Population Health Strategies: The Pharmacist's Role in Disease Management

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Ambulatory Pharmacist Specialist Practice Model

Embedded within Indianapolis area physician practices

21 pharmacists + 1 pharmacy technician (20.7 FTE)

- 26 Primary Care sites
- 4 Cardiology sites
- Specialty: solid organ transplant, pulmonary hypertension, mechanical circulatory support

Post-graduate training and/or board certification

Disease management focus

Disease Management Service

By disease state/diagnosis

Evidence-based protocols

- System protocols (vs. local)

Prescriber refers patient (or group of patients)

Pharmacist reviews medical history, medication history, current diagnoses, goals of therapy

Pharmacist may initiate, monitor, modify, discontinue medications to achieve therapeutic goals

- Adherence
- Effectiveness
- Access/affordability

Patient education: lifestyle, medication, disease, self-monitoring

All activities documented in EHR (Electronic Health Record)

COPD Pharmacist Visit Construct

Limited Exam: Vital signs, Oximetry

Complete medication history, including COPD and non-COPD medications

- Assess inhaler technique/compliance, ability to obtain

History of COPD treatments (as effective or ineffective), exacerbations, hospitalizations, ER/urgent care visits, intubations secondary to COPD in past yr

Social history, work/environmental exposure, and functional status

Assess frequency/severity of symptoms of COPD

COPD Pharmacist Visit Construct Continued

- Review or order/perform spirometry if not done within the last year prior to referral
- Complete clinical assessments (survey tools)
- Assess severity/classification of COPD
- Initiate, discontinue and/or adjust COPD medications per protocol
- Educate/reinforce proper inhaler technique/compliance
- Complete COPD action plan and education
- Order/administer immunizations based on CDC recommendations
- Develop tobacco cessation plan

Patient Identification/Risk Stratification Approach

- Population Health cohort
- Prioritization Phase I (current)
  - High utilizers (2+ED visits or 1 hospitalization in past 12 months for COPD-related diagnosis)
- Prioritization Phase II (future)
  - Recently discharged—see within 7 days (pending care management workflow)
- Prioritization Phase III (future)
  - Chronic, mostly stable (rising risk)
  - New diagnoses
- Exploring utilization of Video visits/telehealth technology for remote patients

Opportunities within Population Health

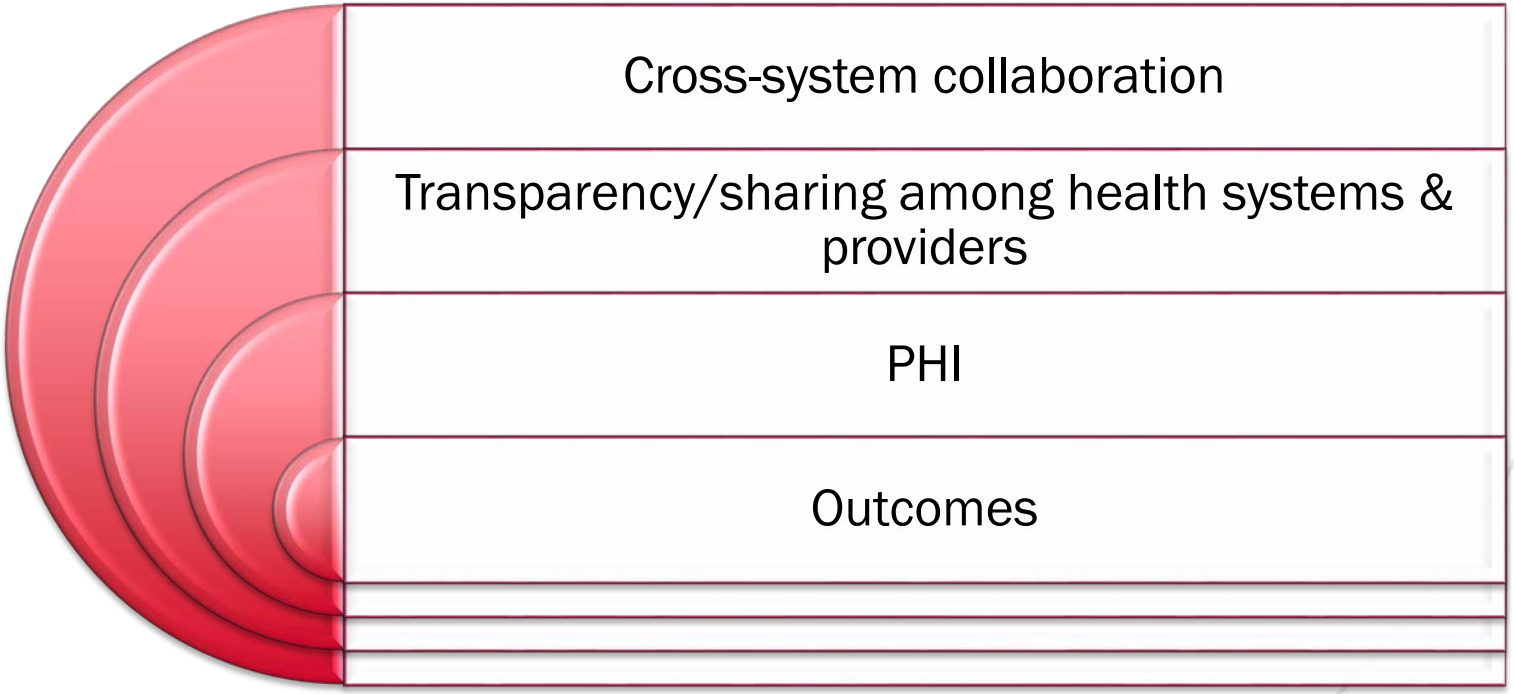
Care Models/Delivery Systems

- Who is on the “team?”
- Resource Placement (integrated vs. centralized)
- Patient readiness for innovative care models

Data Analytics

- Patient identification/stratification
- Clinical
- Utilization
- Outcomes

BIG goals


Cross-system collaboration
Transparency/sharing among health systems & providers
PHI
Outcomes

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Population Health Pharmacist Referrals

New to Pharmacist Scope of Practice in Indiana for 2017

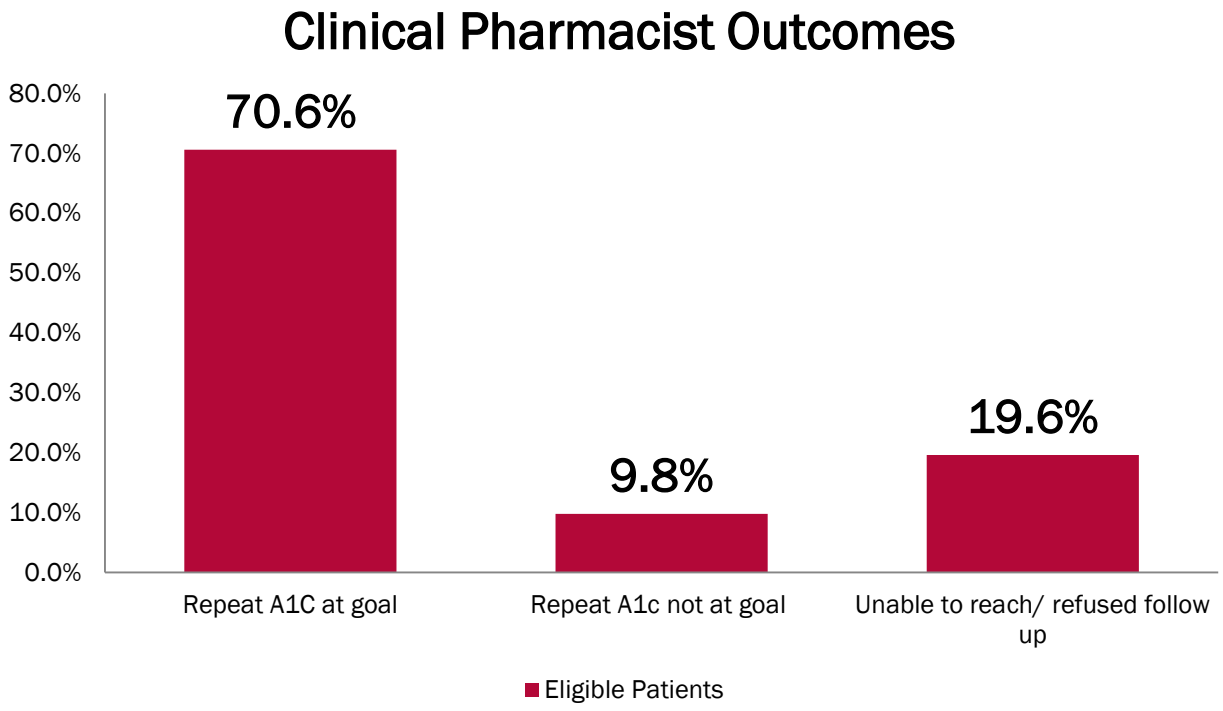
Define patient group by criteria (clinical, payor, and/or provider)

Diabetes Care A1C Outcomes (STARS measures 2017)

57 patients HgA1C ≥8% referred to clinical pharmacist

- 51 patients eligible for outreach
- 6 patients excluded (3 managed by outside endocrinologist, 3 not in target population)

Diabetes Care A1C Outcomes (STARS measures 2017)



Collaborative Drug Therapy Management (CDTM)