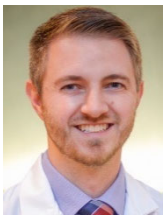
Committee Spotlight
ad hoc Collaborative Pharmacy Practice



Daniel B. Truelove, PharmD, BCPS (AQ-ID), BCACP, AAHIVP
Director, Clinical Pharmacy Services
St. Jude Children's Research Hospital

Q1. Please describe the practice setting where the pharmacy service is located. (Include healthcare setting, practice size, patient volume, provider type(s), pharmacy/resident utilization, and type of patient interaction).

University Health Network is the Accountable Care Organization (ACO) for the University of Tennessee Medical Center in Knoxville, TN. Currently – four pharmacists are employed full time by the Network. Each pharmacist is assigned to a pod of clinics with several regional primary care office locations. Pharmacist split their time in-person between each clinic and work remotely to support other clinics.

Q2. Why was the pharmacy service developed? (Describe any compelling data collected prior to implementation).

University Health Network identified the potential for pharmacists to enhance the quality of care provided to ambulatory care patients of the health-system. Pharmacists review patients who have open quality measures and assess for additional therapies, polypharmacy, medication access concerns, and complete a comprehensive medication review. Providers in the clinics where pharmacists are located value the pharmacist as a resource for complex patient cases and medication questions. Pharmacists meet with patients for referral by provider either by phone call or in person to assist with chronic disease state management.

Q3. What training, certification, credentialing, and practice agreement is utilized by the practice setting pharmacist(s)?

Pharmacists must have a PGY2 or equivalent experience. Pharmacists are encouraged to sit for Board Certification in pharmacotherapy or ambulatory care. Practice agreements are held with clinic providers.

Q4. What outcomes are being measured to evaluate the model's success? (Clinical metrics, revenue, cost-savings, patient satisfaction, etc.)

An online form is utilized to capture interventions related to quality measures and associated cost aversions/savings to patient and payer. Time spent in chart review, patient appointments, phone calls, and meaningful interventions are also captured through this form. Quarterly network metrics measured both internally and through external payers provide additional incentives and outcome resources that pharmacy directly impacts.

Continued

Q5. How have you made this service sustainable? (Include billing, reimbursement, etc.)

Our current model is built on cost aversion and health care savings to UHN. Pharmacist do not currently bill for services and often use the spilt visit model when interviewing patients – allowing for physicians/APPs to bill at a higher level if applicable. Quality incentives achieved at the network level have direct impact by pharmacy and have served as one way to make this model sustainable.

Q6. How did you gain support of administrators, providers, and other key stakeholders to implement your practice model?

See above.

Q7. What are some lessons learned while implementing your practice model that you would like to share with other pharmacists?

Utilize proof of concept and pilot strategies to begin a well-researched and planned pharmacy implementation strategy. Collect as much data as possible to display sustainability (cost savings to patients, cost savings to payers, pharmacist interventions, provider support for increased patient appointments, quality metrics with pharmacy components, etc). Plan for growth. Have a plan but be ready for it to change, adaptability is key.

Q8. What do you hope Collaborative Practice will look like in Tennessee in the next ten years?

In the next ten years – we hope to see pharmacist able to bill independently of CPAs. In the meantime – we hope for the evolution of overarching CPAs within a health system that allow the medical director to sign CPAs on behalf of multiple practice sites in lieu of having multiple CPAs with multiple providers at different site.