Committee Spotlight
ad hoc Collaborative Pharmacy Practice

Elisa Greene, PharmD, BCACP
Siloam Health/Belmont University College of Pharmacy

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).

Siloam Health is a non-profit, faith based primary care family medicine clinic serving patients without insurance. Nearly 90% of patients are foreign born, representing more than 80 homelands and speaking more than 70 languages. Many people don't realize that 1 in 8 Davidson County residents is foreign-born. Patients contribute based on their ability to pay, with the average payment being $17/visit. Siloam depends on donations from individuals, churches, foundations, and businesses, to cover the difference in cost and payments. There are over 5000 individual patients in the practice. We have an awesome interdisciplinary team with MDs, nurse practitioners, physician assistants, a social worker, and a behavioral health consultant on staff. There is one Clinical Pharmacist on staff, however, we have a robust volunteer department with several awesome volunteer pharmacists who help us provide quality care for our patients. We have had residents in the past (and would love to have them again in the future!) and we host ~14 pharmacy students for APPEs annually. The role of the Clinical Pharmacist consists of 2 main parts; a consultation service and an independent patient panel. The team routinely sends drug information question, patient care consult questions, and patients themselves to me for various needs as they arise. These are unplanned, unpredictable, and could cover any subject matter from leishmaniosis to asthma to pregnancy. The patient panel consists of planned in-person visits or phone follow-up for a variety of chronic conditions covered in the collaborative practice agreement, but primarily diabetes, anticoagulation, and hepatitis C.

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

Belmont University and Siloam Health partnered to provide an APPE site for pharmacy students in exchange for clinical pharmacy services from one faculty member – all parties benefit.

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

The Clinical Pharmacist serving in this role is residency trained and board certified (BCACP), but because of the patient population in this region, she has also sought out special training opportunities in hepatitis C, tropical medicine, pharmacogenomics, Spanish and Arabic. There has been a formal Collaborative Practice Agreement in place since 2015.

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

We track clinical metrics with diabetes and anticoagulation, as they are the two largest patient populations regularly served through the Collaborative Practice Agreement. Cost-savings and revenue metrics are measured at the site level, however, represent a combined efforts with other volunteers and staff. The Clinical Pharmacist also drives clinic decision-making regarding cost-effective medication options and use of patient assistance programs, but there is a team that manages all patient assistance paperwork. The Clinical Pharmacist contributes to site-wide quality improvement measures such as achieving blood pressure goals, avoiding drug-disease interactions, and optimizing immunization rates, but these metrics reflect the work of the entire team. The Clinical Pharmacist has been a part of the Quality Improvement Leadership team that led the clinic to successfully implement changes designed to reduce hospitalizations, improve health outcomes and work towards value based payment arrangements, earning over $90,000 in grant funding through the Transforming Clinical Practices Initiative through CMS.

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

Our patient population is uninsured, so patients are billed a small charge for in-person visits. The partnership with Belmont allows an exchange of clinical services for faculty time/student training.

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

I vividly remember one of my first meeting with members of the clinic leadership when my contract was finalized. They said “we’re so excited to have you… what do you do, again?” So, I was blessed with an enthusiastic and welcoming group of administrators and providers, although they weren’t up to speed on ambulatory care pharmacy practice. In the first months, I focused on learning about the practice, shadowing members of the team, helping where I could, and gathering ideas for integration. I started small, kept a humble, positive attitude, and gained the trust of the team through proactive recommendations and providing help wherever needed. I routinely solicited feedback about their needs and desires and focused on making the providers’ lives easier by assisting in our shared desire to provide quality patient care. Over time, I began proposing new and expanded roles, with the understanding that we would keep what worked and move on from what didn’t. Doing what needed to be done and staying flexible went a long way toward building trust. I shared relevant literature and crafted a proposal for a collaborative practice agreement. By that time, there was a solid relationship of trust that facilitated an easy adoption of the agreement. I go out of my way to honor that trust by maintaining clear regular communication with the team and prioritizing good patient care over me looking good or “winning”. A win for our patients is a win for me, and teamwork is what makes that possible.

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

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Learn about your site before coming in with guns blazing. What worked where you came from may not be the best fit everywhere. Do what you can to meet the needs of your team – this was the single most helpful contributor to becoming a valued and sought-after resource. Sometimes serving the team is the best way to ensure quality patient care.

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

I hope that it will be so well established that I can e-prescribe to any pharmacy under my own name.