Practice Spotlight

Mountain Area Health Education Center
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In your view, how would you define the ideal pharmacy practice model?

Pharmacy practice must be both patient-focused and team-based. In an ideal setting, a team of providers work together to provide the best patient care and the pharmacist is the team member charged with maximizing drug therapy. In order to do this, patients must be able to meet face-to-face with a clinical pharmacist, in a financially viable manner, to reconcile and optimize the medication regimen. Importantly, patients should be involved in drug selection, titration, and management decisions. Using a collaborative practice agreement, the pharmacist
will then facilitate the appropriate use of medications to ensure diseases are managed in a way that meets evidence-based and patient-specific goals.

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

Clinical pharmacists are fully integrated into both the hospital and outpatient settings of MAHEC’s family medicine practice.

In the office setting, clinical pharmacists manage a general Pharmacotherapy clinic and three niche clinics: anticoagulation, osteoporosis, and transitions-in-care. Pharmacotherapy clinic sees patients by referral from our physicians for medication reconciliation, disease state management, and patient education. Employees who participate in MAHEC’s Employee Chronic Conditions Management Program and Medicare patients who are in need of an Annual Wellness Visits are also seen in Pharmacotherapy clinic.

When MAHEC patients are in the hospital, they are followed by a team of MAHEC providers, including a clinical pharmacist who guides the team’s decision-making regarding drug selection, titration, and monitoring.

**WHAT SERVICES HAVE YOU DETERMINED TO BE ESSENTIAL TO SUPPORT YOUR PHARMACY PRACTICE MODEL?**

In order to sustain the clinical pharmacist in the ambulatory care setting, we have several services that take advantage of unique billing opportunities beyond the “incident to” method, which has limited reimbursement potential at the allowable 99211-level.

**Medicare Annual Wellness Visits (AWVs):** The Patient Protection and Affordable Care Act (ACA) introduced these prevention-focused visits in 2011. AWVs may be completed by any licensed health care professional working under the supervision of a physician and are currently reimbursed comparable to a Level 4 visit. The revenue generated from these visits allows for clinical pharmacists at MAHEC to financially support the existing pharmacist-led clinics.

**Transitions-In-Care:** In efforts to improve care coordination and reduce hospital readmissions, Medicare recently introduced new Transitional Care Management (TCM) codes, which provide higher reimbursement rates than Level 4 or Level 5 visits. Two required components for utilizing these codes are communication with the patient within 2 days of hospital discharge and a medication reconciliation. Clinical pharmacists at MAHEC implemented a telephone-based clinic to satisfy these requirements, thereby enabling physicians to use the TCM codes when the patient is seen in the office following hospital discharge. This collaboration allows the pharmacist to contribute to the reimbursement potential of the physicians’ visits.

**Chronic Conditions Management Program:** Implemented in 2010, this employee wellness program offers unique billing potential in that it utilizes a negotiated fee-for-service model. The
Pharmacotherapy Department contracted directly with a self-insured employer to determine the fee for these visits.

**WHAT TECHNOLOGIES HAVE YOU IMPLEMENTED WITHIN YOUR PRACTICE SITE TO FACILITATE YOUR PRACTICE MODEL?**

MAHEC recently adopted a new Electronic Health Record (EHR) that enables the Pharmacotherapy Department to efficiently identify patients who would benefit from a clinical pharmacist visit. This EHR also streamlines the collection and evaluation of quality indicators for various disease states. The practice then utilizes the pharmacy team to help patients achieve these goals.

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

Minimal reimbursement potential for pharmacists is often the main barrier to establishing a clinical practice in the ambulatory care setting. However, as the movement towards a team-based approach to care grows, it will become more important to embed pharmacists into physician practices. Therefore, we understand the importance of demonstrating our successes of ensuring financial sustainability through publications and presentations to other members of the pharmacy and medical communities.

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

Open communication is key. It is important to clearly vocalize the mission and goals of the pharmacy practice model so that everyone understands their role and why change may be necessary. Starting this communication from the beginning is essential so that all team members may have an opportunity to provide input.

**HOW DID YOU GAIN SUPPORT OF HOSPITAL ADMINISTRATORS, PHYSICIANS, AND NURSING TO IMPLEMENT YOUR NEW PRACTICE MODEL?**

Our pharmacy practice model aligns with the overall culture of team-based care at MAHEC, thus all disciplines are supportive of our efforts. In fact, we find that our physicians are often envisioning and implementing pharmacy innovations in collaboration with the pharmacy team.

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

Clearly define the goals of your pharmacy practice model. This will help you remain focused when deciding where your limited resources will be best utilized.