

Pharmacist engagement in medical home practices: Report of the APhA–APPM Medical Home Workgroup

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Abstract

Objectives: To identify factors that have led to successful involvement of pharmacists in patient-centered medical home (PCMH) practices, identify challenges and suggested solutions for pharmacists involved in medical home practices, and disseminate findings.

Data sources: In July 2011, the American Pharmacists Association Academy of Pharmacy Practice & Management convened a workgroup of pharmacists currently practicing or conducting research in National Committee for Quality Assurance–accredited PCMH practices.

Data synthesis: A set of guiding questions to explore the early engagement and important process steps of pharmacist engagement with PCMH practices was used to conduct a series of conference calls during an 8-month period.

Conclusion: Based on knowledge gained from early adopters of PCMH, the workgroup identified 10 key findings that it believes are essential to pharmacist integration into PCMH practices.

Keywords: Patient-centered medical homes, coordinated care, interprofessional care, health care reform, pharmacy practice.

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The term patient-centered medical home (PCMH) was popularized through the provisions of the Affordable Care Act of 2009 (ACA) and its subsequent regulations. The Agency for Healthcare Research and Quality defines PCMH as “an organization and delivery model of health care which embraces patient-centered, comprehensive and coordinated care in a collaborative system where patients receive increased access to and quality of health care.”¹ The impetus behind PCMH models of care is essentially twofold: increase quality and access while decreasing cost of care. Four primary care organizations in medicine, including the American Academy of Family Physicians, American College of Physicians, American Osteopathic Association, American Academy of Pediatrics, and several large employers formed a collaborative focused on developing a consensus-based approach to outlining key principles of establishing and delivering care and defining appropriate parameters for payment models related to PCMHs. The Patient-Centered Primary Care Collaborative (PCPCC) engages a wide variety of stakeholders from across the care continuum in its membership. PCPCC is supportive of incorporating medication management into PCMHs and has published a resource guide, *Incorporating Comprehensive Medication Management for Optimal Patient Outcomes*.² Pharmacists are well trained to provide medication management as part of PCMHs; how-

ever, pharmacists may not be familiar with the processes needed to integrate into existing medical homes or assist in initiating new medical home models. The workgroup therefore sought to examine key factors that would lead to successful integration of pharmacists into PCMH practices.

Process description

Potential members of the American Pharmacists Association (APhA) Academy of Pharmacy Practice & Management (APhA-APPM) Medical Home Workgroup were identified through a call for volunteers in a variety of APhA communications vehicles and selected based on their current level of engagement in PCMH practices. Volunteer applicants then were appointed by the APhA-APPM president with input from APhA staff based on the following criteria: (1) description of the pharmacist involvement in the medical home model and (2) medical home practice is at some stage in National Committee for Quality Assurance accreditation for PCMH practices. An attempt was made to ensure a wide representation of members both geographically and in practice structure (e.g., small health systems, large systems, government systems). Workgroup discussions were conducted via teleconference during an 8-month period to discuss a variety of topics related to establishing successful medical home practices. Key assessment questions were developed in advance to stimulate discussion (Table 1).

Six 1-hour conference calls were held between July 2011 and February 2012. The authors include the members of the workgroup and APhA staff who supported the workgroup. A brief profile of the majority of workgroup members' practices is shown in Table 2. APhA staff transcribed the discussions from each call. From these notes, a set of draft key findings was created. The workgroup then reviewed these statements, provided input for revision, and reached consensus on the key findings that appear in this report. The key findings were presented during the MTM Open Forum: APhA-APPM Medical Home Workgroup Report, Section/SIG Meetings, and Awards Presentation session at the APhA Annual Meeting & Exposition in New Orleans, LA, on March 12, 2012. Participant feedback and discussion further shaped the key findings, resulting in the final published version. This report is not intended to be all inclusive; instead, it represents a summary of the knowledge of early adopters in pharmacy of PCMH practices. The key findings are discussed in the article in rank order. Rankings were made based on several factors, including the workgroup's perceived importance of the finding and the urgency of action needed in the profession related to the finding, with an eye to ensuring a logical flow of thought through the entire group of findings. A brief description of the workgroup's discussion is included for each key finding.

At a Glance

Synopsis: Opportunities in coordinated care models, such as patient-centered medical homes (PCMHs), are rapidly expanding and represent an important potential new role for pharmacy. A workgroup of pharmacists practicing or conducting research in National Committee for Quality Assurance-accredited PCMH practices identified 10 key factors leading to successful integration of pharmacists into PCMH practices.

Analysis: Provisions of the Affordable Care Act of 2009 and early projects initiated through the Center for Medicare & Medicaid Innovation have focused on moving health care from a fee-for-service payment model to more value-based payment models. Infrastructure challenges (e.g., lack of systems for payment, health information technology access) exist in pharmacy and require immediate attention. To ensure that future pharmacists are prepared to adapt to health care delivery systems, the profession also must ensure that schools and colleges of pharmacy are providing adequate education opportunities in coordinated care delivery and a more complete understanding of health care system economics. Tracking and profiling successful incorporation of pharmacist services into PCMH practices will be needed to further advance this initiative.

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