



Medication Management (Extended Team)

Integrating pharmacist services into the care team to assist in patient-centered medication management strategies.

Key Changes

- **Evaluate** the practice capability to add clinical pharmacy services to the care team.
- **Optimize** the role of existing clinical pharmacists in the management of patients with complicated medication needs.
- **Create** pharmacist and pharmacy tech job descriptions that prioritize integration with the patient and primary care team.
- **Communicate** to care team members and patients the services available from the clinical pharmacist.
- **Ensure** your clinical pharmacist is actively participating in team efforts to address chronic disease and population management efforts by providing critical input on medication use and dosing.
- **Provide** your clinical pharmacist with training in team-based care, warm hand offs, and how to effectively work with patients, utilizing motivational interviewing and self-management support techniques.

Examples

- Review state Board of Pharmacy requirements for delivering Medication Therapy Management.
- Identify populations in your practice who would most benefit from pharmacist medication therapy management. Consider patients with more than one chronic disease, patients with poly-pharmacy or complex medication regimens such as heart failure and HIV patients, and geriatric populations.
- Use the Institute for Safe Medication Practices (ISMP.org) high-alert medications for ambulatory care practices to select a focus population of patients using the highest risk medications used in your population (such as warfarin, carbamazepine, insulin, PTU, opioids, benzodiazepines) - ismp.org/communityRx/tools/ambulatoryhighalert.asp
- Develop a training program for pharmacists in collaborative team-based skills such as patient communication, warm handoffs, teach back, and population management through outreach.
- Design and test workflow for a certified pharmacist to monitor and improve medication use and adherence in high risk patient populations by making recommendations to patients, caregivers, and health care professionals.
- Design and test workflow for certified pharmacist to review new patients to the practice, to substitute medications when appropriate and to complete medication reconciliation and the EHR medication list.
- Design and test workflows for certified pharmacists to review all care transition patients (hospitals and nursing homes), to substitute medications when appropriate, and to complete medication reconciliation.

Search ImprovingPrimaryCare.org for more resources

Examples Cont'd

- Include pharmacists to work as part of the on-site core team with patients to solve problems with their medications and improve adherence.
- Arrange for pharmacist to consult with primary care team members about medication-related issues.
- Design and test pharmacists providing assistance to patients on multiple medications (polypharmacy) to help to simplify medication regimens.

Primary Care Team Guide Assessment-Related Question

Pharmacist				
Components	Level D	Level C	Level B	Level A
12 A pharmacist...	is not involved in our practice.	oversees our dispensary but is not much involved in clinical care.	is available to answer medication-related questions from providers and staff both directly and electronically.	works closely with the core practice team to review prescribing practices and proactively assist patients with medication related problems such as non-adherence, side effects and medication management challenges.
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

Medication Management				
Components	Level D	Level C	Level B	Level A
21 In our practice medication management consists of...	prescribers who order prescriptions and refills as necessary .	a MA or another clinical staff member who reviews the EHR drug list at the beginning of a patient's appointment.	a pharmacist, nurse, or coach/educator who works directly with patients having challenges understanding or taking their medications, individually or in groups.	In addition to C and B, the practice has a pharmacist and/or nurse who can titrate medications for select groups of patients under standing orders.
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

How Primary Care Teams Achieve the Quadruple Aim



- Engaged Leadership
- QI Strategy
- Teamwork
- Empanelment/Continuity
- Enhanced Access