The Pharmacists’ Role in the
Patient-Centered Medical Home
(PCMH)
Executive Summary

This is an Executive Summary of a white paper created by a Work Group of the Health Policy Committee of the Pennsylvania Pharmacists Association (PPA)

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Executive Summary

One of the purposes of the Patient-Centered Medical Home (PCMH), as defined by the American Academy of Family Physicians, is to provide patients with access to comprehensive and integrated healthcare, focusing on quality and safety through ongoing relationships with medical professionals. Medication-related problems are a threat to the quality and safety of healthcare. Retail prescription drug expenditures make up about 10% of overall healthcare spending and for every dollar spent on drug use, approximately 80 cents is spent on medication-related problems. Non-adherence to medications is associated with 125,000 deaths per year, 10% of all hospital admissions and an estimated $100 billion in direct and indirect costs. The need for healthcare providers to work together to reduce this unnecessary healthcare spending must be made a priority.

The purpose of this white paper is to outline the role that Pennsylvania pharmacists can play in conjunction with physicians, other healthcare providers, patients, and stakeholders to improve safety and quality in the healthcare system. Expanding pharmacists’ roles in the patient-centered medical home can extend to accountable care organizations (ACOs) and other team-based initiatives aimed at improving patient care.

Pharmacists Beyond Dispensing

The Medicare Prescription Drug Improvement and Modernization Act (MMA), enacted in 2003, brought national attention to a concept of pharmaceutical care that has been embraced by pharmacists for decades. One of the cornerstones of pharmaceutical care is medication therapy management (MTM). This level of care goes well beyond the dispensing role that is often recognized as the scope of practice for pharmacists. MTM is recognized by the American Medical Association with designated Current Procedure Terminology (CPT) codes. Medication therapy management, as defined by consensus of many national pharmacy organizations, involves a pharmacist and a patient reviewing an entire medication regimen for appropriate indication, efficacy, safety, and adherence. This comprehensive medication review is the foundation of MTM and it leads to the development of a medication action plan and a personal medication record for the patient. Medication therapy management also involves appropriate interventions or referrals by pharmacists, and documentation, communication, and follow-up with the appropriate members of the healthcare team. Appropriate utilization of MTM has been shown to reduce unnecessary healthcare spending. In Pennsylvania, it is estimated that over 600,000 medication reviews are needed annually in the Medicare population. Pharmacists providing MTM as part of a healthcare team is consistent with the concepts outlined in a patient-centered medical home.
Current Roles of the Pharmacist in the Medical Home

The National Committee for Quality Assurance (NCQA) identifies six standards to assess if a medical practice is functioning as a PCMH. The six standards are: enhanced access and continuity, ability to identify and manage populations, plan and manage care, provide self-care and community support, track and coordinate care, as well as measure and improve performance. Pharmacists are positioned to support all of these standards to varying extents.

The Pennsylvania Pharmacy Practice Act was amended in 2010 to include language on pharmacists and physicians entering into collaborative practice agreements. The regulations are pending at the time of publication of this white paper. This amendment reflects a positive move towards enhancing pharmacists’ full involvement within the medical home.

Pharmacists are well qualified to provide patient education regarding appropriate medication use. Many pharmacists in Pennsylvania are providing medication therapy management that indirectly supports the PCMH assuming transparent and goal-oriented communication between patients, pharmacists, and physicians. In addition, a research study conducted at the University of Pittsburgh School of Pharmacy is currently examining the economic and clinical outcomes of having a pharmacist embedded within physician practices. In this model, the pharmacist identifies opportunities for MTM from daily physicians’ schedules and conducts post-hospital discharge medication reconciliation. Overall, it was determined that when pharmacists focused exclusively on medication related issues, the pharmacists entrenched within physician practices became a valuable resource for drug information and appropriate medication use.

Pharmacists may be embedded in a medical practice on a full or part-time basis consulting with referred patients in the office. They can also play a role in successful transitions of care in various settings. Pharmacists will also be able to use collaborative agreements with physicians to deliver clinical pharmacy services on an outpatient level to optimize medication use and improve health outcomes. Practice models have been shown across the country to decrease overall medical spending, improve clinical indicators, and result in heightened patient satisfaction. One such model in Asheville, North Carolina, in 1996, placed patients with diabetes in the care of pharmacists. Through education, goal setting, and adherence strategies, patients achieved improved diabetes outcomes as evidenced by a decrease in A1C (a lab value that reflects diabetes control), a decrease in medical spending by $1200 per patient per year, and a decline in sick days over a five year follow-up period. The program has since expanded to other disease states and it reinforces the concept that appropriate medication use can avoid unnecessary healthcare spending.

Appropriate compensation for the pharmacists’ contributions to the PCMH and improved patient outcomes must be further evaluated by all stakeholders. Financial incentives need to be appropriately aligned and the Pennsylvania Pharmacists Association is open to discussion on sustainable methods for recognizing quality care.

Conclusion, continued on back cover
**Conclusion**

The role of the pharmacist goes beyond dispensing medications. Pharmacists have been involved with direct patient care for decades. Pharmacists are uniquely trained to identify and resolve drug related problems. Through the evaluation of appropriate indication, efficacy, safety, and adherence, medication use can be optimized and unnecessary healthcare spending can be avoided. These concepts are best utilized in collaboration with physicians and other healthcare providers.

Pharmacists are eager to work with physicians and patients, in a modified compensation model, as part of a patient-centered medical home. Pharmacists can work alongside physicians and assist in the comprehensive care of a patient. The Pennsylvania Pharmacists Association invites many stakeholders including: the Pennsylvania Academy of Family Physicians, the Pennsylvania Medical Society, the Pennsylvania Osteopathic Medical Society, payers, and legislators to have further discussion on the value that pharmacists can bring to the patient-centered medical home.

The complete white paper is available on the website of the Pennsylvania Pharmacists Association at this link: www.papharmacists.com/PCMH

We encourage those interested in this emerging concept to read the entire paper. Members of the Work Group and the PPA Board of Directors are available to discuss the paper with other healthcare professionals, organizations, various businesses, policy makers, and others.

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**Our Vision:**
Pennsylvania pharmacists will be recognized, engaged, and fairly compensated as health-care providers.

**Our Mission:**
The Pennsylvania Pharmacists Association, as the leading voice of pharmacy, promotes the profession through advocacy, education, and communication to enhance patient care and public health.

**Who We Are:**
The Pennsylvania Pharmacists Association is a professional membership society of registered pharmacists, student pharmacists, pharmacy technicians, and others who reside, work, attend college, or are interested in pharmacy in Pennsylvania. Our members comprise all pharmacy practice settings including academia, clinical, hospital, government, community pharmacy owner or employee, long term care, mail order, managed care, and the pharmaceutical industry.