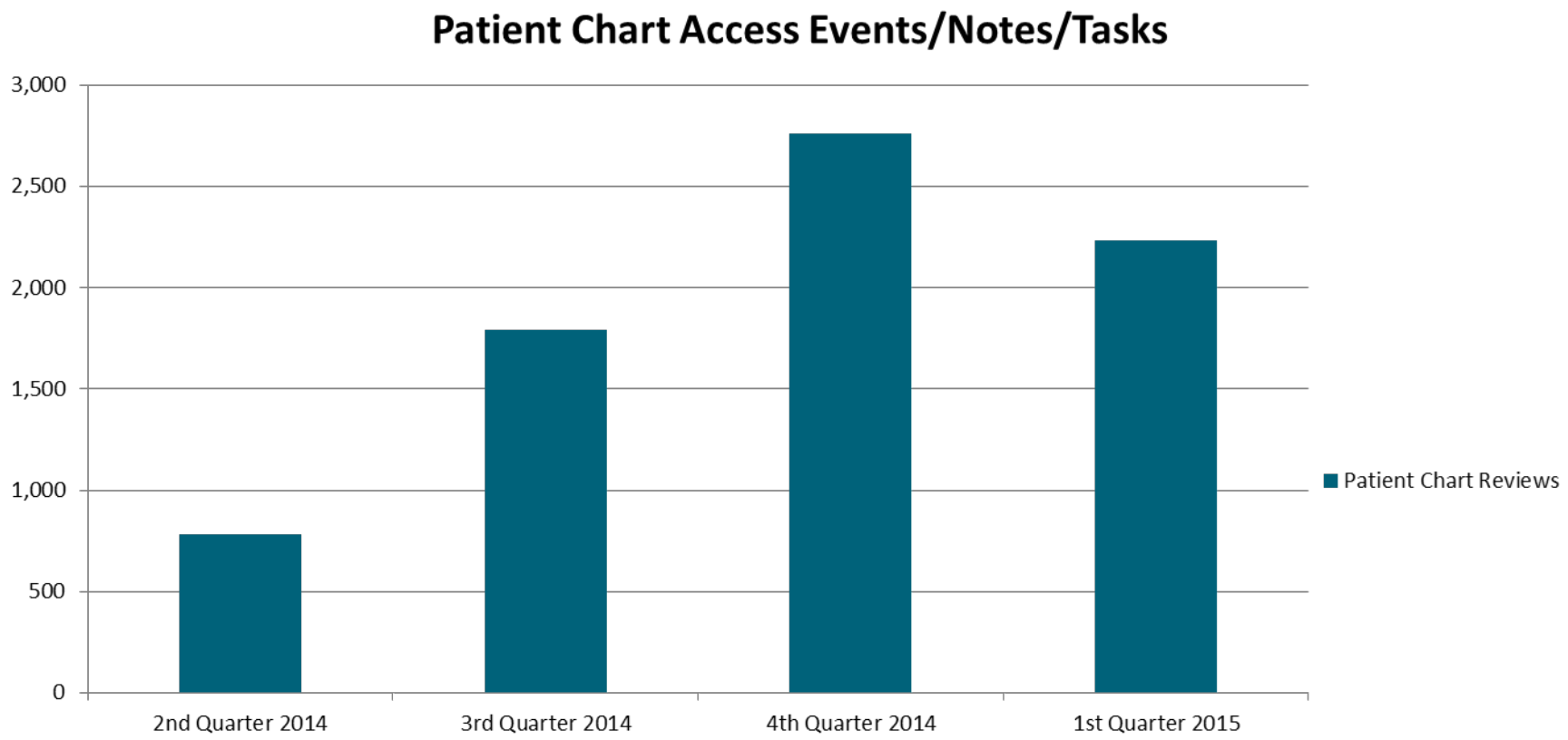

Formal Pharmacy Reviews

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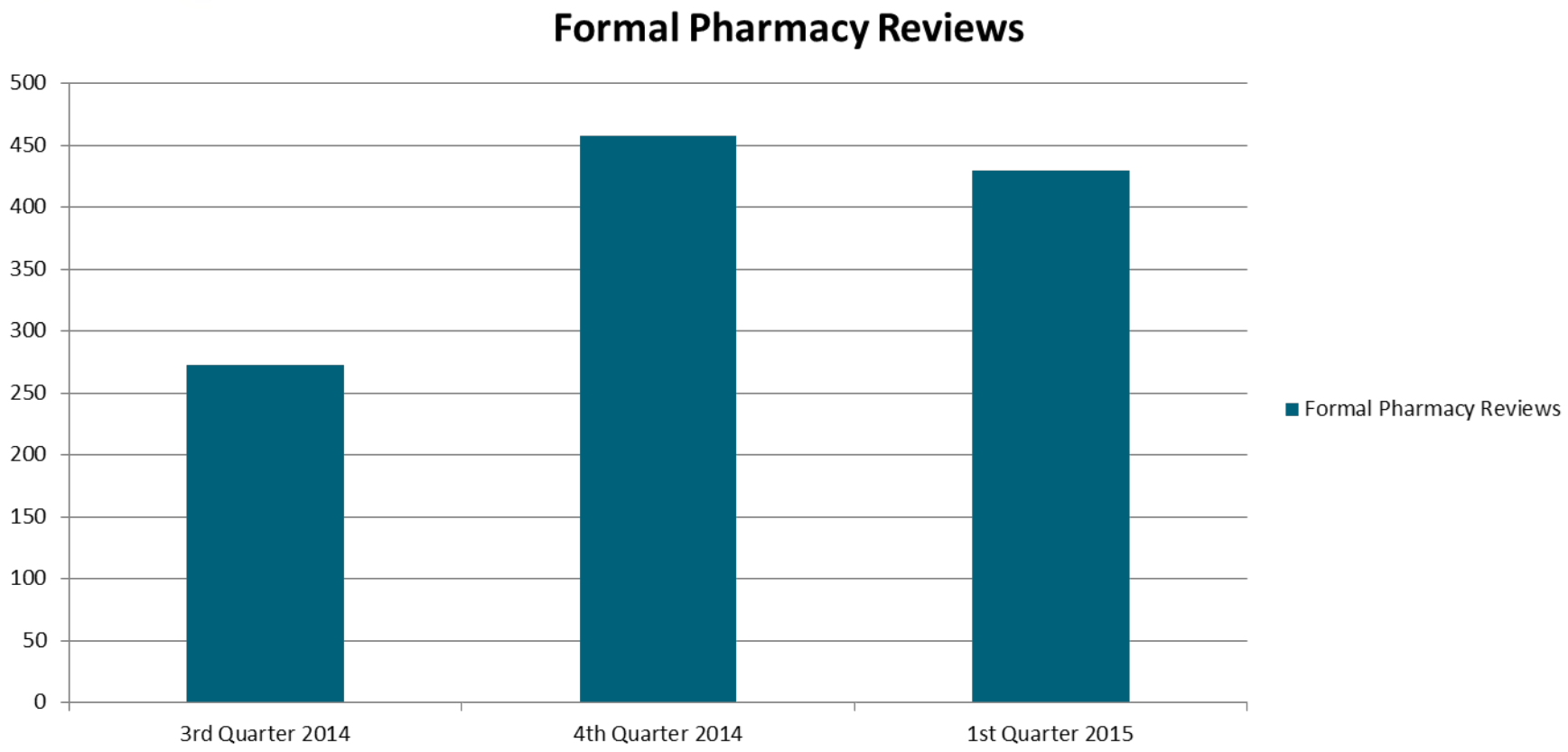

Q&A plus Harvesting of Learning

Providence Medical Group

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- Oregon

PROVIDENCE Medical Group

	Oregon (total)	CPC
PC Clinics	46	13
Patients	318,353	121,653
Provider FTE	216.25	86.03
	Ave 5/clinic; Range 1-15	
Clinical PharmD FTE	16	6.5

- EHR: Epic

- Abby Frye, PharmD, BCACP
  - Clinical Pharmacy Specialist
  - abby.frye@providence.org
- Kristy Butler, PharmD, BCPS, BCACP, FASHP
  - *Manager, Clinical Pharmacy Specialists*
  - Clinical Pharmacy Department
  - kristina.butler@providence.org

Providence Medical Group

- History of MM Program
  - 18 Years
  - Specialized PharmD Training
  - Collaborative Practice Agreements & Comprehensive Med Management Programs

Process Measures

- Examples of process measures evaluated
  - # of office visits and telephonic visits
  - # of drug information consults completed (collected manually)
  - Interventions to reduce LDL or to improve appropriate statin use
  - Interventions to improve bisphosphonate use
  - Impact of pharmacist-provided collaborative DM management
- CPC-related process measures
  - Tracking medication-related quality metrics
    - Before and after integration of a clinical pharmacist
    - Based on the amount of "pharmacist time"
- Future State
  - Working to track processes systematically through EMR
  - Proposed study will quantify the number of encounters authored by a clinical pharmacist as well as number of patients "touched" by a clinical pharmacist
    - A software program will allow analysts to specifically identify the most clinically relevant "touches"

Interventions to Improve Appropriate Statin Use

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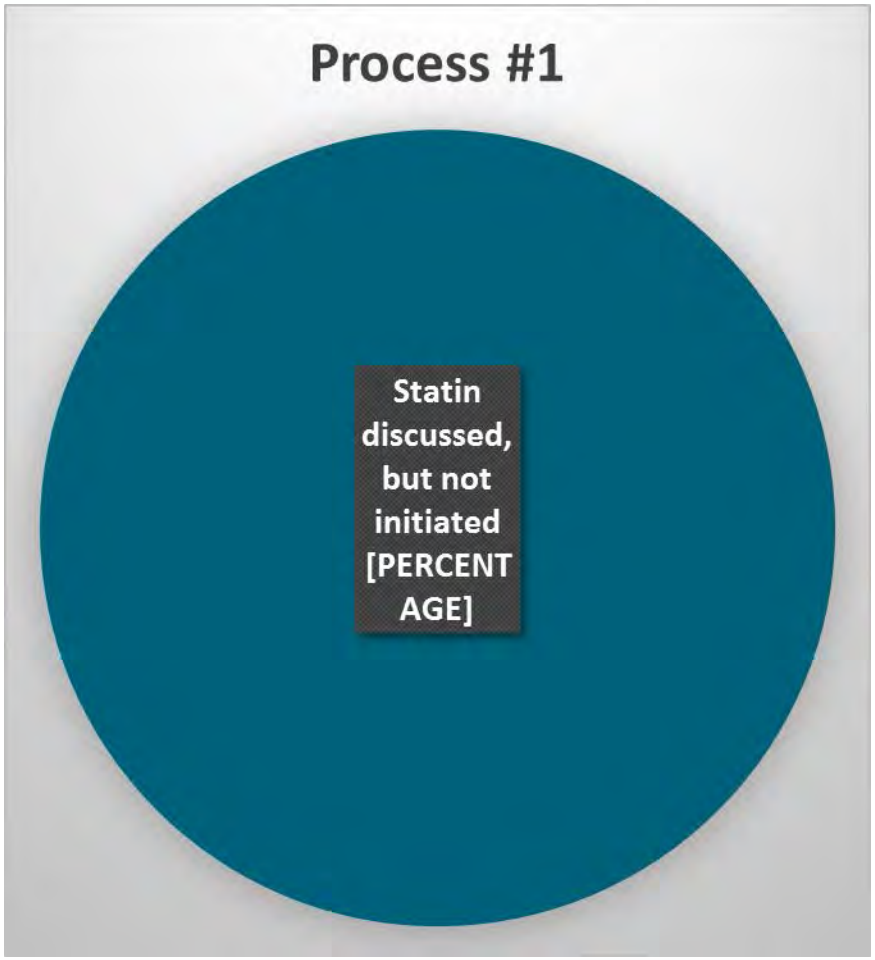
Process #1

1. PharmD used population database to identify patients with history of ASCVD not on a statin
2. PharmD reviewed charts to identify which patients were appropriate for intervention
3. PharmD reached out to PCP to receive the "ok" for CDTM
4. PharmD called patient to discuss, and if agreeable, to initiate statin



Interventions to Improve Appropriate Statin Use, cont'd

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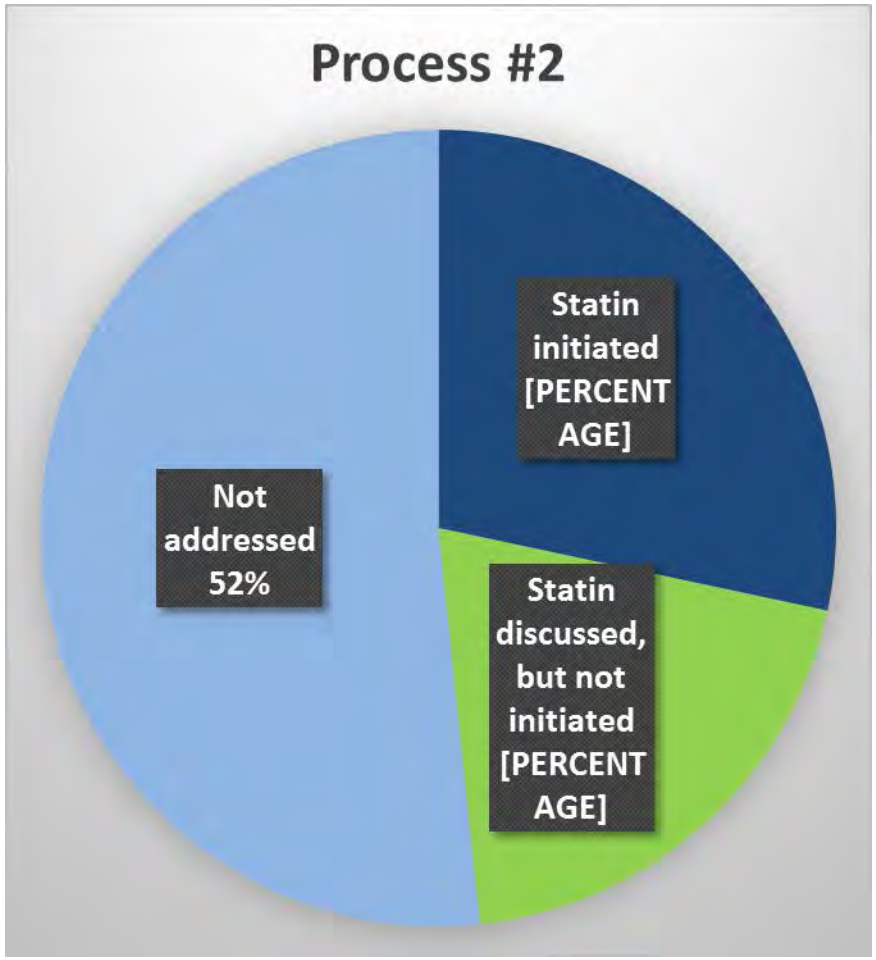
Process #2

1. PharmD used population database to identify patients with an indication for statin therapy AND with an upcoming appointment
2. PharmD reviewed charts to identify which patients were appropriate for intervention
3. PharmD reached out to PCP to recommend initiation of a statin at the upcoming visit
4. PCP responsible for discussing with patient, and if agreeable, initiating the statin



Study Design

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Retrospective, matched case-cohort study

Create database of patients with diabetes referred for CDTM

Identify patients discharged between 8/1/09-8/1/11 for matching

Match clinical pharmacist patients to usual provider care patients using electronic medical record

Active problem: ICD-9 250.xx
No clinical pharmacist contact during matched timed period

Characteristic	Range	Characteristic	Range
Age	+/- 5 years	Systolic blood pressure*	+/- 3 mm Hg
Gender	--		
A1c*	+/- 0.1	LDL**	+/- 20 mg/dL

*Result within +/- 3 months of matched patient's enrollment
**Results within +/- 6 months of matched patient's enrollment

Study Results

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- 170 matched pairs identified
- Baseline characteristics:

	Clinical Pharmacist Group (n=170)	Usual Provider Care Group (n=170)
Age, years	62	60
Gender, % female	53%	
Duration of enrollment, days	140	--
Commercial Insurance	48%	48%

Primary Clinical Outcome

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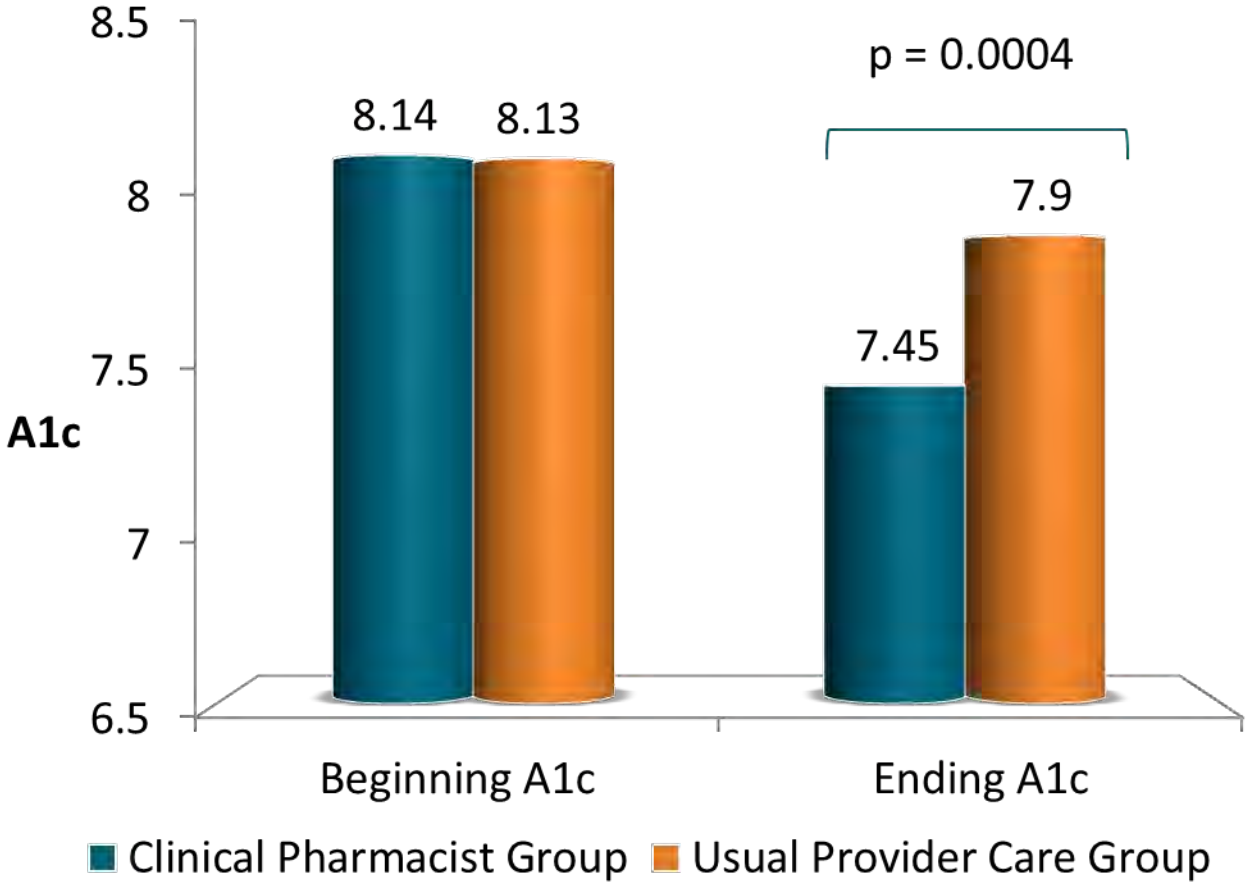

Clinical Outcomes

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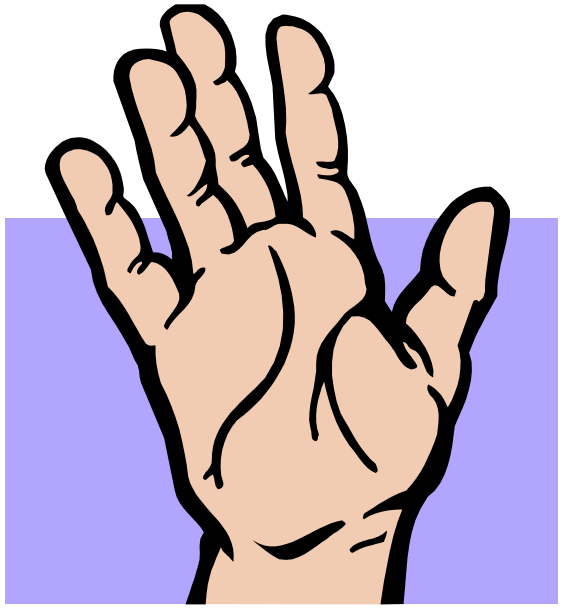
	Clinical Pharmacist Group (n=170)	Usual Provider Care Group (n=170)	p-value
Starting SBP, mm Hg	124	124	
Ending SBP, mm Hg	123	126	
Change from baseline	-1.4	+2.0	0.007
Starting DBP*, mm Hg	72	72.2	
Ending DBP*, mm Hg	70	72.8	
Change from baseline	-2	+0.6	0.003
Starting LDL, mg/dL	81	83	
Ending LDL, mg/dL	81	86	
Change from baseline	+0.2	+3	0.22

*DBP=diastolic blood pressure

Q&A plus Harvesting of Learning

Share your practice's methods…
Ask your questions about Med. Mgmt.



Please enter your responses/questions into the Chat box or "Raise Your Hand" to answer verbally

Whiteboard Discussion

- Discuss potential process and outcome measures
- Other Topics

Audience Response

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I am able to apply ideas learned today to my practice.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Summary

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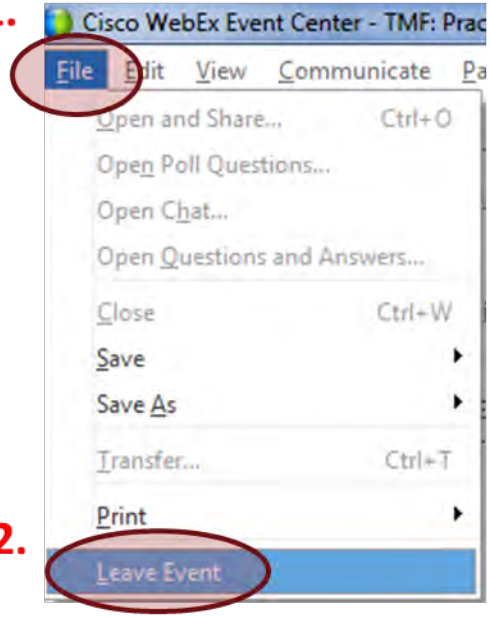
NEW: All attendees, including faculty, MUST complete a survey. You may add multiple participants on one form if you participated as a group.

1.



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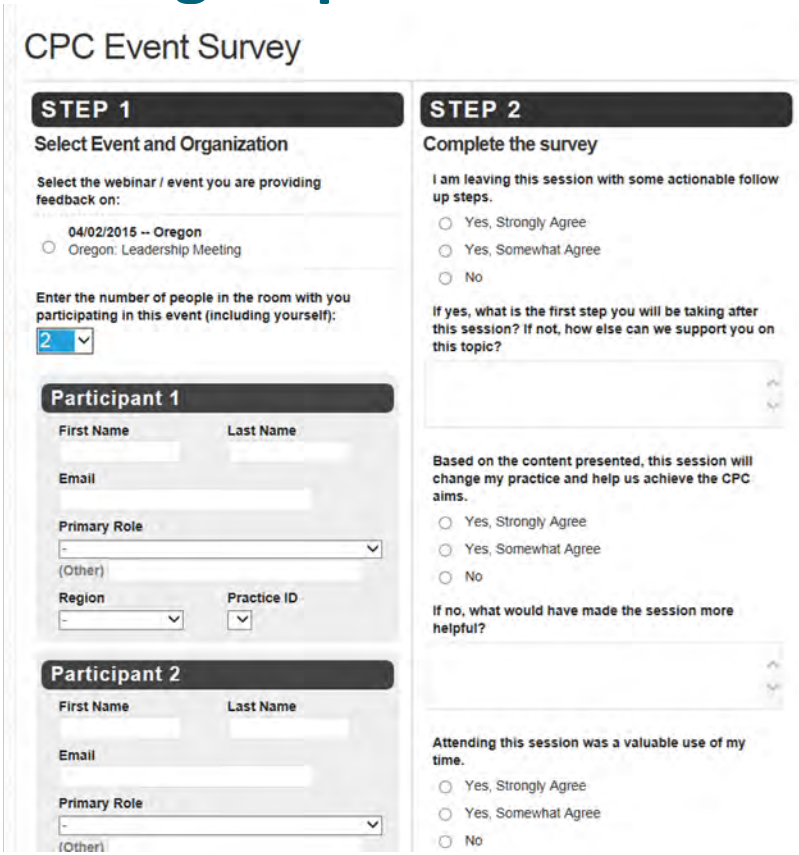
3.