



Partnerships for Better Care: Pharmacists in Medical Groups to Improve Transitions of Care

Christina Nunemacher, PharmD, BCGP

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Changing The Paradigm

“...pharmacists are highly trained clinicians who can play a vital role in improving health outcomes while also increasing efficiencies - ***and it's time to unleash their potential.***”

-Dr. Sachin Jain



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Transitions of Care

Patients with chronic diseases transition frequently

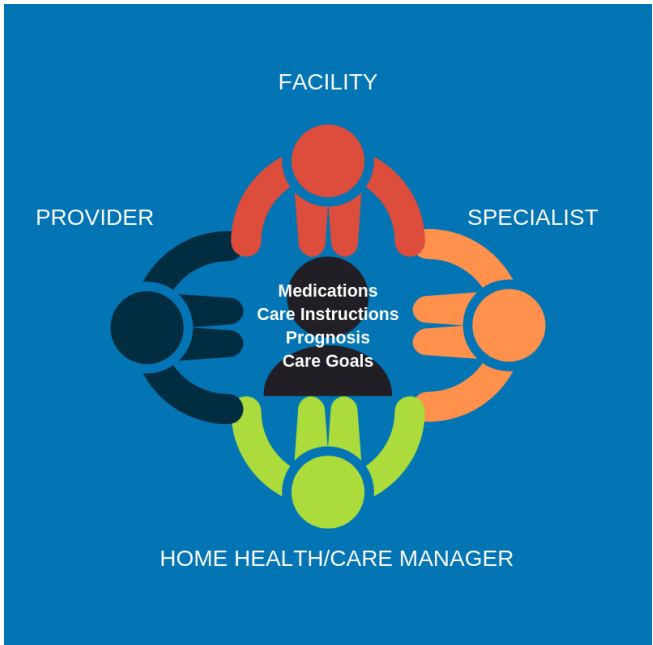
- Hospital → Home
- Home → Provider
- Provider → Specialist
- Provider → Home

Also: home health, Med D calls (MTM), social supports



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Traditional Team Model



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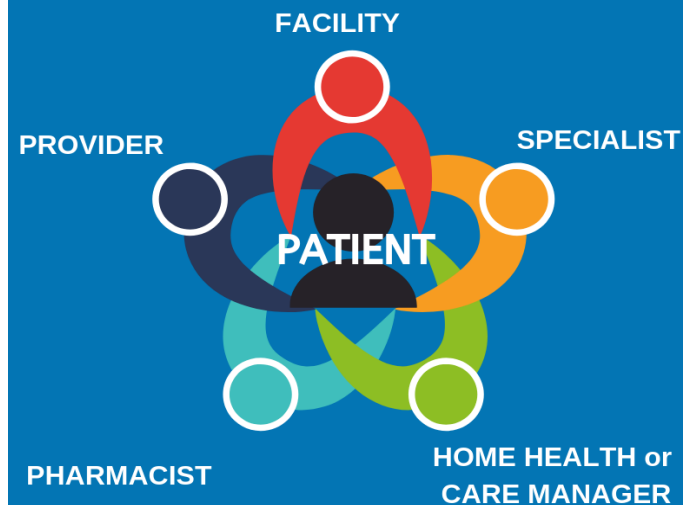
Bridging the Gap

- Equivalent of the entire U.S. population visits pharmacies each week
- Interaction with patients is often significant - frequent and prolonged
- 80% of treatments involve medication
- As “gatekeepers” pharmacists are in a unique position

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New Team Model



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Transition to Wellness

Community pharmacists are part of the transition team

- Access to EHR & HIE
- Order sent to community pharmacy
- Pharmacist provides education at discharge
- Follow-up on days 3, 10 and 25 (minimum)
- Meds are packaged & delivered to bedside

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Transition to Wellness

Closes the loop

- Complete med list faxed to all providers
- Follow-up calls documented in hospital EHR
- Address social determinants of health (SDOH)
- After 30 days, scripts are transferred to pharmacy of choice
- Summary note shared with primary care provider

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Sustainability of Services

- Initially funded through a grant
- Now a self-sustaining model
- Focus is on the **service** but dispensing still plays a role



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Service Extensions

Services:

- Chronic Care Management
- Annual Wellness Visits (on site)
- Remote Patient Monitoring

Billing:

- Incident-to
- Direct patient payment
- Contracted reimbursement (employers, payers)



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Outcome Measures

- Long-term
 - BP, A1C, Hospital readmission rates
- Short-term
 - Preventive care/screenings
 - Labs
 - Deprescribing
 - Reduced emergency room visits



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What Pharmacists Can Do

- Off-site clinical pharmacy service
- Jan-Mar 2019 (65 patients)
 - 6** Colonoscopies
 - 5** Mammograms
 - 8** ED visits avoided
 - 15** Vaccinations
 - 22** Medication changes



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Patient Driven Process

- Personalized care plans
- Goals are created by and meaningful to the patient
- Resources and referrals are **local** and specific
- Community-clinical linkages are key
 - Community programs
 - Public health department



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How To Integrate

- Contracted Services
 - Business Associate Agreement
 - Shared EHR access improves efficiency
- Embedded Pharmacist (directly employed)
- Collaborative Practice Agreement



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Cost-Benefit Considerations

- Published research:

Average of \$10 gained for every \$1 spent on pharmacist clinical services

ROI **average** between 3:1 and 5:1 (12:1)

↓ Hospital readmissions

↓ Unnecessary and inappropriate medications

↓ ED visits



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References

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Questions

Christina Nunemacher, PharmD, BCGP
christina@thelongevityrx.com

