

Deaconess Health System Ambulatory Clinical Pharmacy Services

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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
Gibson
Hospital**
25 beds



**Deaconess
Henderson
Hospital**
117 beds



**Deaconess
Union Co.
Hospital**
25 beds
(critical access)



**Deaconess
Cross Pointe**
58 beds



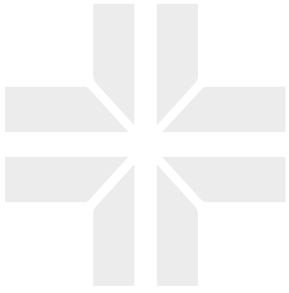
**Encompass
Deaconess**
88 beds, + 24 beds
at Midtown



**Orthopedic
Neuroscience
Hospital**
74 beds

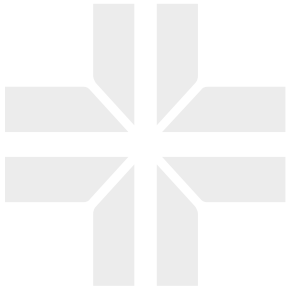
Affiliate Relationships





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



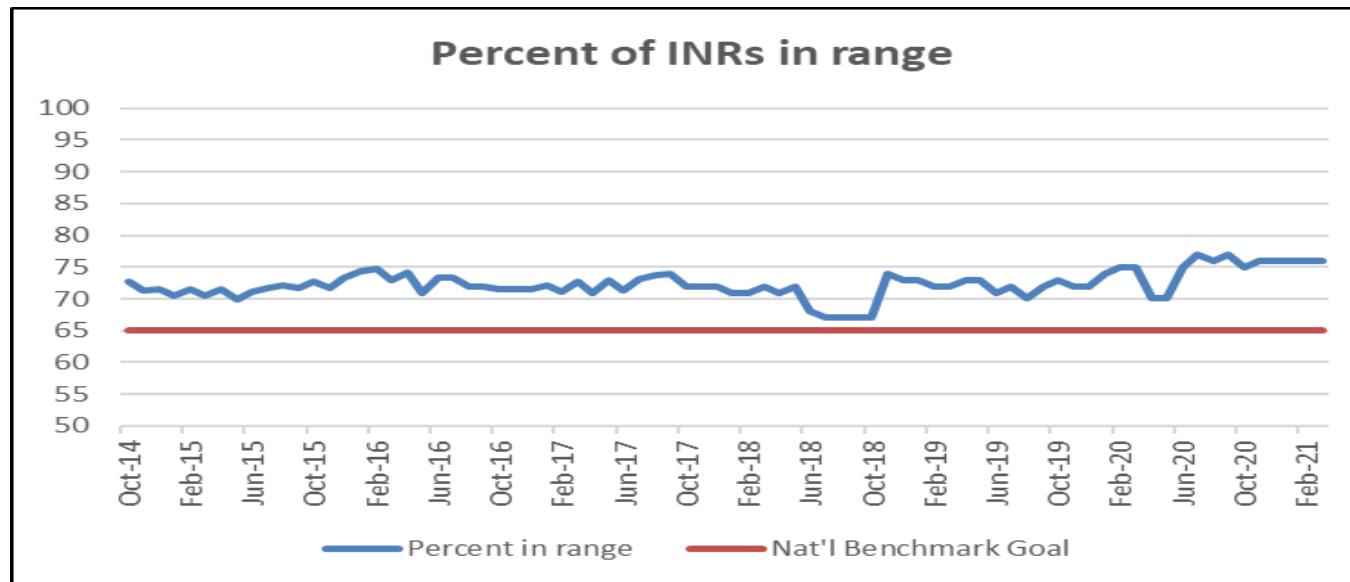
- Complete anticoagulation care for over 20 years -staffed with Certified Anticoagulation Care Providers (CACP)
 - Management of warfarin therapy
 - Optimize bridge therapy for procedures
 - Selection and monitoring of Direct Oral Anticoagulants (DOACs)
 - Our hospital admissions data shows dosing errors 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



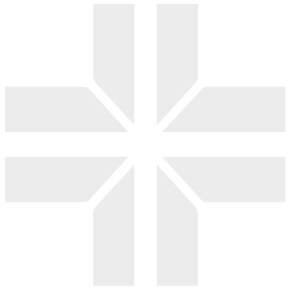
Anticoagulation Clinic Outcomes



- 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



Medication Management Clinic

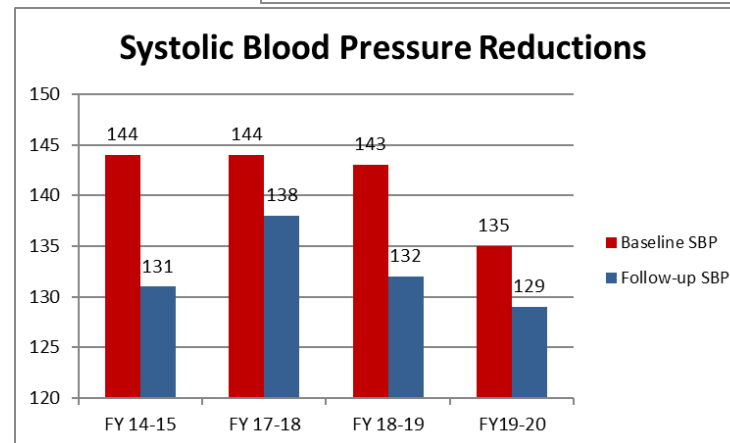
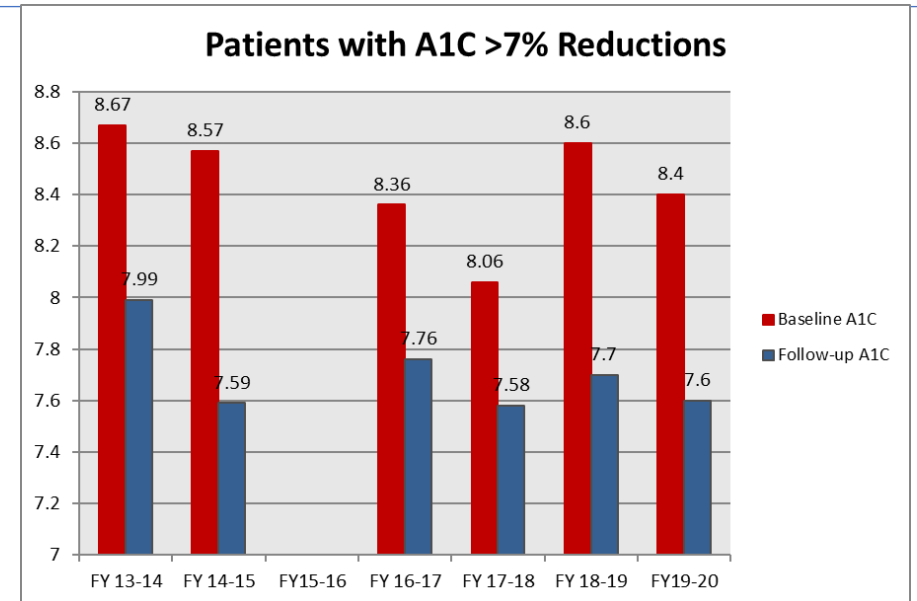
What is Medication Management?

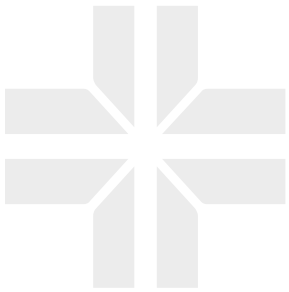
- Provide extensive education on disease states and medications
- Review medication regimen to assure:
 - Guideline-based
 - Simplified
 - Cost effective
 - Address drug interactions, side effects and appropriate dosing
- Adjust therapies to maximize patient adherence and goals of therapy
- Review and explain lab results
- Help with affordability
- Bill under hospital as a facility fee, unable to bill directly for pharmacist management



Medication Management Clinic Outcomes

- 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)

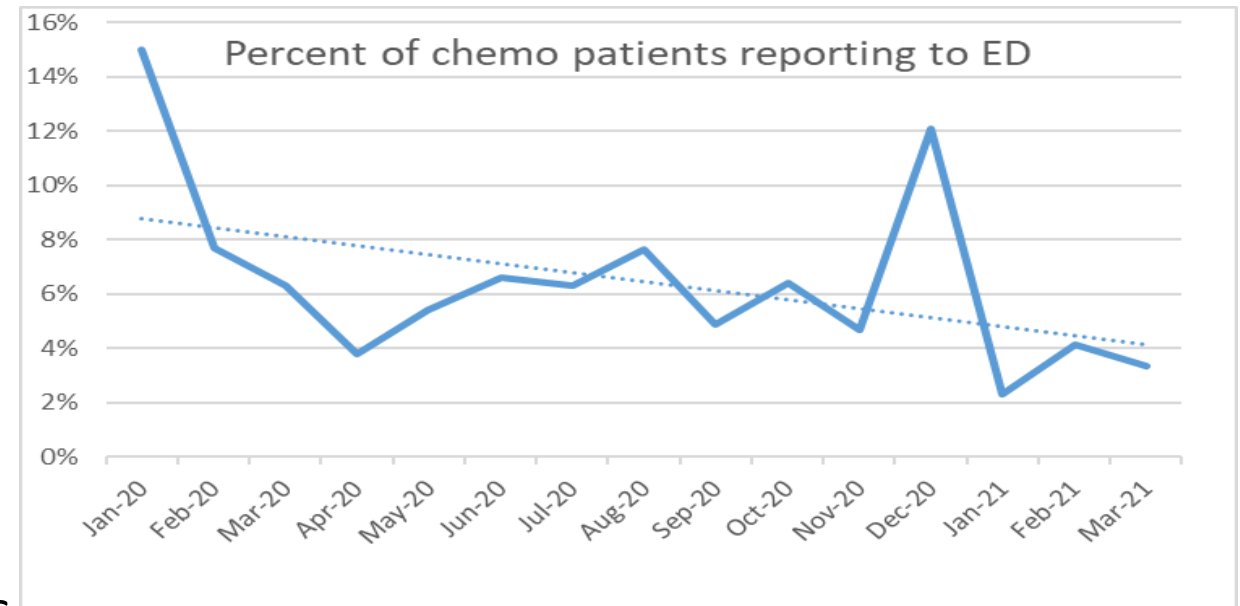


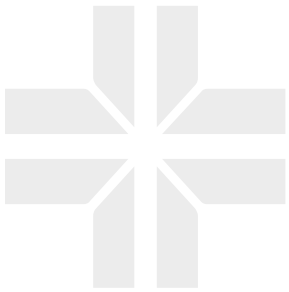


Oncology and Infusion Service



- 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



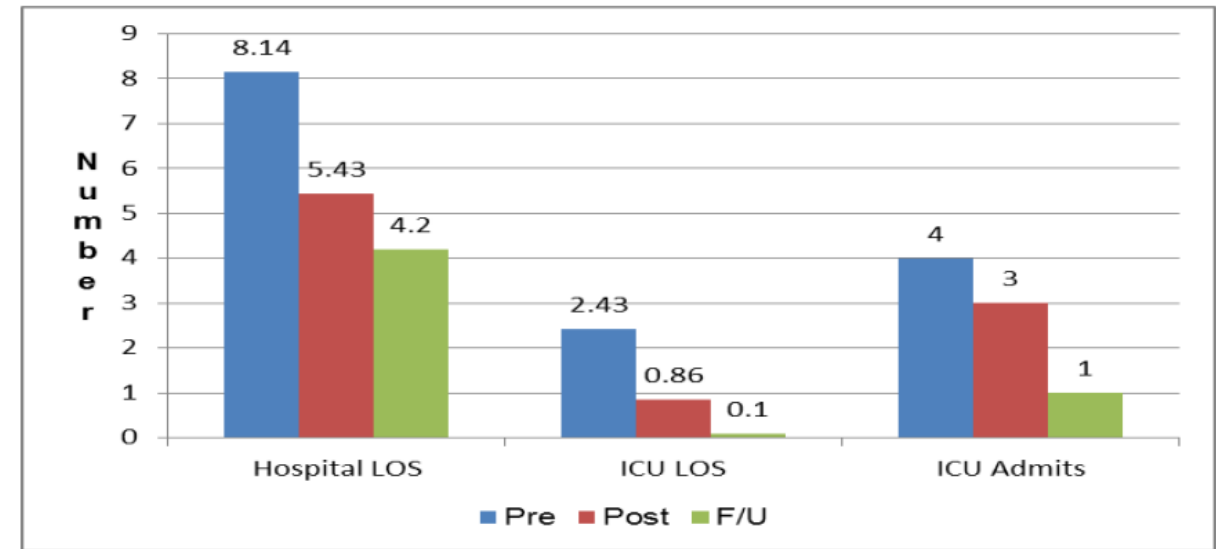


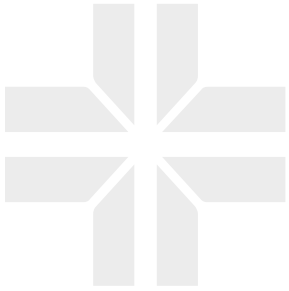
Oncology and Infusion Service



- 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

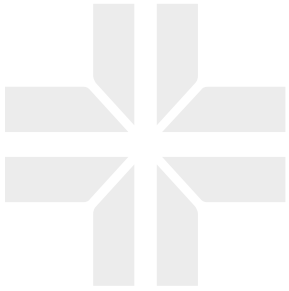
Febrile Neutropenia ED protocol





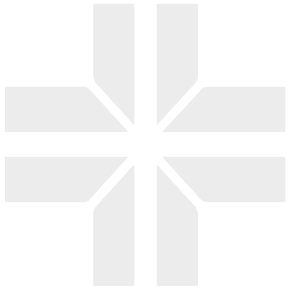
Embedded Pharmacists

- 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



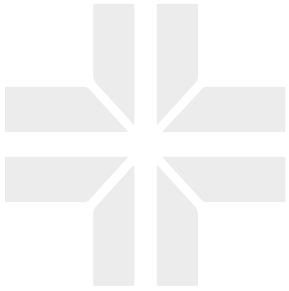
Embedded Pharmacists

- 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.



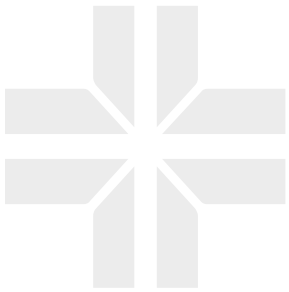
Embedded Pharmacists

- 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



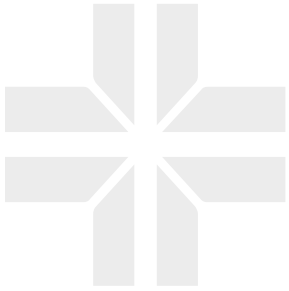
Embedded Pharmacists

- 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
 - Dietitians
 - 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.



ALL FOR YOU