



An Integrated Clinical Pharmacy Model

*Aliados Health
Promising Practice*

PROMISING PRACTICE OVERVIEW

Sonoma County Indian Health Project (SCIHP) has a unique pharmacy model in which their pharmacy is responsible for both dispensing and for clinical pharmacy services. At SCIHP, their pharmacy is well integrated with the rest of the clinic, allowing for ease of communication between the pharmacy and other providers at the clinic. This integration has allowed for pharmacists to be a part of a patient's care team, ensuring optimal medical care that is quality driven rather than metric driven.

AIM

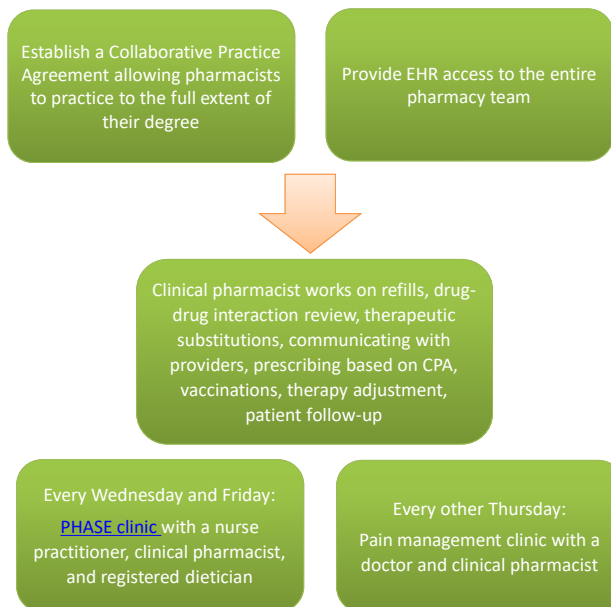
Integration of a clinical pharmacist into clinic workflow and optimizing patient care outcomes

WORKFLOW/STRUCTURE

The SCIHP pharmacy team consists of a pharmacy director, 2 FTE pharmacists, 2 part-time pharmacists, technicians, and clerks. The entire dispensing pharmacy team has access to the clinic's EHR system, NextGen. This allows for better integration of the pharmacy with the clinic, as pharmacy staff are able to view when patients had their last visit, read their visit notes, and understand why patients were prescribed a certain medication and whether or not it is appropriate.

Under SCIHP's CPA, pharmacists may initiate, modify, renew, or discontinue drug therapy for the following disease states: diabetes, hypertension, hyperlipidemia, chronic pain, MAT, nicotine dependence, emergency contraception, asthma, COPD, allergic rhinitis, lice treatment, and hepatitis C.

Lastly, pharmacy integration is supported by the inclusion of a pharmacy director at quality improvement meetings and provider meetings.



FEEDBACK & OUTCOMES

Increased pharmacist involvement in patient care has led to both increased patient and provider satisfaction. Because the clinical pharmacists are housed within the SCIHP dispensing pharmacy, they are intimately familiar with the clinic's formulary and inventory. Oftentimes, providers may prescribe a medication that is non-formulary or unavailable at the SCIHP pharmacy. When pharmacists are a part of the care process, the process of prescribing medications is more streamlined, and the patient can feel more certain about what medication they will actually be going home with. This builds a relationship of trust between patients and pharmacists.

This has also built trust between pharmacists and providers, with providers often relying on pharmacists for drug information. Because clinical pharmacy services are housed in SCIHP's in-house pharmacy, it is easy for providers to communicate with pharmacists. Overall, SCIHP's clinical pharmacy model has received plenty of positive feedback.

Drug utilization has also improved thanks to clinical pharmacy interventions. For example, due to the adverse effects related to long-term use of proton-pump inhibitors (PPIs), the SCIHP pharmacy made many interventions to decrease the use of these medications. In addition, one of the pain clinic's primary goals was to decrease patient MEDs (morphine equivalent dose) under 90. Currently, almost all pain clinic patients have MEDs below 40.

SUSTAINABILITY

One of the biggest challenges for sustaining clinical pharmacy services remains staffing and billing, as pharmacists are not billable providers under Medicare and Medicaid. Sustainability of the clinical pharmacy services at SCIHP is helped by the fact that pharmacists only see patients in clinic 2-3 times a week. Otherwise, they work in the pharmacy. The pharmacy's 340B status helps with revenue. Additionally, the SCIHP pharmacy administers shingles vaccinations and can be reimbursed for it. Lastly, because the clinic serves the Native American population, they are eligible for IHS grant funding.

LESSONS LEARNED

- Be patient with the process.
- Collaborate with the clinic team outside of pharmacy. The medical team has the infrastructure to see patients, so act as an extension of the clinic's primary care model and utilize their resources.
- Be proactive about the role of a pharmacist.
- Have a champion (i.e. a medical director) to help set up clinical pharmacy services and a working CPA
- Even if the clinic does not have its own in-house pharmacy, pharmacists should still communicate with the pharmacy and have a good understanding of their formulary.