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### **Comparison of Clinical Pharmacist Versus Nurse Led Medicare Annual Wellness Visits in the Primary Care Clinic Setting**

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## BACKGROUND

- In March of 2010, the Patient Protection and Affordable Care Act was published and included Medicare Annual Wellness Visits (AWVs) as a preventative care provision.<sup>1</sup>
- Medicare AWVs were designed to update a patient's customized plan and prevent future disease state complications by addressing their current risk factors and health status.<sup>2</sup>
- Providers such as medical doctors, doctors of osteopathic medicine, nurse practitioners, physician assistants, certified clinical nurse specialists, or pharmacists may conduct AWV appointments.
- It can be challenging for primary care providers to develop a comprehensive personalized plan when also needing to address acute patient care concerns.<sup>3</sup>
- Parkview Health has integrated nursing staff into the workflow to aid with completing AWVs and this change has decreased the workload of primary care physicians while still allowing for AWVs to be accomplished.
- Pharmacists are trained and board certified to practice in the clinic setting. Reimbursement from AWVs may be a good support mechanism that can contribute to the salary of pharmacists embedded in primary care clinics, making this research timely and imperative.<sup>4</sup>
- Tran et al. found more drug therapy interventions were made by pharmacists than the nonpharmacist group comparator in AWVs.<sup>5,6</sup>

## OBJECTIVES

- 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 1.
- Interventions recommended versus completed were analyzed and compared between the two patient groups, shown in Figure 2.

Figure 1: Matching Criteria



- Asthma
- Congestive Heart Failure
- COPD
- Dementia
- Diabetes
- Hyperlipidemia
- Hypertension
- Myocardial Infarction
- Peripheral Vascular Disease
- Renal Disease
- Stroke/Transient Ischemic Attack

- Cardiovascular
- Endocrine
- Maintenance Inhaler
- NMDA Antagonist

## RESULTS

Figure 2: Comparison of Care Gaps Closed by Provider Type

Provider	Care Gap Opportunities	Care Gaps Closed	Percentage Closed	P value
Pharmacist	409	36	8.80%	<0.001
Nurse	405	7	1.73%	

Figure 3: Vaccine Recommendations

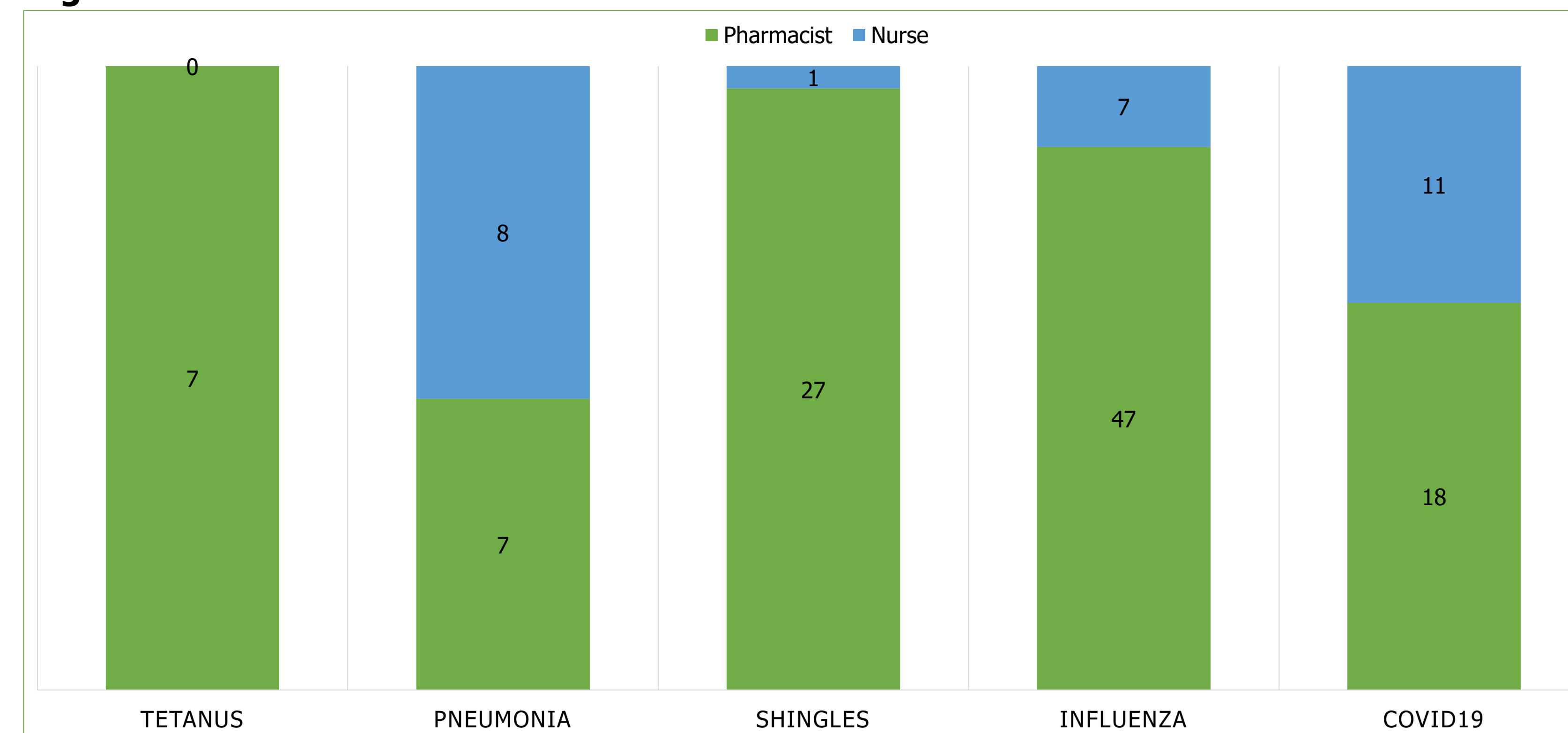


Figure 4: Screening Recommendations

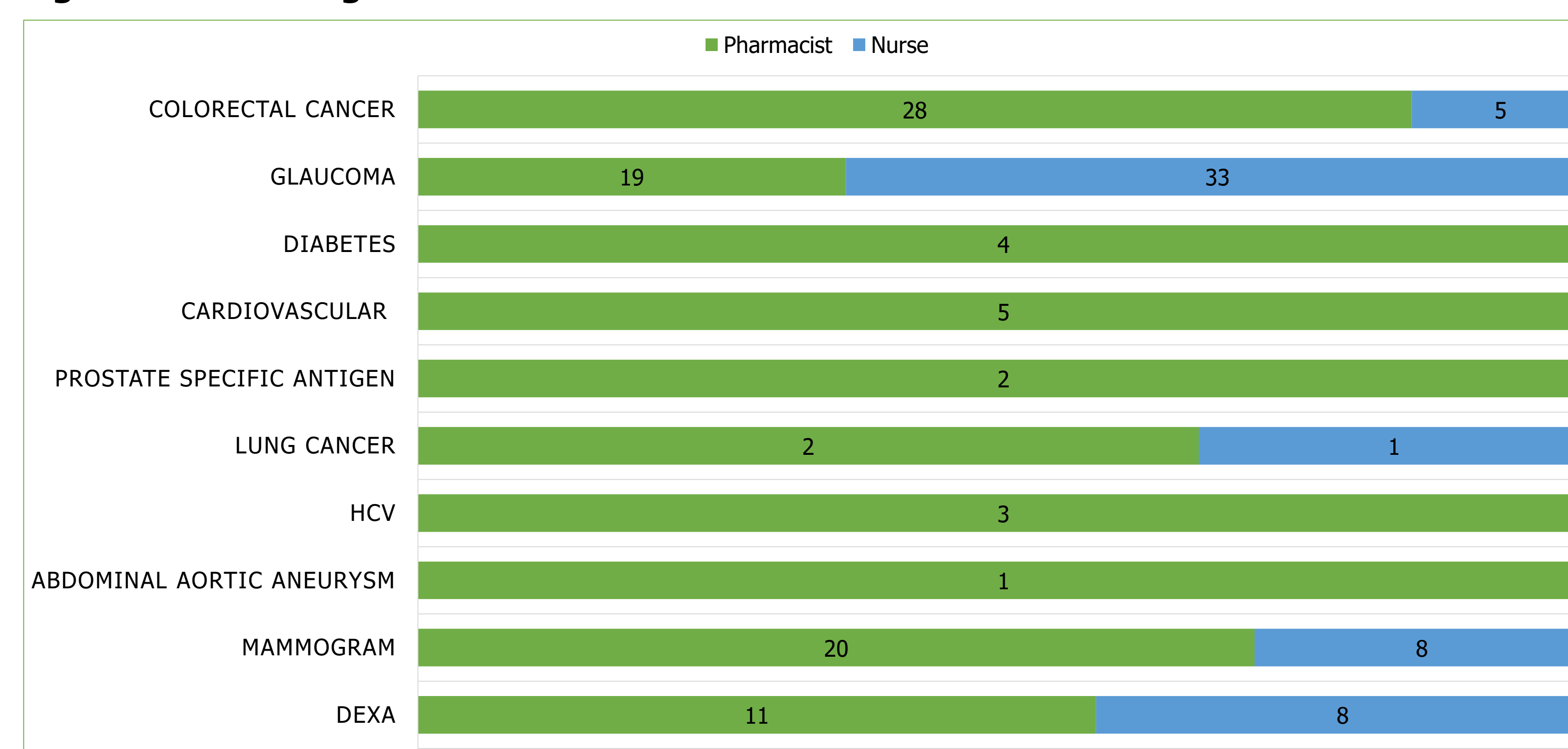
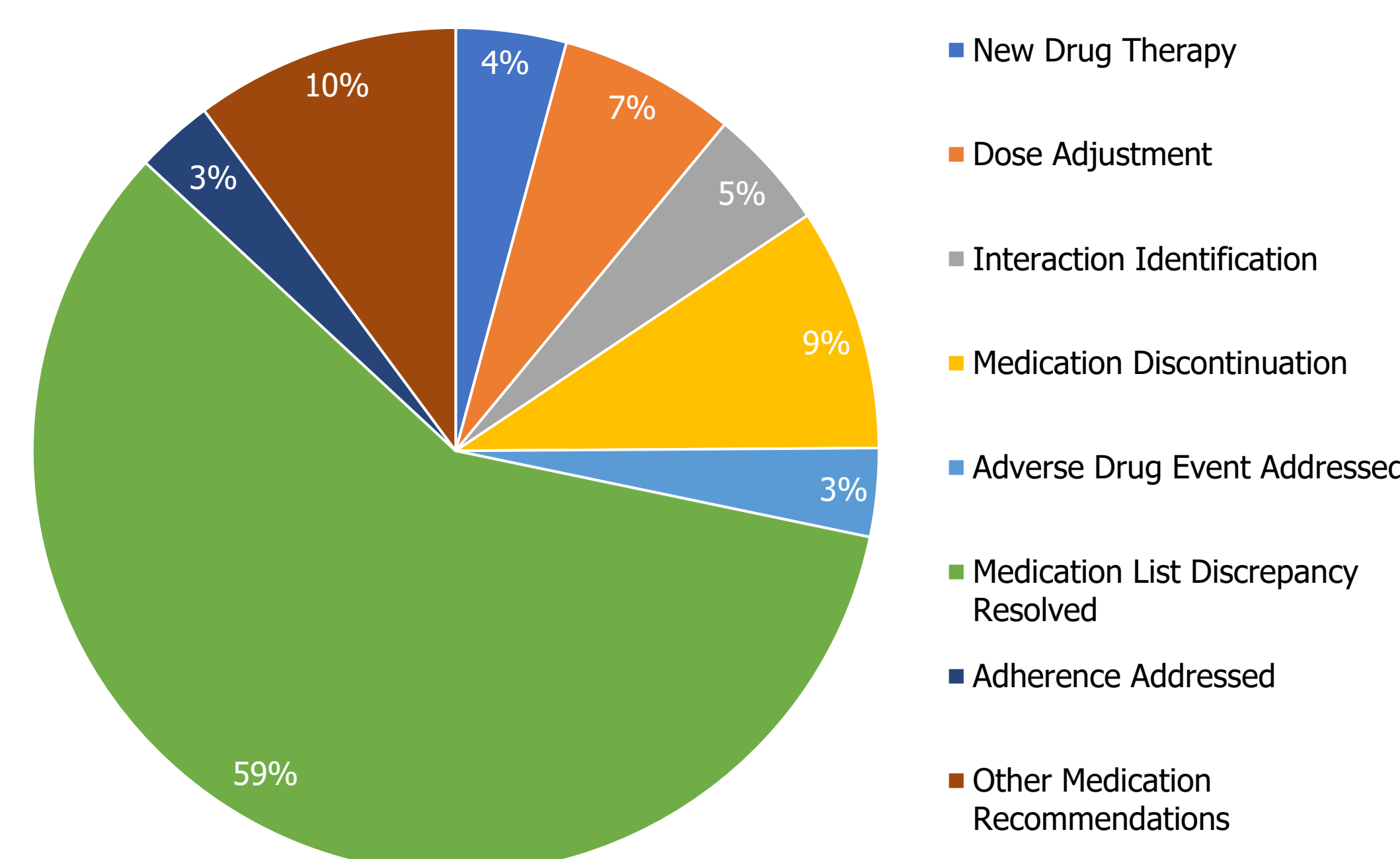


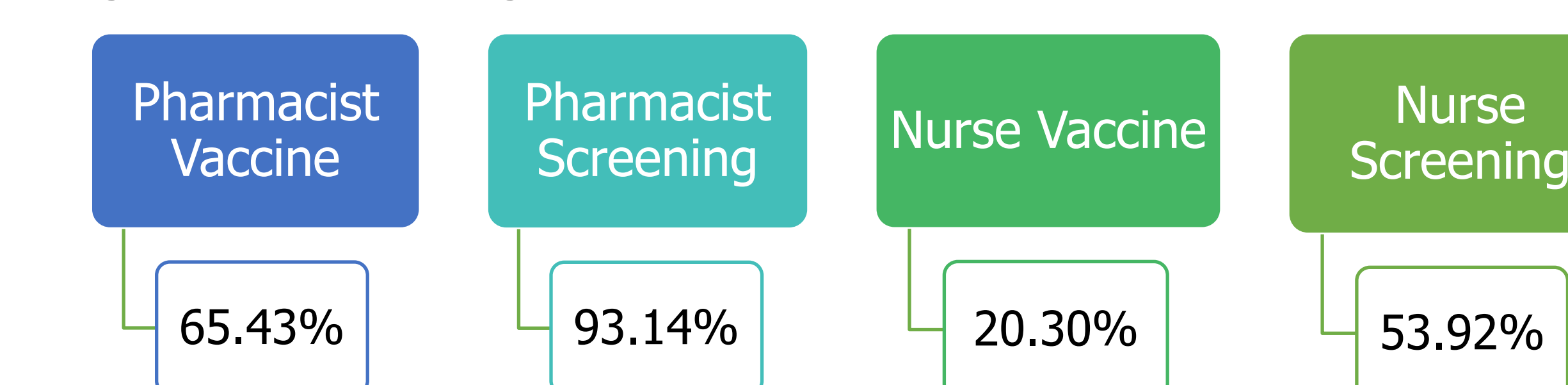
Figure 5: Medication Interventions By Pharmacists (n=237)



## RESULTS

- 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.

Figure 6: Percentage of Recommendations made to Close Care Gaps



- The majority of pharmacist recommendations were for shingles and influenza vaccines, as well as mammograms, screening for colorectal cancer and glaucoma, as shown in Figures 3 and 4.
- The pharmacist identified 139 medication list discrepancies in the electronic health record, shown in Figure 5.

## 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 the following items:
  - 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 than 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.

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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:  
Waltz P: Nothing to disclose | Copi E: Nothing to disclose | Steele R: Nothing to disclose |