



Bridging the Gap: An Ambulatory Care Pharmacy Perspective

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Crossing the Divide

- Patients want all of their providers to be in sync
- Barriers:
 - Pharmacy doesn't have EMR records
 - Training is different between sites
 - Laws are confusing and sometimes lead to barriers (i.e. HIPAA)
 - Communication is difficult both ways

Amcare Services

- Started with an Anticoagulation Clinic and 1 pharmacist/1 admin
- Currently have 2300 patients covered by this clinic and now have 10 people and a supervisor who rotate through this clinic
- Staff also covers high blood pressure and Medication Therapy Management Clinics

Results

- Recent resident projects in HTN show that pharmacist involvement results in a significant increase in number of patients at goal
- MTM projects show increased patient satisfaction and decreased out of pocket costs

HIV Care

- Ambulatory care for patients with HIV
- Due to better treatments, most care is related to typical chronic disease rather than HIV treatment, but they need extra knowledge due to interactions
- Currently have 1 pharmacist and they work with 1 tech at CARES clinic

Refill Clinic

- Helps patients get refills faster, more appropriate refills
- Helps doctors get more free time
- Currently have 2 pharmacists, 4 technicians and 1 admin covering 300 physicians (including residents)
- Work with the community pharmacies to avoid delays

Refill results

- Recent project showed that patients under the Refill protocol were more likely to have required labwork and met their goals than non-covered patients
- Nurses and MD's estimate an extra 30 min/day saved due to program

Transitions of Care (TOC)

- Helps patients transition from hospital to home
- Currently in initial stages, only cover a few types of patient discharge
- Currently have 2 pharmacists, 1 tech and 1 PGY2 resident covering services
- Up and coming area of practice – expect large expansions within 2-3 years

TOC

- Some major hospitals have started programs to have pharmacists review all orders at transition points (admission, transfer, discharge) before physician lets patient move.
- Each review includes medication reconciliation, education and assistance with follow up care
- New trend would have 10 pharmacists and 15 techs cover a hospital our size

TOC results

- Patients who were covered by the service and got their meds through BEAM (Bedside Education and Access to Medications) program were less likely to be readmitted than the control group

Community connections

- Transitions of care is a great way to start to work with your community pharmacist
- In the future, more coordination and less silos will be required to provide the patient with complete care

Specialty Care

- Newest area of interest for UC Davis
- Creation of new pharmacy clinics expected over the next 2-3 years
- Currently have 1 pharmacist, 2 techs in Hepatitis C, but got a 20.5 FTE expansion approval starting in July
- Jointly supervised by amcare/outpatient supervisors

Hepatitis C

- Current guidelines suggest testing all adults
- If found, guidelines suggest to treat
- Previous treatments effective 50% of time and had many side effects
- Current treatments have 90% success rate, and less side effects, but require lots of monitoring and cost is high

3400 patients

- Started a pilot in January 2014 to see 8 patients to see if clinic could work
- Pharmacists see patients in clinic to determine best course of treatment
- Techs review eligibility and complete prior auths, denials, PAP, etc to get drug covered
- Continuous monitoring while patient is on the medication
- In pilot phase, team has seen 165 patients thus far, estimated 3400 patients at UC Davis alone need treatment

Preliminary results: Hep C

- Patients covered by the pharmacy team got their medications quicker and with less out of pocket cost than the control group

Neurology

- Similar to Hep C, other areas lend themselves to pharmacy involvement
- Neurology meds (multiple sclerosis, epilepsy, Huntington's disease) need monitoring
- Starting July 2014

Rheumatology

- Newer biologics require injection training, continuous monitoring
- Prior authorization piece by techs
- Specialty pharmacies collect data on patient satisfaction, physician satisfaction and adherence rates
- Starting October 2014

Other areas

- Gastroenterology (Crohn's disease) starting Oct 2014
- Dermatology – biologics for psoriasis, starting Jan 2015
- May expand into Hemophilia, Infertility, Pulmonary Hypertension, Urology, etc in coming years

Expansion of Specialty

- 20.5 FTE's will support the expansion and includes pharmacists, techs, admin staff and residents
- Working with the supervisor of our outpatient pharmacy to coordinate efforts
- Residents will support expansion with projects designed to review effectiveness of each new area

Patient Centered Medical Home (PCMH)

- Move towards interdisciplinary preventative care
- Finds patients at risk for chronic disease complications and applies motivational interviewing techniques along with disease guidelines to provide best care
- Expanding with 2 pharmacists and a tech in July

Reasons to have a Pharmacist in the PCMH

- They save money! ROI of a pharmacist is conservatively 5:1 up to 10:1
- They provide better outcomes – best improvements in Diabetes, High Blood Pressure, Cholesterol, but any chronic disease could be proven - see Report to the Surgeon General 2011
- They improve patient, physician and hospital satisfaction scores
- Will provide a “bridge” to the MD office

SB493

- Defines pharmacists as providers in CA
- Pharmacists in pharmacies can furnish certain drugs
- Advanced Practice Pharmacists (APP) can practice under collaborative practice agreements
- May allow for better billing options
- May provide “tipping point” for federal decision

CMS Incident To...

- Previously billing was minimal, and was often unpaid
- As of this year, CMS confirmed that pharmacists can bill for incident-to services at higher rates
- Pharmacists can already bill for facility fees in hospital based clinics
- Billing is the final piece to solidifying the pharmacists role in the clinic

Future State

- All pharmacists complete residencies
- All pharmacists take some form of specialty certification (CDE, BCPS, BCACP)
- Pharmacists in the community trained to provide clinical care along with prescription sales

Residency Program

- UC Davis Pharmacy department has 20 residents
- Amcare has 4 currently, but will have 7 next year (July 2014)
 - 1 PGY1 in HIV Amcare Practice
 - 4 PGY1 in Amcare Practice
 - 1 PGY2 in Transitions of Care
 - 1 PGY2 in Hepatitis C

Tips for applying

- Very intelligent people apply – make yourself unique!
- Dress professionally for all interviews
- Don't get emotional in an interview
- Look at the person you are trying to impress
- Know what you want
- Make connections and network

General Tips

- Don't give up
- Failure should be expected and overcome
- Be willing to spend a lot of time in your early career working hard if you want a particular job
- Flexibility is available early, but you may have to settle

Other ways to bridge...

- Students from the pharmacy up on the floors?
- Connected EMR records?
- Pharmacist “press 1”
- Face to face introductions at transitions
- Preferred community pharmacies?

Questions?

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