ESHELMAN SCHOOL
OF PHARMACY

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The Embedded Pharmacist Model

Report to the Surgeon General from the US Public Health Service

- History of how pharmacists are integrated into interprofessional, direct patient care settings
- Pharmacists improve patient and health care system outcomes
- Appropriate reimbursement for services is needed
- Review of the evidence in the literature for supporting expanded pharmacist roles

http://www.usphs.gov/corpslinks/pharmacy/documents/2011AdvancedPharmacyPracticeReporttotheUSSG.pdf

I firmly believe that one of the most evidence-based and cost-effective decisions we can make as a nation is to maximize the expertise and scope of pharmacists, and minimize expansion barriers to successful health care delivery models. It is the right thing to do for our patients.”

Scott Giberson, Chief Professional Officer for the Public Health Service

MAHEC Family Health Center

Ambulatory Care Pharmacy Practice

2001 first ambulatory care pharmacist hired

2011 UNC Eshelman School of Pharmacy opened in Asheville

2015 PGY2 Ambulatory Care Pharmacy Residency Program started

2018 Outcomes research faculty hired and PGY2 Geriatrics Pharmacy Residency Program started

Clinical Pharmacy Services

- Clinics
- Transitions of Care
- Floor Model and Consulting

Services Provided

- All pharmacists are Clinical Pharmacist Practitioners with the NC Board of Medicine which allows collaborative prescribing privileges
- Population health management – diabetes, high risk medications
- Anticoagulation management
- Comprehensive medication management
- Annual Wellness Visits
- Specialty services – osteoporosis, substance abuse disorder, Hepatitis C

Billing for Services

- Pharmacists are limited in their billing practices because we are not recognized as providers under the Social Security Act
- Current national legislation in Congress is focusing on provider status
- NC Medicaid is in the process of allowing Clinical Pharmacist Practitioners to bill at the level of service provided
- Our current models of billing:
    - 99211 for disease management
    - Co-visit models
    - Transition of care codes
    - Annual Wellness Visit codes

Scott MA et al, J Am Pharm Assoc 2012;52:175-180;
Scott MA et al, J Am Pharm Assoc 2011;51:161-166;
Park I et al, J Am Pharm Assoc 2014;54:435-440;
Hitch WJ et al, NCMJ 2016;77:87-92

Building a Financially Sustainable Model

- 2013 Medicare Reimbursement rates for AWV
- One pharmacist's salary = 1070 AWV visits annually
- Larger practices that include more than 5 physicians are more likely to have the volume of Medicare patients to achieve this
- Pharmacists are providing this service in primary care offices across the nation
- MAHEC data: financial sustainability, patient satisfaction, comprehensive medication management in the AWV

https://pharmacy.unc.edu/news/2014/10/20/wellness-visits-pay-the-way-for-pharmacists-in-medical-practices/

Conclusions

- Pharmacists are an integral component of the health care team
- Embedding pharmacists into the primary care team can help improve the quality of care, lower healthcare costs, and improve satisfaction with care
- Maximizing the Annual Wellness Visit provides a financially sustainable model for incorporating the pharmacist onto the team while also allowing them to provide other important services