

Practice Spotlight

Michigan Pharmacists Transforming Care and Quality

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MPTCQ.org

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IN YOUR VIEW, HOW WOULD YOU DEFINE THE IDEAL PRACTICE ADVANCEMENT INITIATIVE?

When I joined the University of Michigan Health System (UMHS) 18 years ago, one of my goals was to integrate clinical pharmacists into the ambulatory clinic setting and work in tandem with physicians to improve patient care and outcomes. In collaboration with Blue Cross Blue Shield of Michigan (BCBSM) and other physician organizations (POs) across the state, UMHS (now known as Michigan Medicine) launched a statewide initiative, Michigan Pharmacists Transforming Care and Quality (MPTCQ) in the fourth quarter of 2015. MPTCQ was modeled after Michigan Medicine's long-standing integrated program of incorporating clinical pharmacists into primary care practices. In the past 2 years, we have enrolled 16 physician organizations (out of 40) across the state by integrating 21 clinical pharmacists (13.1 clinical FTE) into 40 primary care practices. The short-term goal of the program is to adopt Michigan Medicine's integrated pharmacist practice model within participating POs, with the long-term goal of working to improve patient care and outcomes. The ideal practice advancement initiative aligns with the goals of this program, to advance the role of pharmacists statewide by building a consortium which works to integrate clinical pharmacists into direct patient care settings.

HOW DO PHARMACISTS IN YOUR RE-DESIGNED PHARMACY PRACTICE ADVANCEMENT INITIATIVE PROVIDE CARE TO PATIENTS AND ENSURE SAFE AND EFFECTIVE MEDICATION THERAPY?

In collaboration with the MPTCQ Coordinating Center, each of the selected POs hired or appointed pharmacists to implement clinical services at two to three practice sites. Services provided include comprehensive medication review (prescription, over the counter, vitamins, and supplements) for appropriate patients to ensure efficacy, safety, and cost-effective therapy; ongoing medication management for targeted disease states; and adherence counseling. These pharmacists target patients with diabetes, hypertension, and/or hyperlipidemia through use of the POs' patient registries in addition to traditional referrals from the physicians. Patients in need of medication management are initially scheduled for a face to face visit with a pharmacist in the clinics. Pharmacists may schedule follow up appointments via telephone based on patient's need.

MPTCQ pharmacists have collaborative practice agreements with the physicians which allows them to initiate, discontinue, and adjust therapeutic dosages to ensure effective and safe use of medications.

WHAT SERVICES HAVE YOU DETERMINED TO BE ESSENTIAL TO SUPPORT YOUR PHARMACY PRACTICE ADVANCEMENT INITIATIVE?

MPTCQ pharmacists receive ongoing clinical and administrative training from the Coordinating Center pharmacy team. Process and quality metrics/outcomes are closely monitored through the Coordinating Center data management team. Data are tracked, compiled, and reported to clinical pharmacists, medical and administrative leadership within the physician organizations and other stakeholders on a monthly basis. The ability to demonstrate clinically meaningful data has driven the initial success of the program and the continued growth of the initiative throughout the state.

WHAT TECHNOLOGIES HAVE YOU IMPLEMENTED WITHIN YOUR PRACTICE SITE TO FACILITATE YOUR PRACTICE ADVANCEMENT INITIATIVE?

In order to expand and scale clinical pharmacist's services, POs are integrating video technology to provide synchronous visits with the patients. Many of the POs have small practices where embedding a pharmacist may not be cost-effective. Video technology will allow the pharmacist to be in a central location while providing face to face services to practices within the physician organization. Each pharmacist is provided an iPad® which allows pharmacists to document data related to clinical intervention, process metrics, and patient care outcomes. The data is collected within a central repository for further analysis that is shared with health-system administrators, physicians, and payers.

HOW WOULD YOU SHARE THE SUCCESSES OF YOUR PRACTICE ADVANCEMENT INITIATIVE WITH OTHER PHARMACY DIRECTORS AND ADMINISTRATORS?

Consortium-wide kick-off and strategic planning meetings are held bi-annually for all participating physician organizations, including pharmacists, PO leadership, and practice site leadership. These meetings provide a forum to share best practices, program updates, and data review with various stakeholders. There are a number of ways that success of this program have been shared with pharmacy personnel including but not limited to presentations at national meetings, discussions at ambulatory care conferences, and online forums such as the ASHP PAI Spotlight. Even more importantly, it is imperative to share the successes of the program with physicians and hospital administrators who ultimately determine whether to implement these types of programs within their organizations. Recently, the program was presented at two national meetings: the American College of Physicians- Internal Medicine and the American Medical Group Association targeting groups of physicians and hospital administrators, respectively. It is important to continue to demonstrate the impact of pharmacists both within and outside of the profession.

WHAT ARE SOME KEY CONSIDERATIONS TO GAIN EMPLOYEE ACCEPTANCE AND BUY-IN TO IMPLEMENT A NEW PRACTICE ADVANCEMENT INITIATIVE?

Even with enthusiastic support, changing the patient care process and workflow can be challenging. Defining pharmacist's role and establishing new workflow within the clinic structure are critical to the success of the program. The MPTCQ toolkit has been developed to help the pharmacists and their practices initiate clinical services.

MPTCQ pharmacists receive monthly practice development mentoring calls, clinical forums to discuss complicated patient cases, ambulatory "hot topics" webinars, and ongoing data support. Quarterly meetings with all of the MPTCQ pharmacists provide additional training and best practice sharing opportunities.

The POs participating in the MPTCQ Collaborative were methodical in their approaches to launching this new care paradigm. Their process included carefully selecting the right pharmacist to succeed in a clinical setting and ensuring he or she had proper training; ensuring providers were supportive of the program; putting provider agreements in place; tackling logistical considerations and making sure the embedded pharmacists had access to patient registries, health records, and other platforms; and setting goals for the program. Pharmacists have the clinical training and skills necessary to be successful in providing care to patients. However, pharmacists should be provided a framework in order to successfully integrate into the clinic setting.

HOW DID YOU GAIN SUPPORT OF ADMINISTRATORS, PHYSICIANS, AND NURSING TO IMPLEMENT YOUR NEW PRACTICE ADVANCEMENT INITIATIVE?

Recognizing the time it takes to fully establish clinical pharmacist's services, PO leadership received financial support during the first two years of the program implementation. In addition, the Coordinating Center provided the expertise and tools needed to fully integrate clinical pharmacists into their practices.

In order to elicit interest and support from the physicians, pharmacists met with the physicians to explain the pharmacist's role and how he/she can provide support to improve patient care and outcomes. Once the pharmacists started working with the patients and demonstrated improvement in patient outcomes, physicians started to realize the benefit of having pharmacists as their collaborators. However, building positive and trusting relationship with physicians takes time and continuous effort.

Many of the POs participating in the MPTCQ already had robust care management programs in place, including nurse and social work care managers. Embedded pharmacists worked to coordinate care with the other care managers for shared patients by clearly delineating roles, mutually referring patients, and creating decision trees to determine the appropriate care manager for a given patient.

WHAT ARE SOME LESSONS LEARNED WHILE IMPLEMENTING YOUR PRACTICE ADVANCEMENT INITIATIVE THAT YOU WOULD LIKE TO SHARE WITH OTHER PHARMACISTS?

1. Many physicians will embrace the concept of working with clinical pharmacists. However, they may not know how to fully engage with the pharmacists. Defining the pharmacist's role, creating a standardized workflow, and establishing an effective communication pathway are important aspects of implementing clinical services.
2. It is important to be visible in the clinic so that physicians and other team members are reminded of the pharmacist's presence in the clinic.
3. Attend clinic meetings regularly to foster a relationship with other team members and learn what is going on within the clinic.
4. Collect, analyze, and share process and clinical data with the providers and other team members.