

Assessing pharmacist-led annual wellness visits: Interventions made and patient and physician satisfaction

Courtenay Gilmore Wilson, Irene Park, Susan E. Sutherland, and Lisa Ray

Abstract

Objectives: To quantify the nature and frequency of interventions made by pharmacists during a Medicare annual wellness visit (AWV), to determine the association between the number of medications taken and the interventions made, and to assess patient and physician satisfaction with pharmacist-led AWVs.

Setting: Large, teaching, multidisciplinary family medicine practice in North Carolina.

Practice description: Mountain Area Health Education Center (MAHEC) is a large academic practice that serves rural, western North Carolina. There is a heavy emphasis on team-based care.

Practice innovation: Pharmacist-led AWV.

Evaluation: Between April 2012 and January 2013, the following were evaluated for 69 patients: the nature and frequency of interventions made, the association between the number of medications taken and the interventions made, and patient and physician satisfaction scores.

Results: A total of 247 medication-related interventions and 342 nonmedication interventions were made during the pharmacist-led AWVs. The majority of medication interventions (69.6%) involved correcting medication list discrepancies. The number of medications taken was positively associated with the total number of medication interventions ($r = 0.37, P < 0.01$). On a 5-point Likert scale, patients strongly agreed that the AWV is important for their overall health (mean 4.8, median 5) and that they would like to see the same provider next year (mean 4.8, median 5). Physicians strongly disagreed that they would prefer to do the visit themselves (mean 1.5, median 1) and strongly agreed that their patients benefited from a pharmacist-led AWV (mean 5, median 4.9).

Conclusion: Pharmacists addressed both medication and nonmedication interventions during AWVs. Patients taking a greater number of medications required more medication interventions than patients taking fewer medications. Patients and physicians reported satisfaction with the pharmacist-led AWV.

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The Patient Protection and Affordable Care Act created several provisions focused on preventive care, including the Medicare annual wellness visit (AWV).¹ AWVs are designed to ensure that preventive screenings are up-to-date, to assess health risks, and to update medical history, including medication use.² Primary care physicians have struggled to fulfill all required elements of AWVs while addressing the acute needs of their patients during their allotted visit times.³ Research has begun to explore the feasibility of alternative care models in which the AWV is led by nonphysician health professionals, including pharmacists.⁴⁻⁷

Preliminary work has described the pharmacist-led AWV and demonstrated the financial implications of the AWV for pharmacists in primary care settings.⁵⁻⁷ Park et al. showed that AWVs provide a way for pharmacists to support their salary in a physician's office. One study briefly detailed the interventions made by a pharmacist during an AWV.⁵ Perceived barriers to the pharmacist-led AWV include lack of patient acceptance and physician support; however, there is no current information published assessing patient or physician satisfaction with the pharmacist-led AWV.

Objective

To build on these previous findings, the current article seeks to (1) quantify the nature and frequency of interventions made by a pharmacist providing AWVs; (2) determine the relationship between the number of medications taken and the interventions made during a

pharmacist-led AWV; and (3) assess patient and physician satisfaction with pharmacist-led AWV.

Setting

The Mountain Area Health Education Center (MAHEC) in Asheville, NC, houses a large family medicine residency with an emphasis on multidisciplinary care. A team of physicians, clinical pharmacists, behavioral medicine providers, interpreters, and nurses care for more than 15,000 patients. MAHEC was recognized as a Level 3 Patient-Centered Medical Home in 2011.

Practice description

At MAHEC, five fully integrated pharmacists provide collaborative drug therapy management to patients via North Carolina's clinical pharmacist practitioner (CPP) licensure. The CPP license allows pharmacists to independently initiate, adjust, and discontinue medications as well as order and interpret medication-related tests.⁸ Pharmacists meet face-to-face with patients in pharmacotherapy clinics for comprehensive medication management and patient education.

Practice innovation

The implementation of pharmacist-led AWVs at MAHEC was described previously.⁷ Briefly, one pharmacist piloted the AWV clinic in April 2012 for three faculty physicians. The success of this pilot led to the expansion of services to include all patients in November 2012.

As outlined by Medicare, patients are eligible for an AWV if they have had Part B coverage for 1 year and if they have not had a Welcome to Medicare Visit or a previous AWV within the past 12 months. A list of required components of the AWV can be found at the Centers for Medicare and Medicaid Services website.⁹ Table 1 summarizes the standing orders developed based on the U.S. Preventive Services Task Force and the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices recommendations.^{10,11}

Updating the patient's medication list is one of the required components of the AWV; however, in the pharmacist-led AWV at MAHEC, services were expanded to include comprehensive medication management as described by the Patient-Centered Primary Care Collaborative.¹² The pharmacist used interventions permitted under the CPP license to resolve any medication-related problems identified during the AWV.

Evaluation

We completed a retrospective chart review of all patients who completed a pharmacist-led AWV between April 1, 2012, and January 31, 2013, to determine the nature and frequency of interventions made by the pharmacist. Two separate surveys were then administered to assess patient and physician satisfaction with the pharmacist-led AWV.

Key Points

Background:

- The pharmacist-led Medicare annual wellness visit (AWV) has been proposed as a way to further integrate clinical pharmacy services into primary care settings given the revenue-generating potential of these visits.
- Little is known about the impact pharmacists can have on medication management during these visits and how receptive patients and physicians may be to the pharmacist-led AWV.

Findings:

- During the AWV in a family medicine practice, pharmacists made 3.6 medication interventions per patient. The number of medications per patient was positively associated with the total number of medication interventions made.
- Physicians and patients reported satisfaction with the pharmacist-led AWV.

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