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Implementation of a medication therapy management collaborative within a pediatric health system

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ABSTRACT

Objectives: To describe the implementation of a medication therapy management (MTM) collaborative within a pediatric health system to ensure the safe use of medication.

Setting: Outpatient pharmacies and clinics within a pediatric health system in Central Ohio.

Practice description: The outpatient pharmacies conducted the daily operations of a community pharmacy following a standard, 4-point workflow. The ambulatory clinical pharmacists served on interdisciplinary teams within outpatient clinics to ensure the appropriate use of medication.

Practice innovation: A collaborative model was developed to offer MTM services to patients within outpatient pharmacies and clinics throughout the health system. The pharmacist responsibilities varied, with outpatient pharmacists focused on targeted medication reviews (TMRs) and ambulatory clinical pharmacists focused on comprehensive medication reviews (CMRs) and TMRs.

Evaluation: The use of multiple plan-do-study-act cycles allowed for program improvements throughout implementation. Data collection included a pharmacy staff perception survey, mapping of MTM opportunities, and a quantitative report on the number, type, and intervention rate of all MTM activities.

Results: Four hundred nine MTM interventions, 349 TMRs (70 clinic based and 279 pharmacy based) and 60 CMRs, were completed throughout the first 6 months. Two hundred thirty-eight of the TMRs were pharmacist-initiated interventions that allowed pharmacists to provide medication counseling and follow-up with patients beginning new therapy. Ambulatory clinical pharmacists identified and resolved drug-related problems in greater than half of the CMRs completed. The intervention rates were 39% for CMRs and 44% for TMRs.

Conclusion: The implementation of a collaborative MTM model provided an opportunity to address drug-related problems to ensure the appropriate use of medication. The model consisted of pharmacy staff members within 2 different patient care environments working together to complete MTM services for patients throughout the health system. The key elements of the program included the use of training sessions tailored to the pharmacy staff member's role in MTM, incorporation of technician champions, and creation of pharmacist-initiated interventions.

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Medication therapy management (MTM) services are often offered within community pharmacies across the country because of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2013.¹ The MMA secured the pathway for pharmacists to play a vital role as the medication expert by providing MTM services to optimize medication use. The majority of community pharmacies provide MTM programs that yield positive clinical and economic outcomes.^{2,3} However, barriers to implementing such services include lack of interprofessional relationships with providers, poor access to patient-specific medical information, and an inability

Key Points**Background:**

- Medication therapy management (MTM) services have been shown to yield positive clinical and economic outcomes.
- Despite the growth of MTM over time, barriers to implementation remain for community and ambulatory clinical pharmacists.
- The use of a community and ambulatory clinical pharmacist MTM collaborative allows both groups of pharmacists to overcome barriers to completing MTM activities.

Findings:

- The implementation of an MTM collaborative requires ongoing support and innovation from pharmacy staff members, especially in a unique patient population.
- The MTM collaborative allowed pharmacists to engage with patients throughout the health system to ensure optimal medication use.

to influence prescribing practices.³ Community pharmacists largely rely on telephone and facsimile communication with providers, as direct communication between pharmacists and prescribing physicians is extremely limited.⁴

Ambulatory clinical pharmacists value working alongside these key stakeholders while completing MTM activities. This growing group of pharmacists, the second largest certification group within the Board of Pharmacy Specialties, can communicate directly with providers to ensure appropriate medication use. However, these pharmacists have a different set of barriers to overcome, including their inability to communicate directly with outpatient pharmacies, a lack of real-time insurance plan adjudication to verify medication coverage, and compensation and sustainability challenges.^{5,6}

A collaborative approach between community and ambulatory clinical pharmacists within a health system offers a unique opportunity to provide MTM services in direct collaboration with other health professionals. All pharmacists can identify and resolve a drug-related problem (DRP), defined as an instance involving drug therapy that actually or potentially interferes with desired health outcomes, within multiple settings throughout the health system. There is limited research describing collaborative MTM services targeting a pediatric patient population, as most programs are largely focused on Medicare beneficiaries because of limited pediatric-focused outcome measures. Our study illustrated the implementation of such services in a pediatric patient population using a collaborative department-wide approach.

Objectives

The aim of this work was to describe the implementation of a collaborative MTM model within the outpatient pharmacies and clinics of a pediatric health system. This work is significant

because it may inform other institutions of a pharmacy service that positively affects patient care through community and ambulatory clinical pharmacist collaboration.

Methods*Practice setting*

The study site was Nationwide Children's Hospital, a large, academic, free-standing children's health system in Columbus, Ohio. The health system serves as the home of The Ohio State University College of Medicine Department of Pediatrics, with inpatient and outpatient pediatric care provided by interdisciplinary teams.

Practice description

The ambulatory pharmacy services department consisted of pharmacy staff members within 2 outpatient pharmacies and 6 onsite outpatient clinics. The pharmacy staff members within the outpatient pharmacies conducted the daily operations of a community pharmacy with the addition of nonsterile compounding because of a large pediatric patient population. The ambulatory clinical pharmacists within the outpatient clinics served as essential members within their care teams. They worked collaboratively with attending physicians and medical residents to initiate and adjust medication therapy, to schedule and interpret pertinent lab tests, and to discontinue unnecessary medications. In each setting, the pharmacist provided direct patient-centered pharmaceutical care through establishing close pharmacist–patient relationships.

Practice innovation

The ambulatory pharmacy services department, along with pharmacists within our affiliated accountable care organization (ACO), recognized the importance of establishing viable MTM services to support the ACO's value-based care model. Before establishing the MTM collaborative, the project team revisited the outpatient pharmacy's brief history with MTM. For a short time, the outpatient pharmacists provided MTM services by completing comprehensive medication reviews (CMRs). Unfortunately, they found this program unsustainable because of an inability to engage patients in completing a CMR at a specific scheduled time or at the time of dispensing. The knowledge of this barrier informed our revised MTM practice model through establishing a collaborative approach.

The project team reviewed potential MTM opportunities for our pediatric patient population, including targeted medication reviews (TMRs) and CMRs, and identified diverse opportunities for individuals seen within the outpatient pharmacies and clinics. The team then developed an MTM model (Figure 1) that allowed the pharmacy staff members to offer these services to patients throughout the health system—from a postdischarge medication pickup at one of the outpatient pharmacies to a routine follow-up visit within an outpatient specialty clinic. The pharmacists' MTM opportunities and responsibilities varied within each setting, and the collaborative MTM model focused on using the strengths of having pharmacists in both settings to minimize barriers such as time and incorporation of MTM into the workflow. The outpatient pharmacists focused on completing TMRs, while ambulatory clinical pharmacists focused on completing a combination of CMRs and TMRs, submitting claims through a

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