Integrated Clinical Pharmacy

Shoshone Family Medical Center
Shoshone Pharmacy
Shelby Lancaster, PharmD
Background

- Shoshone, ID
  - Small rural community (pop: 1,500)
- Shoshone Family Medical Center
  - Owned: Dr. Keith Davis, MD, DABFM, FAAFP
  - Rural Health Clinic/PCMH
    - Shoshone, and surrounding towns (Richfield, Dietrich, West Magic, etc)

- No pharmacy in 20 + years
- Shoshone Pharmacy
  - Owned: Jason Reading, PharmD
  - Telepharmacy
  - Opened December 2016
  - Located across the street from clinic
Initial Framework

- Relationship building
  - RHC and pharmacy
    - Business Agreement
  - Provider Champion
  - Pharmacist ‘Fit’
- Financial Help/Sustainability
- Workflow Planning
- EMR Access/Template building

- Collaborative Practice
  - Scope of Pharmacy Practice
- Services Provided
  - Complex, polypharmacy patients
  - Medication Adherence Screening
- Scheduling
  - Blocks
Model/Billing

- Rural Health Clinic
  - Face-to-face
    - 15-20 minutes pharmacy
    - 5 minutes provider/anytime
  - Provider Billing – No pharmacy CPT codes
  - Increased level of billing
  - Pharmacist contracted through business agreement
Goals

• Provider satisfaction/productivity
• Improved patient care
• Pharmacist 4-8 hours/week
• Open lines of communication
• Financial Sustainability
Go Live

- Disaster Strikes
  - Scheduling
    - Blocking
    - Complex patients
  - Pharmacist Training
    - Pre-meeting/prep/visit length
  - Work flow
    - Physical constraints of clinic
  - Expanding to providers too quickly
Rapid Cycling

- Monthly Meeting
  - What worked?
  - What didn’t?
  - How do we fix it?
  - Implementation
Working Out the Kinks

• Stick with provider champion
• Pharmacist adjustment
• Find every nook and cranny
  • Counseling rooms
  • Conference rooms
• Scheduling
  • Blocks don’t work
  • Initial: hour appts
    • Move to 20-30 min
Working Out the Kinks

• Schedule
  • Issues filling
    • Provider buy in/trust/warm handoff
  • Rescheduling issues (closing the loop)
    • Pharmacist/front office staff
• Adding/Expanding Services
  • Medication Adherence Screening
    • Automatic referral
      • MA/Care Manager
• Adding/Expanding Services
  • Transition of Care
    • Pharmacist intervention
  • Diabetes Management
    • A1C >9%
  • Annual Wellness Visits
    • Identify medication issues
  • Cost Analysis
    • Formulary navigation, Pt Assist, LIS
Impact

• Provider burnout/Satisfaction
  • Initially more burdensome
  • Now provider workload reduced
    • Greater productivity and improved patient care

• Pharmacist Satisfaction
  • Communication lines opened (pharmacy/clinic/specialists/hospital)
  • Maximizing medication regimens, affordability and adherence
Take Home

• Right clinic, right pharmacist, right provider
  • Trust takes time
• Stick with one provider until kinks are worked out
  • Rapid cycling ability
• Pharmacist Schedule
  • Management
    • Pharmacist/MA/Care coordinator
  • Services/Automatic referral