

Integration of a Clinical Pharmacy Team into the Patient Centered Medical Home to Improve Transitions of Care for Missouri Medicaid Patients



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Background

At CoxHealth Family Medical Care Center (FMCC), pharmacist participation during clinic is currently focused on general education, counseling and telephone consults when requested. FMCC has a heavy Missouri Medicaid population. This study will focus specifically on the use of pharmacists to assist Missouri Medicaid patients transitioning from inpatient to ambulatory care, which is a novel service at CoxHealth. The aim of this study is to improve transitions of care and adherence rates by implementing targeted education services.

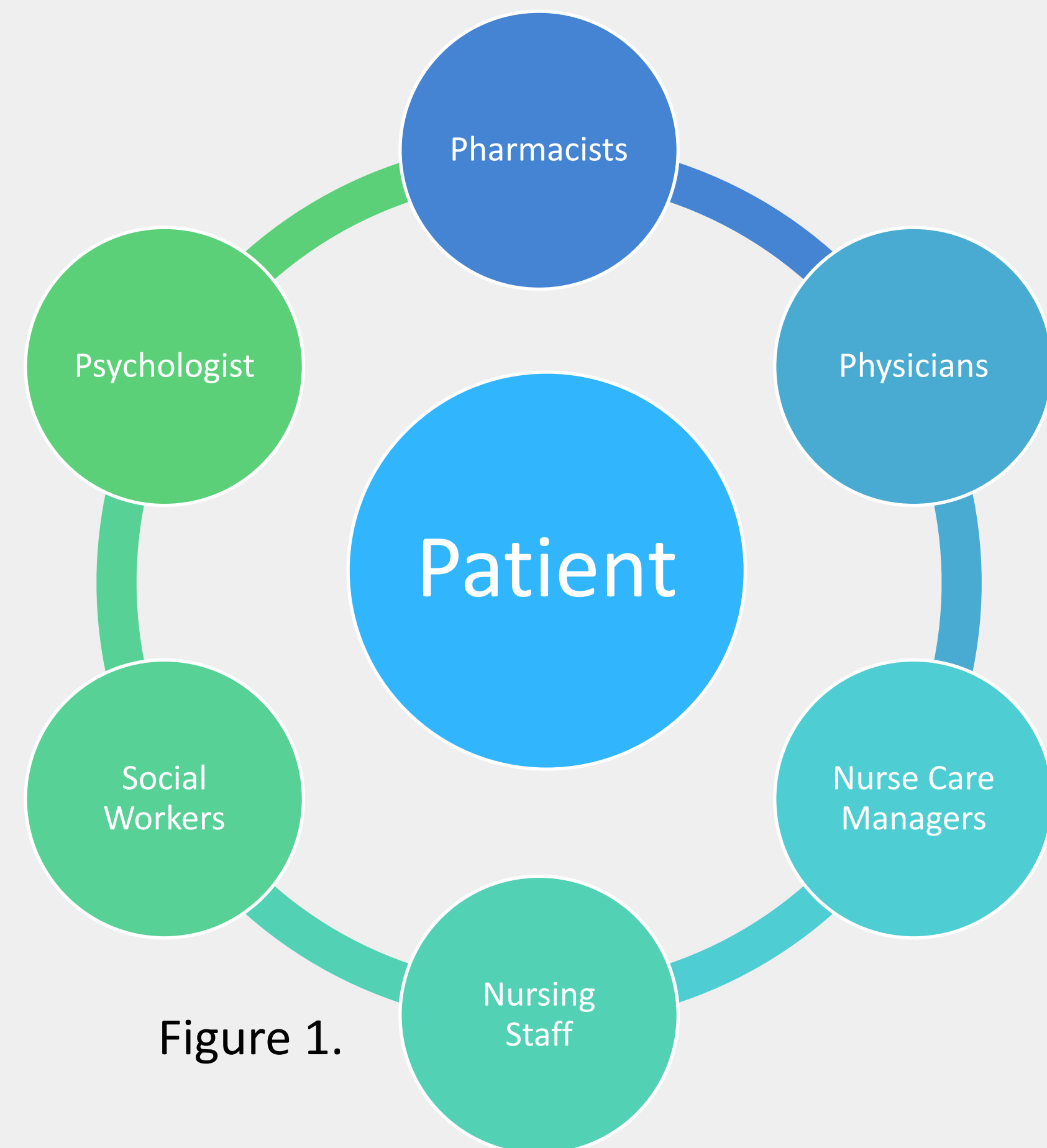


Figure 1.

Key Terms and Definitions

MOHealthnet®

- Missouri Medicaid provider that purchases and monitors health care services for low income and vulnerable citizens of the State of Missouri

CyberAccess®

- Electronic Health Record program for MO HealthNet
- Ability to view medications, diagnosis data, request drug and medical prior authorizations, receive alerts

Direct Care Pro™ (DCPro)

- Program focused on chronic illnesses
- Billing platform that allows pharmacists to review and complete face-to-face interventions and bill for reimbursement

Figure 2.

Primary Objective

- Improve compliance rates based on the medication possession ratio (MPR) through pharmacist-provided education for CoxHealth FMCC Medicaid patients with greater than one chronic disease state and using more than five medications.

Secondary Objectives

- Reduce 30 day hospital readmission rates
- Reduce the number of emergency department visits
- Identify the number of home medication discrepancies found upon admit
- Determine the number of medication discrepancies resolved by inpatient pharmacist during stay
- Report the number of Direct Care Pro® interventions identified
- Track the number of contacts per patient to determine if they directly correlate with improved compliance
- Address the revenue generated by completion of CyberAccess® interventions

Figure 3.

Methods

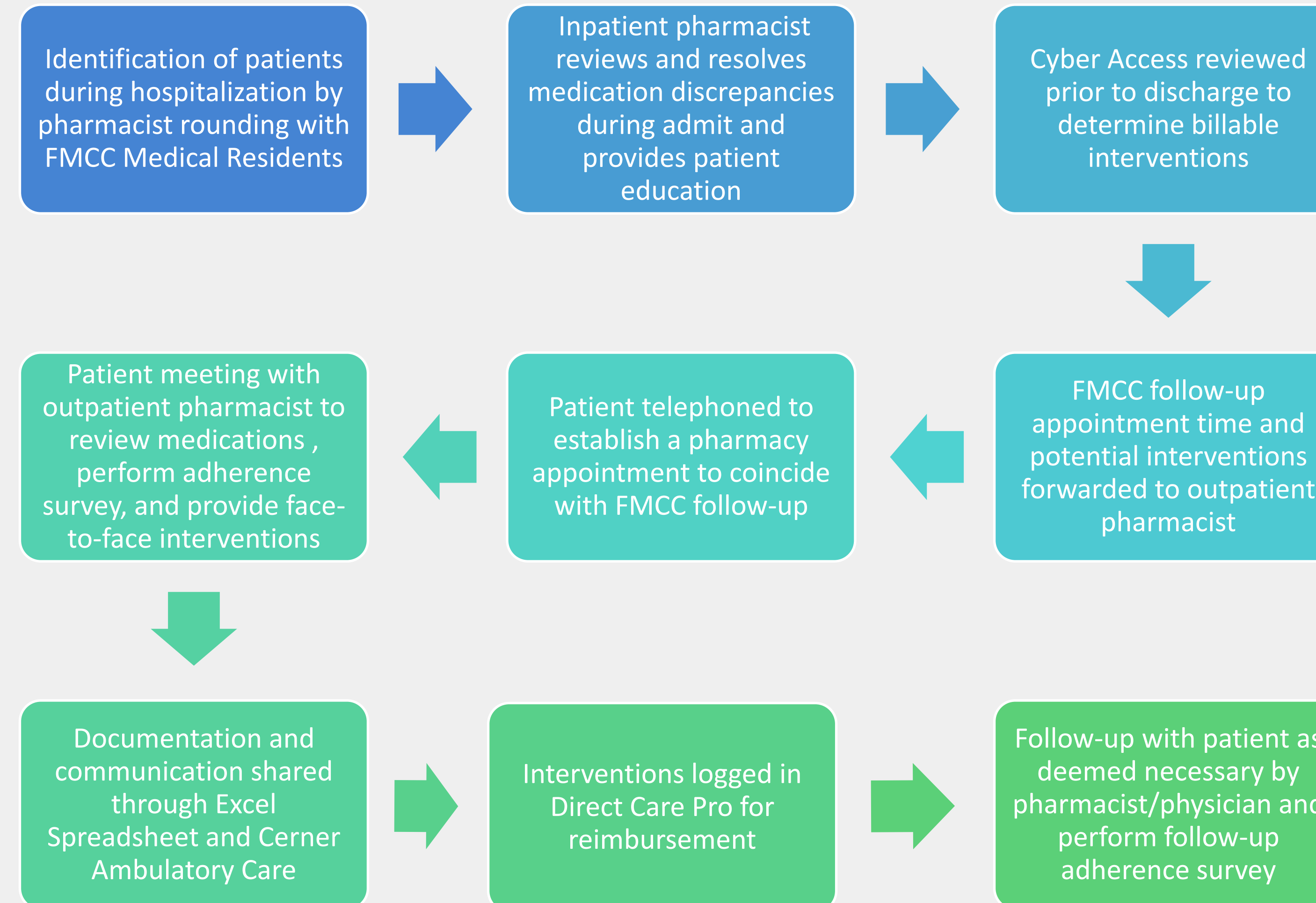


Figure 4.

Inclusion Criteria

- Primary Care doctor is with FMCC
- Inpatient admission
- Medicaid as primary payer source
- Polypharmacy (>1 chronic disease state, >5 medications)

Exclusion Criteria

- Less than 18 years old
- Pregnant
- Require a legally authorized representative for consent
- English is not primary language
- Managed by a specialist
- Reside in a nursing home or long term care/skilled facility

Figure 5.

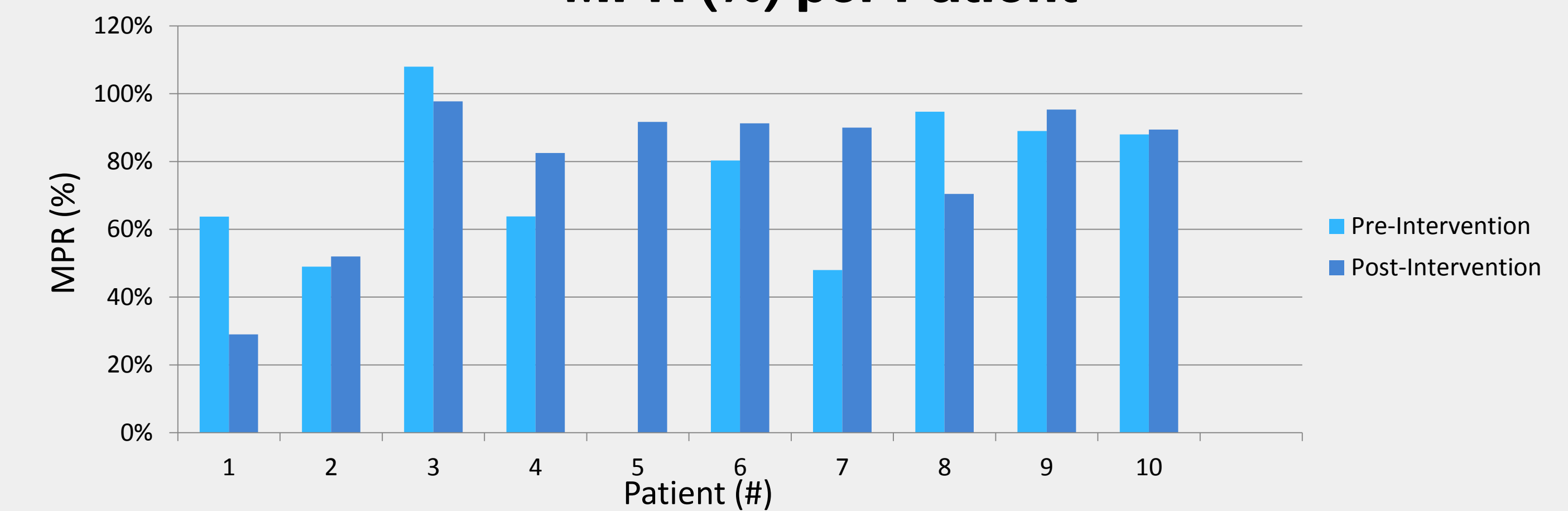
- This was a minimal risk, single-center, cohort study that sought to examine patients after the implementation of pharmacy services and compare the outcomes to pre- and post-pharmacy service implementation.
- CyberAccess® and Cerner were used to identify patients who met the inclusion criteria.
- Western Institutional Review Board (WIRB) approval granted 11/16/15.
- Missouri Medicaid provider approval granted 11/12/15.
- Goal was to review approximately 50 patients.

Description of Figures

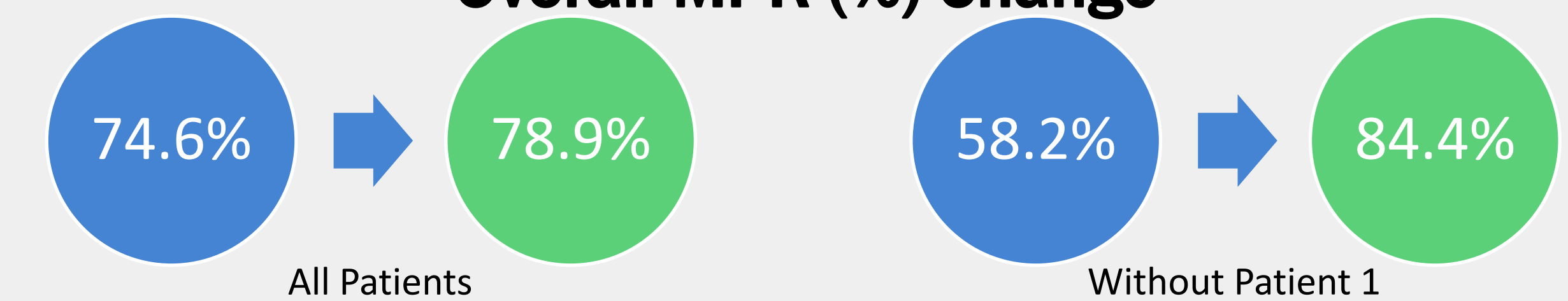
- The interdisciplinary team members at FMCC
- Programs and resources utilized for this study
- Primary and secondary study objectives
- Pharmacist workflow process
- Inclusion and Exclusion criteria

Results (n=17)

MPR (%) per Patient



Overall MPR (%) Change



Secondary Outcomes

Pre-Intervention	Post-Intervention
30-day Hospital Readmissions	
1 patient	4 patients
# Emergency Room Visits	
3	6
# Medication Discrepancies Resolved	
15	19
Revenue	
\$0	\$200

Discussion

- Data still in progress
- Only 60 patients reviewed
 - Late IRB and Missouri Medicaid provider approval
 - Several repeat admissions
- Small sample size met criteria
 - A larger sample size is needed in the future to confirm this data
- Exclusions included:
 - Medication management assistance
 - Psychiatric admissions
- Limited time for patients to spend in clinic led to decreased face-to-face time with the pharmacist and decreased revenue available
- An impact was seen with pharmacist intervention despite low patient enrollment

Disclosure

The following authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation: April Risner, Cassie Heffern, Alyssa Laurich, Stephanie Paul, Karen Foote, Shelby Hahn, and Keith Coates.

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