Integration of Clinical Pharmacy Services in a Primary Care FQHC Clinic

Ben Chavez, PharmD, BCPP, BCACP
Associate Professor
Department of Clinical Pharmacy
Clinical Pharmacist – Salud Family Health Centers
What are pharmacists doing at Salud?

• Practicing under CDTM
• Seeing patients one-on-one
  – 30-60 minute visits
• Chronic disease state management
  – Diabetes, hypertension, anticoagulation, lipids
• Behavioral health
  – Anxiety disorders, depression, bipolar disorder
• Curbside consults
• Provider education
How are patients identified for service?

• PCPs are made aware of the type of patients pharmacy can help
  – Uncontrolled DM or HTN
  – Insulin teaching
  – Behavioral health consult
  – Medication/disease state education

• Pharmacists can also self-identify patients that may benefit from service
What does a typical day look like?

• One-on-one appointments
  – 30-60 minutes
  – Scheduled ahead of time with help from staff
  – Assure space in clinic to see patients

• Available for curbside consults
  – These topics can range widely

• Balance time seeing patients with time available for curbside consults
Clinical Pharmacy Visits
July 2014 - Jan 2016

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>Patients with at least 1 visit by clinical pharmacist</td>
<td>498</td>
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<tr>
<td>Total number of visits</td>
<td>1,575</td>
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<td>Average # of visits per patient</td>
<td>3.2</td>
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Other Pharmacy Encounters

• 1,114 patients had a curbside consult
  – Total of 1,352 consultations
  – These include dosing questions, appropriate medication use, education on devices, etc.

• 438 patients had a telephone encounter
  – Total of 608 telephone encounters
  – Insulin titrations, prior authorizations, and other medication consults

Provider Satisfaction Survey

- 19 respondents
  - 6 MD / DO, 10 PA/FNP, 3 behavioral health providers
- All use the pharmacy referral services
- > 50% use clinical pharmacy services 1-3 times per week
  - 10% use them daily
- All providers agreed that:
  - Patient had better understanding and control of their disease states after seeing pharmacist
  - Helped decrease provider time spent on DM, HTN, and dyslipidemia
  - Expanding and sustaining pharmacy services should be a priority
Why behavioral health expansion?

- Shortage of psychiatrists in primary care
- Long wait time to get into specialty clinics
- Patients want to be able to receive their care in one place
- Primary care providers often do not feel comfortable with psychotropic medications
- Pharmacists and our knowledge of psychotropic medications can play a key role in filling this need
Case Vignettes

• Identifying metformin was d/c’d a year ago due to procedure in an uncontrolled patient with DM
• Helping dentistry with patient on clopidogrel and aspirin requiring full dental extraction
• Helping patient overcome fear of injecting insulin requiring frequent phone follow-up
• Patient with OCD and DM requiring frequent in-person follow of both condition
Questions??