September 25, 2019
Integrating a Pharmacist into the Ambulatory Cardiology Setting
Webinar #3
# Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>12:00pm EST</td>
<td>Welcome and Introductions</td>
<td>Dr. Ty Gluckman</td>
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<td><strong>Patient Navigator Program: Focus MI “Integrating a Pharmacist into the Ambulatory Cardiology Setting”</strong></td>
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<tr>
<td>12:05</td>
<td>Integrating a Pharmacist into the Ambulatory Setting</td>
<td>Kris Howard, PharmD, BCPS, AACC</td>
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<td>Cardiology Clinical Pharmacy Specialist</td>
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<td>Ashley Marie Parrott, PharmD, MBA, BCACP</td>
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<td>Supervisor, Ambulatory Clinical Pharmacy</td>
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<td><em>Parkview Regional Medical Center, Fort Wayne Indiana</em></td>
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<tr>
<td>12:45</td>
<td>Q&amp;A</td>
<td>All</td>
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<tr>
<td>12:55</td>
<td>Wrap-up &amp; Next Steps</td>
<td>Dr. Ty Gluckman</td>
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Integrating a Pharmacist into the Ambulatory Cardiology Setting

Kris Howard, PharmD, BCPS, AACC
Ashley Marie Parrott, PharmD, MBA, BCPS, BCACP
Objectives

• Review literature describing pharmacist participation in multidisciplinary clinic and pharmacist-managed clinic settings.

• Describe the implementation of a pharmacist service in the cardiology practice of a community-based health system.

• Identify key components of service development.
Establishing the role of the Ambulatory Cardiology Pharmacist

Kris Howard PharmD, BCPS, AACC; Cardiology Clinical Pharmacy Specialist
Early Evidence in Heart Failure

- Duke University Cardiology Faculty Clinic
  - Multidisciplinary clinic
  - 181 subjects randomized
- Recommendations to physician
  - Patient survey
  - History
  - Medication profile review
- Pharmacist education visit

Arch Intern Med. 1999;159:1939-1945
Focus of Pharmacist Recommendations

• **ACE Inhibitor**
  ✓ Usage and dosage
  ✓ Alternate vasodilators in intolerant patients

• **Avoiding Digoxin toxicity**

• **Avoiding drug interactions & contraindicated drugs**

• **Individualized recommendations**

Arch Intern Med. 1999;159:1939-1945
Pharmacist Intervention

- Significant reduction in all cause mortality and heart failure events
- Trend toward increased ACE Inhibitor usage
- Target ACE Inhibitor dose significantly improved
- Alternative therapy

Arch Intern Med. 1999;159:1939-1945
Pharmacist Managed HF Titration Clinic

- University of Illinois at Chicago
  - Medication Titration Assistance Clinic (MTAC)

- Retrospective Review

- Primary Endpoint
  - Target or maximal tolerated dose at 12 months
Pharmacist Managed vs General Cardiology

<table>
<thead>
<tr>
<th>ACE-I/ARB and BBs</th>
<th>Initial MTAC</th>
<th>Final MTAC</th>
<th>Initial GC</th>
<th>Final GC</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed</td>
<td>90%</td>
<td>95%</td>
<td>82%</td>
<td>87%</td>
<td>NS</td>
</tr>
<tr>
<td>Target or maximal-tolerated dose</td>
<td>4%</td>
<td>64%</td>
<td>32%</td>
<td>40%</td>
<td>P = 0.01</td>
</tr>
<tr>
<td>&gt;50% goal dose</td>
<td>83%</td>
<td></td>
<td>69%</td>
<td></td>
<td>P = 0.04</td>
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MTAC: Medication Titration Assistance Clinic
GC: General Cardiology

• MTAC patients more likely new heart failure diagnosis

Hypertension Management

- Multi-center, cluster-randomized analysis
- 9- or 24-month pharmacist intervention vs usual care
- Diverse population
- Primary outcome trend toward improvement
  - Secondary outcomes showed significant reductions in SBP and DBP

Circ Cardiovasc Qual Outcomes. 2015;8:235-243
Who is Parkview?

Parkview Health

- Not-for-profit community based health system
- Eleven hospitals in Indiana
- Research Center
- Employer health plan

Parkview Physicians Group

- More than 100 locations in northeast Indiana and northwest Ohio
- Nearly 800 providers
- More than 40 specialties
Parkview –
Ambulatory Pharmacy Services

Distribution
• Outpatient Pharmacy
• Meds2Beds
• Medication Assistance Program
• Specialty Pharmacy
  • Embedded model

Clinical
• Primary Care
  • Diabetes
• Specialty Care
  • Cardiology
  • Oncology
  • Anticoagulation
  • Falls Clinic
  • Movement Disorders Clinic
Parkview Health Timeline

- 2015 Hypertension Clinic
- 2016 Lipid Clinic
- 2018 1.0 Full time pharmacist
  - Hypertension (1-0.5 day per week)
  - Lipid (1-0.5 day per week)
  - Heart Failure (4-0.5 days per week)
  - Bundle Payments for Care Improvement (4-0.5 days per week)
Multidisciplinary Hypertension Clinic

2015
- Initial visit
  - Physician and pharmacist
- Follow-up visits
  - Nurse practitioner
  - Dietician
- General HTN education
- Initial pharmacist interview and education

2018
- Nurse Practitioner / Pharmacist Clinic
- Follow up visits with either NP or pharmacist
- Collaborative practice agreement (CPA)
2016
- Initial visit with physician
- Pharmacist education
- Dietician education
- Follow-up visits with nurse practitioner

2018
- Education class prior to initial visit
  - Initial physician visit more efficient
  - Pharmacist evaluates medication history
  - Dietician Meal Planning
- No NP / Pharmacist clinic
  - Collaborative practice agreement (CPA)
## Heart Failure Clinic

### 2018
- Existing clinic
- Education of new patients
  - Mitigate risk of non-adherence
- Independent pharmacist follow-up visits
  - Achievement of GDMT
  - Escalate as appropriate
- Collaborative practice agreement

### 2019
- Optimization in process
- Initial visit
  - Pharmacist to see patient prior to NP
- Dietician added to second visit
Lessons Learned

• Cardiac patients are very complex – take advantage of all resources to best care for them

• Know your role – escalate as appropriate

• For initial visits, pharmacist first

• Scheduling can be a challenge
Practical considerations for service development & implementation

Ashley Marie Parrott, PharmD, MBA, BCPS, BCACP
Supervisor, Ambulatory Clinical Pharmacy
Roadmap

- Service Scope
- Target Patients
- Metric Development
- Reimbursement
Practicing at the top of your license

• Comprehensive medication management (CMM) is...
  • Assessment of each patient’s medication to ensure appropriateness, safety, and efficacy
  • Coordinated, team-based care
  • Executed through collaborative practice agreements (CPAs)

Collaborative Practice Agreement (CPA)

- Relationship between pharmacist and provider
- Defines pharmacist role and functions
- State specific
- Often used to facilitate chronic disease management

https://www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf
Identify target patient population

- Physician champion to help guide?
- Target disease state?
- Specific population?
  - The more specific you can be, the better!
    - Ex: HFrEF, not currently on GDMT, discharged within last 7 days
- Can your organization’s IS team help build a report to identify patients?
Metrics

What?
• What should be measured?

How?
• How are we going to measure it?

Who?
• Who should we share it with?
Establishing Outcomes

| Economic | • Revenue Stream  
| Clinical | • Relevant clinical markers  
| Humanistic | • Patient Satisfaction  
| Utilization | • Referrals  

Economic Outcomes

• Internal
  • Revenue Stream
  • Cost Savings

• External
  • Value-based reimbursement structures
    • Per member per month (PMPM) reimbursement
    • Quality bonuses
    • Reduced member expenses to plan
Clinical Outcomes

• Relevant clinical markers
  • HEDIS
  • STAR
  • ACO
  • Value-based contracts
• Related health service utilization
• Interventions made

Am J Health Syst Pharm. 2014 Aug 15;71(16):1375-86
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs.html
https://qpp.cms.gov/
Humanistic Outcomes

- Patient Satisfaction
  - Other things to consider:
    - Quality of life
    - Pill burden
    - Patient cost savings
- Provider Satisfaction

https://www.pharmacist.com/article/assessing-outcomes-pro-how-pharmacies-can-use-patient-reported-outcomes-better-manage
Utilization

- Referrals
- Completed Visits
- Improved access
The How & The Who

• Once you have determined which metrics to measure, how will you measure them?
  • IS resources, existing structured resources?

• Who will you share outcomes with?
  • Service line leadership, departmental leadership, patients?
Patient Stories

- Patient stores can be impactful while other meaningful clinical data is being compiled
- Ex:

  • Patient with heart failure experiencing syncopal episodes for over 8 months.

  - Pharmacist engaged
    - Pharmacist saw patient and made blood pressure medication changes
  - One month later, patient’s blood pressure and heart rate were improved with no further syncopal episodes.
To bill or not to bill…

• Organizational alignment

Fee-for-service → Value-based
Reimbursement Opportunities

Physician-based Clinic
- 99211*
- Transitional Care Management*¹
- Chronic Care Management*²

Hospital-based Clinic
- Facility Fee
- Transitional Care Management*¹
- Chronic Care Management*²

*denotes incident-to

Opportunities may vary by state!

What is incident-to?

• Pharmacists are not Medicare Part B recognized providers

• Services are billed under (or incident-to) the Medicare recognized provider

• CMS specific criteria for using incident-to billing based on facility vs non-facility locations

For your consideration…

- MAC determination
- CMS regulations
- State scope of practice
- Organizational alignment
Regional Practices

• Find out what others are doing!

• Don’t forget to consider pharmacy state scope of practice

• Each state may vary slightly, changing opportunities (ex: states with provider status for pharmacists)
Roadmap Revisited

- Service Scope
- Target Patients
- Metric Development
- Reimbursement
Integrating a Pharmacist into the Ambulatory Cardiology Setting

Kris Howard, PharmD, BCPS, AACC
Ashley Marie Parrott, PharmD, MBA, BCPS, BCACP
QUESTIONS
Learning Network - Listserv

Join the Patient Navigator Community:
patientnavigatorfocusmi@lists.acc.org
Save the Date!
National Webinar Series 2019

Webinar 4: Wednesday, December 11th, 2019 12:00-1:00pm EST