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2011-2012 NJPhA President

Teams Forming in New Jersey

Expanding the Pharmacist's Role in Direct Patient Care

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Zufall Health Center in northwestern New Jersey has the “prescription” for improving the health of its patients. The Dover-based facility recognized that the medication lists in its paper charting system were often inaccurate and incomplete, and many of their patients were at high risk for adverse drug events. For example, JB was a 64-year-old Hispanic male with multiple medical problems including diabetes. He did not take his medications properly or follow a nutrition plan, and was afraid of insulin shots. With a hemoglobin A1C of 10.6%, JB needed individualized support and education.

Dr. Rina Ramirez, Zufall's Chief Medical Officer, knew something had to be done to improve the facility's medication reconciliation process and meet the complex needs of patients like JB. “I saw clinical pharmacy services as a way to fill our basic need: building more accurate medication lists, improving patient education and patient self-management,” said Ramirez.

However, Zufall did not have a pharmacist on site. Thinking outside the box, Dr. Ramirez obtained a small grant to cover the cost of a part-time clinical pharmacist. Three years later, the facility has secured additional grants to expand the pharmacist's hours and increase the numbers of patients served. Ramirez says the program has “blossomed into helping patients improve their health outcomes.”

In JB's case, the pharmacist helped him overcome his misconceptions about the safety of diabetic medication, something JB feared after a relative passed away from complications of the disease. The pharmacist also encouraged him to use his chef's training and love of cooking to prepare healthier foods. He is now adherent with his medications, eats well, and has lowered his hemoglobin A1C to 7.2%.

The cornerstone of Zufall's success is its participation in the Patient Safety and Clinical Pharmacy Services Collaborative (PSPC), an initiative to integrate evidence-based clinical pharmacy services into the management of high-risk, medically complex patients to improve patient safety. The PSPC model works by identifying and improving outcomes in a small group of out-of-control patients (the “Population of Focus”) and then spreading interventions to a larger group until change is effected systemwide. Its success calls for core healthcare providers and community stakeholders to form multi-disciplinary teams. Zufall's

team, for example, is comprised of health center staff, a nearby hospital, a community pharmacist, and the NJ Primary Care Association. Other PSPC teams involve a medical school or the state's college of pharmacy.

The PSPC was created by pharmacy administrators at Health Resources and Services Administration (HRSA), a federal agency that works to improve the availability of healthcare for the uninsured and underserved. The PSPC also includes medication access through the 340B drug pricing program as a way to augment its efforts with clinical pharmacy services. Currently in its fourth year, the PSPC has about 130 teams nationwide.

Recently, HRSA joined forces with the Centers for Medicare & Medicaid Services and state-based Quality Improvement Organizations (QIOs) with the goal of expanding services to 3000 communities by 2015. The organizations will work with the Medicare population to prevent and eliminate the risk of adverse drug events in the lives of 265,000 Americans a year.

QIOs provide free expertise in healthcare data analysis, Electronic Health Record management and quality improvement techniques -- a natural fit for the PSPC work. New Jersey's QIO, Healthcare Quality Strategies, Inc., (HQSI), is helping to build new teams and recently joined the Zufall team. HQSI is working with Zufall to identify Medicare patients with poorly controlled diabetes, by helping automate data collection, quantifying improved health outcomes (e.g., secondary benefits such as reduced use of emergent care and hospitalizations) and demonstrating workflow efficiencies.

“Tapping into grants to kick-start clinical pharmacy efforts is resourceful,” says Linda De Marzo, HQSI's Clinical Program Manager. “But grants eventually run out. It is vital to build a pharmacy service model that can be duplicated and is sustainable over time.” HQSI will work with the teams and pharmacy leaders statewide to build a compelling business case for including clinical pharmacy services as a regular part of patient care.

In addition to benefiting from customized assistance, teams become part of a statewide Learning and Action Network that offers opportunities for peer learning and sharing of best practices to achieve goals. Teams have access to a wealth of resources, the hallmark of which is the PSPC Change Package, a comprehensive guidebook for team for-

mation, implementation, creating sustainability and more. Team sharing is also facilitated through the www.healthcarecommunities.org web portal.

PSPC work reaches far beyond effective medication therapy management. Past PSPC teams have used their enhanced processes and outcomes to achieve Patient Centered Medical Home recognition, obtain higher rates of reimbursement from insurers, and maintain pharmacists as regular staff positions. Now is the ideal time to get involved because PSPC goals align with other national efforts such as the Partnership for Patients®, formation of Accountable Care organizations, and a collaborative trend between pharmacists and physicians.

QIO-supported teams will be focusing on diabetes, anticoagulation and inappropriate antipsychotic use. HQSI is looking for providers from varied practice settings who have a shared vision for improving patient safety to form additional teams, and help propel clinical pharmacy services forward in New Jersey.

For more information, visit www.hrsa.gov/patientsafety, www.hqsi.org, or call HQSI's drug safety team at 732-238-5570, ext. 2019.

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-Winston Churchill

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