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Original Research

Consumer, physician, and payer perspectives on primary care medication management services with a shared resource pharmacists network

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Abstract

Background: Health care reform initiatives are examining new care delivery models and payment reform alternatives such as medical homes, health homes, community-based care transitions teams, medical neighborhoods and accountable care organizations (ACOs). Of particular interest is the extent to which pharmacists are integrated in team-based health care reform initiatives and the related perspectives of consumers, physicians, and payers.
Objectives: To assess the current knowledge of consumers and physicians about pharmacist training/expertise and capacity to provide primary care medication management services in a shared resource network; determine factors that will facilitate/limit consumer interest in having pharmacists as a member of a community-based "health care team;" determine factors that will facilitate/limit physician utilization of pharmacists for medication management services; and determine factors that will facilitate/limit payer reimbursement models for medication management services using a shared resource pharmacist network model.
Methods: This project used qualitative research methods to assess the perceptions of consumers, primary care physicians, and payers on pharmacist-provided medication management services using a shared resource network of pharmacists. Focus groups were conducted with primary care physicians and consumers, while semi-structured discussions were conducted with a public and private payer.
Results: Most consumers viewed pharmacists in traditional dispensing roles and were unaware of the direct patient care responsibilities of pharmacists as part of community-based health teams. Physicians noted several chronic disease states where clinically-trained pharmacists could collaborate as health care team members yet had uncertainties about integrating pharmacists into their practice workflow and payment sources for pharmacist services. Payers were interested in having credentialed pharmacists provide medication management services if the services improved quality of patient care and/or prevented adverse drug events, and the services were cost neutral (at a minimum).
Conclusions: It was difficult for most consumers and physicians to envision pharmacists practicing in non-dispensing roles. The pharmacy profession must disseminate the existing body of evidence on pharmacists

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as care providers of medication management services and the related impact on clinical outcomes, patient safety, and cost savings to external audiences. Without such, new pharmacist practice models may have limited acceptance by consumers, primary care physicians, and payers.

Keywords: Pharmacists; Physicians; Consumers; Payers; MTM services; Focus groups; Qualitative research; Medical homes; Primary care

Article synopsis

This article describes qualitative research using focus groups to explore consumer, physician and payer views of pharmacist-provided medication management services. A number of themes emerged, including the lack of knowledge of pharmacists' clinical training and expertise as direct patient care providers, and working collaboratively with primary care practices. Medication management services were seen as a potential positive contribution, but only if pharmacists are seen as an extension of the primary care team. Pharmacists must educate consumers, physicians, and payers on their capability to provide direct patient care services for the development of scalable and sustainable models of medication management services.

Introduction

There is increasing recognition of the value of having shared responsibility among primary care providers (PCPs), pharmacists, and patients to ensure appropriate, safe, and cost-effective medication use in the treatment of chronic medical conditions.[1] Pharmacists are well-trained yet often underutilized within the primary care delivery system to identify, resolve, monitor and prevent medication-related problems.[2]

Medications are the most common treatment modality for chronic conditions in primary care settings. Approximately 70% of physician office visits for patients over 45 years of age result in medications being prescribed or continued.[3] The 2008 International Health Care Survey reported that 71% of US adults had 2 or more chronic conditions, 59% of US adults with chronic conditions were seeing 3 or more physicians, and 48% were taking 4 or more prescriptions for chronic diseases.[4] Studies have found that 32% of adverse events leading to hospital admission were medication-related and that drug interactions are an important issue in safe medication use.[5,6] Finally, only 33–50% of patients with chronic conditions adhere completely to the medication regimen prescribed by their health care providers.[7]

Health care reform initiatives are examining new care delivery models and payment reform alternatives such as medical homes, health homes, community-based care transitions teams, medical neighborhoods and accountable care organizations (ACOs). Most discussions to date have focused on the supply of primary care clinicians – physicians, nurses, and advanced practice registered nurses (APRNs). Primary care practices are being recognized as medical homes to improve care access, promote care coordination (especially for care transitions), foster team-based care and interprofessional communication, increase adoption of electronic health records and e-prescribing, and improve care quality/outcomes at lower costs. Since medications are a cornerstone of treatment for chronic conditions, primary care practices that are established or aspirant medical homes will need to meet criteria for medication management services.[8]

A pragmatic and cost-effective method of integrating clinically-trained pharmacists to provide medication management services in medical homes is through a shared resource pharmacists network. Shared resource staffing models have been used as a vehicle to bring non-physician health care professional expertise and enhanced team-based care to primary care practices without the need to hire additional employees.[9] The use of a shared resource pharmacists network in primary care practices has been described previously and demonstrated positive quality care improvements and cost savings.[10]

The authors are unaware of any published literature that conducts qualitative research with consumers, primary care physicians, and payers to assess their perceptions of using a shared resource pharmacist network to provide medication management services in primary care offices. However, there are other publications on qualitative studies conducted with physicians[11,12] or consumers[12–14]