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## ADVANCES IN PHARMACY PRACTICE

## Community pharmacist collaboration with a patient-centered medical home: Establishment of a patient-centered medical neighborhood and payment model

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## ARTICLE INFO

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## ABSTRACT

**Objectives:** To determine the feasibility of a partnership between a community pharmacy and a patient-centered medical home (PCMH) by measuring the impact on office- and patient-level clinical outcomes.

**Setting:** Kroger Pharmacy and a PCMH practice in Cincinnati, OH.

**Practice description:** The Kroger Co. is a large grocery store chain that operates 102 pharmacies in the Cincinnati-Dayton marketing area. The PCMH practice is an accredited PCMH office serving more than 9000 patients in the Cincinnati area.

**Practice innovation:** In a medical neighborhood, a PCMH coordinates care with other local specialty practices or partners. A partnership between the community pharmacy chain and the PCMH was established to create a medical neighborhood. The pharmacist spent 2 half-days per week at the PCMH. The pharmacist provided initial medication therapy management appointments in the PCMH and offered follow-up services in the office, the pharmacy, or both, depending on patient preference. The pharmacy received a capitated payment per patient per month for a predetermined number of 1000 high-risk patients.

**Main outcome measures:** Office-level changes in clinical outcomes such as A1C, blood pressure, and lipid measures were collected and compared with those of a similar control office. In addition, patient-level outcomes such as change in A1C, blood pressure, lipids, and weight were measured.

**Results:** One hundred five patients were seen by the pharmacist during the study period, with 1.5% of the total managed at the office. There was a statistically significant increase in influenza vaccinations received. On a patient level, A1C and systolic blood pressure significantly improved.

**Conclusion:** This project represents an exciting opportunity for community pharmacists to expand their scope of services through direct partnership with PCMHs and maintain a sustainable reimbursement structure.

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A patient-centered medical home (PCMH) is a patient-centered, comprehensive, team-based coordinated model of care with a focus on accessibility.<sup>1</sup> The PCMH model focuses on increasing the quality of care provided in the primary care

setting and reducing health care costs. Because of health care reform initiatives, many primary care offices have adopted the PCMH model of care.<sup>2</sup>

Several studies demonstrate the positive impact on appropriate medication use and disease management when pharmacists are incorporated into a PCMH practice.<sup>3–5</sup> Pharmacists in the PCMH setting are typically employed directly by the PCMH or health system<sup>6,7</sup> or are affiliated with colleges of pharmacy.<sup>8</sup> Despite the known positive impact, funding for pharmacists in the PCMH is a challenge and can discourage some PCMH offices from using pharmacist services.<sup>9</sup> New opportunities for funding of pharmacists' time in the PCMH office are needed.

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**Key Points****Background:**

- A medical neighborhood is a partnership between a patient-centered medical home and local specialty practices or partners.
- The literature has not evaluated the development of a medical neighborhood with a community pharmacy.
- Establishment of medical neighborhoods could increase the accessibility of health care providers and access to pharmacist services.

**Findings:**

- Patient outcomes in a patient-centered medical neighborhood improved.
- A medical neighborhood partnership can be established to provide reimbursement for pharmacist services for achievement of a variety of quality measures through shared savings programs or other quality-related initiatives.

One opportunity for pharmacist integration into PCMH practices is through the development of a patient-centered medical neighborhood with a community pharmacy. In a medical neighborhood, the PCMH coordinates care with other local specialty practices, known as patient-centered medical home neighbors (PCMH-Ns).<sup>10,11</sup> This model differs from a traditional referral process because it is more collaborative rather than a handoff of care. Together, a PCMH and the PCMH-N communicate, coordinate, and integrate care to increase quality and safety.<sup>12</sup> This model is supported in the literature with physician specialty practices, such as endocrinology; however, a community pharmacy practice serving as a PCMH-N is a novel approach.<sup>12</sup>

Developing a PCMH-N relationship between the PCMH and the community pharmacy would enhance access to care because patients could elect to receive services in the PCMH office, the pharmacy, or a combination of both. This enhanced access to care is an important component of a PCMH, and a community pharmacy partnership can help PCMHs to achieve this goal. Therefore, the goal of the present project was to establish a patient-centered medical neighborhood between a community pharmacy and a PCMH and create a sustainable payment model.

**Objectives**

This project integrated a community pharmacist into an existing PCMH and developed a referral process to the community pharmacist for initial and follow-up medication therapy management (MTM) services. In addition, this project investigated the feasibility of a capitated payment model for reimbursement of community pharmacy services. The objectives of this project were to determine the feasibility of a partnership between a community pharmacy and a PCMH by measuring the impact on office- and patient-level clinical outcomes.

**Methods***Setting*

This innovative project established a collaboration between Kroger Pharmacy and a PCMH affiliated with a large health system. Kroger Pharmacy, located in the Cincinnati/Dayton area, comprises 102 pharmacies. Kroger pharmacists provide a variety of patient care services, including disease state management; MTM; vaccinations; health care screenings; food, weight, and nutrition counseling; smoking cessation; American Diabetes Association–recognized diabetes self-management education programs; and transition-of-care services.<sup>13,14</sup>

One of Kroger Pharmacy's most notable services is its Coaching Program for Diabetes and Hypertension. This program is marketed to self-insured employers and was modeled on other successful disease state management programs, such as The Asheville Project<sup>15,16</sup> and The Diabetes 10-City Challenge.<sup>17</sup> In a study of Kroger employees and the City of Cincinnati employees and retirees, Kroger Pharmacy's Coaching Program demonstrated significant improvements in clinical measures.<sup>18</sup> It was through this work with the City of Cincinnati that the relationship between Kroger Pharmacy and the health system was born. The health system, through its wellness programming, became a referral source for the program and served in an advisory role in the program's administration.

The health system comprises multiple hospitals and acute care facilities as well as primary care and specialty groups in the Greater Cincinnati area. It boasts a large number of PCMH practices, with several having attained National Committee for Quality Assurance (NCQA) level 3 recognition, the highest level possible.

*Practice description*

From January 2013 to January 2014, a residency-trained Kroger pharmacist spent 8 hours (two 4-hour shifts) per week in 1 PCMH office. The PCMH office serviced more than 9800 patients, including 2400 patients with diabetes. This PCMH office was 1 of the first offices to achieve a level 3 NCQA recognition. The PCMH staff consisted of 7 physicians, including 2 endocrinologists, 1 registered dietician, and 1 medical home coordinator. While in the office, the pharmacist performed several tasks, including identifying eligible patients, building relationships with office staff, and answering patient and prescriber questions. Patients were also scheduled for one-on-one appointments with the pharmacist for MTM, diabetes education, weight loss education, or a variety of other services. Furthermore, once per month, the pharmacist hosted an in-service training session and educated the office staff on various relevant health topics.

*Intervention*

The pharmacist was granted access to the electronic medical record (EMR) under a contractor status. This enabled physicians to refer patients for pharmacist services on the basis of predetermined eligibility criteria. In addition, the pharmacist identified eligible patients while in the PCMH office or at the pharmacy. Eligible patients included, but were not limited to, the following:

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