Practice Spotlight

University of Utah Health

Sugarhouse Family Medicine Clinic
Westridge Medical Center
Parkway Health Center
Madsen Family Medicine Clinic
Madsen Internal Medicine Clinic
Greenwood Clinic
Stansbury Clinic
Farmington Clinic
South Jordan Clinic
Redstone Clinic
University of Utah Health Geriatrics Clinic
Redwood Clinic
Centerville Family Medicine Clinic

Pictured (left to right): Haley Higgs (pharmacy technician), Karen Gunning, Heidi Pigott (PGY2 ambulatory care resident)

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Professor (Clinical) of Pharmacotherapy & Adjunct Professor of Family & Preventive Medicine
Clinical Pharmacist – Sugarhouse Family Medicine Clinic
University of Utah College of Pharmacy and University of Utah Health

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Clinical Pharmacist – Parkway Health Center
IN YOUR VIEW, HOW WOULD YOU DEFINE THE IDEAL PRACTICE ADVANCEMENT INITIATIVE?

The ideal practice advancement initiative is patient centered, clinician/clinic staff/pharmacist team generated and leads to a change in process that strives to meet the quadruple aim – better health, improved patient satisfaction, at the right cost, with improved clinician satisfaction. Although this should be the goal for every clinic, the way it is accomplished and how it functions are likely different in every clinic because it must meet the nuanced needs of the clinic personnel and patient population. A fun aspect of medicine, especially primary care, is the team dynamic. Practice advancement needs to optimize the capabilities and scope of each member on that team.

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

Pharmacists and pharmacy technicians work together directly with patients in our primary care clinics to comprehensively optimize complex chronic medication regimens. We have deployed a Comprehensive Medication Management (CMM) model as a consistent practice standard in our practices. This care process helps to ensure that all aspects of all pharmacotherapy are considered for indication, effectiveness, safety, and adherence. Patients are cared for using a variety of communication strategies, from the classic office visits and telephone contact, to patient portal, virtual visits, and home visits when needed. They are identified by primary care physician (PCP) and medical team referral as well as more proactive means with population health reports to capture those with uncontrolled chronic conditions, high risk medications, and/or complicated regimens. We collaborate closely with PCPs, nursing staff, social work, and care management by collocated work areas and developing meaningful relationships within those teams. There is also a variety of work that supplements day-to-day activities, such as drug information questions, medication education activities, and quality improvement projects.

With a total of 16 practices across 15 clinics covering approximately 60 miles along Utah’s Wasatch Front, coordination of practice standards and resources can be difficult but is critical to ensuring safe and effective practice. The team meets regularly to discuss new tools and practice advancements. We also use a credentialing and privileging process along with regular peer review within the team in an attempt to proactively improve quality and safety.

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

Multiple aspects of our practice have proven critical to our current situation. First is the support of our medical staff. Not only do they engage and include us as an essential component of the team, they have been willing to provide financial support. When combined with administrative support elsewhere in our institution, we have grown and pushed our work to the top of our scope.
The second aspect critical to our functionality is our team of pharmacy technicians! This non-dispensing role as an embedded team member serves to ensure that patients are scheduled to see the clinical pharmacist, can obtain prescribed medication histories pre-visit, and gather information from patients, pharmacies, and other healthcare professionals to ensure that clinical pharmacists spend the maximum amount of time in medication regimen optimization.

The final critical aspect is a deliberate effort towards sustainability. This includes financial sustainability and finding ways to develop the practice in a way that improves and becomes more efficient and meaningful with time. Specific to the financial sustainability and through a complex and time consuming process, we were eventually able to identify and capture the reimbursement coming to our facility (i.e., facility fees) because of the work of our team. We are now working to identify the most meaningful way to pursue additional indirect reimbursement efforts. On top of that, we have taken significant steps with the help of the National A3 Collaborative to standardize patient processing and are working to take additional steps to improve efficiency of documentation and use of our electronic health record.

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

With EPIC® as our electronic health record, we have used its population health management module called Healthy Planet®. This tool allows population and practice metrics for both assessment and patient identification. With registries for hypertension, diabetes, heart failure, high risk patients, and geriatrics we have been able to become more proactive in our approach to our care of patients rather than simply waiting for referrals. We have used a variety of mechanisms to engage with patients once reporting helps us identify those we are looking for, including phone call, scheduling a visit immediately before or after upcoming PCP visits, and coordinating with medical assistants and other care team members for warm hand offs. We are currently using iVents in EPIC® to document our interventions as well. In addition, we have analytics support as a part of our healthcare system to provide additional information which we have used to design and gauge our practice goals and tease out information specific to our team’s work.

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

Although the real success of our practice is measured in ways that we make positive change to individual patient lives, we use a variety of process and outcomes measures to help us gauge ourselves.

Examples of these measures include, 1) surrogate markers of disease control such as diabetes, which we’ve targeted by identifying the cohort of patient with diabetes whose HbA1c is above 9 percent and have succeeded at improving disease control for that group beyond that
achieved by standard of care and with year-over-year increases for each year the measure has been used since 2015. We also want to demonstrate there is benefit beyond HbA1c control, so we identified a target population of patients with uncontrolled diabetes (HbA1c > 9 percent), hypertension (SBP > 150 mmHg or DBP > 90 mmHg), and/or high opioid utilizers (MED > 90) as an important group of high risk patients, but likely more complex. We have been working this academic year to see how many of that cohort we can help get to the control side of those markers. Preliminary results demonstrate success beyond even that achieved with diabetes as the single disease state measured; 2) Number and type of patient contact, and resolution of medication therapy problems. We have grown in numbers of patient contact and patient panel, beyond even the proportionate growth of our staff, and also grown in diversity of contact while looking at new ways (home visits) and technologies (virtual visits) to meet our patients’ needs; and 3) With standardization of our CMM patient care process we recently began tracking medication therapy problems.

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

Communication is the essential element to gain employee acceptance and buy-in. Good communication provides a vision for the practice and an explanation of how and why the change helps fulfill that vision. In order to communicate for our CMM practice changes, we learned that meeting often as a team and in-person helps. This fosters refinement of ideas and inclusion of considerations that make the change most valuable. Various aspects of the practice change have been part of our monthly team meetings for well over 12 months now and will be for the foreseeable future. Another consideration is direct inclusion of the team (or subset if team size dictates) in the decision making and change defining process. For us, with over 30 staff members, we developed a group that met as frequently as weekly when needed and were able to coordinate how to best implement the change. This, like so many of our other projects and initiatives, was handled with a quality improvement approach (i.e. develop a process, try it out, discuss, refine, and redefine).

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

Support from administrators, physicians, and nursing did not start nor does it end with our CMM practice initiative. Our pharmacy manager is in regular communication and meets frequently (weekly in some cases) with leaders from medicine, nursing, and social work. Similarly, our teams of pharmacists and technicians have trusted relationships with the physicians, nurses, social workers, and care managers at each of their individual practices. Both of the leadership and clinic team channels were and continue to be avenues to communicate the need for and benefit of the change along with a vision for how the change meets their needs. So, in this case, the pharmacy manager used weekly population health leadership meetings and medical director meetings for this purpose, while clinical staff was also communicating the impact on practice at the medical staff meetings and quality control.
meetings. These communications are important also for role clarity and to prevent duplication of effort and resources.

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

Be bold and engage. In our work with the National A3 Collaborative, we were encouraged to be bold in our aim and we set a fantastic goal related to patient care, that we would get 75 percent of 1,000 complex patients controlled within 12 months when our best with less complexity was 45 percent. Although we may not get 75 percent in the end, we are pushing hard and doing great things with over 50 percent of patients controlled and not yet at the plateau. Any success we have in our roles depends on a complex network of relationships – patients, physicians, nurses, administrators, managers, etc. Developing trusting relationships, even without a specific initiative, makes all the difference.