Leveraging Pharmacists in Ambulatory Care Teams to Optimize Medication-Related Health Outcomes

Park Nicollet Health Service’s Approach

BACKGROUND

Park Nicollet Health Services has long been considered a progressive, value-driven health system, selected for the Physician Group Practice Demonstration in 2005 and the Pioneer ACO Program in 2011. Concurrent with its ACO development, Park Nicollet began adopting the patient-centered medical home (PCMH) model in its primary care practices. As part of that PCMH transition, Park Nicollet’s well-respected pharmacy leadership started to conceptualize a program that would integrate pharmacists into the practices as embedded medication specialists. With this vision in mind, the system recruited a pharmacist with experience leading integrated medication management programs to help design and implement this embedded model. Now, several years since its introduction in August 2011, this ambulatory medication management program continues to produce positive results.

APPROACH

Park Nicollet began this work by defining the intended role of a non-dispensing pharmacist within the care team. It was determined that the pharmacists would provide comprehensive medication management (CMM) services to select patients to improve quality outcomes, to provide patients with the tools and confidence to manage their own medications, and reduce PCP workloads where possible. The system used its five geographic regions as a framework for implementing and scaling its embedded pharmacist model. Park Nicollet started small, beginning in one region with three medication management pharmacists (2.2 FTEs) serving two practices, with the intention to build regional capacities over time. These pharmacists worked with other clinicians on the multidisciplinary care team (i.e., physicians, nurses, care coordinators, and social workers) to support system-attributed patients with multiple chronic conditions and low medication adherence rates. Due to its early effectiveness, the program was approved for expansion across all five of Park Nicollet’s regions. However, before expanding, program managers worked with the leaders of the pilot practices to collect feedback for program improvements and to determine which practices should expand. The CMM program was first expanded to practices whose leadership embraced team-based care, but now reaches 17 practices with 9.6 FTE pharmacists.

Within each practice, pharmacists collaborate with members of the care team to set practice-specific priorities for medication management. Park Nicollet has focused on delivering CMM services to patients with certain high-impact chronic conditions such as diabetes, cardiovascular, and respiratory disease, as well as to patients who have recently experienced a care transition, like a hospitalization or TCU stay. CMM services are especially effective for patients in these categories who also have a cognitive impairment. Park Nicollet has developed several avenues for identifying and referring these at-risk patients to its medication therapy management (MTM) program. In addition to direct referrals from participating PCPs, the health system’s ACO, and partner payers, at-risk patients are also identified during “care conferences,” all-day meetings held monthly or quarterly, where a practice’s care team discusses patients’ needs. During these conferences, the care team uses stratification data provided by the health system and payer to identify the patients who would likely benefit from additional PCMH support. Additionally, the medication management program has recently hired a Patient Outreach Coordinator to proactively recruit key patient populations.

Regardless of the referral source, to begin CMM services, the pharmacist first meets with the patient for a 60-minute in-person visit to discuss the patient’s goals and medication-related challenges, and thoroughly review the medication history. With this review, the pharmacist ensures that the medication is medically necessary, the dose is effective and safe, and the regimen is compatible with the patient’s schedule. The pharmacist and the patient then typically identify 4-5 ways to improve the patient’s medication regimen, focusing on helping the patient continue to live independently. The pharmacists may enter into collaborative agreements with the practice physicians, allowing the pharmacist to make specified changes to medication regimens without prior physician approval and to conduct lab monitoring to ensure medication safety and efficacy.

For some patients, the initial consult may be sufficient, however, the majority require multiple telephone and in-person meetings to reach their health goals. The frequency and method of contact vary based on the severity of the patient’s medication-related challenges. In addition...
to their patient care schedules, pharmacists also serve as a medication-use resource for neighboring practices. Patients are transitioned back to their physician’s care when they reach the criteria laid out in the collaborative agreement, or when continued pharmacist care is no longer needed.

RESULTS TO DATE

The system has participated in and conducted several analyses to confirm the CMM program’s effectiveness. First, an analysis conducted by Minnesota’s quality improvement organization found that Medicare patients who received CMM services were significantly more likely to achieve optimal diabetes or vascular outcomes, and had statistically significant lower total costs of care than similar patients. A survey of 345 patients in the Park Nicollet MTM program found that the program helped most respondents understand the purpose of each medication (79%), know whether their medicines were working (76%), and know whether their medications were safe (78%). Eighty-one percent of respondents said they felt more confident managing their medicines because of the pharmacist’s support, and 86% said they would recommend their pharmacist to a family member or friend.

TOOLS & VENDOR PARTNERS

Park Nicollet has found Epic to be an effective platform for tracking individual patient interactions and broader CMM program metrics, such as the number of unique patients seen each month, number of unique encounters, pharmacist appointment capacity, and percent of target patient populations engaged. To ensure efficiency, the CMM program manager carefully monitors trends in pharmacist utilization to shift focus to sites where pharmacists are most needed. The program also receives some community pharmacy prescription data fed through Surescripts into the EMR.

CHALLENGES WITH IMPLEMENTATION

Without alternative financing mechanisms in place, developing and sustaining this CMM model would be nearly impossible. Park Nicollet funds the program (~$154k per FTE pharmacist per year) believing that the investment will result in increased shared savings across the system’s various value-based contracts. Because the CMM program is not generally revenue-generating, it’s crucial to document program outcomes to demonstrate value. In addition to long-term cost savings, the CMM program enables pharmacists to allow physicians see more patients annually. For example, in the hypertension collaborative agreement, pharmacists titrate patient’s blood pressure medication during CMM visits so that a separate PCP visit is not necessary. This system is particularly effective in areas where medication is integral to the practice or where there is a shortage of physicians, such as endocrinology.

KEY LEARNINGS

- **Start small** – Before widespread implementation, test the program’s effectiveness and its reception by providers. Gather early feedback and evidence for expansion.
- **Hire well** – Invest in the right people, both for designing the program and carrying out its objectives. Seek out residency-trained pharmacists with collaborative mindsets.
- **Find high-impact targets** – Identify areas where CMM can truly be effective in preventing future risk. The number of prescriptions alone is not an effective marker.
- **Allow flexibilities** – While the program should align with broader system goals, each practice should have certain flexibilities to address its unique needs.

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