Advocating for Ambulatory Clinical Pharmacy Services in Primary Care Practices

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Disclosures

Mark Greg, PharmD reports nothing to disclose

Dana Puljan, PharmD is an employee of NovoNordisk

All conflicts were resolved through peer review.

Learning Objectives

1. Identify opportunities for ambulatory clinical pharmacists and technicians within health system practices.
2. Describe metrics for an ambulatory clinical pharmacist role and/or pharmacy technician role and how it intersects with your health systems' financial objectives.
3. Discuss how to construct a business proposal for a clinical pharmacist and/or technician to be added to an ambulatory clinic.
4. Explain how to "brand yourself" to other healthcare professionals in your role as it relates to an ambulatory practice.
5. Identify new ways to network and create advocacy for clinical pharmacists and technicians within the ambulatory setting.

How can we build ambulatory pharmacy presence in primary care?

Scenario #1

- Your employed physician group Medical Director mentioned in a meeting you attended that there is a **3-6 month delay** for an Endocrinologist appointment following referral by the primary care provider.
- This means patients requiring more “intensive” diabetes management including insulin therapy, GLP-1’s, and continuous blood glucose monitoring (CGM) will not be seen in a timely manner.
- How could/would you approach this opportunity?

Scenario #2

- You are on a call with the Medical Director of the employed physician group affiliated with your health system.
- As you are waiting for others to join the call, the physician asks you if you were aware of the complicated titration regimen of a recently released once-weekly injectable weight loss medication.
- The Medical Director indicates numerous patients are calling the endocrinology and primary care practices wanting to start this new medication.
- And says to you… ***"I don't know what we're going to do in primary care and endocrinology… We don't have the capacity to handle the monthly dosage titration requirements."***
- How could/would you approach this opportunity?

Scenario #3

- Your hospital Senior Leadership reports the recent systemwide **S**ocial **D**eterminants **o**f **H**ealth (SDOH) initiative identified patient medication affordability, medication adherence, and patient understanding of their medical conditions as areas needing improvement.

- Hospital Senior Leadership reports they are forming a committee to explore this and other SDOH patient needs.

- What opportunities for your pharmacy team are possible?

Audience Survey Question #1

What action could you take in response to any of the previous three scenarios?

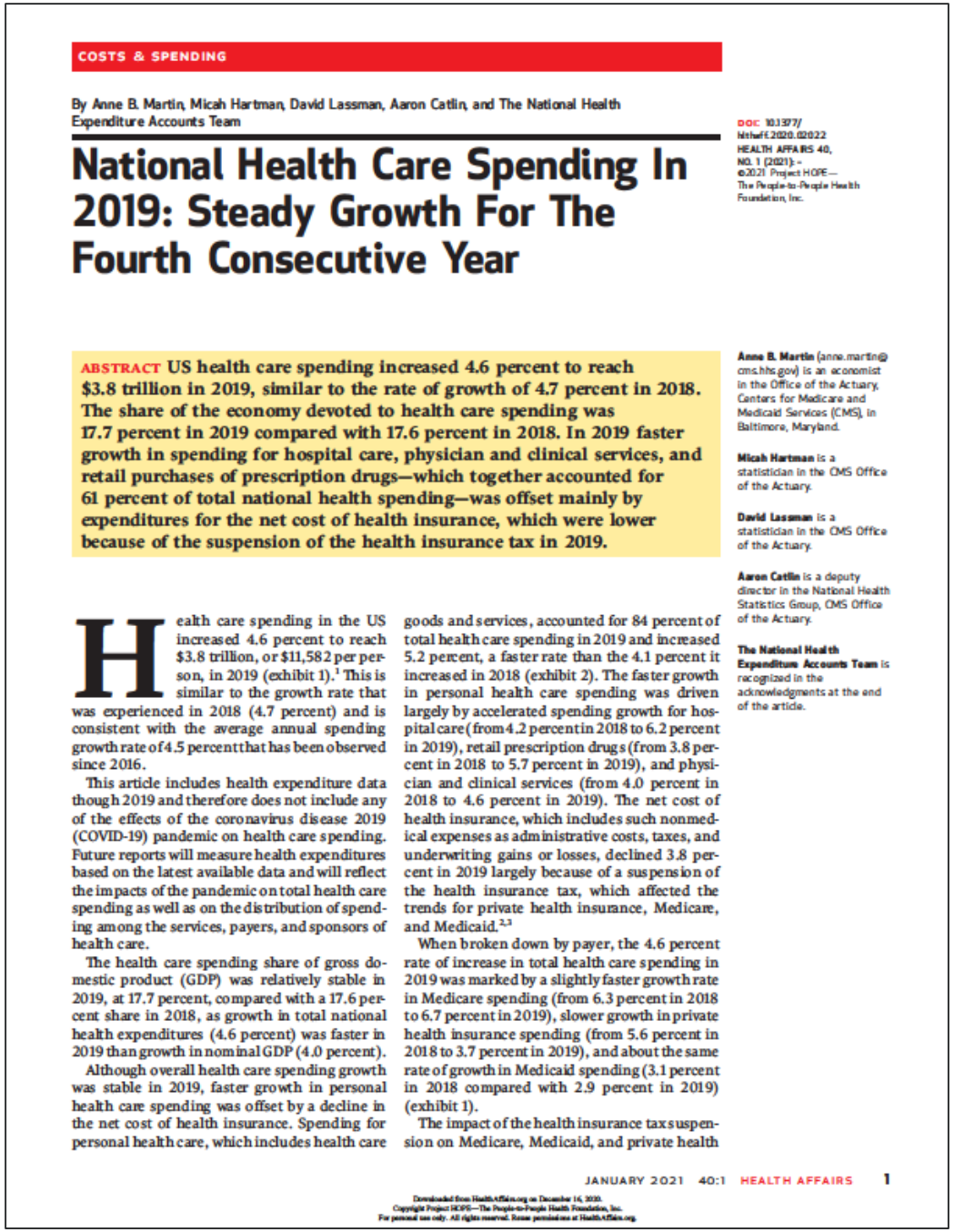
Did you hear the opportunity?
Are you ready to act on the opportunity?

What does it take to be ready?

- Listen for and recognize opportunities
- Understanding your healthcare system's needs, contracts, and financial incentives
- Have your "brand" built and known within the system so you can secure advocacy

The time is… Now!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

National Health Care Spending in 2019



COSTS & SPENDING

By Anne B. Martin, Micah Hartman, David Lassman, Aaron Catlin, and The National Health Expenditure Accounts Team

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National Health Care Spending In 2019: Steady Growth For The Fourth Consecutive Year

ABSTRACT US health care spending increased 4.6 percent to reach $3.8 trillion in 2019, similar to the rate of growth of 4.7 percent in 2018. The share of the economy devoted to health care spending was 17.7 percent in 2019 compared with 17.6 percent in 2018. In 2019 faster growth in spending for hospital care, physician and clinical services, and retail purchases of prescription drugs—which together accounted for 61 percent of total national health spending—was offset mainly by expenditures for the net cost of health insurance, which were lower because of the suspension of the health insurance tax in 2019.

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The National Health Expenditure Accounts Team is recognized in the acknowledgments at the end of the article.

Health care spending in the US increased 4.6 percent to reach $3.8 trillion, or $11,582 per person, in 2019 (exhibit 1).[1] This is similar to the growth rate that was experienced in 2018 (4.7 percent) and is consistent with the average annual spending growth rate of 4.5 percent that has been observed since 2016.

This article includes health expenditure data though 2019 and therefore does not include any of the effects of the coronavirus disease 2019 (COVID-19) pandemic on health care spending. Future reports will measure health expenditures based on the latest available data and will reflect the impacts of the pandemic on total health care spending as well as on the distribution of spending among the services, payers, and sponsors of health care.

The health care spending share of gross domestic product (GDP) was relatively stable in 2019, at 17.7 percent, compared with a 17.6 percent share in 2018, as growth in total national health expenditures (4.6 percent) was faster in 2019 than growth in nominal GDP (4.0 percent).

Although overall health care spending growth was stable in 2019, faster growth in personal health care spending was offset by a decline in the net cost of health insurance. Spending for personal health care, which includes health care goods and services, accounted for 84 percent of total health care spending in 2019 and increased 5.2 percent, a faster rate than the 4.1 percent it increased in 2018 (exhibit 2). The faster growth in personal health care spending was driven largely by accelerated spending growth for hospital care (from 4.2 percent in 2018 to 6.2 percent in 2019), retail prescription drugs (from 3.8 percent in 2018 to 5.7 percent in 2019), and physician and clinical services (from 4.0 percent in 2018 to 4.6 percent in 2019). The net cost of health insurance, which includes such nonmedical expenses as administrative costs, taxes, and underwriting gains or losses, declined 3.8 percent in 2019 largely because of a suspension of the health insurance tax, which affected the trends for private health insurance, Medicare, and Medicaid.[2,3]

When broken down by payer, the 4.6 percent rate of increase in total health care spending in 2019 was marked by a slightly faster growth rate in Medicare spending (from 6.3 percent in 2018 to 6.7 percent in 2019), slower growth in private health insurance spending (from 5.6 percent in 2018 to 3.7 percent in 2019), and about the same rate of growth in Medicaid spending (3.1 percent in 2018 compared with 2.9 percent in 2019) (exhibit 1).

The impact of the health insurance tax suspension on Medicare, Medicaid, and private health

Hartmann, MA, Martin AB, Benson J et al. National Health Care Spending in 2019: Steady Growth For The Fourth Consecutive Year. *Health Affairs*. 2021; 40:1

National Expenditures for Health Services 2019

- **2019** Total U.S. health spending - **$3.8 trillion (↑4.6%)**
  - 31% - Private Health Insurance ≈ 201.7 million lives - $1,195.1 trillion (**↑3.7%)**
  - 21% - Medicare ≈ 60.2 million lives - $799.4 billion (**↑6.7%)**
  - 16% - Medicaid ≈ 72.3 million lives - $613.5 billion **(↑2.9%)**
  - **Uninsured ≈ 31.8 million (9.7%)** : **Insured ≈ 326.6 million (90.3%)**
- **2019** Average - **$11,582 per person (↑4.1%)**
- **2019** Percentage of gross domestic product (GDP) = **17.7% (↑0.1 P.P)**
- **2019** Drug spend - **$369.7 billion (↑5.7%)**

Increases Driven By:

- Hospital care - **(↑6.2%)**
- **Retail prescription drugs - (↑5.7%)**
- Physician and clinical services - **(↑4.6%)**

Offset By:

- Net decrease in cost (3.8%) of private health insurance due to suspension of tax on health insurance

Hartmann, MA, Martin AB, Benson J et al. National Health Care Spending in 2019: Steady Growth For The Fourth Consecutive Year. *Health Affairs*. 2021; 40:1

Prescription Drug Expenditures 2019

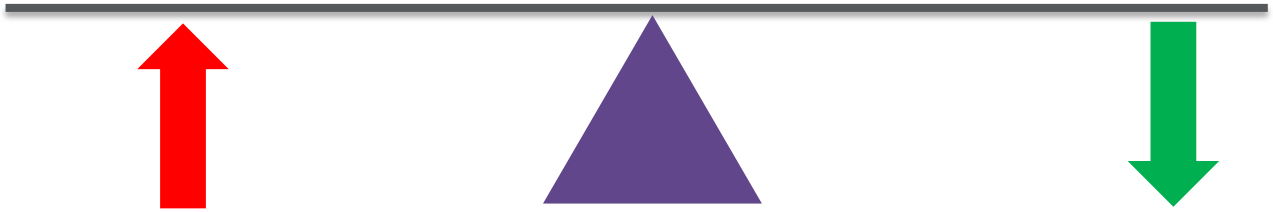
- 2018 Total Rx Drug Expenditure - $335.0 billion (↑2.5%)
- **2019** Total Rx Drug Expenditure - **$369.7** billion **(↑5.7%)**
  - Private health insurance (45% of market) - **(spend ↑1.0% y/y)**
  - Medicare - (28% of market) - **(spend ↑3.6% y/y)**
  - Out of pocket - (15% of market) **(spend ↑ 1.7% y/y)**
  - Medicaid - (12% of market) **(spend ↑1.4%)**

96% of spend

Represents ≈ 10% of overall health care spend

- **Volume: brand and generic Rx fill growth (↑3.2%)**
  - **Autoimmune, cancer, and diabetes**
- **Spend: brands (80%) vs. generics (20%)**
  - **Increased costs for cash paying patients**

- **Price Growth: ↓0.4%**
- **Generic Fill Growth:**
  - **86.3% of total Rx fills**



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Pharmacy Needs to Have a Strategic Focus

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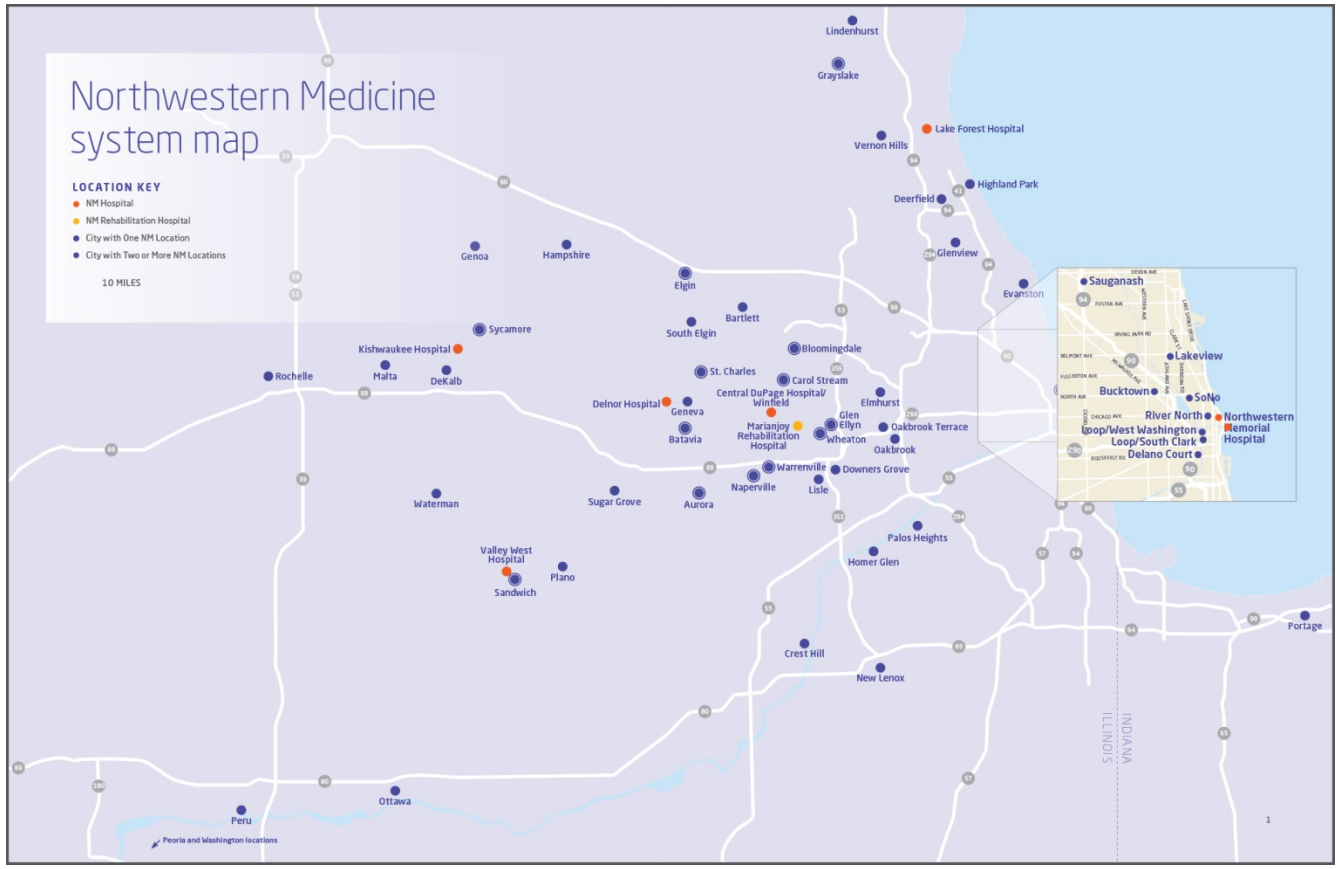
Pharmacy Needs to Think Globally…

- Not just focused on the drug spend…
- Need to adopt a strategic focus…
- Focus on how we as a profession can help…
  - address health care inequality
  - improve overall patient care
  - decrease health care expenditures
- Become recognized as providers and bill for services

Northwestern Medicine Hospitals and other Key Locations

- Central DuPage Hospital
- Delnor Community Hospital
- Huntley Hospital
- Kishwaukee Hospital
- Lake Forest Hospital
- Marianjoy Rehabilitation Hospital
- McHenry Hospital
- Northwestern Memorial Hospital
- Palos Community Hospital
- Valley West Hospital
- Woodstock Hospital



[Locations | Northwestern Medicine]

Northwestern Medicine Physician Network (NMPN)

- Accountable Care Organization (ACO)
- What is an ACO?
- Pay-for-performance (P4P) contracts focusing on NM health system performance on quality and utilization measures
- Includes ≈**400,000** lives out of ≈1,000,000 patients who receive their care through NM
- Includes ≈3,800 physicians from all NM hospitals
  - Palos Community Hospital + 600 physicians – added Q1 2021
- Payer contracts include: Aetna, BCBSIL, Cigna, Humana, and UnitedHealthcare
  - Medicare [Medicare Shared Savings Program (MSSP)]
  - Medicare Advantage plans
  - Commercial (HMO, PPO, Exchange)
  - NM employee plan

NM Population Health Pharmacy Team Mission Statement

Provide the highest quality of patient care in an equitable and financially-responsible manner

How to Get Involved…

- Hospital / health systems looking for solutions to complex problems!
- Where is the greatest need?
- Under-performing on diabetes management - HbA1c's ≥ 8-9% payer measures?
- 3-6 months before next Endocrinology appointment?
- Frequent heart failure, COPD, and other readmissions?
- Medicare 30 day readmission $$$ penalties?
- Physicians and mid-level providers "burned/burning out" - ↑turnover
- **S**ocial **D**eterminants **o**f **H**ealth (SDOH) – medication affordability → medication adherence

Prepare a proposal!

"Nothing ventured, nothing gained."

They have two response options: *"Yes" or "No"*

Areas Where the Ambulatory Pharmacist/Technician May Assist

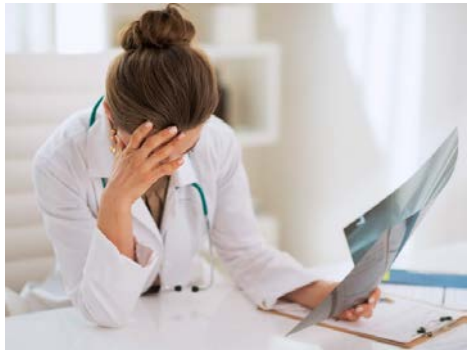
Common Areas

- Diabetes Management
- Anticoagulation management – warfarin and DOACs
- Asthma/COPD
- Heart Failure
- Hypertension
- Hyperlipidemia
- Medication Coverage:
  - Formulary Drug Selection
  - Medication Affordability
  - Patient Assistance Program (PAP)
  - **performed by a pharmacy technician**
- Medical Resident Training

Other Opportunities

- Antimicrobial Stewardship
- Fertility Clinic
- Gastric Bypass Surgery Medication Management
- Gastroenterology
- Mental Health
- Neurology
- Orthopedic Surgery – Osteoporosis Mgmt
- Pain Management/Opioid Stewardship/ Medication Assisted Therapy (MAT)
- Rheumatology
- Smoking Cessation
- Other areas based on need

Pharmacy Support for Your Primary Care Practice



vs.

- Complex patients on multiple medications
- Can't afford meds
- *"Has questions about meds… and I have to see the next patient!"*
- *"Patient tells me they are taking a medication I've never heard of."*
- *"I've explained the drug regimen half a dozen times and they still don't get it!"*
- Multiple medication-related phone calls and faxes from pharmacies and other payers/insurers
- *"I wish I had someone in the practice I could hand this off to!"*

- Provider workflow enhanced by onsite pharmacist/ technician resources
- Improvements in quality metrics
- Health system earns more payer incentive dollars
- Provider able to see more patients per day
- Patients notice their doctor seems happier
- Provider gets out of the office at a more reasonable time
- Practice manager sees increased RVUs!
- The physicians, practice staff, and onsite pharmacy support work well together as a team!

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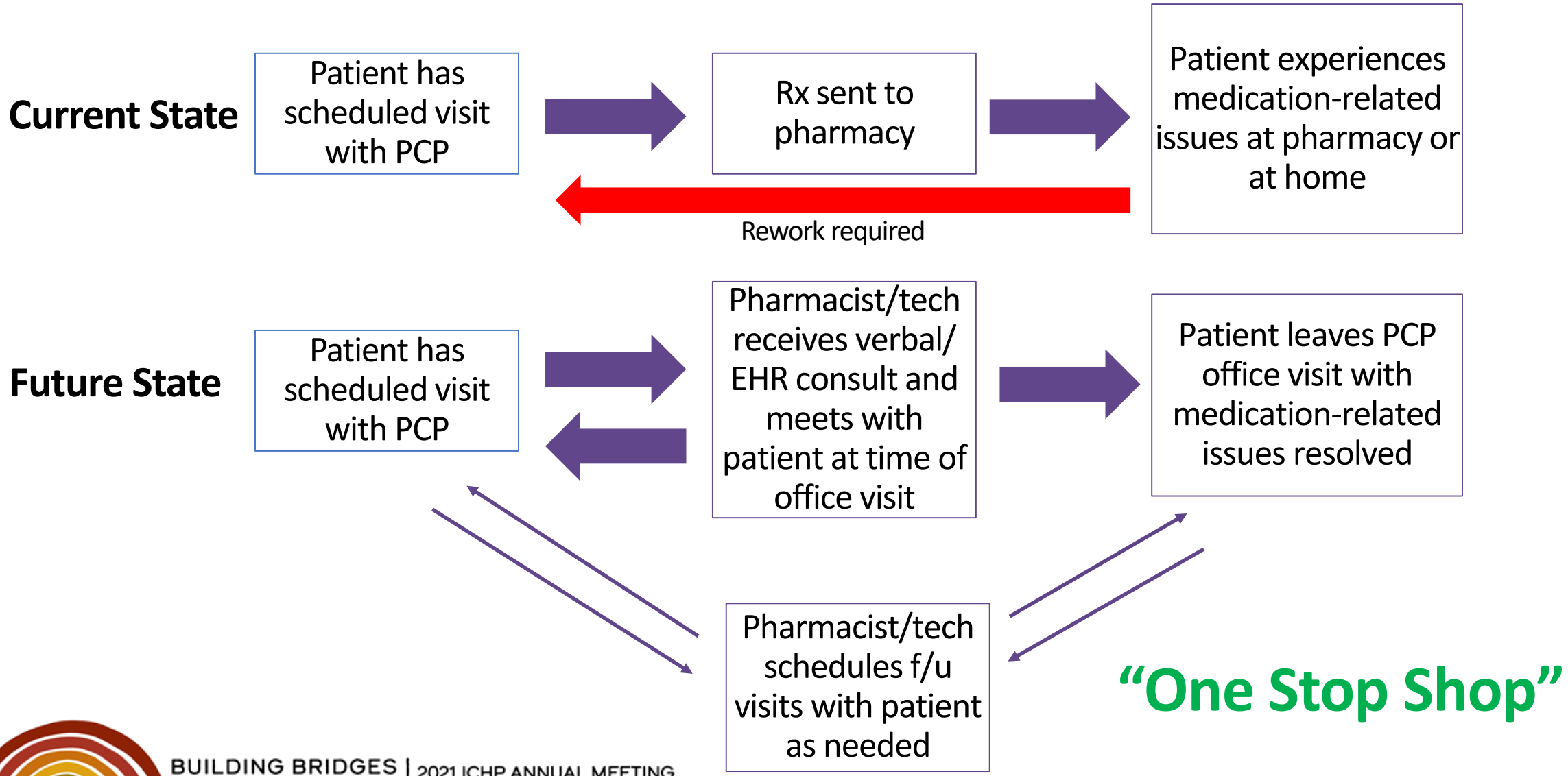
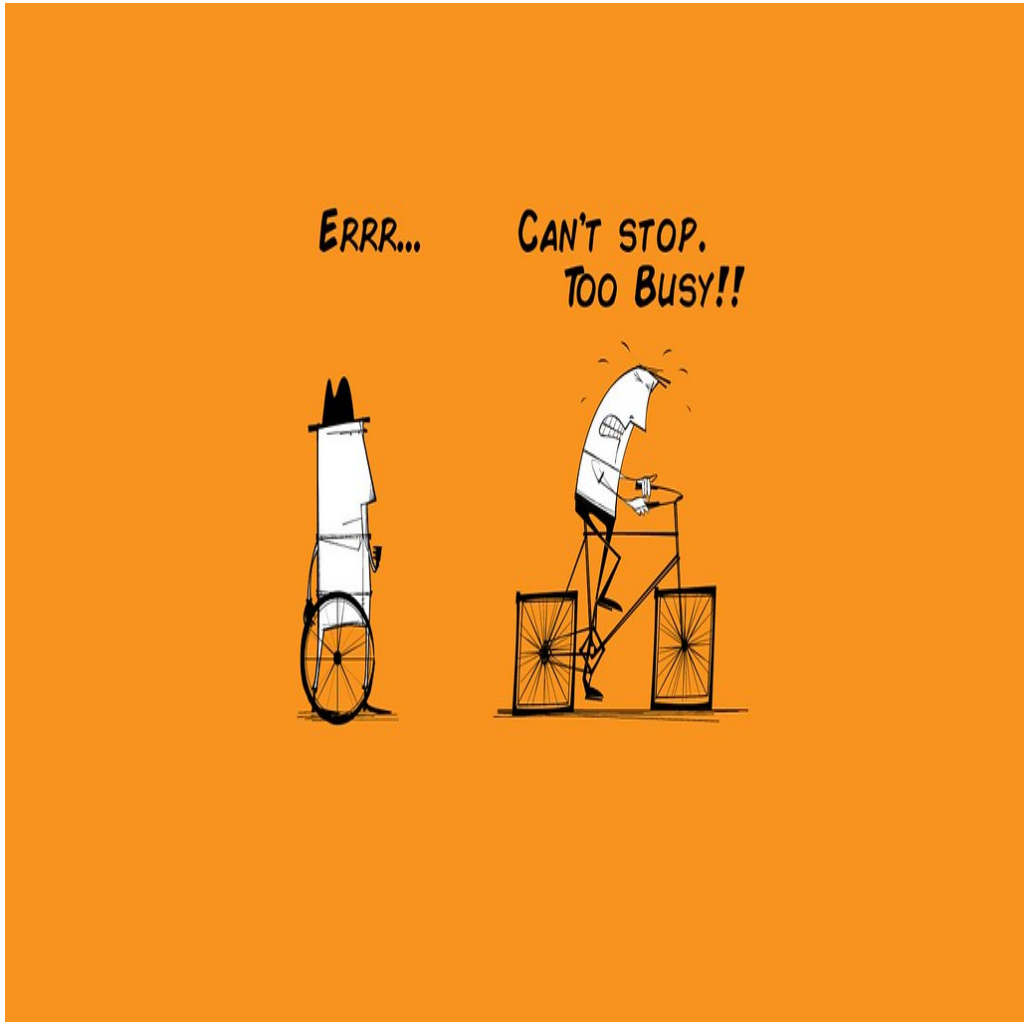
Pharmacists/Technicians in PCP Practices



Buy in From the People

Many times this is more difficult than getting leadership buy in…

- Be credible/genuine
- Trust is the foundation of influence
- Make the rational and emotional case together



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Physician and Executive Champions

- Need for internal advocates outside of pharmacy…
  - ✓ Chief Medical Officer (CMO) - physician
  - ✓ Medical Director of Quality - physician
  - ✓ Administrative / Operations VP
  - ✓ VP of Finance
  - ✓ Director of Quality
  - ✓ Practicing physician(s)

Buy In From the Leader

Tactical Retreat

- Even if it may not make sense to you, sometimes better to retain support for some components of your solution, and not lose support for all.
- Try to not be outcome based – “Win/lose” or “all or none”
- Instead be process based: think about the long game.
- Remember change is a process.

Audience Survey Question #2

Please rate your ability to quantify and report outcome metrics related to your work role.

Rating	%
A. Very Comfortable	
B. Comfortable	
C. Neutral	
D. Uncomfortable	
E. Very Uncomfortable	

Are you able to Demonstrate Return on Investment (ROI) for Your Role?

What metrics does your organization use to make key decisions?

- Financial gain... $ profit?
- Patient satisfaction score? Likelihood to recommend (LTR)
- Performance on payer measures i.e.; % of patients with HbA1c controlled
- Changes in 30 day readmission rates?
- Changes in ED visits and hospitalizations?
- Physician/provider satisfaction score?
- Changes in physician/provider retention?

Audience Survey Question #3

Please rate your ability to create and present a business proposal.

Rating	%
A. Very Comfortable	
B. Comfortable	
C. Neutral	
D. Uncomfortable	
E. Very Uncomfortable	

Key Components to Include in the Proposal

- What is the problem you are trying to solve?
- What are the specific goals?
- What are the measurable outcomes?
- How much is it going to cost to implement the program?
- What is the return on investment (ROI)?
- What is the evaluation period? Timeframe?

Consider Using S.B.A.R. Format

- **S**ituation
  - Primary care practices are underperforming in the % of patients with HbA1c's ≥ 9%
- **B**ackground
  - Payer / insurer metrics indicate organization is losing <<insert>> incentive dollars by not meeting or exceeding performance targets/goals for HbA1c control
  - 3 to 6 month wait for appointment to see Endocrinologist
  - Primary care clinicians reluctant to initiate continuous glucose monitoring (CGM), insulin, and injectable diabetes therapies due to practice limitations
- **A**ssessment
  - Literature supports ambulatory pharmacists and technicians in primary care are able to improve diabetes care as measured by improvements in HbA1c
- **R**ecommendations
  - Pilot 1.0 FTE ambulatory clinical pharmacist and 1.0 FTE pharmacy technician in primary care practice with high-volumes of patients with HbA1c ≥ 9%
  - Focus initial pharmacist/technician involvement on patients with HbA1c ≥ 9%
  - Measure impact as measured by changes in HbA1c values
  - Request <<insert>> dollars to pilot program for 1 year

Pilot It

- Use the Pilot to refine the change/process
  - ✓ Assess and Adapt
- Easier change (pill) to swallow
- Pilot can also be used to show how your vision of change is possible to stakeholders

Image credit: Creating a Successful Partner Pilot Program | Vistex, Inc
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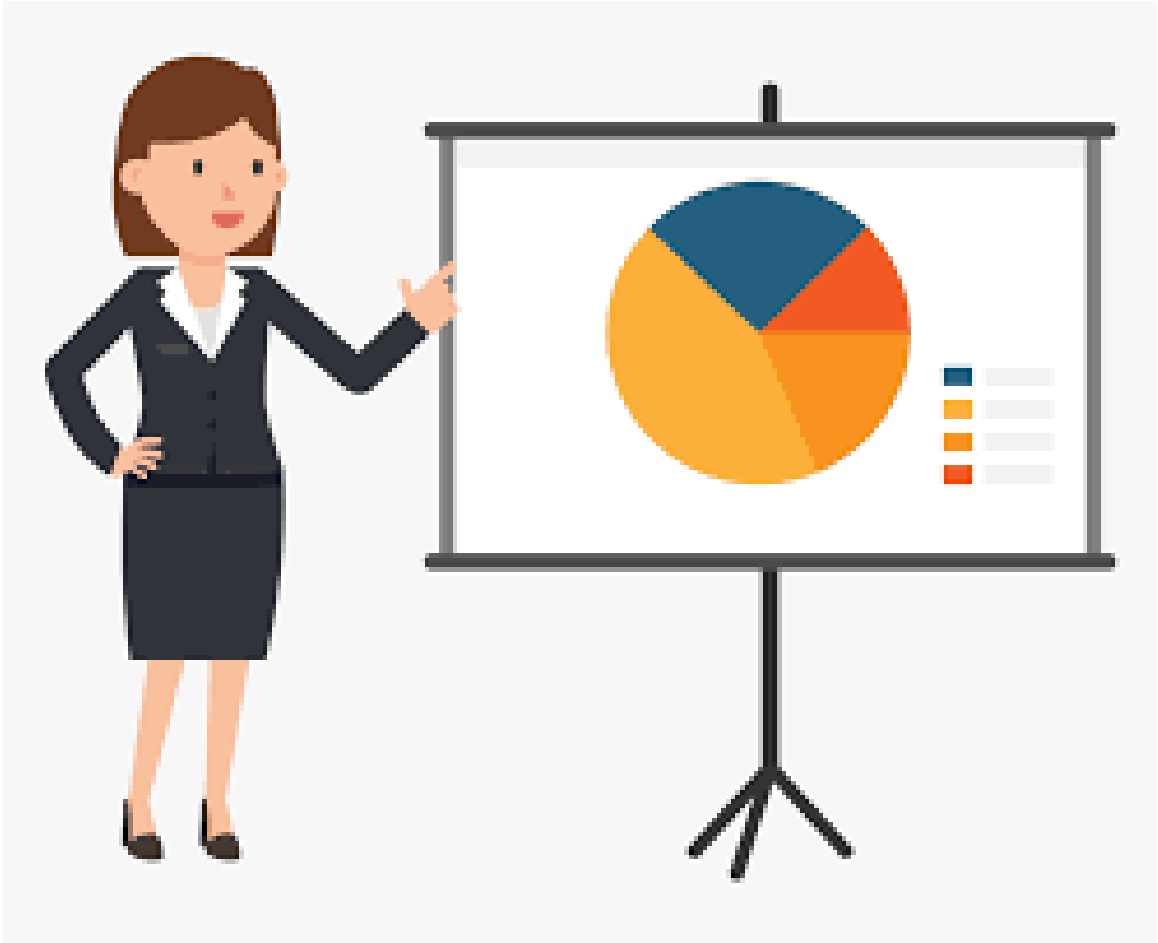
Report Your Pilot Outcomes

- What you learned
- What went well
- Area(s) of improvement
- Financial impact
- Include a case study or studies



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Report Your Pilot Outcomes

Metric	Outcomes
# patients seen	#
# patient visits	#
% of patients with HbA1c ≤ 8 or 9%	Track by patient (before and after)
% of patients with no HbA1c on file in last 12 months	Track by patient (before and after)
% of patients with no office visit in last 12 months	Track by patient (before and after)
# of patients referred to diabetes educator	#
# patients reviewed for Patient Assistance Programs	#
$ saved for patients thru Patient Assistance Programs	$'s
Change in payer HbA1c scores and $ impact	% and $'s
Changes in 30 day readmission rates	Change in number and percentage
Changes in ED visits and hospitalizations	Change in number and percentage
Patient satisfaction score - Likelihood to recommend (LTR)	Change in percentage
Physician/provider satisfaction score	Post pilot implementation survey results
Pharmacist billing	$'s
Changes in physician/provider retention	Quantifiable?

- **Include one or more case studies**

Physician Survey - 6 Months After Pilot Initiation

Actual comments - Pharmacist “Mary”

- *“As you know, we all love Mary and believe that she has been an excellent addition to our team! Mary is punctual, caring, genuine, and compassionate. I often hear Mary very patiently and calmly explaining her treatment plan and advice to her patients. Mary is a team-player. She gets along with everyone, and all staff members always speak very highly of her – as she is very easy to work with and get along with. I see many people (MAs, nurses, PAs, doctors) ask her multiple questions a day because she is reliable, and we trust her knowledge and experience.”*
- *“We have received excellent feedback from providers, staff and patients when interacting with Mary. She is always professional and acts as a Leader in the office. Mary has willingly collaborated with various team members throughout the year and often offers to help when she sees an opportunity. Mary is an advocate of pharmacy related information and ensuring that they physicians and staff have new and/or updated information.”*
- *“She is doing an outstanding job. She takes initiative. Suggests new pathways. She assumes responsibility. She has lightning fast response time to everything I have asked of her. Really outstanding. I have gotten great feedback from patients as well.”*
- *“Mary has been an awesome and invaluable addition to our provider team. She is always positive, energetic and extremely knowledgeable. She is always willing to help. What gives me the most confidence in leaning on her for knowledge and support is she knows what she knows and when in doubt Mary will seek further research/information; to solidify her advice.”*
- *“Really stellar addition to our office. She contributes to our office culture of professionalism, positivity, and is extremely well liked by patients and staff.”*

Patient Case Study: "AT"

53 y/o Spanish speaking patient referred to the pharmacist for Diabetes management by physician. Pt new to our practice as of June 2020. He had Type 2 DM for 8 years, but had never received medication to treat it or DM education. Pt with a history of poor adherence, likely due to poor understanding of medications/conditions and psychiatric history.

PMH:
- Type 2 diabetes
- Hyperlipidemia
- Schizophrenia
- Anxiety
- Hypertension (BP on 7/23/20: **153/92**)
- Obesity (BMI: **30.57**)

Labs: (6/30/20)
- A1c: **12%**
- Glucose: **303**
- SCr 0.7
- Lipid Panel: TC: **336**, TG **433**, LDL **237**, HDL 47
- TSH: 1.02

Related Medications:
- insulin glargine (initiated 7/2020)
- metformin 500 mg BID (added 7/2020)
- semaglutide (initiated 9/23/20)
- atorvastatin 40 mg daily (added 9/2020)
- lisinopril 10 mg daily (added 7/2020)
- metoprolol 50 mg twice daily (added 7/2020)
- Other medications: olanzapine (known to increase BG), lorazepam, carbamazepine)

Timeline:
- 6/20/2020: initial visit with PCP
- 7/8/2020: initial visit with pharmacist which included DM education, insulin teaching, glucometer education.
- 7/22/20: Care Coordinator joined care team (Ana Iniguez, RN)

Patient Case Study “AT” - continued

- Seen in clinic every 7-14 days to follow up with the **pharmacist** (**12** in person visits, **7** telephone encounters)
- **Care Coordinator** had **13** patient outreach encounters (over phone or in person collaborating at pharmacist visits). **Care Coordinator** **collaborated** with **pharmacist** on translating, reiterating the plan, goal setting, follow up and monitoring between visits.
- **Physician, MD** - contacts (**7** in person visits, **4** telephone encounters)
- Pt has meals brought in to the home but reported drinking multiple servings of soda and other carbohydrates daily. He was walking 2 miles daily.
- Over these six months, provided education and recommendations on monitoring blood sugar, glycemic goals, administering insulin, the purpose of other medications for his DM, HTN and lipids, appropriate timing of meds, healthy diet and carbohydrate counting. These interventions were done gradually. The patient does not have family involved with his care and relies heavily on our team for support in all of his care.
- Medications initiated/adjusted by pharmacist with MD/CC collaboration: insulin glargine, metformin, semaglutide, lisinopril, atorvastatin.
- A1c at goal on 12/16/2020 (A1c of **6.3%**). BP **130/78** on 12/17/20.

43 Total Interventions by physician, care coordinator and pharmacist in 6 months!

Lab test	6/30/20	9/25/20	12/16/20
TC	336	187	120
TG	433	162	70
HDL	47	47	48
LDL	237	108	58
Non-HDL	289	140	72
A1C	12	9.4	6.3

Most recent visit on 12/17/20

Updates from 12/17/20 visit with pharmacist and Care Coordinator

- Pt walking nearly daily
- Pt has eliminated soda, decreased carbs in diet, and is more aware of portions.
- Monitoring BG 1-2x/day
- Adherent with all of his medications, and verbalizes understanding of what each is for, and when/how to take them.
- Relevant meds/current doses as of 12/17/20:
  - ✓ DM: metformin 1000mg BID, insulin glargine 46 units daily, semaglutide 1mg weekly
  - ✓ BP meds: lisinopril 20mg daily and metoprolol XL 50 mg BID
  - ✓ Statin: atorvastatin 80mg daily.
  - ✓ Pt appeared confident in ability to take meds properly, and even asked for a copy of his labs to provide to his psychiatrist.
  - ✓ Reviewed labs with patient, and congratulated him on his progress.
  - ✓ Next follow up: 1 month

Which of the following is not as critical to set as a metric for a program?

A. Profit
B. Patient satisfaction score
C. Changes in 30 day readmission rates
D. Changes in ED visits and hospitalizations
E. Pharmacist/technician satisfaction scores

Which of the following can be used to construct a business plan?

A. Describe the problem you are trying to solve

B. State the specific goals

C. Describe the measurable outcomes

D. Explain the return on investment

E. All of the above

How Do You Communicate Your Plan?

Audience Survey Question #4

Rate your ability to verbally describe your work role and patient care impact role in 20 seconds or less.

Rating	%
A. Very Comfortable	
B. Comfortable	
C. Neutral	
D. Uncomfortable	
E. Never thought about it	

Build your Brand!

(Impression of an individual based on their experience, expertise, competencies, actions and/or achievements)

First of all - Be an Expert…

- Be up to date on your area of expertise… be good at what you do
- You have to be clinically competent
- Be consistent and dependable
- Do what you say you are going to do. Show up! Contribute!
- Humility
- Follow up, follow up, follow up!

Build your Brand!

Know what you are and what you are not and be able to talk to it.

- “Elevator speech”

- Have ready examples - Know how to tell a story

- Follow up, follow up, follow up!

Build your Brand!

Learn how to listen or how to become a better listener

- It’s honestly not about you!

- Repeat the ask of the requestor!

- Follow up, follow up, follow up!

5 Tips for having More Meaningful Conversations

- **Listen without distraction**
- **Make your small talk bigger**
- **Don’t try to be perfect**
- **Be empathetic**
- **Make people feel valued**

How to improve your ability to have meaningful conversations (fastcompany.com)

Emotional Intelligence-the other kind of smart.

- *"The customer needs to drive the conversation!"*
- *Are you as good as you think you are? How are you coming across?*
- Self-assessment
- Mentor or colleague to coach you
- Emotional Intelligence resources - Travis Bradberry, PhD
  - ✓The Power of Emotional Intelligence | Travis Bradberry | TEDxUCIrvine - YouTube

Networking in Today's Culture

- LinkedIn - Work on having a strong profile
  - ✓ Consider posting but always reflect if appropriate and positive
  - ✓ Does it support your brand?
- Twitter - You don't need to Tweet to be on Twitter
  - ✓ Follow leaders in your field. Follow your own Health System's postings. Follow companies that you are interested in.
  - ✓ Be very discerning about tweets-once it's out there it's out there. "Likes" perhaps on the safer side.
- Instagram
  - ✓ Can be a wonderful positive extension of your brand.
- Google Scholar Alerts
  - ✓ Set up alerts on those that you work with…

    You will know when their paper is published before they do!

Networking-Part 2

Organizations - ICHP Ambulatory Care Network

Conferences - Attend and maximize your networking

Health system newsletters and Grand Rounds… Be on the distribution list!

Consider mentoring or having a mentor or both. Consider the ICHP NPN Mentorship Program

Medical Liaisons can be a good contact to network with

Wrapping it up: How to build that advocacy

It’s all about relationships-be open to listening to others

Know what you do and do it well and be able to tell the story of what that is

Show up and do what you say you are going to do

Advocacy will then come naturally

If you have earned it, then you can ask for their support

I've learned that people will forget what you said, people will forget what you did,
But people will never forget how you made them feel.

Maya Angelou

Most important of all!

1. A smile goes a long way
2. Warm and collaborative - "you are on their team"
3. *"It's good to see you!"*
4. Listen and remember -
   "By the way-how did that meeting go for you?"

What are ways to brand yourself and/or network?

Discussion

Questions?