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RESULTS

Nurse interventions recommended versus completed care gaps during AWVs.

Patients were matched in a 1:1 ratio based on demographics, medication comorbidities, shown in Figure 2.

This study demonstrated that the pharmacist was often identifying multiple recommendations to resolve the identified problem.

It can be challenging for primary care providers to develop a comprehensive personalized plan when also needing to address acute patient care concerns.

To characterize the impact of a primary care pharmacist completing Medicare Annual Wellness Visits by determining:

• Primary: The rate of overall care gap closure by pharmacist-led versus nurse-led visits.

• Secondary: The percentage of recommended care gap opportunities during pharmacist-led versus nurse-led visits and the number of pharmacist made medication interventions during AWVs.

METHODS

• This study was approved by the Parkview Institutional Review Board that utilized retrospective chart review to evaluate care gaps closed during Medicare AWVs completed by either a pharmacist or nurse from August 31, 2021 to August 31, 2022.

• Patients were matched in a 1:1 ratio based on demographics, medication burden, and comorbidities, shown in Figure 2.

• Interventions recommended versus completed were analyzed and compared between the two patient groups, shown in Figure 2.

Figure 1: Matching Criteria

Figure 2: Comparison of Care Gaps Closed by Provider Type

Figure 3: Vaccine Recommendations

Figure 4: Screening Recommendations

Figure 5: Medication Interventions By Pharmacists (n=231)

• From August 31, 2021 to August 31, 2022 the pharmacist saw 52 patients with 409 care gaps open, while the nurse’s patients had 405 care gaps open.

• There were 104 patients included in the study (n=52 patients in each group) and 12 patients were lost due to matching.

• Figure 2 shows 8.80% of care gaps were closed in the pharmacist group compared to 1.73% in the nurse group. These results were statistically significant (P<0.001).

• Of the open care gaps, the percentage addressed with recommendations is shown in Figure 6.

DISCUSSION & CONCLUSIONS

• The overall percentage of care gaps that were closed was lower than expected among both pharmacist and nurse led AWVs. This may be secondary to

• Although care gap opportunities were recommended, patients did not follow through on the majority of their screening opportunities.

• Some patients were lost due to matching pharmacist and nurse visits.

• This study demonstrated that the pharmacist was often identifying multiple medication management problems in each encounter, which frequently required multiple recommendations to resolve the identified problem.

• Pharmacists completing the AWV had a higher rate of vaccination and screening interventions compared with the nurse group.

• This study showed that the positive impact of a primary care pharmacist completing AWVs leads to care gap closures and offers the opportunity to optimize medication regimens with a comprehensive medication management approach.

REFERENCES


The authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may be interpreted to influence the presentation: John P. Felling in dietetics; Dr. S. Felling in research; Dr. R. Felling in decline.