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

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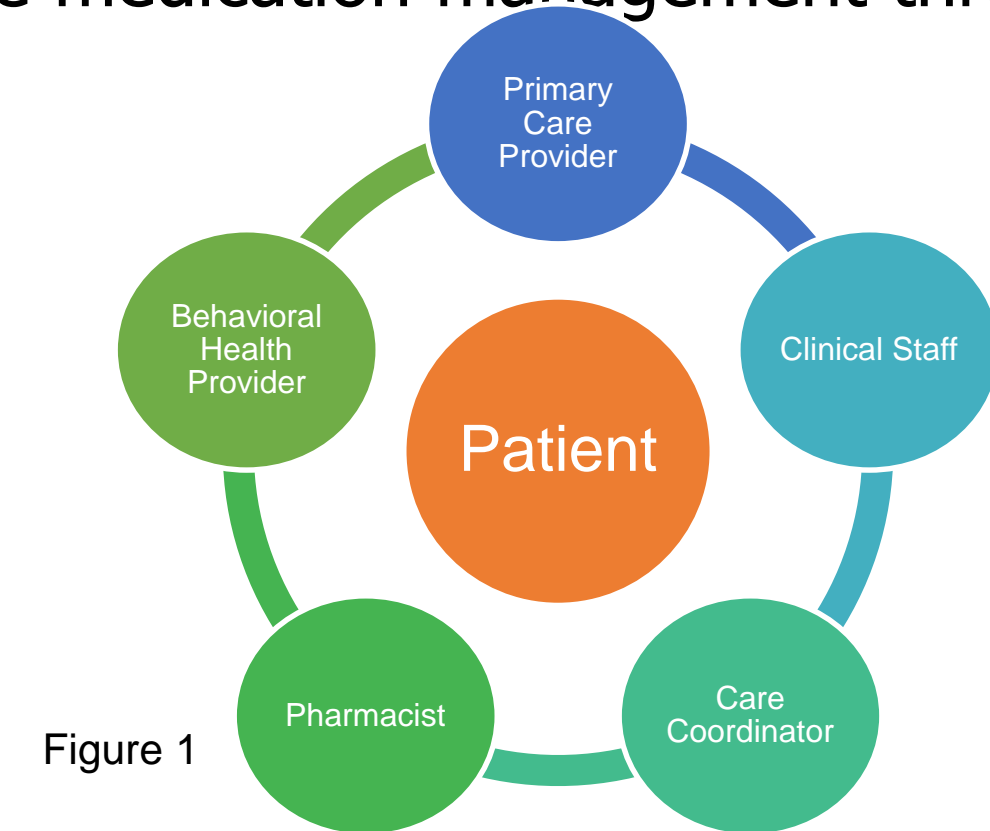
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## BACKGROUND

- The National Academy of Medicine defines team-based care as the provision of health services to individuals by health providers who work collaboratively with patients to accomplish shared goals and achieve coordinated, high-quality care.
- Interprofessional team-based care has the potential to improve the coordination, comprehensiveness, efficiency, effectiveness, value of care and patient satisfaction. Figure 1 outlines the components of a team-based care model.
- The duties of a primary care pharmacist in team-based care may include: comprehensive medication management, answering drug information questions, and assisting patients with medication coverage.
- Previous studies looking at the impact of a primary care pharmacist working in team-based care have shown a general recommendation acceptance rate between patients and providers of 80% to 90%.
- While there is data to support the role of a primary care pharmacist in team-based care, few studies have analyzed the impact of a primary care pharmacist beyond comprehensive medication management through a collaborative practice agreement.



## OBJECTIVES

- 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 provided recommendation(s), as shown in Figure 2.
- Encounters were classified as proactive (team-based care conferences) or reactive (provider/patient initiated questions or pharmacist driven recommendations).

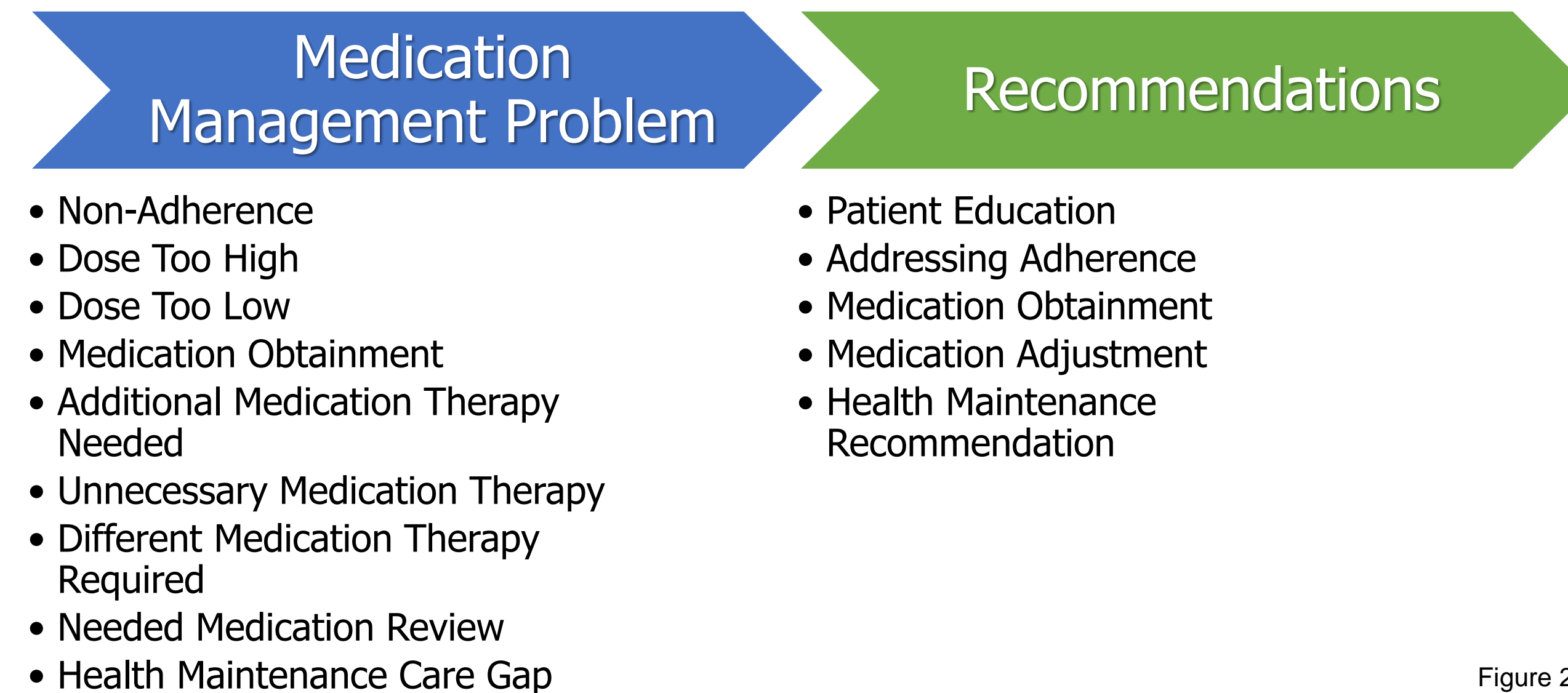


Figure 2

## RESULTS

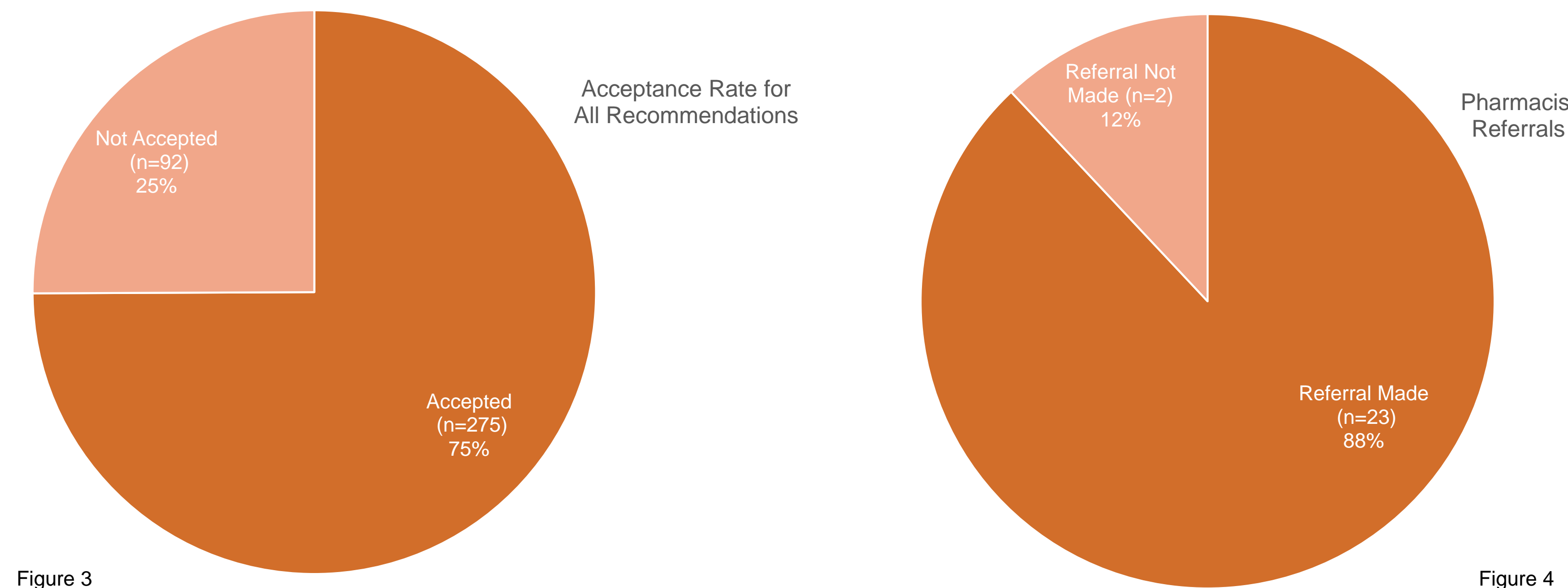


Figure 3

Figure 4

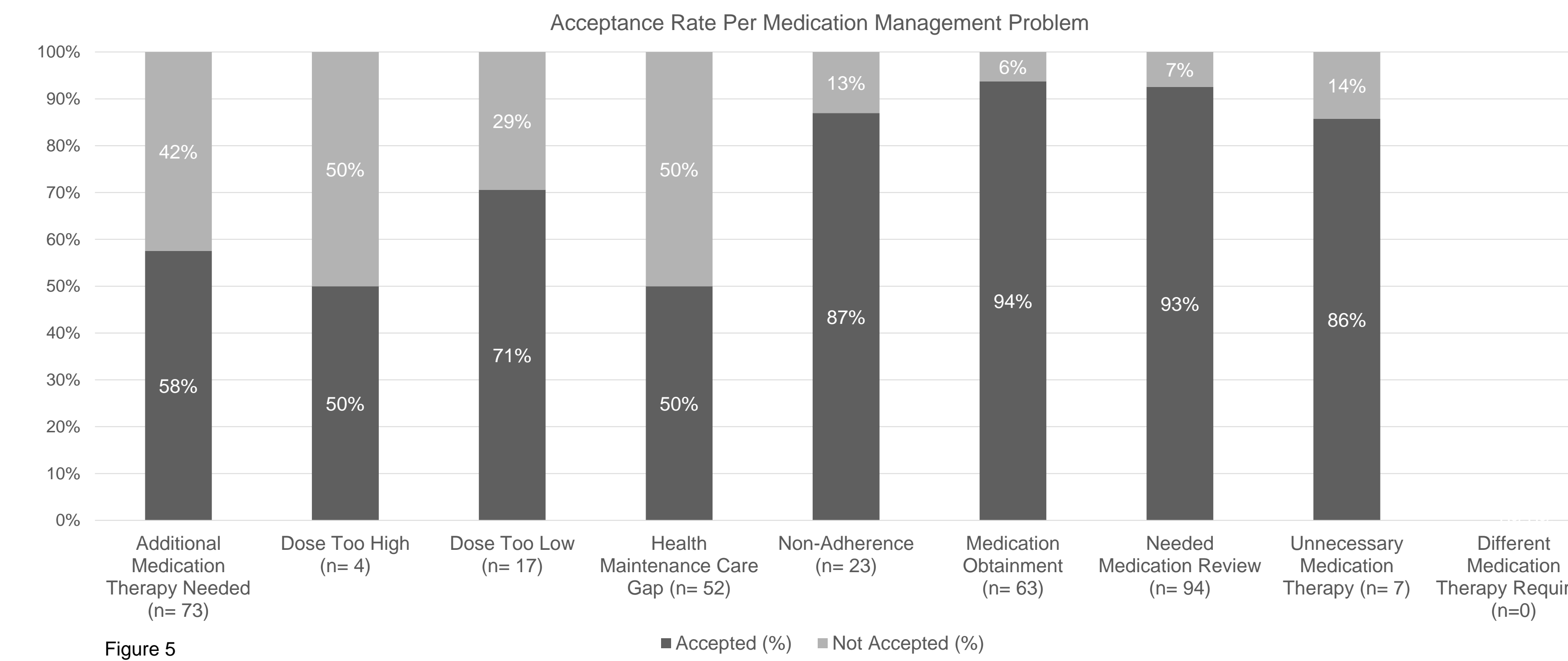


Figure 5

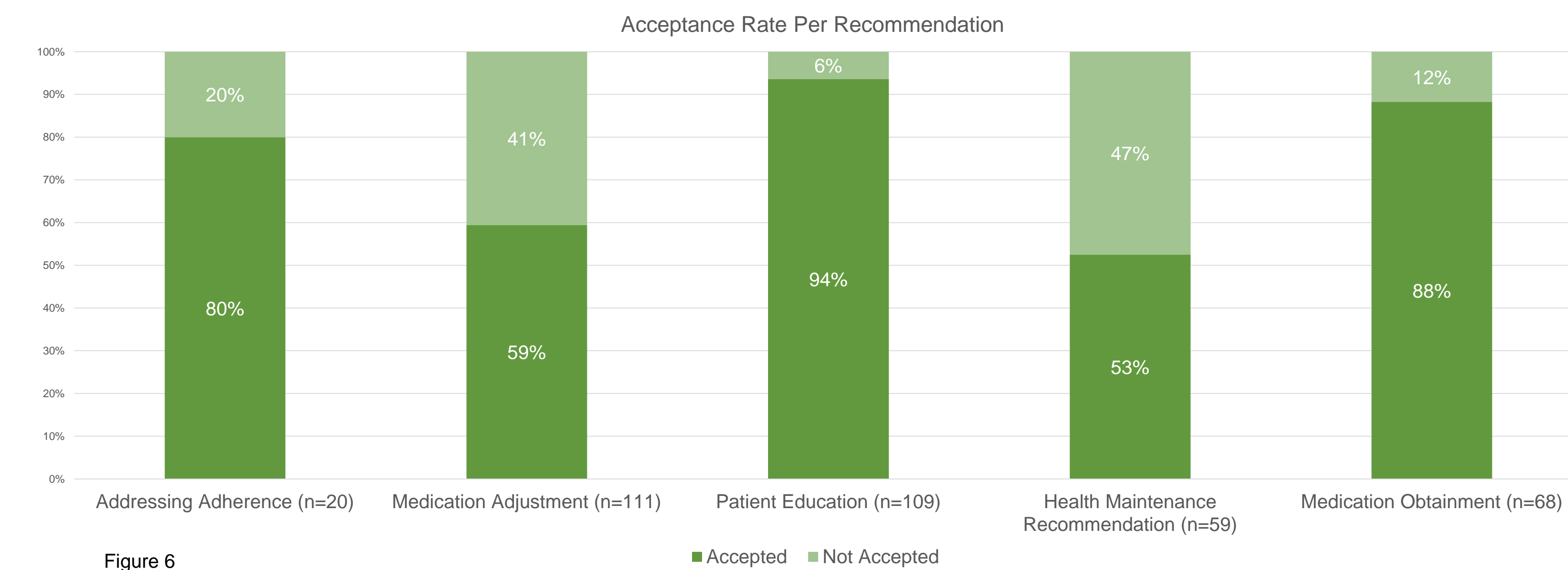


Figure 6

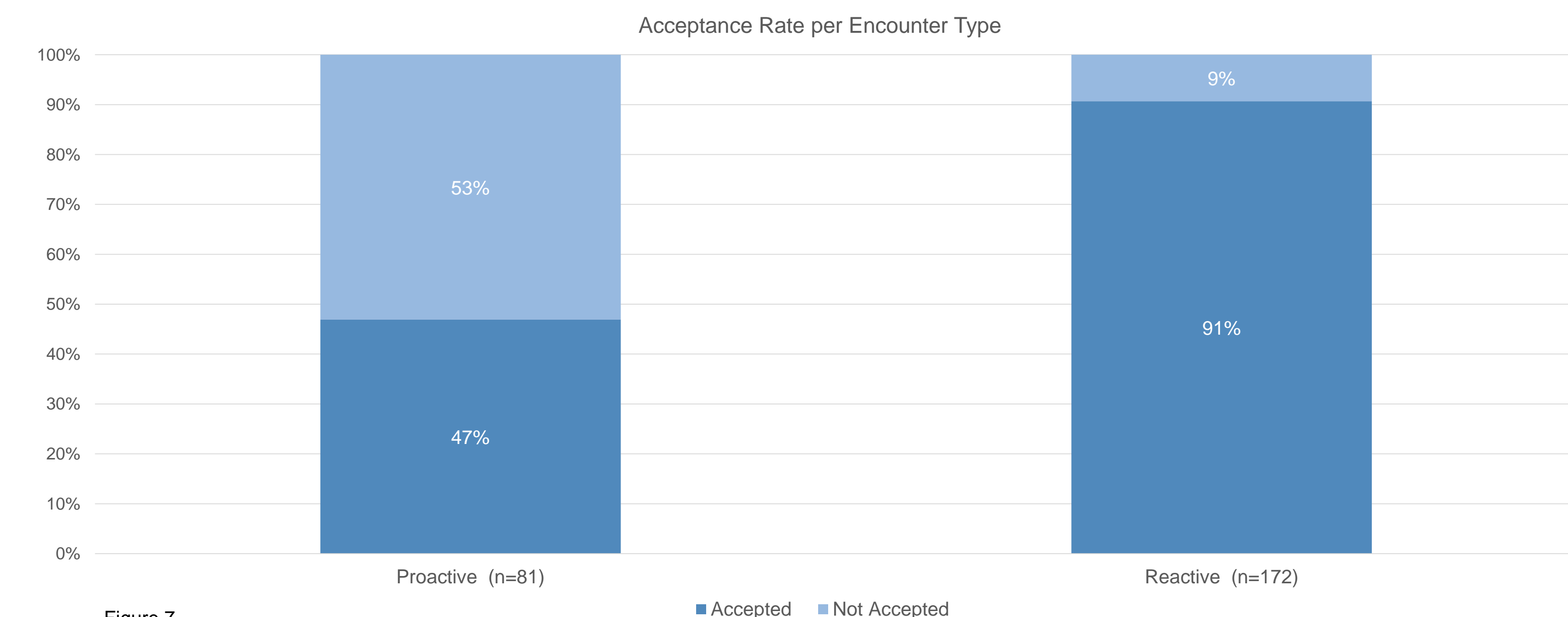


Figure 7

## RESULTS

- 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.

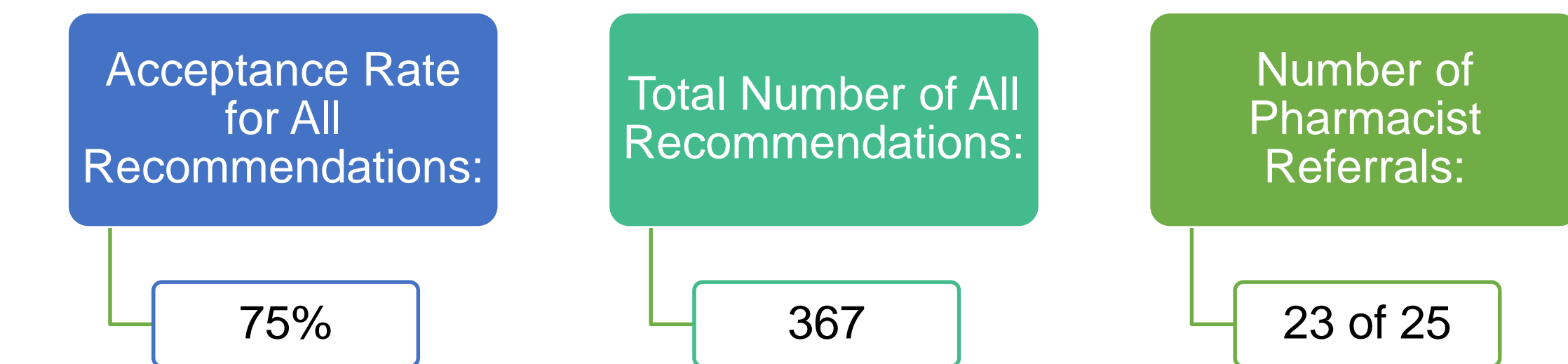


Figure 8

- 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 (94%) and medication obtainment (88%), as shown in Figure 6.
- Figure 7 shows that the majority of the recommendations for reactive encounters were accepted (91%) compared to the proactive encounters (47%).
- There were a total of 25 potential patients that could be referred to the primary care pharmacist for comprehensive medication management, and 88% of those patients were referred to the pharmacist, as shown in Figures 4 and 8.

## 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.

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**Disclosure**  
The authors of this presentation have the following 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:  
Verma P: Nothing to disclose | Steele R: Nothing to disclose | Parrott A: Nothing to disclose |