Pharmacy 483

Ambulatory Pharmacy Services

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“Ambulatory Pharmacy”

- What does this mean?
- Why am I talking about it in an “Institutional and Health-system Pharmacy” class?

Lecture Outline

- Pharmacists on healthcare team
- Pharmaceutical care services
- Establishing an ambulatory/primary care practice
- Harborview Medical Center example and response to IOM recommendations
“Crossing the Quality Chasm”
- 2001 Institute of Medicine Report
- Restructuring US health care system to improve the quality of care
  - Safe
  - Effective
  - Patient centered
  - Timely
  - Efficient
  - Equitable

Implications for Pharmacy
- Changes in the medication use process
- Changes in the practice of pharmacy

Pharmacists as Team Members
- Third largest health professional group
- Pharmacist as part of the healthcare team has been shown to improve clinical outcomes
- Easy access to pharmacists
Pharmacist Provided Patient Care Services

“The Vision”

- Basic prescription counseling and management
- Prescription-specific services
- Problem-oriented drug regimen review
- Patient-specific care

Basic Prescription Counseling and Management

- Assure accurate and clinically appropriate prescription services
- Single episode of care
- Service occurs with all prescriptions
- Compensation = Dispensing fee

Prescription-Specific Services

- Prescriptions needing special patient instructions or counseling
- Single episode of care
- Service occurs on all new prescriptions
- Includes education regarding disease state
- Additional compensation for service
- Possibly Medicare’s “Medication Therapy Management Service” (MTMS)
Problem-oriented Drug Regimen Review

- Patient referral for problem identification and resolution
- Single episode of care
- Includes poorly controlled conditions like asthma, diabetes, hypertension (technique and adherence)
- Additional compensation for service - MTMS

Patient-specific Care

- Collaborative Drug Therapy Management (CDTM)
- On-going care
- Includes disease state management activities
  - Anticoagulation
  - Lipid management
  - Other chronic condition management
- Additional compensation for service
- Medicare “Provider Status” needed for pharmacists
  - Health-systems/physician’s practices are ideal

Barriers to “The Vision”

- Appropriate patient selection
- Reimbursement for services
- Pharmacist shortage
- Free flow of information
Appropriate Patient Selection

- Services should match patient needs
- Development of “risk profiles”
  - Multiple chronic conditions
  - More than 5 medications per day
  - More than 12 doses per day
- Development of referral mechanisms
  - Referral from physician
  - Automatic referral based on “risk profile”
  - Patient self-referral

Reimbursement for Services

- Recognition of Pharmacists as “providers”
- Medicare Reform Legislation 2003
  - “Medication Therapy Management Services”
  - Patients must meet certain criteria
  - Rules should be out soon
  - Implementation in January 2006
- Standardization of medication-related services
- Qualifications of Pharmacist Providers
  - Advanced training?
  - Disease management certification?
  - Other credentials?

Pharmacist Shortage

- Pharmacy technicians
  - Improved training
  - Pharmacy Technician Certification Board (PTCB)
    - Recent BOP decision to use PTCB
- Improved technology
  - Robotics
  - Bar code technology
Free Flow of Information

- HIPPA restrictions limit information sharing
- Potentially, electronic transmission of prescription + referral
- Ideally, “portable” patient medical record
- JCAHO requires “medication reconciliation” in hospitals and at discharge
- Pharmacist co-located with physicians
  - Harborview Medical Center model of care

Establishing Ambulatory Care/Primary Care Practice

- Develop standards of practice
  - ASHP “Best Practices for Health-system Pharmacy”
- Identify treatment/practice guidelines
- Obtain clinical privileges
- Evaluate process and outcomes of patient care
- Establish a professional relationship
- Obtain State Board of Pharmacy approval

HMC Ambulatory Pharmacy Vision Statement

Set the national standard for the provision of care. Achieve recognition as leaders in providing fully integrated, patient-centered, pharmaceutical care through innovative, safe, cost-effective, and accessible pharmacy services. Provide excellence in research and training.
Ambulatory Pharmacy
Service Goals

- Service and Program Excellence
- Human Resources
- Financial Viability
- Administration

HMC Pharmacist Provided Patient Care Standards of Practice

Standard: A progress note shall be written at each patient visit.

Standard: The pharmacist shall ensure that the subjective and objective information is consistent with the assessment and plan within the progress note.

Standard: Past medical history, medication history, and family history shall be noted by a provider at least once for each patient.

Standard: Social, diet, and exercise history shall be recorded when appropriate.

Standard: Current prescription and non-prescription medication shall be updated and documented at each visit.

Standard: Adherence to the therapeutic plan shall be assessed at each visit.

Standard: Each patient visit shall include questioning and education concerning disease control, signs or symptoms of disease progression or new complications, and signs or symptoms of adverse reactions.

Standard: Each patient visit shall document appropriate objective information such as laboratory, physical assessment data, vital signs, as necessary for disease state management.

Standard: All patient counseling concerning drug therapy, adherence, diet, exercise, and other lifestyle factors shall be documented and patient understanding assessed and documented.

Standard: Therapeutic goals shall be clearly stated and documented.
HMC Pharmacist Provided Patient Care Standards of Practice

Standard: Appropriate recommendations and drug regimen changes shall be made and documented in the plan.
Standard: Appropriate timing of follow-up visit shall be included in every plan.
Standard: The pharmacist shall follow the Harborview Medical Center guidelines for suspending a relationship with a patient who fails to keep appointments. The referring provider shall be notified for further follow-up.
Standard: Data collection assessing outcomes will be integrated into clinical guidelines and data collection performed by pharmaceutical care pharmacists.

HMC Pharmacist Provided Patient Care Standards of Practice

**Standard**: Nationally recognized treatment guidelines and clinic-specific standards of practice shall be utilized for the chronic and acute illnesses which clinic-based pharmacists manage:

- Antibiotic Management in Orthopedics Clinic
- Asthma & COPD
- Congestive Heart Failure
- Coronary Artery Disease
- Depression
- Diabetes Mellitus
- Dyslipidemia
- Emergency Contraception
- HIV/AIDS
- Hypertension
- Osteoporosis and Hormone Replacement Therapy
- OTC Triage
- Pain Management
- H. pylori Treatment
- Rheumatologic Disorders
- Seizure Disorders
- Sexually Transmitted Diseases
- Smoking Cessation
- Thromboembolic Disorders
- Travel Medicine
- Urinary Tract Infections
- Women’s Healthcare Issues
- Outcomes Tracking Program

**See examples**
Pharmacist-based Primary Care Clinics at HMC
- Adult Medicine Clinic
- Senior Care Clinic
- Family Medicine Clinic
- International Medicine Clinic
- Women’s Clinic
- Children’s and Teen’s Clinic
- Pioneer Square Clinic

Pharmacist-based Specialty Care Clinics
- Community Mental Health Center
- Madison Clinic
- ACTU/AVEU
- Endocrine Clinic
- Orthopedics Clinic
- Cardiology Clinic
- Neurosciences Clinic
- Asthma/Pulmonary Clinic
- Hepatitis Clinic

Clinic-based Pharmacist Services/Activities
- Medication management
- Patient education and counseling
- Interdisciplinary care coordination
- Consultation/education with providers
- Measuring/reporting patient outcomes
- Development of standards of practice
- Evidence-based literature evaluation
- Publications in peer-reviewed journals
- Clerkship experience and education
HMC Response to IOM Report

- Developed pharmacist standards of practice
- Expanded pharmacist scope of practice
- Engaged in CDTM to enhance quality of care
- Accessed information systems
- Developed referral system based on “risk profile”

Established Pharmacists as part of the health care team

Questions??

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