

Development and Implementation of Next Generation Clinical Pharmacy Services (NGPS) at Kaiser Permanente Colorado

Jessica L. Milchak, PharmD, BCPS, Beverly A. Kroner, PharmD, BCPS, Bharati Bhardwaja, PharmD, BCPS, Catherine S. Riggs, PharmD, BCACP, Theda Ann Nadrash, PharmD, BCPS, Erin M. Herrera, PharmD, BCPS, Kathleen P. Garrison, PharmD, BCPS

Service/Background

- ❖ Primary Care Clinical Pharmacy Services (PCCPS) at Kaiser Permanente Colorado (KPCO) is a decentralized service of 37 clinical pharmacy specialists within 26 medical offices around Denver/Boulder and the Front Range.
- ❖ KPCO is a group model, integrated health care delivery system where PCCPS work collaboratively alongside physicians and healthcare professionals to provide education and support optimal medication use.
- ❖ Direct patient care activities, predominantly via telephone, include chronic disease state management and quality, safety, and affordability medication initiatives.

Justification/Documentation

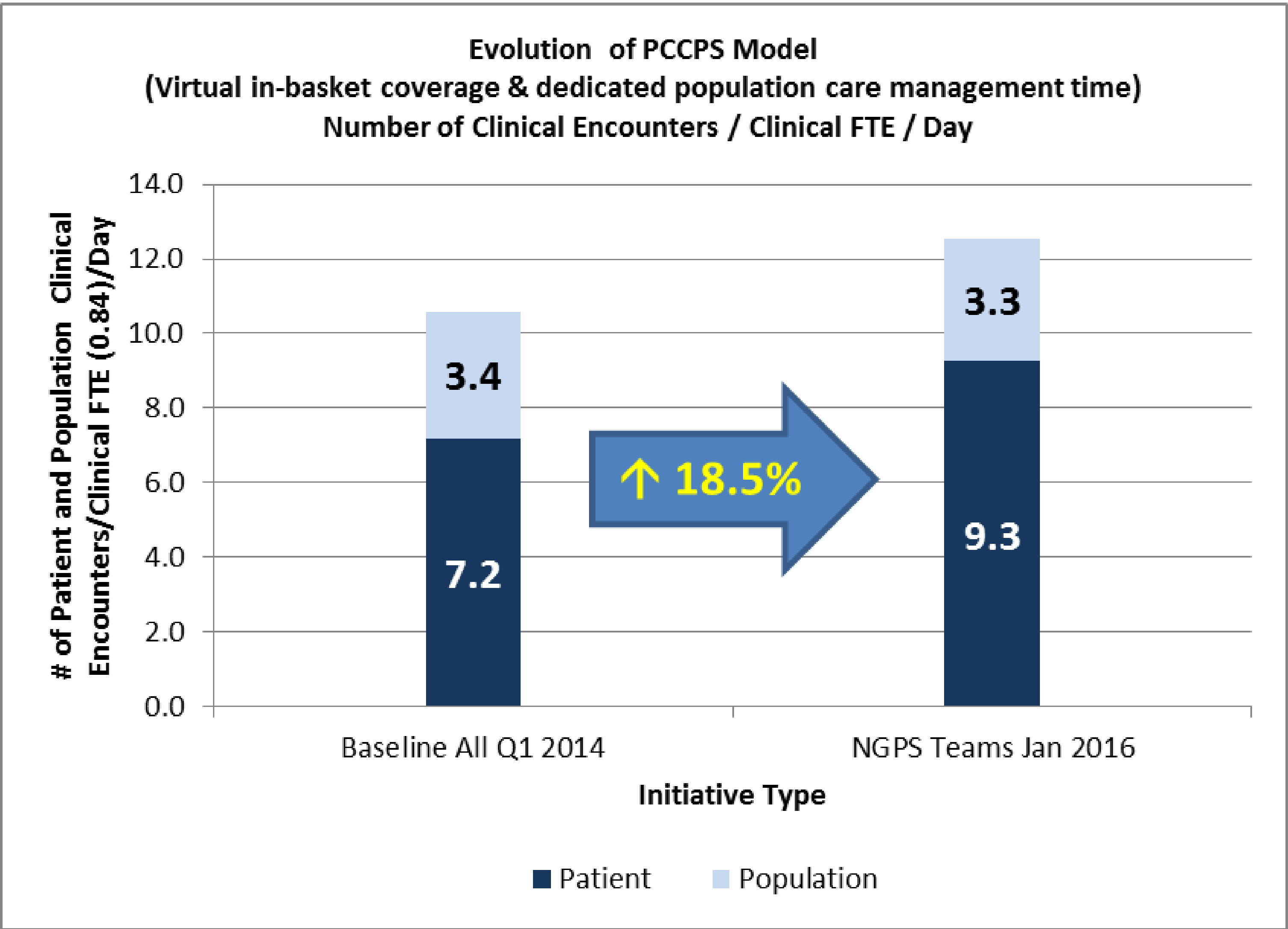
- ❖ With ongoing membership growth, increased demand for PCCPS services, and no new resources, it became apparent the PCCPS model needed modification to support members and healthcare teams.
- ❖ Additionally, there was interest in PCCPS incorporating more longitudinal chronic disease state management alongside usual responsibilities.
- ❖ The new model includes four groups of approximately 10 PCCPS to provide electronic medical record (EMR) consult cross coverage and coverage for PCCPS during longitudinal patient care.
- ❖ Focused time for longitudinal care is felt to be more efficient. Team members appreciate balance between individual and population patient care.
- ❖ The new model better distributes workload without moving PCCPS to distant clinics or splitting time between clinics.

Lean Six Sigma Process Improvement (PI) Plan

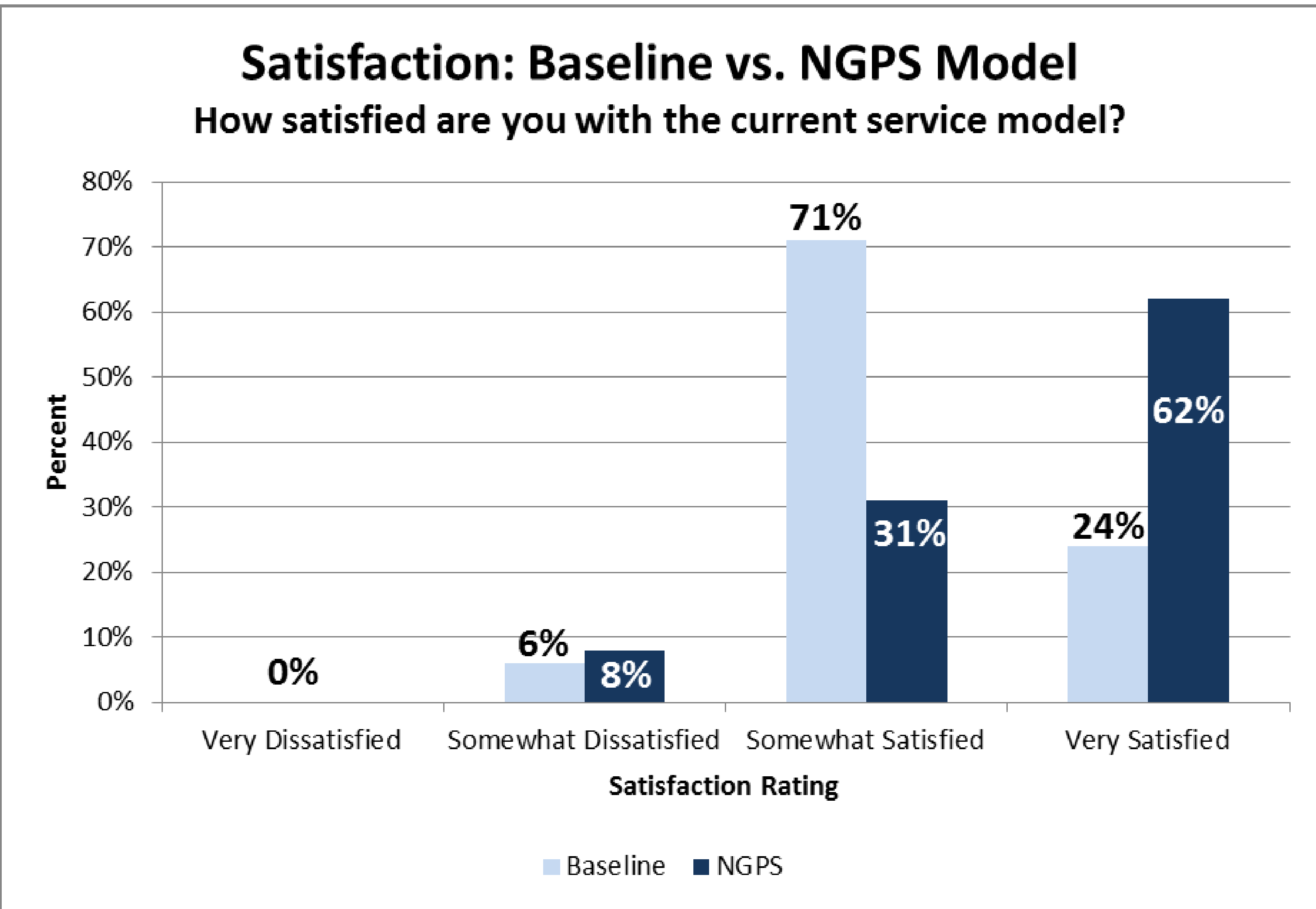
PI Phase	Time Period	PI Tool	Outcome
DEFINE <i>Identify the project</i>	Jan – Apr 2014	• Project Charter	• Project scope • Project goal
MEASURE <i>Understand and evaluate the current state</i>	Apr – July 2014	• Process Map	• Baseline satisfaction
ANALYZE <i>Collect metrics on the current state</i>	May – Sept 2014	• Excel	• Recommendations for expansion
IMPROVE <i>Identify future state by eliminating waste and variation</i>	Oct – Dec 2014	• Implementation Plan	• Roll out across 3 additional teams • PDSA cycles every 2 weeks
CONTROL <i>Measure and sustain project results</i>	Jan 2015	• Control Plan	• Final project report • Sponsor sign-off

Results

Increase in Team Productivity



Increase in Team Satisfaction



Transferability

- ❖ The NGPS model is applicable to settings where multiple clinical pharmacists are providing patient care via EMR.
- ❖ Team-based EMR support allows for built-in coverage for administrative time and vacations, less EMR consult fatigue, and focused time to complete regional medication quality and affordability initiatives.
- ❖ This model helps demonstrate a successful approach to working “smarter not harder” which can be transferred to other institutions that face similar challenges.

Impact

- ❖ Multiple PDSA cycles (Plan, Do, Study, Act), resulted in four NGPS teams.
- ❖ Optimization of patient care occurred through more efficient management of consults and designated time for longitudinal population management and initiatives.
- ❖ Team was proud to have developed an innovative model that was successful in addressing the needs of the organization.
- ❖ Team productivity increased by 18.5%.
- ❖ A high level of job satisfaction was sustained with implementation of the NGPS model.
- ❖ There was a shift of individuals who were somewhat satisfied with job satisfaction to very satisfied after implementation of the NGPS model.
- ❖ There is less EMR consult fatigue, improved ability to cover time off and increased camaraderie among team members.
- ❖ Provided an opportunity for individuals to take on peer-to-peer leadership roles within the team as champions of change.
- ❖ Comment from pharmacy department leadership:
 - As I meet with team members one on one, I get an appreciation for how NGPS has relieved much of the stress that comes from multiple priorities with quick turn around times and new demands for diabetes population patient care. At the same time, the NGPS model allows team members to connect with each other and support each other. I like when I hear folks say “all patients are our patients, regardless of whether they get care at my clinic or not and we should all be responsible for them.”
- ❖ Comments from team members include:
 - “I really appreciate our team’s ability to support each other.”
 - “NGPS is one of my favorite things about my job.”
 - “My NGPS group is great. We work well as a team and cover each other through thick and thin.”

Limitations

- ❖ Potential for survey bias.
- ❖ Confounders of job satisfaction outside of NGPS model implementation.
- ❖ Limited transferability in areas that don’t utilize an EMR or have an integrated healthcare model.

Disclosures

- ❖ The project authors have no conflicts of interest to disclose.



KAISER PERMANENTE®