



## Committee Spotlight ad hoc Collaborative Pharmacy Practice



### **Jessica Some, PharmD**

*PGY-2 Ambulatory Care Pharmacy Resident, Cookeville Regional Medical Center/Tennessee Heart Cardiology Clinic/Cookeville Regional Medical Group (CRMG) Pulmonology*

Site: Cookeville Regional Medical Center/Tennessee Heart Cardiology Clinic/Cookeville Regional Medical Group (CRMG) Pulmonology

Location: Cookeville, TN

**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).**

Located in middle Tennessee, an hour's drive east of Nashville, this Cookeville Regional Medical Center (CRMC) clinic services the population in the surrounding counties: Putnam, Cumberland, White, Dekalb, Jackson, Overton, Fentress, Van Buren, Monroe, Clay, and Pickett. Currently 1 pharmacist FTE is dedicated to staffing in these clinics, which also serves as an educational site for one ASHP accredited ambulatory resident and APPE students from University of Tennessee and Lipscomb University. Tennessee Heart operates with thirteen cardiology attending level physicians, and Cookeville Regional Medical Group Pulmonology has 8 pulmonology attending level physicians. Pharmacy services managed 350 patient encounters in the 2019 year. Patients are managed with face-to-face and telehealth encounters scheduled on a separate pharmacy patient panel. The majority of conditions focused on in the collaborative appointments include hypertension, hyperlipidemia, heart failure, COPD, asthma, anticoagulation, and smoking cessation. Pharmacists are especially highly involved in the initiation, monitoring, and coordination of care regarding PCSK9 inhibitor agents. Currently, pharmacy services are provided to patients free of charge. The pharmacists do not bill for services at this time.

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

The pharmacy clinic was established at Tennessee Heart approximately 3 years ago with the initial aim of reducing readmissions associated with heart failure to CRMC. This service has expanded from a focus on cost avoidance to increasing patient access to chronic disease management. The pharmacy clinic at CRMG pulmonology was established approximately 2 years ago and was initially established to provide hospital discharge follow-up care after seeing the success of the Tennessee Heart clinic. Since that time, the pulmonology group has expanded from 2 providers to 6 and patients are now able to follow up with their pulmonologists in a reasonable time frame post-hospitalization. Pharmacy care at CRMG pulmonology has therefore shifted from hospital follow up care to chronic disease management, especially in assisting with affordability of various inhaler therapies.

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

Standard collaborative practice agreements are utilized in both clinics. The pharmacists are expected to have PGY1 training at a minimum, and to attain or aim for board certification in pharmacotherapy or ambulatory care.

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

Hospital readmission rates, percentage of patients at target doses for heart failure, and interventions are being measured.

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

For heart failure, the clinic performs an annual review of hospital readmission rates. For 2019, only 1 patient seen by the pharmacist was readmitted to the hospital for heart failure.

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

The pharmacists gathered data demonstrating areas for improvements such as certain quality measures. Support was also garnered through previous relationships with providers which were built on the inpatient side of care.

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

It is invaluable to have a “pharmacy champion” provider in the clinic who recognizes your worth and can visualize the benefit of your services and advocate for you to other providers. Start small with your services and continue to build on them- once providers see the benefit of pharmacy services, they may even suggest other areas of practice for you to expand.