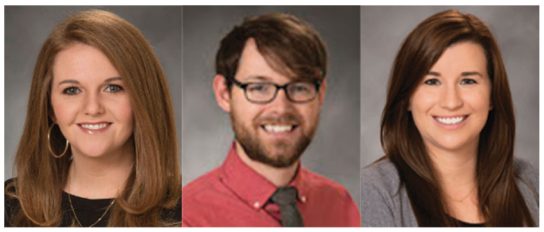
Committee Spotlight

ad hoc Collaborative Pharmacy Practice



ETSU Family Medicine

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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).

Family Medicine residency program, consisting of three clinics, each with 18-24 resident physicians, and interprofessional teams, including nursing staff, attending physicians, social workers, psychologists, clinical pharmacists (residents and attending pharmacists) and others. Pharmacists function as an integral part of the team, providing direct patient care as well as consult services. Patients are scheduled for interprofessional office visits for a variety of reasons. High functioning transitions of care clinics are set up in each of the three practices for all patients that have recently been discharged from a variety of settings. Additionally, our pharmacists lead pharmacy clinics where our physicians send their patients for complicated medication regiments/polypharmacy, uncontrolled or treatment resistant chronic diseases, drug therapeutic monitoring, quality measure attainment, and sometimes "simply" a medication reconciliation.

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

Pharmacists were first introduced to ETSU Department of Family Medicine out of need for clinical rotation sites for the ETSU Gatton College of Pharmacy and a desire for what is now ETSU Health to become more interprofessional. The role of the pharmacist has since developed and now all pharmacists' salaries are financially supported, in part, by the ETSU Department of Family Medicine.

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

Our pharmacists are all PGY2 trained in Ambulatory Care or Pharmacotherapy. We have all obtained various board certifications. We have a broad collaborative practice agreement, written and agreed upon immediately after the signing of the TN collaborative practice legislation and board rules release.

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

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Over the 8 years I have been a faculty member in Kingsport, we have measured multiple clinical metrics, revenue and patient satisfaction, all showing that an interprofessional model, including or led by the clinical pharmacists, have positive patient and financial outcomes.

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

Our pharmacists have remained an integral part of our practices but allowing our role to be fluid as healthcare changes. For example, as quality measure attainment was implemented as a source of payment structure, we have become responsible for assisting our quality team with medication related measures. In Kingsport, we have tested out "gaps closure clinics" and currently use pharmacy clinic for patients with medication-related or multiple quality gaps that we are working on.

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

We have been blessed with outstanding and forward thinking physicians, team and administrators. We are the lucky few that get to say that we don't have a strategy or process for gaining support. We work as part of the team and mutual respect is the only way these interprofessional teams can function at the level ours does. I have not had an idea or something I wanted to try out that wasn't supported by the team work with.

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

It all boils down to relationships and shared goals. If you have a quality and genuine relationship with your team, it makes working collaboratively to take care of patients easy. Egos aren't allowed in our buildings. We share a goal to provide outstanding care to patients and outstanding education to a variety of learners. The handful of people that have worked with us that didn't share these goals...well, I hope they're doing well wherever they are working now.