Pharmacists on the Care Team
Sacramento UBP/ Right Care Initiative
4/13/15

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Objectives

♦ Evaluate the evidence supporting pharmacist on the care team and in particular in HTN management
♦ Discuss the varying roles of the pharmacist in the ACO setting
♦ Evaluate and brainstorm interventions by the community pharmacist that support the Right Care Initiative
Improving Patient and Health System Outcomes through Advanced Pharmacy Practice: A Report to the Surgeon General

“One of the most evidence-based decisions to improve the health system is to maximize the expertise and scope of pharmacists...”

2011 Report to the Surgeon General

♦ Cited 55 outcomes-based clinical studies (including meta-analysis of many more studies) showing
  - that pharmacists are effective health care providers and contributed to positive outcomes in both ambulatory and hospital-based clinics.
  - Regardless of the setting or the disease state, the addition of clinical pharmacist services in the care of patients resulted in improved care with no evidence of harm.
2011 Report to the Surgeon General

“The federal sector has already implemented and embraced a health care delivery model through physician-pharmacist collaboration. This collaboration, through extensive performance data, has demonstrated that patient care services delivered by pharmacists can improve patient outcomes, promote patient involvement, increase cost-efficiency, and reduce demands affecting the health care system.”
HRSA (Health Resources and Services Administration)

“...strongly supports the role of the pharmacist and the provision of pharmacy services to patients with multiple chronic conditions through an interprofessional team.” ¹

“integration of clinical pharmacy services into primary care improves patient health outcomes, reduces the incidence of adverse events, and reduces costs to the health care system” ²
Patient-Centered Primary Care Collaborative – 700 collaborators

- “ROI of med management services by pharmacists are as high as 12:1 with an average of 3:1 to 5:1” ³
National Evidence for Pharmacist Involvement Hypertension Management

♦ Everett Clinic, WA: 15% improvement in BP goals in pharmacist intervention group over standard care

♦ Iowa Project: 63.9% reached BP goals in pharmacist group, 29.9% in control group

♦ Asheville Project: 24.3% increase in DM goal attainment, 20% improvement in BP, 25% improvement in HLP in pharmacist intervention group

♦ Minnesota Project: 71% met HEDIS goals in pharmacist intervention group vs 59% for usual care

♦ Group Health: Each pharmacist either has a panel of 10,000 chronic disease patients, or they support a clinic with a ratio of 5 physicians to 1 pharmacist.

♦ HealthPartners, MN: Home blood pressure tele-monitoring and Pharmacist management
Table 3. Blood Pressure (BP) Reduction From Baseline

<table>
<thead>
<tr>
<th></th>
<th>Telemonitoring Intervention</th>
<th>Usual Care</th>
<th>Differential Change From Baseline, Mean (95% CI)</th>
<th>P Value*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (95% CI)</td>
<td>Reduction From Baseline, Mean (95% CI)</td>
<td>Mean (95% CI)</td>
<td>Reduction From Baseline, Mean (95% CI)</td>
</tr>
<tr>
<td>Systolic BP, mm Hg</td>
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<tr>
<td>At baseline</td>
<td>148.2 (146.3 to 150.0)</td>
<td>147.7 (145.8 to 149.5)</td>
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<tr>
<td>At 6 mo</td>
<td>126.7 (124.4 to 129.0)</td>
<td>-21.5 (-23.9 to -19.1)</td>
<td>136.9 (134.6 to 139.2)</td>
<td>-10.8 (-13.3 to -8.3)</td>
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<tr>
<td>At 12 mo</td>
<td>125.7 (123.4 to 128.0)</td>
<td>-22.5 (-25.1 to -19.9)</td>
<td>134.8 (132.5 to 137.2)</td>
<td>-12.9 (-15.5 to -10.2)</td>
</tr>
<tr>
<td>At 18 mo</td>
<td>126.9 (124.3 to 129.4)</td>
<td>-21.3 (-24.2 to -18.4)</td>
<td>133.0 (130.4 to 135.5)</td>
<td>-14.7 (-17.6 to -11.8)</td>
</tr>
<tr>
<td>Diastolic BP, mm Hg</td>
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</tr>
<tr>
<td>At baseline</td>
<td>84.4 (82.3 to 86.6)</td>
<td>85.1 (82.9 to 87.3)</td>
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</tr>
<tr>
<td>At 6 mo</td>
<td>75.0 (72.9 to 77.2)</td>
<td>-9.4 (-11.1 to -7.6)</td>
<td>81.7 (79.5 to 84.0)</td>
<td>-3.4 (-5.2 to -1.5)</td>
</tr>
<tr>
<td>At 12 mo</td>
<td>75.1 (72.8 to 77.4)</td>
<td>-9.3 (-11.0 to -7.7)</td>
<td>80.8 (78.5 to 83.2)</td>
<td>-4.3 (-5.9 to -2.7)</td>
</tr>
<tr>
<td>At 18 mo</td>
<td>75.1 (73.0 to 77.2)</td>
<td>-9.3 (-11.7 to -7.0)</td>
<td>78.7 (76.6 to 80.9)</td>
<td>-6.4 (-8.7 to -3.9)</td>
</tr>
</tbody>
</table>

*a Calculated using time × study group interaction term, indicating differential reduction from baseline by study group.

Table Title:

Blood Pressure (BP) Reduction From Baseline
MD referred at risk patients to pharmacist

Pharmacist schedule appt, and the patient was seen. Blood pressure was assessed, and medication reconciliation was completed. Follow ups done as necessary.

2011 significant decrease in systolic blood pressure (drop of 26mmHg/13mmHg) with the pharmacist intervention when compared to BP achieved by usual care.

2006 Blood pressure project
- 72.7% of pharmacist patients met goal
- 23.3% of standard care patients met goal
*Goal blood pressure 140/90 or 130/80 for Cardiac Risk Patients
Pharmacist on the Care Team Roles

♦ Established in integrated models
  – IHS, VA, Kaiser, Group Health
♦ Established in hospital settings
♦ More difficult in the IPA model
♦ Largely undefined in the community setting
UCSF ACO

- City and County of San Francisco employees
- UCSF Physicians
- Hill Physicians IPA
- Blue Shield
- UCSF School of Pharmacy and Walgreens at UCSF – MedList Clinic
Hill Physicians Medical Group
Virtual Pharmacist Program

Khanh Nguyen, Pharm.D.
Director, Clinical Support
Hill Physicians Medical Group
Hill Physicians Virtual Program

**Patient Solution**

- Telephonic Patient Consultations
  - Drug information & education
  - Cost saving opportunities
  - Comprehensive medication management
  - Medication reconciliation
  - Medication adherence assessment
  - Disease management & lifestyle counseling

**Provider Solution**

- Integration with provider EHR to provide point-of-care alerts & clinical recommendations for the following:
  - Medication therapy optimization
  - Dose adjustment or discontinuation
  - Drug interactions or monitoring
  - Generic recommendations
  - Clinical measures & gaps in care
Results of Virtual Program

Virtual Pharmacist Interventions Types

- Gaps in Care: 39%
- Change in Rx: 21%
- Rx Monitoring: 30%
- Rx/Lifestyle Counseling: 10%

Virtual Pharmacist Rx Specific Intervention Types

- Rx info 36%
- Cost Savings 11%
- Drug Interaction 5%
- Hold/Discontinue Rx 13%
- Needs Labs 9%
- Change in Drug Therapy 26%

Generic Drug Prescribing Rate

Network

SF

UCSF Pilot
Questions
References


2. Special Report to the Senate Appropriations Committee on Advancing Clinical Pharmacy Services in Programs Funded by Health Resources and Services Administration and it’s Safety-Net Partners. HRSA Senate Report 110-07.


