#### THE PROBLEM

# The U.S. spends as much money correcting the problems caused by medications as we do on the drugs themselves.



## Pharmacists in ambulatory care.





#### **Identify your starting point.**

- Determine which patient populations stand to benefit the most from pharmacist interventions.
- · Look for clinics with strong physician support for clinical pharmacists.
- Prioritize opportunities that align with measurable institutional goals (e.g., reductions in readmissions, improvements in clinical indicators, refill rates).



- building, leadership, and change management skills.
- · Consider adding a pharmacy technician to manage data collection and other administrative tasks.



#### Listen to your providers.

- To build strong relationships with physicians, involve them in program design from the start and solicit their input throughout planning and implementation.
- Make sure that there are ongoing opportunities for inperson communication with the care team, such as daily care team huddles or weekly interdisciplinary meetings.
- · Report back on program successes.



#### Define patient eligibility.

- Develop patient eligibility criteria that cut across disease groups, such as patients taking high-risk drugs or patients with frequent ED visits or admissions.
- · Encourage the care team to refer patients.
- · Develop a screening tool to identify high-risk patients.
- · Mine the patient registry to identify patients who meet the criteria.



#### Determine how to document value.

- Before launching the program, identify metrics that are both feasible to collect and meaningful to key stakeholders.
- · Work with IT to automate as much as possible.
- Develop documentation templates that capture the required data elements in a structured format.
- · Budget staff time for documentation and reporting.



### **Empower your patients.**

- · Teach patients about the pharmacist's role, training, expertise, and how he or she coordinates with the other members of the care team.
- Encourage patients to ask questions and set goals for their care. Engaged patients are more likely to report high levels of satisfaction with their care.



#### **Ensure active** coordination.

- · Create comprehensive CPAs (collaborative practice agreements) that spell out the what, when, and how of pharmacist interventions.
- · Create standardized documentation templates to speed documentation, facilitate care team communication, and streamline reporting.
- · Schedule concurrent visits with the physician and pharmacist whenever possible.



#### Make it financially sustainable.

- · Start by asking physician practices to help fund pharmacists' salaries, and ask schools of pharmacy to lend faculty in exchange for educational opportunities for their students.
- · Make the case for continued funding by reporting clinical quality metrics, patient outcomes, and prescription spending. Use the same performance metrics to negotiate with payers for reimbursement.



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