Deaconess at a Glance

• Founded in 1892
• 10 acute/specialty care hospital system
  • 789 acute care beds in IN
  • 142 acute care beds in KY
• 31,000+ inpatient discharges annually
• 95,800+ emergency department visits
• 8,200+ employees

• Not-for-profit, governed by a local board of directors
• Leading regional tertiary provider – serving 26 counties in IN, IL, KY
• Level II trauma center
• Deaconess Cancer Services is an MD Anderson Network® affiliate
• Riley Hospital for Children affiliate
Deaconess Hospital Facilities

- Deaconess Midtown Hospital: 263 beds
- Deaconess Gateway Hospital: 259 beds
- The Women’s Hospital: 86 beds (Joint Venture)
- The Heart Hospital: 24 beds
- Deaconess Henderson Hospital: 117 beds
- Deaconess Gibson Hospital: 25 beds
- Deaconess Union Co. Hospital: 25 beds (critical access)

Affiliate Relationships

- Wabash General Hospital
- FerrellFH Hospital
- Good Samaritan
- LAWRENCE COUNTY Memorial Hospital
- ALL FOR YOU
Why are Ambulatory Clinical Pharmacy Services necessary?

- Over 10,000 drugs on the market, many with complex dosing and medication use parameters
- Patients are living longer with increasing medication regimen complexity
- Appropriate, effective, and safe medication use reduces ER visits and hospitalizations and helps the patient achieve goals of care
- Clinical pharmacists have the medication expertise to help providers as a member of the care team
  - Analyze medication regimen to optimize and simplify
  - Help patients understand therapies
  - Help with side effects and medication adherence
  - Improve outcomes
  - Reduce total cost of care
Ambulatory Clinical Pharmacy Services

- Anticoagulation Clinic
- Medication Management Clinic
- Oncology and Infusion service
- Embedded pharmacists in ambulatory practices
  - Endocrinology
  - PCP
Anticoagulation Clinic

- Complete anticoagulation care for over 20 years - staffed with Certified Anticoagulation Care Providers (CACP)
  - Management of warfarin therapy
  - Optimize bridge therapy for procedures
  - Selection and monitoring of Direct Oral Anticoagulants (DOACs)
    - Our hospital admissions data shows dosing errors of 40% for patients admitted on a DOAC managed by a provider rather than anticoagulation clinic
  - Assure appropriate duration of therapy
  - Assess for drug, diet and disease state interactions
  - Use newer method of TTR (time in therapeutic range) to guide closer monitoring and assessment of anticoagulation appropriateness, reducing complications
    - Not utilized by providers in our region to help with management
Anticoagulation Clinic Outcomes

- Events rates are very low
  - 2.4% all events and 0.3% major events, well below usual care rates
- Percent INR in range exceeds the benchmark

- Bill under hospital as a facility fee, unable to bill directly for pharmacist management
What is Medication Management?

• Provide extensive education on disease states and medications
• Review medication regimen to assure:
  • Guideline-based
  • Simplified
  • Cost effective
  • Address drug interactions, side effects and appropriate dosing
• Adjust therapies to maximize patient adherence and goals of therapy
• Review and explain lab results
• Help with affordability

• Bill under hospital as a facility fee, unable to bill directly for pharmacist management
• Average HbA1c reduction 0.72 (50% improvement)
• Average SBP reduction 9 points
• Average DBP reduction 5.5 points
• First year of program for own diabetic employees showed
  • 5.6% reduction in ER visits (4 ER visits and $10,212)
  • 89.3% reduction in hospitalizations (15 admissions and $201,663)
• Lowered 30 day ER visits for chemotherapy patients with implementing a standardized highly emetogenic protocol

• Implemented aggressive biosimilar platform – saving area health care system at least $10M over last 5 years

• Dose rounding protocol implemented 10 years before payers required it = cost savings

• Implemented changing pre-meds from IV to oral route = cost savings
Oncology and Infusion Service

- ER febrile neutropenia protocol – reduced ICU LOS by 1.64 days and all LOS by 2.77 days
- Implemented infusor balls saving 64 inpatients days per month for medications that can be given by continuous outpatient infusion
  - R-EPOCH used to be a 5 day inpatient stay that is now completed outpatient
- Moved rabies vaccination to urgent care – cost avoidance of 3 ER visits per patient
- No billing for this service
Embedded Pharmacists

• Endocrinology (June 2020)
  • Improve access
    • See patients for increase or changes to therapies to obtain goal quicker
    • Manage patients on insulin pumps
    • Manage continuous glucose monitor (CGM) patients
    • Improve access for physicians to see new patients
  • Improve metrics
    • Hemoglobin A1c
    • Eye and foot exams
    • Statin use for secondary prevention
    • Improve medication adherence

• Only able to bill incident to 99211 for this service which does not cover the cost of the pharmacist
Embedded Pharmacists

• Endocrinology Outcomes
  • Results of 1st 8 months (even with pandemic)
    • Reduction of A1c for pharmacist co-managed patients of 0.67% versus 0.17% for provider alone
  • Patient only testing fasting blood sugar and taking 3 types of insulin with resultant hypoglycemic episodes and ER admissions. Once working with pharmacist and therapies adjusted/simplified, A1c dropped from 10.5% to 6.6%. No ER admissions since interventions.
Embedded Pharmacists

- Primary Care office (new July 2020)
  - Complete Annual Wellness Visits (AWV) not being completed by other providers
  - Monitor for gaps in care – immunizations, laboratory monitoring, etc
  - Chronic disease management to optimize medication therapy
  - Transitions in Care management as part of the team – complete medication reconciliation fixing issues and recommending or changing therapies with provider after hospitalization
  - This location does not have adequate specialist access in the area and a pharmacist is able to expand access and provide this care close to home, without the expense of a specialist

- Able to bill AWV incident to provider, but other services only incident to 99211 which does not cover the cost of the pharmacist
Embedded Pharmacists

• PCP office patient examples
  • 2 post-hospitalization patients with drastic potassium dosage changes where pharmacist coordinated getting lab drawn sooner and avoided re-admission
  • 64yo female with A1c 10.5% found from a report of patients with A1c >9%. Worked with patient every 1-2 weeks to titrate her insulin resulted in a 3 month reduction in A1c to 8.4% (-2.1%)
Opportunities

• Payment for services rendered outside of dispensing
• Electronic health record (EMR) recognition for improved reporting of metrics and quality
• Provider status
  • Ohio (S.B. 265) added to definition of providers
  • Kentucky (H.B. 48) insurer “shall provide reimbursement to a pharmacist for a service or procedure at a rate not less than that provided to other non-physician practitioners”

• Other non-physician health care professionals that receive payment for their services
  • NPs, PAs, CNS, CRNA
  • Certified nurse midwives
  • Respiratory therapists
  • Physical, occupational and speech therapists
  • Dieticians
  • Clinical social workers
  • Mental health therapists
  • Home health agencies
  • Dentists
  • Audiologists
  • Chiropractors

• All see patients independent of the physician, do not require incident to billing
Take-Aways

• Health care is changing – need team based-care
• Pharmacists provide improved outcomes and cost savings
  • Demonstrated with our services as well as many studies
  • Proven reduction in the total cost of care
• Employers – work with your insurance providers to pay pharmacists for their non-dispensing services
• Insurance companies – pay pharmacists for clinical services provided
Thank you.