Pharmacists: A More Common Prescription for California Medical Groups

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"We are no longer just behind-the-counter practitioners, but out and about pharmaceutical clinical advisors, who are actively engaged with providers," says Raffi Kaprielian, Pharm.D., Pharmacy Director for Regal Medical Group. "We participate in patient rounds, clinical management reviews, and other programs designed to improve patient outcomes and to reduce financial risk. The one place you will not find us is in the basement behind a counter."

Mr. Kaprielian says most of the large physician groups in California have recruited or contracted for pharmacists to help manage and coordinate patients' pharmaceutical care. The catalysts for this are many, but the common thread is that too many individuals continue to experience medication-related adverse outcomes, leading to frequent emergencies and hospitalizations. Adding clinical pharmacists on the care team has proven effective in stemming this problem through improved drug therapy management.

The pharmacist duties vary, depending on whether for an HMO service line or an ACO, or if a staffed versus an IPA physician model. Yet, Mr. Kaprielian explains, "the pharmacist role always comes back to patient care. Our duties may include telephonic medication therapy management on high-risk patients or after discharge, identifying candidates who would benefit from closer monitoring in diabetic or high blood pressure clinics, or actually doing the monitoring and dosage adjustments of clinic patients. Regardless, the duties all contribute to patient care in some fashion."

Mr. Kaprielian sees pharmacists as one member on a team that has a collective responsibility to ensure maximum patient benefit for dollars spent. "Pharmacist alone cannot achieve this, but the team will not obtain the same results without us," says Mr. Kaprielian. "We review medication regimes for wrong dosing, improper medications, waste, misuse, and more effective or less costly combination of drugs. We communicate our recommendations with and make ourselves available to case managers, social workers, nurse practitioners, nurses, and physicians."

When a pharmacist is first introduced to a team, it is normal to expect questions. Physicians, especially, have concerns with control over medication plans. Mr. Kaprielian says, once it is shown how we help to better manage patients, "there is no returning to the old ways." Often, for example, it comes as a surprise to clinicians that patients have stopped taking drugs or that other doctors have ordered medications. "Physicians come to appreciate that the pharmacist completes 360-degree medication reconciliations and develop comprehensive medication plans that best serves their patients," comments Mr. Kaprielian.

Given the team approach to medical management, it is difficult to ascribe improved patient outcomes and lower rates of ED and hospital utilization solely to recommendations of pharmacists. To assess the value of pharmacist regime reviews, clinical pharmacy software programs maintain statistics on patient

issues and medication related problems, that if not corrected, would had led to poor outcomes and, most likely, costly care (see insert). Additionally, pharmacist interventions are tracked, as they serve as a gauge to the need and the pharmacist contribution to patient care.

As additional metrics, Mr. Kaprielian recommends that pharmacy related measures in HCC documentation and Star ratings be tracked and reported. Also, he notes, pharmacists are less costly than physicians to monitor and adjust patient dosing as well as to educate and coach patients, and they free up physician time to focus more on diagnosis and treatment.

Regal Medical Group, and now Prospect Medical Group, under the leadership of CMO Dr. Paul Lim, has taken the "out-and-about" pharmacist to a new level through the implementation of a home visiting pharmacist program. Working through Pharmaceutical Care Integration, or PCI (formerly CareRx), pharmacists are sent to SNFs or patient residents to meet face-to-face. A typical home visit patient has multiple chronic and progressive diseases, nine-plus medications, two or more prescribing physicians, medication adherence problems, and is likely to be non-compliant with the medication regimen.

Mr. Kaprielian says "these are difficult patients and you can only do so much by telephone and working from progress notes and med lists, to see a patient in the home adds a third dimension to the interaction. What are their issues, habits, needs; better accessing compliance and talking directly with care givers and family in the surroundings of their home has no substitute."

In the home setting, the pharmacist overcome limitations, such as patients not recalling their medications, or being too distracted or overwhelmed to remember their discharge instructions. "We find that patients are much more relaxed, calm, and open to discussions in their home settings," said Mr. Livingston, Pharm.D., Clinical Director with PCI. "We are better able to identify barriers, educate, and suggest to the care team medication plans that are specific to the unique environment of each patient."

Medicare and healthcare organizations have been experimenting for years with alternative care management models, Mr. Livingston observed, noting that the industry "is awaiting a verdict" as to which works best. "We believe there is not one

In addition to medications that may be inappropriate, patients have other issues that are indicators of or contribute to poor medication regime adherence. When designing medication plans, these issues should be addressed to reduce avoidable hospitalizations and ED use:

- Memory problems
- Limited mobility
- Lack understanding of meds
- Dependency on others
- Cannot afford meds
- Poly-medications
- Poly-prescribers
- Needs help scheduling/planning meds

Pharmacist interventions are a gauge as to the need for pharmacists and their contribution to outcome improvement. Interventions to track include:

- Change dosing, strength or route
- Change medication schedule or duration
- Discontinue or start (add) medication
- Recommend alternative or lower cost medications
- Add therapeutic/disease state monitoring
- Enhance adherence and compliance
- Patient education and counseling
- Provider education

workable model for all patients. Telephonic support suffices for coherent and mobile patients, whereas a more intensive intervention is needed for others," he commented. "We believe the high-risk patient is best seen in the home."

Although nascent, the home visiting preliminary data is showing that the model of embedding a pharmacist as a team member to conduct face-to-face home visits is preventing avoidable hospital readmissions. Readmissions rates measured within the first 30 days as well as in the 31 and 90 days post-discharge periods are commendable. The Regal care team approach is important, and Mr. Livingston reinforces that it "not only takes trained pharmacists, but also systems, communications, and teamwork to achieve results."

Steve Nahm is an advisor to PCI/CareRx and involved with design and implementation of the home visiting pharmacy program. PCI/CareRx is located in Irvine, California. Regal Medical Group and Prospect Medical Group have multiple locations in southern California.