NAVIGATING THE FUTURE: ADVANCING AMBULATORY CARE PHARMACY PRACTICE
FRIDAY/9:00-10:00AM

ACPE UAN: 0107-9999–030-L04-P  0.1 CEU/1.0 hr
Activity Type: Knowledge-Based

Learning Objectives for Pharmacists: Upon completion of this CPE activity participants should be able to:
1. Describe the scope of practice for ambulatory care pharmacists based on the pharmacy practice act, culture of the institution, and the needs of patients
2. Evaluate examples of delivery models, including ACO and PCMH, for expansion of ambulatory care pharmacy services at your practice setting
3. Describe quality improvement initiatives to support ambulatory care pharmacy services
4. Identify effective strategies that can be used to encourage practice advancement and expand the role of pharmacists and pharmacy technicians

Speaker: Vanessa Freitag, PharmD, RPh
Vanessa Freitag is the Vice President of Ambulatory Services & Operations Integration for Ascension, Wisconsin. She recently transitioned to this role after serving as a hospital president for a critical access hospital and Vice President of Clinical Services for a tertiary care facility. Her professional career in pharmacy practice includes service as a clinical pharmacist, manager and director positions for hospital and ambulatory sectors. In her new role for Ascension Wisconsin, Vanessa has strategic and operational responsibility for all ambulatory services across the state. She works closely with the strategy team to assess current ambulatory services and identify opportunities for future development. She has been a member of ASHP since 1994 and is currently on the Pharmacy Society of Wisconsin Board of Directors. Dr. Freitag served a number of years on the PSW Practice Model Initiative Leadership Team. Vanessa is a graduate of the University of Minnesota College of Pharmacy and is currently enrolled in the MBA program through the University of Phoenix. She also holds certification as a Six Sigma Green Belt.

Panel: Justin Rash, PharmD, BCGP; Derek Grimm, PharmD, BCPS

Speaker Disclosure: Vanessa Freitag, Justin Rash, and Derek Grimm report no actual or potential conflicts of interest in relation to this CPE activity. Off-label use of medications will not be discussed during this presentation.
Vanessa Freitag, PharmD
Vice President Ambulatory Services & Operations Integration
Ascension, Wisconsin Market

Disclosure

- Vanessa Freitag reports this presentation is supported by a grant from the ASHP Research and Education Foundation.
Learning Objectives

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Topics

1. Background
2. PAI: Our vision
3. Iowa results
4. Call to action
5. Next steps
6. Case studies
Board of Pharmacy Specialists

- Ambulatory care is...

  "...the provision of integrated, accessible health care services by pharmacists who are accountable for addressing medication needs, developing sustained partnerships with patients, and practicing in the context of family and community. This is accomplished through direct patient care and medication management for ambulatory patients, long-term relationships, coordination of care, patient advocacy, wellness and health promotion, triage and referral, and patient education and self-management."

Advancing Pharmacy Practice

When a Practice Model becomes Practice Advancement

- **PPMI: Pharmacy Practice Model Initiative Summit (2010)**
  - Focus predominately on acute care
  - Hospital Self Assessment (HSA) Tool

- **Ambulatory Practice Model Summit (2014)**
  - Ambulatory Self Assessment Tool

- **PAI: PPMI and Ambulatory PPMI rebranded (2015)**
  - All encompassing
    - Acute and ambulatory settings; reemphasize transitions of care
PPMI-PAI Summit Focus Areas

<table>
<thead>
<tr>
<th>Patient Care Delivery and Integration</th>
<th>Population Health</th>
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<tbody>
<tr>
<td>Health Information Technology</td>
<td>Program Development &amp; Sustainable Business Models</td>
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<tr>
<td>Pharmacy Technicians</td>
<td>Outcomes Evaluation</td>
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<tr>
<td>Education of Student and Training Residents</td>
<td>Pharmacist Role in Clinics, Collaborative Practice Agreements</td>
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<tr>
<td>Pharmacist Training and Credentialing</td>
<td>Research</td>
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- **Care Team Integration**
  - Pharmacists as providers & member of care team
  - Pharmacists roles on continuum of care

- **Leveraging Pharmacy Technicians**
  - Empowers technicians to support preparation and distribution
  - Promotes training and advanced utilization of technicians

- **Pharmacist Credentialing & Training**
  - Focus on education and training for emerging health care roles
  - Promotes use of credentials to practice at top of license

- **Technology**
  - Supports optimal technology to advance practice, safety and work efficiency

- **Leadership in Medication Use**
  - Pharmacist as "owner" in patient medication-related outcomes
Practice advancement

• Summary

• Creates a long-term vision for aspirational and forward thinking pharmacy practice
• Ensures that pharmacists participate as members of patient care teams
• Ensures that pharmacists are responsible and accountable for patients and populations
## Self-Assessment Demographics

<table>
<thead>
<tr>
<th>Practitioner Track</th>
<th>System Track</th>
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<tbody>
<tr>
<td>• 49 questions</td>
<td>• 57 questions</td>
</tr>
<tr>
<td>• 186 respondents</td>
<td>• 189 respondents</td>
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<tr>
<td>nationwide</td>
<td>nationwide</td>
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<tr>
<td>• 3 from Iowa</td>
<td>• 7 from Iowa</td>
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Total of 10 assessments from Iowa!

### Ambulatory Care Self-Assessment Completion (as of 2 Feb 2017)

375 assessments completed (186 practitioner, 189 system)

**NOTE:** no data for DC, DE, GA, HI, NM, and PR
Iowa Results

Practice Setting for Iowa Ambulatory Survey Responses

- Hospital/Health System: 50%
- Physician's Office: 10%
- Other: 20%
- VA or Federal facility: 20%

Iowa Results

Practice Type for Iowa Ambulatory Survey Responses

- Both primary & specialty care: 60%
- Primary care clinic only: 20%
- Primary care clinic only: 20%
System survey

Scope of practice of pharmacists providing patient-care services

- **70-100% of respondents**
  - Performing patient assessments
  - Order, interpret, and monitor medication therapy related tests
  - Monitor responses to drug therapy, adverse medication-related effects, and adherence
  - Provide information about the patient’s diseases and related medication therapy and offer strategies to optimize the outcomes of therapy
  - Document care processes in the medical record

Defining our target population

Established Criteria to Define Target Population for Pharmacist Patient-Care Services
Primary Drivers for Pharmacist Role

1. Readmissions/Chronic disease management
2. Quality improvement & Pay for Performance
3. Medication Safety
4. Reduce cost of care
5. Reduce cost of care/capture revenue
6. Assist physicians/time

Administrative Champion!

Leveraging Administrative Leader to Support & Promote the Program

Yes, 50; No, 13

Yes, 87; No, 13
Technician advancement

Utilization of Pharmacy Technicians to Support Pharmacists in the Ambulatory Setting

Yes, 71
Yes, 57

Iowa
National

Strategy & Performance

Sites Utilizing a Process to Assess & Improve Quality for Pharmacist Ambulatory Care Services

Yes, 43%
No, 57%

42% of respondents indicate alignment with organizational ambulatory strategies

72% define measures to correlate pharmacist contributions to outcomes

57% define template for pharmacist documentation that facilitates outcome measurements
## Iowa Pharmacist Scope of Practice

### Top Percent Responses

<table>
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<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>Order, interpret, and monitor medication therapy related tests</td>
<td>100%</td>
</tr>
<tr>
<td>Provide patient information &amp; treatment strategies</td>
<td>67%</td>
</tr>
<tr>
<td>Monitor responses to drug therapy, adverse medication-related effects, and adherence</td>
<td>67%</td>
</tr>
<tr>
<td>Manage medications/prescribing authority</td>
<td>67%</td>
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### Lowest Percent Responses

<table>
<thead>
<tr>
<th>Activity</th>
<th>%</th>
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<tbody>
<tr>
<td>Determine if patients are appropriate candidates for self-care and identify any exclusions for self-care</td>
<td>33%</td>
</tr>
<tr>
<td>Provide immunizations</td>
<td>33%</td>
</tr>
<tr>
<td>Provide preventative care and wellness programs</td>
<td>33%</td>
</tr>
<tr>
<td>Assess health literacy</td>
<td>33%</td>
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</table>
Progress will be made by

1. Engagement
2. Preparation
3. Discussion
4. Promoting
5. Sharing
6. Reconvening

Approaches to Consider

Statewide
- Coordinated team by residents with mentorship by RPDs and state affiliate staff
- Share practices in the state—small and large
- Round table sessions
- Phone trees for calls to action
- Frequent journal publications and news stories, webinars
- National speakers to help promote PAI
- Spotlight sessions
- Establish tool kits & training programs

Local
- Department strategic goals
- Leader & associate annual performance goals
- Resident, student or intern projects
- Scope to achieve incrementally
- Measure & track progress
- Engage peers outside of your organization—ask & share!
Example – Continuum of Care

• Improving Patient Safety: New to Therapy Adherence Program
  • Summary
  • It is estimated that approximately 50% of patients fail to adhere to their regimens when prescribed a long term medication. According to WHO, improving adherence also enhances patient safety. The New to Therapy Program is designed to proactively reach out to patients shortly after the initiation of therapy which is key to improving adherence and safety.

  Brennan Beck, PharmD
  Area Healthcare Supervisor
  Walgreens

Example- Leveraging Technology

• Utilizing Care Alerts for Patient Safety
  • Summary
  • Within the pharmacy workflow, we utilize multiple patient identification checks to confirm we are interfacing with the correct patient. Additionally, we utilize clinical triggers to assure we are reviewing consultation points or clinical issues with our patient population, from a change in generic manufacturer to immunization reminders.

  Michelle Farrell, PharmD, BCACP
  Owner
  Boscobel Pharmacy
Example - Leveraging Data and Analytics

• Identifying Inappropriate Medications in Geriatric Patient Population

• Summary

• As medication regimens become more complex and patient populations above the age of 65 years old continue to grow, there is an increasing need for pharmacy staff to remain vigilant for potentially inappropriate medications (PIMS). UW Health outpatient pharmacies have an established program that utilizes data and analytics to assist APPE students in screening and identifying potentially inappropriate medications (PIMs) in geriatric patients.

Amanda Margolis, PharmD, MS, BCACP
Lecturer, Pharmacy Practice Division
University of Wisconsin-Madison School of Pharmacy

Nick Capote, PharmD
PGY2- Administrative Resident
UW Health

SCANNING THE ENVIRONMENT

External and Internal Analysis
Environmental scan

Scanning
- New business models are needed for revenue optimization
- Accountable Care Organizations (ACO) are driving change in the health care sector
- Access to integrated care is a core strategy of ACOs
- Virtual care is a quickly emerging model to achieve the strategies
- Payers are seeking this

Forecasting
- ACOs recognize the favorable impact pharmacists have on quality and cost of care
- Projections indicate nearly 75% of health care consumers are willing to utilize pharmacists as physician extenders in order to improve access to care

Internal analysis - Strength or Weakness?

- Size
  - Number of pharmacists in network
  - Number of clinics
- Geographic reach
- Expertise
  - Baseline assessment of core strengths
- Organizational structure
  - Medical group structure
  - Quality structure
  - Leverage existing efforts
- Organizational strategies
  - Virtual care
Conclusions

• Systems are at various stages of providing ambulatory care services
• Areas were identified for practice advancement
• Further exploration is necessary to fully understand results
• Iowa has a great start and a smart team of highly engaged leaders!

CASE STUDIES

Peer-to-Peer Collaboration
Justin Rash, PharmD, BCGP
Vice President of Clinical Services
Martin Health Services

Care Transition Pharmacy Services

What We Did…
- Day One Review
  - Worked with three different facilities reviewing their new admissions within 72 hours of being admitted
  - 16 month data collection
    - Reviews: 415
    - Recommendations: 1317
    - Nursing: 249
    - Prescribers: 1068
    - pADE/ADE: 110
    - Estimated Cost Avoidance: $220,000
- Meds to Beds
  - Delivery of 30 day supply of medications to patients transitioning from facility back to community
  - Compliance packaging
  - Face to Face Tele-counsel via Telepharm
Lessons Learned

What worked well…

Day One Review
1. Proved the incredible opportunity to work closely with facilities that needs to be expanded upon
2. Opened up conversations with Health Systems and ACOs that showcase what a small investment could mean to the health of their patients

Meds to Beds
1. Patients and families have a interest in learning about their overall regimen and are invested in this process going well
2. Expanded counseling that goes beyond just medications and side effects and talks about monitoring and documenting at home brings up incredible opportunities to discuss other things with patients and families

Challenges to Overcome

What we still need to address…

• Too many systems/institutions create data prisons

• Day One Review
1. We need to work on program expansion
2. We need get more ways to be able to get hospital data to review

• Meds to Beds
1. We need to work on program expansion/marketing to patients
2. We need to figure out how we give warm hand-offs to the community pharmacy
Derek L. Grimm, PharmD, BCPS
Director of Pharmacy
Spencer Hospital

Care Transition Pharmacy Services

What We Did…
- A3 report - medication reconciliation process
- Standard scripting for medication history interview
- Daily multidisciplinary team meeting
- Partnered with Cardiac & Pulmonary Rehab classes
Lessons Learned
What worked well…
• Improving medication history
• Cardiac & Pulmonary Rehab = high risk patients
• Visibility begets participation
• Target additional partnerships

Challenges to Overcome
What we still need to address…
• Hospital pharmacist to community pharmacist communication on discharge
• Follow-up medication focused phone calls
• Patients outside of our immediate area
• Patients transferring from higher level of care back to our facility