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Integrating Pharmacists into Primary Care Practices (IPPC): Perception and Reality

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Abstract

Introduction

The Association of American Medical Colleges (AAMC) estimates that by the year 2034, the U.S. could see a shortage of 37,800 to 124,000 physicians across primary and specialty care. As drug experts and highly trained clinicians, pharmacists can step in to assist with the increased workload and play an integral role in primary care practices.

Hypothesis

Having more pharmacists work at the top of their licensure by being integrated into primary care will bring value measured by an increase in patient satisfaction, better clinical outcomes in patients with diabetes, hypertension, and hyperlipidemia, increased revenue to the practice, and decreased clinical staffing gaps.

Methods

The study is comprised of three parts. The first part was to develop and disseminate a survey to pharmacists on their perspective of being integrated in a primary care clinic. The second part is having pharmacists work in a primary care practice as part of a pilot program and paid for by an outside entity. The revenue generated is retained by the provider's office and data will be collected to measure clinical outcomes and patient satisfaction. The final stage

running concomitantly with the second is a survey to physicians on their perspective of having pharmacists integrated into primary care clinics. Also, in this phase discussions will be held with managed care organizations on funding these pharmacists in the future to assist with value-based contracts, ACO agreements, Medicare Stars and other quality ratings the insurance payors may have a vested interest in.

Conclusions

The pharmacist survey indicated that pharmacists play an integral role in the healthcare delivery system regardless of the practice setting. Main barriers identified as having more pharmacists work in a primary care practice included acceptance by physicians, billing requirements, and not having provider status. The preliminary results of the pilot program are showing positive improvement in patient and office staff satisfaction, acceptance of the pharmacist by physician staff, more patients enrolled in chronic care management, and an increase in medication therapy management with dosing adjustments and deprescribing due to pharmacist-led interventions.