

Emerging Potential Role for Pharmacist in Accountable Care Organizations

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Editorial

Palm Beach Gardens, FL UNITED STATES Accountable Care Organizations (ACO) are provider-led organizations with focus on primary care that are collectively accountable for quality and total costs for a population of patients. Their role involved usual care, quality improvement, wellness, and cost containment [1].

Pharmacist role is emerging into many different health care settings. Accountable care organizations (ACO) are not an exception, rather are an underutilized area where the pharmacist can be a key team player. ACO's – through the network of providers- need the pharmacist to help improving the quality of health care services and reducing costs.

Medication therapy management (MTM) services which globally aim to optimize medication use are evident for its positive impact on health outcomes. This deemed necessary among high risk patients with poly pharmacy and chronic illnesses. The pharmacist role in managing patients' medications is becoming crucially vital. However, this practice is highly limited to inpatient pharmacy services and to a very limited outpatient ambulatory care clinics. According to CDC, an estimate of about half of the population has used at least one prescription drug in the last 30 days. There is about 74-80% of all physician office, hospital outpatient, and emergency department visits may either result in a new drug prescription or require medication review.

Despite the growing number of both public and private accountable care organization, only few ACO's engage pharmacists in patient care. This report will shed the light onto pharmacist successful engagement that not only improve quality and lower cost but rather improve patient health outcome. The following is a summary of few known models that the pharmacist is being utilized in ACO's

1. Medication Therapy Management Services: clinics include – but not limited to – anticoagulation, heart failure, HIV, lipid, psychiatric, diabetes and transplant management clinics. These clinics usually directed by pharmacists work on evaluating patient medication regimen for appropriateness, adverse effects, monitoring and managing any drug related problems.

2. Medication Reconciliation: this is the core of transitional care that is limited in practice to hospital setting and mainly upon patient discharge. This pharmacist led initiative can be expanded to involve different stages of patient care (prior to admission, post discharge, and may involve over-the-counter medications and supplements). The pharmacist comprehensive review that can be supported by medication recommendation to the physician will be a great quality addition to the patient visit.

3. Medication Utilization Evaluation: This role is very much limited to hospitals who abide to guidelines and strict formulary structure. These usually aim to the safety and efficacy evaluation of current

treatment protocols. But, the infusion of these skills into the ACO's will boost the quality of services and streamline their quality services to that received at hospitals with much lower operational costs. For example, all heart failure patients with low ejection fraction should have an ACE or ARB upon discharge.

4. Medication Adherence: This is a very crucially important role of the pharmacist to identify the non-adherent patients and working with the providers to improve their adherence rates that will reflect as positive healthcare outcome.

The pharmacist is an essential component of the health care team that plans to carry out any of these activities. The extensive specialized knowledge in medication and their training in patient interview and counseling allow them to fill the gap in health care. While these initiatives in medication management, reconciliation, utilization evaluation or adherence needs extensive efforts from the pharmacist to ensure optimal drug use. The benefits really expand to include health outcomes like reducing hospital readmissions, promoting health and wellness.

The pharmacist role to help the ACO's optimize medication use is also seen valid and valuable through early involvement. This is trending and the pharmacists are reluctant of capturing this golden opportunity to be integrated into this emerging health care model.

Leavitt Partners recently released a white paper that discusses the ways in which enterprising accountable care organizations are working to optimize medication use. Many accountable care organizations are seeing early success after engaging pharmacists as part of robust care transition teams. For example, Hennepin County Medical Center in Minneapolis has included pharmacists on Enhanced Discharge Transitions of Care teams where the pharmacist provides medication management services from admission to post-discharge. As highlighted in an American Society of Health-System Pharmacists study, Hennepin County Medical Center saw 30-day readmission rates decrease from 23.4% to a steady 8.8%, and have demonstrated an estimated cost avoidance of \$10,000 per admission.

Industrious accountable care organizations have successfully integrated pharmacist-based programs into their health care delivery reform strategies and seen positive results. By integrating pharmacists into patient care and thereby utilizing the full extent of a pharmacist's education and training, accountable care organizations are becoming better positioned to achieve the triple aim to improve patient experience, improve quality, and reduce the costs of health care. As more organizations realize benefits from more robust integration of pharmacists into patient care, programs involving pharmacists will become an increasingly common approach to improving outcomes and reducing the total cost of care.

References

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