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Strengthening Primary Care During COVID-19: Making the Case for Pharmacist Clinical Services and Medication Management

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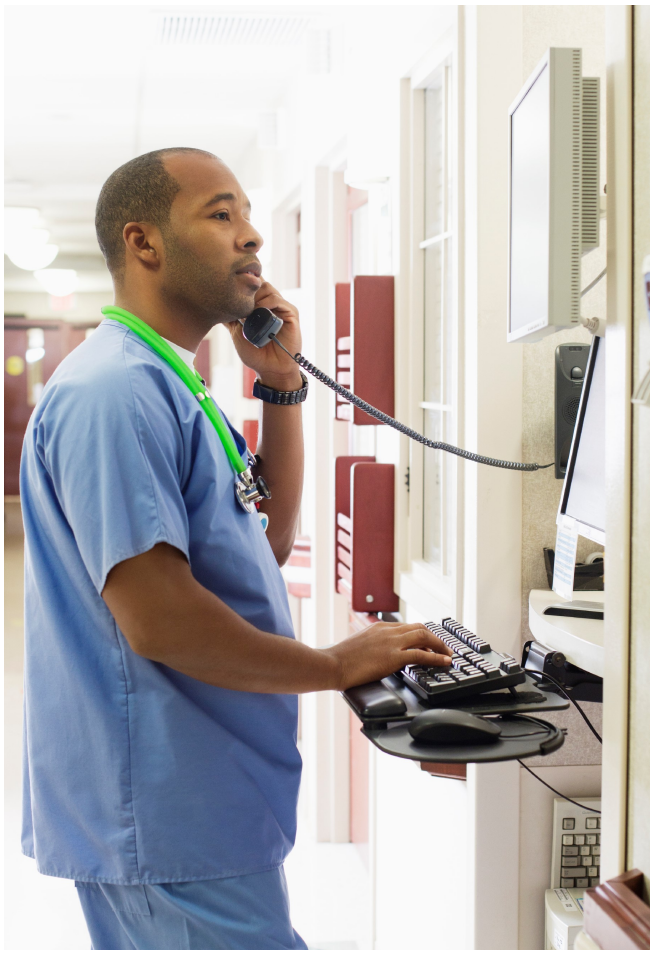
Pharmacist speaking with a patient

The current COVID-19 pandemic threatens to negatively impact availability of primary care services and worsen gaps in care once this crisis passes. Early warnings demand our attention to call on creative ways to ensure the provision of needed care for vulnerable populations. Pharmacists can help. Pharmacists are not only dispensing medications but also monitoring and managing medications for care coordination and disease management.

Primary Care Strain

While the use of telehealth technologies has increased during the COVID-19 pandemic, primary care physicians reported a 58 percent decrease in the

number of patients seen as of April 2020. According to a national survey conducted by the Primary Care Collaborative, 71 percent of clinicians believe patient volume will change post-pandemic as a result of uncared for chronic conditions and lack of received preventative services. Additionally, more than a third of clinicians believe most independent primary care practices will be gone by the end of the pandemic.



Payer Response

The Federal Government supports the role of pharmacists as "trusted healthcare professionals" and the fact that the "vast majority of Americans" live in proximity to a pharmacy. On April 8, 2020, the Department of Health and Human Services, in support of pharmacist-delivered patient care services, authorized the ordering and administration of COVID-19 tests by pharmacists during the pandemic. Other payers recognized the need for pharmacist clinical services not only for COVID-19 testing but to address potential gaps in primary care due to the pandemic. On April 13th, United Healthcare announced, a new patient care model for community pharmacists to manage chronic conditions for their Ohio patients. We've been informed by executives with other national commercial payers that they too are evaluating expanding access to care through use of pharmacist clinical services.

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Pharmacist Clinical Services and Care Coordination

Pharmacists provide clinical services for comprehensive medication management and improved patient outcomes. One of the services is known as medication therapy management (MTM), a stepwise process pharmacists perform to identify untreated conditions, optimize medication therapy, identify drug therapy problems, reduce risk of adverse events and improve medication outcomes. MTM is federally required by Part D sponsors to be provided to Medicare beneficiaries each year. Other pharmacist-provided clinical services include immunization, collaborative practice protocols for ordering and/or prescribing, transitional care services, chronic disease management, opioid use management, medication reconciliation,

medication action plans, therapeutic drug monitoring, pharmacogenomic counseling, point-of-care lab testing, and therapeutic dose adjustments.

Pharmacists deliver these services in coordination with a patient's care team, documenting services provided and recommendations for ongoing management. While early models relied on shared physician-pharmacist dashboards with electronic health record (EHR) access roles, new health IT standards, such as the FHIR-enabled Pharmacist eCare Plan, support the exchange of clinical documents between pharmacists, physicians and payers. Several pharmacists also use telehealth platforms to deliver enhanced clinical services, such as MTM, remotely.

Lessons from Accountable Pharmacy Organizations

There are several models aiming to extend the primary care visit and provide medication management for patients with chronic diseases. One of the most notable being the accountable pharmacy organization (APO) model, pioneered by the Community Pharmacist Enhanced Services Network (CPESN), which is now a nationwide effort (FIGURE 1). In this model, North Carolina pharmacists were paid to manage medication related outcomes for high-risk Medicaid patients. As a result, primary care utilization increased 24 percent, medication utilization increased 21 percent and reductions in costly medical encounters were observed. Inpatient admissions decreased 47 percent, preventable hospitalizations and readmissions by 35 percent respectively, and emergency department visits decreased 16 percent. Outcomes may persist leading to additional value. Patients who received pharmacist services were 20 percent less likely to experience readmissions during the following year compared to those receiving usual care.

Previous research has estimated the costs of prescription drug related morbidity and mortality due to non-optimized medication therapies to be $528 billion annually. While cost analyses were not performed for the CPESN model, the implications for total savings are apparent. CPESN analysts performed a systematic review of pharmacist clinical services and found a return on investment ranging from $3-$5 for every dollar spent.[7]

Realigning Spending for Healthcare Savings

As the pandemic continues, budget shortfalls are predicted, with states looking at ways to cut costs to weather the economic downturn. If short-term funding cuts or austerity measures target Medicaid programs without a comprehensive approach to ensure provisions of much needed care, longer-term unintended consequences could have a disastrous effect on the health and wellbeing of vulnerable populations across the country.

[FIGURE 1] Where CPESN Pharmacies are

The opportunity exists to meet the need for select primary care services and avoid potential gaps in care by utilizing easily accessible community pharmacists to deliver enhanced

services for at-risk populations. Commercial plans can reinvest in new models of pharmacist clinical care today, instead of forfeiting rebates just to pay for sicker patients down the road. As observed in North Carolina and other states, primary care can be supported by extending care through community pharmacists who help manage medication outcomes for high-risk Medicaid patients.

*This article was co-authored by Tricia Lee Rolle while employed by POCP and doesn't reflect the views or opinions of any current or future employers

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