AMBULATORY CARE
FROM A DIRECTOR’S PERSPECTIVE
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LEARNING OBJECTIVES

Describe the clinical services provided by an ambulatory care pharmacist in an integrated practice model.

Identify key elements to expand ambulatory pharmacist services.

Describe quality measures and both direct and indirect financial considerations for ambulatory pharmacist services.
THE TIME IS RIGHT FOR AMBULATORY PHARMACY

Technology
- “Old” way isn’t the only way to find patients!

Health Systems embracing population health
- We can move the numbers people care about!

Value-based payment probably isn’t going anywhere! (Even if the ACA does)
- Reduce readmissions → better control of chronic disease
- Safe and effective transitions of care
- Quality measures set by payors → incentive payments
OPPORTUNITIES FOR AMBULATORY CARE PHARMACISTS

- Oral Chemo Programs
- Payor Quality Measures
- Transitions of Care
- Readmission
- Accountable Care Organizations
- Health Plan Integration
- High Readmit Risk
  - Cardiology
  - Pulmonary
  - CS Stewardship
  - AM Stewardship
- Primary Care Integration
**HOW CAN THE PHARMACIST ADD VALUE?**

<table>
<thead>
<tr>
<th>Pharmacist Activity</th>
<th>Value Added</th>
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| Direct Patient Care (Face-to-Face and Telephone Encounters) | • Improves surrogate measures and likely patient outcomes  
  • Enhances patients’ ACCESS to the clinic          |
| Focus on Improving Quality Measures                | • Encourages evidence based high quality care  
  • Potential impact on clinic’s status with payors  
  • Potential indirect financial benefit to clinic   |
| Identification and Resolution of Barriers to Medication Adherence | • Improves surrogate measures and likely patient outcomes                   |
| Facilitation of Access to medication               | • Saves patients money  
  • Helps patients to obtain costly medications      |
| Population Health-Based Initiatives                | • Allows pharmacist to engage in the care of the RIGHT patients             |
WHAT IS THE “RIGHT” WAY TO TAKE CARE OF PATIENTS?

A
- Review chart of patients coming to see providers
- Find a few that you may need to alter drug therapy or monitor
- Try to sneak into the room with the patient before/after/with provider

B
- Sit in office and wait for providers to refer patients to you
- Take care of patients referred to you for the reason the provider referred them

C
- Define your target patient population and desired outcomes
- Use an analytics based approach to identify patients
- Provide care to the patients that need a pharmacist MOST!
POPULATION HEALTH
(AND WHY YOU ALL SHOULD BE DOING IT!)

Population Health Service

5% HIGH RISK

- Face-to-face and virtual interactions.
- Execution of pharmacist collaborative practice agreements used to manage highest risk patients cost-effectively

15-35% RISING RISK

- Protocol-based intervention on a large scale. Combination of face-to-face and virtual interactions. Pharmacist PULLS patient into clinic

60 - 80% LOW RISK

- General wellness targets: smoking cessation, vaccination programs, cost saving initiatives?

WHY?

- Trade high cost services for low cost management
- Optimize therapy; avoid unnecessary, high acuity, high cost care
- Keep the patient well
POPULATION HEALTH CASE STUDY

Patient-level A1C Improvement Analysis (n = 320 patients evaluated, 307 patients with A1C > 8.0 mg/dL)

10.2 ± 2.0 mg/dL → 8.4 ± 1.7 mg/dL
Average A1C pre/post pharmacist involvement

1.25 ± 1.99 mg/dL
Average A1C reduction 3 mos post pharmacist involvement

39.11%
Patients w/ A1C <8.0 mg/dL at 3 mos post pharmacist involvement

- 7 months
- 2 pharmacists
- 2130 patient encounters
- 613 unique patients

A1c <8 rate over the 12 months

Pharmacist
Started Here

- Average A1C pre/post pharmacist involvement
- Average A1C reduction 3 mos post pharmacist involvement
- Patients w/ A1C <8.0 mg/dL at 3 mos post pharmacist involvement
KEY FACTORS FOR EXPANDING/DEVELOPING AMBULATORY SERVICES

- BUY-IN
- TOOLS
- A PLAN
<table>
<thead>
<tr>
<th>Hard Money</th>
<th>Soft Money</th>
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<tbody>
<tr>
<td>• Prescription Insourcing</td>
<td>• Improved outcomes</td>
</tr>
<tr>
<td>• CAPTURE of quality based incentive payments</td>
<td>• Reduced health care utilization</td>
</tr>
<tr>
<td>• Avoidance of LOSS of participation in quality based incentive payments</td>
<td></td>
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<tr>
<td>• Billing if available</td>
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Revenue Opportunities and Population Health

- **Population defined by written scripts**
  - Health System Pharmacy: 40% (n = 1396)
  - Other Pharmacies: 60% (n = 2095)

- **Untapped Opportunity**
  - n = 2590

- **Medication optimization possible through Population Health Activities creating a new pool of patients for "capture."**

- **Population health activities hardwire mechanisms for script capture here**

- **Maximum Potential Script Capture: All Patients Taking INSULIN + Patients With an Indication for INSULIN**
  - n = 6081

**INSULIN Use among patients with uncontrolled DM**
# BUY IN: WHAT DO THEY WANT?

<table>
<thead>
<tr>
<th>Who to get buy-in from</th>
<th>What do they really want?</th>
<th>Tips for Approaching</th>
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<tbody>
<tr>
<td>Physicians</td>
<td>• Improved patient outcomes&lt;br&gt;• Someone that will help them to take better care of patients&lt;br&gt;• Someone to help them navigate things they don’t want to know well</td>
<td>• Data goes a long way&lt;br&gt;• Explain how the pharmacist will help them</td>
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<tr>
<td>Nurses</td>
<td>• Want to help patients&lt;br&gt;• Want nursing to contribute to important clinic or health system goals or initiatives</td>
<td>• Nursing may “run the show” in a clinic, especially the nurse manager – make friends early!&lt;br&gt;• Highlight complimentary skills and do not give the impression that the pharmacist will “take over” nursing duties</td>
</tr>
<tr>
<td>Administrators</td>
<td>• Improved metrics related to patient care&lt;br&gt;• Better access to the clinic</td>
<td>• Focus on how you will be able to move numbers and free up providers&lt;br&gt;• Use data if possible</td>
</tr>
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TOOLS TO SUPPORT PRACTICE

Tools needed before you start

Analytic approach or tool
- Need a way to PROACTIVELY identify patients that require your services.
  - Complements other more traditional approaches

Referral form and process
- Determine who will be able to refer patients to you
  - Clinic providers
  - Inpatient providers
  - Others?

Documentation
- Design note templates for electronic medical record
A PLAN FOR THE CLINIC

What will the pharmacist DO?
- How will the pharmacist identify patients?
- What services will be offered?
- How many patient encounters should the pharmacist have each week, each day?

How will you know the pharmacist DID what they were supposed to?
- What does success look like?
- What metrics will be monitored?
- How will you track workload/encounters?
MEASURING IMPACT: QUALITY, $ $$, WORKLOAD

- **Quality**
  - Clinical Metrics
  - HEDIS
  - BCBS
  - Other Payor Measures

- **Direct $$$**
  - Rx Revenue
  - Quality Payments
  - Billing Revenue

- **Indirect $$$**
  - Patient Savings
  - Prior Authorization

- **Workload**
  - Face-to-Face
  - Telephone
  - SOME
  - Interventions
SUMMARY

Many opportunities in ambulatory care pharmacy practice

Technology and a Population Health-based approach can help to build a pharmacist’s practice

Key Factors for expansion
- $$
- Buy in
- Tools
- Plan

Metrics are critical for demonstrating added value
QUESTIONS/DISCUSSION