Quality and Productivity Commission

32nd Annual Productivity and Quality Awards Program

"Innovating for Impact"

2018 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: PHYSICIANS AND PHARMACISTS TEAM UP TO IMPROVE CARE

DATE OF IMPLEMENTATION/ADOPTION: OCTOBER 2016

(Must have been fully implemented for a minimum of at least one year - on or before July 1, 2017)

PROJECT STATUS: X Ongoing ____ One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? ____ Yes ____ X No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

To improve the health of our patients, we must move towards a more interdisciplinary and team-based approach to health care delivery. We must ask continually: how do we best leverage the skills of each primary care team member and what other missing expertise and levels of licensure are essential to the medical home model? In the literature, we have seen that the addition of an Advanced Practice Pharmacist to the primary care team improves outcomes for chronic diseases. At LAC+USC Medical Center, we integrated Advanced Practice Pharmacists into our Adult Primary Care clinics to see patients who were defined as "high risk" and with uncontrolled chronic medical conditions. As a result, we saw an improvement in diabetes control and a decrease in Urgent Care/Emergency Room visits and hospitalizations in patients who had seen the Clinical Pharmacist. Our program is innovative in that it uses pharmacists that already exist at the medical center and redistributes them and optimizes them to provide a new and enhanced service to improve patient outcomes.

BENEFITS TO THE COUNTY

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
$ 626,000	$	$	$ 626,000	☒

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Los Angeles Department of Health Services LAC+USC Primary Care 2010 Zonal Avenue, Los Angeles, CA 90033		**TELEPHONE NUMBER** 323-409-7689
PROGRAM MANAGER'S NAME Jagruti Shukla, Josh Banerjee, Beatrisa Bannister Original Signature on File		**TELEPHONE NUMBER** 323-409-7689 **EMAIL** jshukla@dhs.lacounty.
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Lisa Finkelstein Original Signature on File	**DATE** 7/2/2018	**TELEPHONE NUMBER** (213) 288-8104 **EMAIL** lfinkelstein@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Christina R. Ghaly, M.D. Original Signature on File	**DATE** 7/2/2018	**TELEPHONE NUMBER** (213) 288-8101

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1st FACT SHEET – LIMITED UP TO 3 PAGES ONLY: Describe the **challenge(s), solution(s), and benefit(s)** of the project **to the County**. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success **and specify assessment time frame**. Use Arial 12 point font.

Challenge:

The LAC+USC Adult Primary Care Clinics (Adult West and Adult East) provide care for a safety net population of over 40,000 empaneled patients who have significant medical complexity and a high chronic disease burden. In this patient population, we have observed two specific challenges: 1) our most medically complex patients are on multiple medications, which require special attention and expertise, specifically medication safety review and patient education on potentially risky medication regimens; and 2) our Primary Care Providers prioritize the management of their most acute and complex patients and so they struggle to provide the necessary dedicated, disease-focused management for chronic diseases such as diabetes, which we see in a large number of patients.

Solution:

Our program, the Integration of Clinical Pharmacy into Adult Primary Care, proposes an effective solution to these two challenges. Clinical Pharmacists provide value in two general ways: 1) Clinical Pharmacists have expertise in pharmacotherapy that can critically inform Primary Care Physician (PCP) and Care Team management of complicated medication regimens in high-risk patients; and 2) Clinical Pharmacists can provide dedicated, autonomous, management of diabetes medications, thereby off-loading PCPs and Care Teams to focus on other demanding aspects of their patients' whole-person care. This model allowed pharmacists trained in Advanced Practice (APh), Board Certified Pharmacists and Resident Trained pharmacists to work at the highest level their education will allow.

We worked closely with our Pharmacy Department to identify two Pharmacists who were working in our LAC+USC Emergency Room (ER) assisting the ER staff by seeing patients with chronic conditions that we know are best treated in a wholistic, team-based, primary care model, which is more effective, more patient-centered and less expensive. In October 2016, we transitioned these two Clinical Pharmacists, one for the Adult Primary Care East and the Adult Primary Care West clinics respectively, to be core members of our Primary Care clinics' staff.

Care Team members were encouraged to refer patients, and work directly with the Clinical Pharmacists, for one of two general indications. First, all Care Team members were encouraged to consult the Clinical Pharmacist for their own questions about medications or if they felt their patients required further education regarding medication safety. We called these referrals for "Clinical Pharmacy Consultation."

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Use Arial 12 point font.

Second, Primary Care Providers were encouraged to refer any uncomplicated uncontrolled diabetes patient—a patient whose most recent lab value (Hgb a1c) was above the DHS Expected Practice target for that patient based on clinical guidelines—to the Clinical Pharmacist for autonomous management of diabetes until the Clinical Pharmacist and the patient reached the target Hgb a1c. We titled these referrals, "Clinical Pharmacy Management to Goal."

We designed this program to serve two key constituents, our primary care patients and our Adult East and West Primary Care Medical Home (PCMH) staff. While there is one other clinic in LA DHS that has explored the use of Clinical Pharmacists, ours is the only model to integrate Pharmacists into Care Teams and expand referral criteria to complex cases and medication consultation. We feel the comparative advantage of this model is that it more fully leverages the clinical expertise of Clinical Pharmacists, and it engages all Primary Care team members (not just Primary Care Providers) encouraging them to refer patients.

Benefits:

After over a year in operation, this program has been an overwhelming success. Our two Advanced Practice Pharmacists are highly respected and beloved members of our PCMH teams. Each has earned explicit peer recognition by their colleagues for their work. Patients love them and they have formally expressed their appreciation for their excellent care.

Both Pharmacists have been extremely productive: they have full templates and large dynamic panels. They see approximately two-thirds the number of patients per day as our physicians and they practice independently under the Collaborative Practice Agreement, which allows them full prescriptive authority under CA Senate Bill 493, which passed in 2013.

But most importantly, they have been highly effective. Together, their work has resulted in a marked decrease in acute utilization. There is a decrease in Urgent Care visits, Emergency Department encounters, and Hospital Admissions when compared to how we performed without them. Furthermore, we saw a more rapid improvement in patient diabetes control (Hgb a1c values) when compared to how we performed without them.

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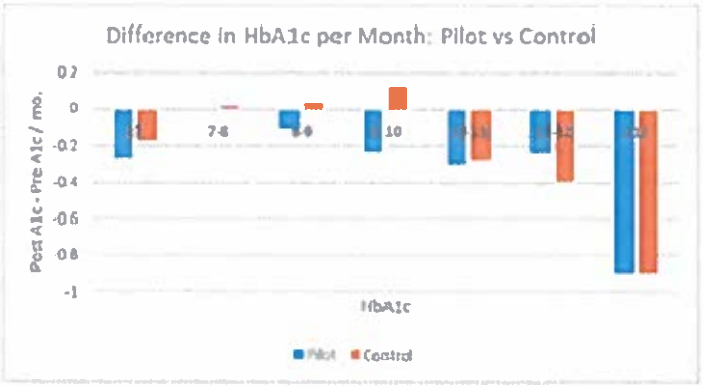
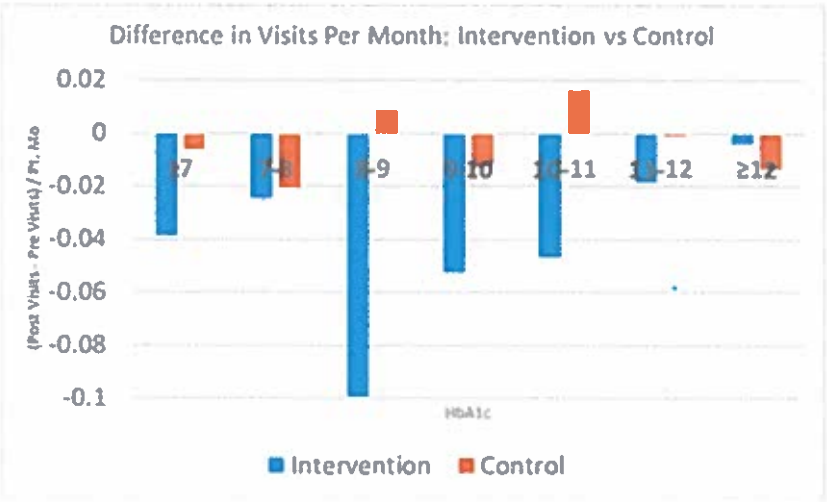


RESOURCE UTILIZATION

	Intervention			Control		
Initial A1c	Total Pre-Visits	Total Post-Visits	Post - Pre Visits / Pt. Mo.	Total Pre-Visits	Total Post-Visits	Post - Pre Visits / Pt. Mo.
≥7	342	222	-0.038	276	262	-0.006
7-8	38	29	-0.025	86	68	-0.020
8-9	62	23	-0.099	70	77	0.009
9-10	81	50	-0.052	30	24	-0.013
10-11	70	50	-0.047	31	37	0.016
11-12	47	30	-0.018	30	30	-0.001
≥12	44	40	-0.004	29	26	-0.013



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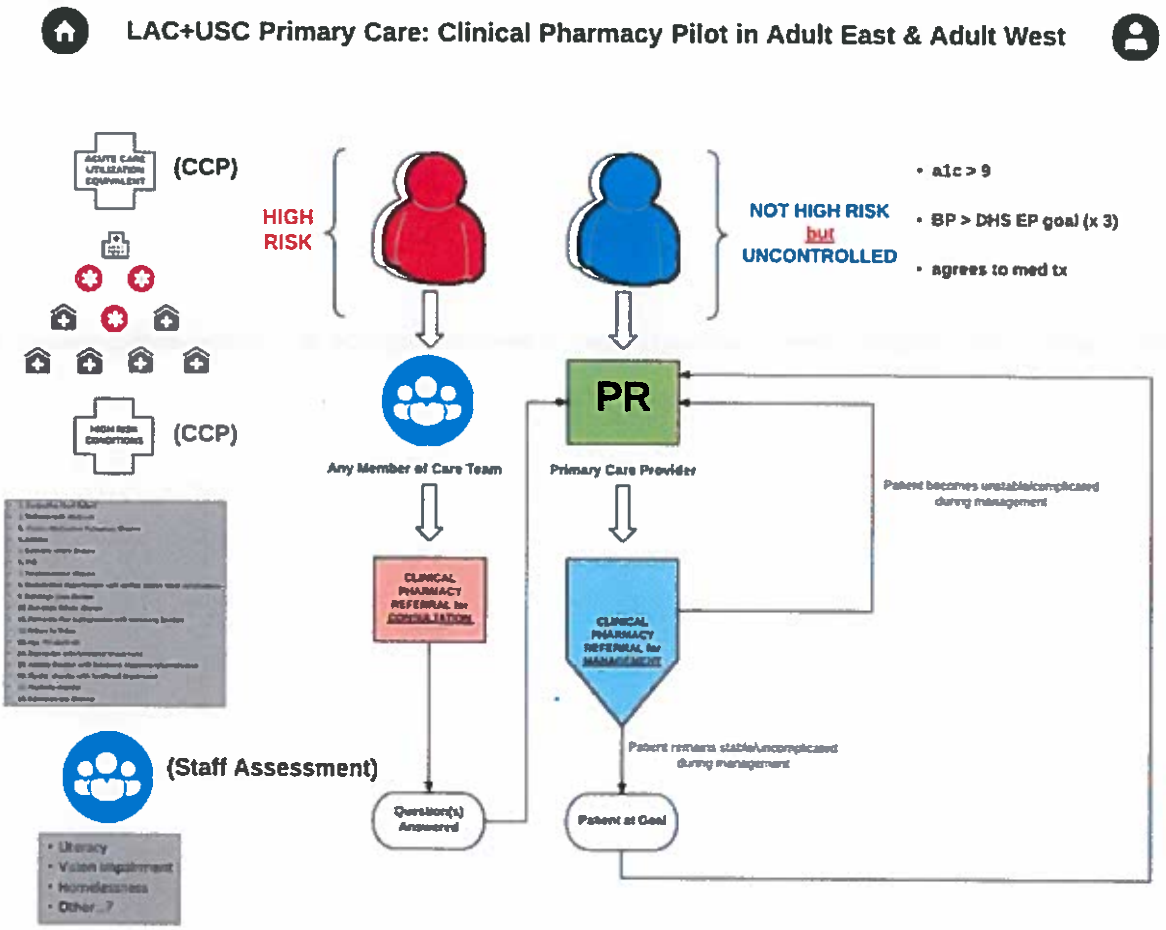
Linkage to the County Strategic Plan – 1 page only. Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12 point font.

Our initiative to integrate a Clinical Pharmacist into Primary Care aligns with the Los Angeles County Strategic Plan goal of streamlining access to integrated health services by creating a team-based model that brings pharmacy expertise to the patient in the primary care setting. In addition, this initiative develops staff through high-quality multi-disciplinary approaches to training by providing opportunities for the medical and nursing care team to consult and learn from the pharmacist. Finally, this model will maximize county assets by improving diabetes care and reducing high-cost care in the Emergency and Inpatient setting and have measured the impact and effectiveness of our efforts with our outcome measures.



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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY): If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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$ 626,000.00	$ 9	$	$ 626,000.00	☐X

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$470,000 divided by 3 pharmacists equals $156,666 times 2 program pharmacists equals $313,000 for 6 months. Annual cost avoidance is $626,000 ($313,000 times 2)

LA County Department of Health Services was able to do a retrospective analysis of the cost savings for placing three pharmacists in the primary care setting and they were able to show a cost avoidance of approximately $470,000 over a period of 6 months. This estimate was calculated by a reduction in the number of Emergency visits, Urgent Care visits and Inpatient Hospitalizations. Since two of the three pharmacists were in our primary care integrated model, we estimate a cost avoidance of approximately $313,000 over 6 months from our initiative.

In addition to cost avoidance of expensive Urgent Care, Emergency Care, and Hospitalization utilization, our model results in cost saving due to improved control of diabetes in patients who saw the Pharmacist. Our implementation incurred no new costs to the county as we transitioned these Pharmacists, which were already in our system into a more effective and optimized setting.

The success of this program has informed LA DHS leadership on how to expand Clinical Pharmacy services further. There are now plans underway to spread this model across LA DHS Primary Care Clinics. For this impact, both at our local and larger enterprise level, we wish to submit the Integration of Clinical Pharmacy into Adult Primary Care for recognition.