LAUNCHING AND SUSTAINING AN AMBULATORY CARE PRACTICE

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LEARNING OBJECTIVES

1. Identify common barriers for success in the development of a new ambulatory care practice
2. Develop practical strategies to address identified barriers for success of a new practice
3. Develop strategies to sustain and/or grow an ambulatory care practice
“Ambulatory care pharmacy practice is the provision of integrated, accessible health care services by pharmacists who are accountable for addressing medication needs, developing sustained partnerships with patients, and practicing in the context of family and community. This is accomplished through direct patient care and medication management for ambulatory patients, long-term relationships, coordination of care, patient advocacy, wellness and health promotion, triage and referral, and patient education and self-management. The ambulatory care pharmacists may work in both an institutional and community-based clinic involved in direct care of a diverse patient population.”
DEFINING AND PROMOTING SUSTAINABILITY

- Cost neutral vs. profit generating

- Four pillars of business sustainability:
  - Leadership
  - Staffing
  - IT
  - Compensation
KEY TERMINOLOGY

- **ROI (return on investment):** measure of tangible benefits
  - How much will we make?
  - How much will we save?
  - What does this do to the bottom line?

- **VOI (value on investment):** measure of intangible assets that contribute heavily to an organization’s performance
  - Knowledge, processes, organizational structure, and ability to collaborate, etc.
STARTING AN AMBULATORY CARE PRACTICE

Determine/Consider your practice setting:

- Hospital based outpatient clinic
- Patient centered medical home (PCMH)
- Private practice physician clinic
- Federally qualified healthcare center (FQHC)
- Accountable care organization (ACO)
- Managed care integration system
- Community pharmacy
Types of partnerships
- Full employee vs co-funded partnership

Types of services
- Drug information
- Medication reconciliation
- Provider education
- Collaborative drug therapy management
- Ordering, interpreting, and monitoring laboratory tests
- Shared visits with other healthcare providers
- Prospective/retrospective chart reviews

Description of entry into current position

Amir is a newly hired ambulatory care pharmacist at a hospital-based outpatient clinic. There is one other pharmacist working at the clinic already, who has tried in the past to expand the scope of pharmacy services but without much support from the providers and clinic manager. She asks for Amir to help in putting a plan together to broaden their services, and to present it to the staff and administration.

What are possible challenges Amir could encounter?

How do these challenges compare to what you have experienced?
Commonly identified barriers to a successful practice are:

- Obtaining buy-in from stakeholders
- Compensation and practice sustainability
- Defining a pharmacist’s role
- Documentation
- Time management

OBTAINING “BUY-IN” FROM KEY STAKE-HOLDERS

Identify and secure supportive practice partners

Administrative, support personnel, nursing, clerical, and other healthcare personnel can help promote and recruit patients

“Establish relationships with providers, administrators, and nurses who can model effective use of clinical pharmacy services for those in the practice who have not collaborated with a clinical pharmacist in the past or those who are slow to embrace this approach to team-based care.”

“Develop a physician champion. . . Start with the needs of the clinic and health system (including what is ‘hot’ for integration based on health system or hospital goals) and reach out to others who have experience.”

Spend time ‘rounding’ with physicians or other clinic personnel. Provide recommendations within our scope of practice that can assist with understanding of our role and benefit we bring to patient care.

Try to keep “parallel” communications with administration and ‘people in the trenches’

Can be easier to get initial buy in from frontline staff and/or support personnel

Be a critical part of the team – collect/document interventions and report back to your team or clinic.

Start with the most open personnel…win them over…use that to get further buy in.

Consider faculty appointment/collaboration with College/School of Pharmacy

Organization only supports part of the pharmacist’s salary
COMPENSATION AND PRACTICE SUSTAINABILITY

- Develop a business plan to explain financial advantages
- Revenue generation
  - Incident-to-billing
  - Shared visit models
  - Wellness visits
  - Immunizations
  - Diabetes self-management education
  - Transitions of care visits


COMPENSATION AND PRACTICE SUSTAINABILITY

- Develop a business plan to explain financial advantages

- Cost savings
  - Streamlining therapy (39%), Discontinuing unnecessary medication (25%), Modifying route of administration (24%)
  - Shared visit models
  - Pharmacist intervention group: 41% lower drug costs (mean $74.75 vs. $43.40, p< 0.001)

Provide examples of successful practices that have billed and been reimbursed for pharmacy services:

- Annual Wellness Visits reimbursed comparable to a Level 4 visit
- Transitions of Care: Communication with patients within 2 days post discharge and medication reconciliation
- Pharmacist-managed telephone clinic to meet these criteria, then MDs can bill TCM codes when patient is seen in the office (reimbursement higher than Level 4 or 5 visits)

Provide examples of successful practices that have billed and been reimbursed for pharmacy services.

Chronic Conditions Management Program: negotiated fee-for-service model

Pharmacy department contracted directly with self-insured employer

http://www.ashpmedia.org/ppmi/docs/spotlight-MAHEC.pdf
Set parameters for success from the beginning, and follow them!

“One key lesson we’ve learned during this process is to only open the doors when you are ready to fully staff the service. When we began, our pharmacists were providing services only a couple of hours a week in the clinics. We were quickly in demand to expand our hours but lacked the availability of well-trained pharmacists to meet the need.”

Shared visits (i.e. at an FQHC)
DEFINING A PHARMACIST’S ROLE

- Unfamiliarity with the benefit pharmacists can bring to a team (from providers, healthcare personnel, and patients)

Provide historical evidence to support benefit of pharmacists

Demonstrate proficiency with patient care while in clinic – focus on rationale for why decisions were made and/or thought processes when treating patients

DEFINING A PHARMACIST’S ROLE

Be willing and available to help in any way needed

“We overcame this by building relationships with a physician champion, modeling these interactions, and utilizing medication recommendation opportunities to get our foot in the exam room door and then maximizing those opportunities by providing clinical recommendations.”

“There is confusion on the part of the patients and the providers about what you are there to do. Patients will say, ‘I already have a pharmacist.’ or ‘There’s a pharmacy here now?’ And providers will say, “We’re so glad you’re here . . . but what are you doing here?’ If you highlight what you can do, make sure it is not at the expense of what providers ‘cannot’ do. It can be intimidating for providers if you try to say that they need a pharmacist because things are not being done effectively. It puts them at fault and creates a negative atmosphere. You need to present yourself as providing an extra service that can help improve health outcomes and thus is a benefit for providers and patients.”

DOCUMENTATION HURDLES AND OUTCOME ASSESSMENT

- Develop standardized templates for all pharmacists within a practice site, or multiple sites within an institution.
- Make sure collaborating team members know where your documentation will be in the patients’ record.
- Keep record of quality measures.
  - Identify these measures from the beginning as the way that was identified to how pharmacists would show the most benefit.
- Meet established criteria for legibility, clarity, lack of judgmental language, completeness, need for inclusion in the patient medical record, appropriate use of standard format (SOAP, etc.), and how to contact the author.

TIME MANAGEMENT

- Shared roles (faculty, administrative, distributive functions, rounding services, etc.) or only be in clinic part time

Balance competing obligations, but make sure to focus on patient care during amb care times

- Full dedication to clinic responsibilities, as well as other obligations

Utilize pharmacy residents and/or students to help offset certain tasks

TIME MANAGEMENT

- Shared roles (faculty, administrative, distributive functions, rounding services, etc.) or only be in clinic part time

Keep in mind long-term vision – preferentially focus time/efforts towards accomplishing this

Improve efficiency

- Utilize support staff (scheduling, vitals, phone calls, refills, etc.)
- Create note templates, auto-populate information, use verbal dictation, laptops to take into patient rooms while interviewing

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What are strategies Amir could use to sell/promote his service(s)?
KEY TAKEAWAYS

- Obtaining “buy-in” from key stakeholders
  - Establish relationships
  - Find a physician/provider champion

- Compensation and practice sustainability
  - Decide what matters to the practice site, provide examples

- Defining a pharmacist’s role
  - Highlight what you can do…not at others’ expense

- Documentation hurdles and outcome assessment
  - Start from the beginning, collect what matters most

- Time management
  - Always remember the long term vision
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