Impact of a Primary Care Pharmacist Utilizing a Team-Based Model of Care

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To characterize the impact of a primary care pharmacist working in a team-based care model, by determining:

- The acceptance rate for all recommendations
- The total number of each recommendation type
- The number of referrals to the primary care pharmacist, if the patient was an appropriate candidate for comprehensive medication management

METHODS

This study was a retrospective chart review from September 1, 2018 to September 1, 2019.

All encounters documented by the pharmacist were reviewed to determine the identified medication management problem(s) and resultant pharmacist recommendations. Encounters were classified as proactive (team-based care conferences) or reactive (provider/patient initiated questions or pharmacist driven recommendations).

Medication Management Problem

- Non-Adherence
- Dose Too High
- Dose Too Low
- Medication Overlap
- Additional Medication Therapy Needed
- Unnecessary Medication Therapy
- Different Medication Therapy Required
- Needed Medication Review
- Health Maintenance Care Gap

Medication Management Problem

- Patient Education
- Addressing Adherence
- Medication Overlap
- Medication Adjustment
- Health Maintenance Therapy
- Medication Management Recommendation

RESULTS

The results for each of the study objectives are shown in Figure 8.

- From September 1, 2018 to September 1, 2019 the pharmacist had a total of 253 encounters, averaging 1.5 recommendations per encounter.
- The pharmacist identified 333 medication management problems with 367 recommendations made.
- The results for each of the study objectives are shown in Figure 8.

The most commonly identified medication management problem was that medication therapy reviews were needed (n=94) followed by additional medication therapy needed (n=73). The breakdown of the medication management problems identified is shown in Figure 5. The recommendations with the highest acceptance rates were patient education (99%) and medication obtainment (88%), as shown in Figure 6.

DISCUSSION & CONCLUSIONS

- The percentage of interventions that were accepted was slightly lower from other published studies. This may be secondary to the following differences:
  - This study did not include the pharmacist’s interventions for patients who were seen for comprehensive medication management through a collaborative practice agreement.
  - Approximately a third of the encounters were proactive through the weekly team-based care conferences. A large portion of recommendations made were for health maintenance care gaps, which the patient often refused.
  - This study demonstrated that the pharmacist was often identifying multiple medication management problems in each encounter, which often required multiple recommendations to resolve the identified problem. This finding aligns with previously published studies.
  - This study showed that the positive impact of a primary care pharmacist working in team-based care, goes beyond comprehensive medication management through a collaborative practice agreement.

REFERENCES