

The Wisconsin Pharmacy Quality Collaborative—A Team-Based Approach to Optimizing Medication Therapy Outcomes

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ABSTRACT

The Wisconsin Pharmacy Quality Collaborative is an initiative of the Pharmacy Society of Wisconsin, which connects community pharmacists with patients, physicians, and health plans to improve the quality and reduce the cost of medication use across Wisconsin. In 2012, the Pharmacy Society of Wisconsin received a \$4.1 million Health Care Innovation Award from the Centers for Medicare and Medicaid Services to expand the Wisconsin Pharmacy Quality Collaborative statewide. The aims of the Health Care Innovation Award are to help reduce health care costs in Wisconsin by over \$20 million and improve health and health outcomes during the 3-year project period. Methods include implementing a redesign of community pharmacy practices and facilitating medication management services, which include intervention-based services and comprehensive medication review and assessment visits for eligible commercial and Wisconsin Medicaid members. The goals of the project are to: (1) improve medication use among participating patients; (2) improve patient safety; (3) reduce health care costs for participating patients and payers; and (4) establish partnerships between pharmacists and physicians to enhance health outcomes.

Wisconsin Pharmacy Quality Collaborative Creation and Goals

Pharmacy practice today reaches far beyond the traditional role of dispensing. Pharmacists are trained to become integral members of the health care team, specializing in medication management to improve collaboratively clinical outcomes for patients. Numerous studies have showcased the financial benefit of this approach, not only to the patient, but also to the health care system.¹⁻⁴

The Wisconsin Pharmacy Quality Collaborative (WPQC), an initiative created in 2007 by the Pharmacy Society of Wisconsin (PSW), has established a uniform set of pharmacist-provided medication therapy management (MTM) services and a quality credentialing process through a

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collaborative venture between third-party payers (health plans, employers, and government agencies) and pharmacy providers in the state. WPQC coordinates a network of pharmacies with certified pharmacists who have received specific MTM training. WPQC pharmacists meet privately with patients to review medication regimens, communicate potential opportunities to improve medication use with physicians and other health care providers, and educate patients on the appropriate use of their medications. WPQC's medication use and safety goals are to resolve drug therapy problems, improve adherence and coordination of care, and engage patients in their own care. For these goals to be realized, WPQC depends upon the development of relationships within the health care team to encourage referrals for WPQC services and to enhance health outcomes.

WPQC Services

WPQC takes a collaborative approach to health care in Wisconsin. Pharmacists are eager to partner and collaborate with physicians and other health professionals across the state to complement the quality of care patients receive and to assist with the management of difficult medication-related cases. A WPQC pharmacist can provide 2 levels of MTM services to patients: (1) intervention-based services, and (2) comprehensive medication review and assessment (CMR/A) services.

Intervention-based services, commonly referred to as Level I services, typically are conducted within a pharmacy's workflow and focus on optimizing drug therapy. Examples include medication adherence consultation, dose optimization (based on age, organ function, cost, dosage form, etc), and medication device instruction. All pharmacist-initiated interventions, except medication device instruction and adherence consultation, involve contacting the patient's physician or other health care provider for authorization if a change in the prescription regimen is recommended. *Pharmacists cannot make any changes without the approval of the patient's physician or other health care provider.* After receiving approval, the pharmacist coordinates the changes.

Box 1. Wisconsin Pharmacy Quality Collaborative Clinical Advisory Group Members^a**Asthma**

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^a These individuals are expert faculty and/or clinicians and represent the conditions and areas the WPQC program focuses on.

Box 2. Patient Referral Criteria for Wisconsin Pharmacy Quality Collaborative (WPQC) Comprehensive Medication Review**Patient has prescription insurance through one of the following:**

Wisconsin ForwardHealth (Medicaid and SeniorCare)
Unity Health Insurance
UnitedHealthcare Wisconsin

Any patient with the above health insurance plans referred by a physician is likely eligible for WPQC services. WPQC pharmacists can help confirm eligibility.

Any patient who meets the above criteria can be referred for WPQC services. However, patients with the following conditions or circumstances are likely to benefit most from a comprehensive medication review and assessment:

Multiple medications to treat or prevent chronic conditions
Receives prescriptions from multiple providers
Recent discharge from the hospital or long term care setting
Poor health literacy

To refer a patient for a Comprehensive Medication Review, physicians should call or fax orders to a WPQC-accredited pharmacy. WPQC pharmacies can be located at www.pswi.org/wpqc or by calling the Pharmacy Society of Wisconsin at 608.827.9200.

self-monitoring techniques. At the visit's conclusion, patients receive a Personal Medication List—a complete updated list of their medications—and a Medication Action Plan that is based on goals discussed during the visit and coordination with the physician or other health care provider. The pharmacist contacts the patient's primary care provider (at a minimum) to discuss any pharmacist-identified recommendations and to provide a visit summary. When considered appropriate for the patient, 3 follow-up visits are allowed annually. Patients who qualify for a CMR/A service include those taking 4 or more prescription medications, people with diabetes, those with multiple prescribers, those discharged from the hospital or long term care facility within 14 days prior to being seen by the pharmacist, and those with poor health literacy. Additionally, physician referral automatically qualifies patients covered by participating health plans for WPQC MTM services. Even if patients do not meet WPQC's standard eligibility criteria, physicians are encouraged to refer those patients they feel would benefit from these visits. CMR/A visits can be conducted at any time, whether prior to or following regularly scheduled physician visits.

RESULTS

Until recently, WPQC was concentrated in south-central Wisconsin due to the location of the participating health plans. However, in July 2012, PSW was awarded a 3-year, \$4.1 million Health Care Innovation Award (HCIA) from the Centers for Medicare and Medicaid Services to expand WPQC statewide. The suboptimal use of prescription drugs is estimated to cost \$290 billion nationwide.⁵ Via WPQC, MTM services are being provided to patients statewide and,

Information provided or obtained during medication device instruction and adherence consultation services also is communicated to the patient's physician or other health care provider.

CMR/A visits, commonly referred to as Level II services, typically consist of a private face-to-face visit between the pharmacist and the patient (and/or sometimes the patient's caregiver or advocate). During the visit, the pharmacist gathers and reviews the patient's full medication list including over-the-counter medications, supplements, mail order medications, and samples. The pharmacist assesses health literacy, addresses adherence issues and patient concerns while reinforcing

by enhancing team-based care, Wisconsin will be poised to achieve a significant reduction in health care costs.

During the 18-month pilot phase of WPQC in 2008-2010, Unity Health Insurance and Group Health Cooperative of South Central Wisconsin realized between a 5:1 and 10:1 return on investment (ROI) for services that directly affected medication cost. In addition, patients who received WPQC services saved on average \$25.34 per prescription. Types of services included adherence to payer medication formularies when clinically appropriate, which has allowed continued payer support of the program. Additionally, it is assumed that patient access

to medications that cost less out-of-pocket contributes to increased adherence to medication regimens. Efforts are ongoing to investigate the longer-term outcomes and ROI anticipated from the other Level I and Level II services. Even when assuming no health care savings from the comprehensive medication reviews performed, the ROI was maintained at 2.5:1.⁶

While pharmacists have contributed extensively to the health care delivery system, there is room to further complement the busy physician's practice in an effort to impact patient care. Over the 3-year grant cycle, WPQC aims to retool the roles of community pharmacists to serve as medication therapy managers, enhance participant engagement in their care, improve medication use by participants, and reduce prescription drug costs for participants and health plans.

To meet these goals, the WPQC program set quality standards for participating pharmacies to become accredited as WPQC medication therapy management centers. Pharmacies are audited routinely to ensure they are meeting these standards. They are also responsible for creating policies and procedures that contain best practices for maximizing patient safety in the medication use process and ensuring the delivery of quality health care.

WPQC grant metrics are designed to evaluate both health care utilization and clinical outcomes subsequent to pharmacist intervention. Additionally, medication use measures will determine whether pharmacists are affecting care by improving medication adherence and coordinating with physicians to optimize medication regimens based on clinical guidelines.

For example, WPQC hopes to reduce asthma exacerbation rates during the grant period. Pharmacists will meet with patients who have asthma to ensure they are not using rescue medications excessively, are adherent to prescribed controller therapies, and know how to properly use their medication devices. This interaction may lead not only to a reduction in emergency department visits, but also to improvement of medication adherence rates and overall patient care.

To support these efforts, the WPQC program has a Clinical Advisory Group (CAG) comprised of experts in the areas of asthma, diabetes, geriatrics, heart failure, adherence and health literacy. These conditions were selected as areas of focus for the HCIA grant because they often involve high-risk patients with complicated medication regimens. CAG members hail from different health care backgrounds: physicians, pharmacists, and nurses. They are poised to ensure the WPQC clinical content is current, evidence-based, and outcomes-oriented. They also provide pertinent education and training as well as outreach for the program (Box 1).

Eligibility

Health plans that have joined WPQC and are compensating pharmacies for MTM services include Unity Health Insurance (prescription insurance members only), Network Health (commercial members only), United Healthcare Wisconsin (commercial, fully insured members only), and Wisconsin ForwardHealth, Medicaid and SeniorCare. Health plan

participation has allowed WPQC pharmacies throughout the state to partner with physicians to serve as valuable medication management centers. Additionally, United Way of Dane County has partnered with WPQC since November 2011 to support low-income geriatric patients at risk of falls and adverse drug events. Since November 2011, over 500 geriatric patients in Dane County have received a comprehensive medication review service from a WPQC-certified pharmacist. In addition to supporting the provision of comprehensive medication reviews for these patients, United Way of Dane County has also supported partnerships with Home Health United's SAFE (Safety Assessments for the Elderly) program and Dane County senior centers, where many of the reviews occurred.

It is important to note that the partnership between the pharmacist and the physician or other health care provider is meant to complement the care provided, and not put the pharmacist in a primary care role. In all cases, the health care provider will be notified when a WPQC service has been performed. The patient's physician always retains the authority to decide which recommended changes are to be implemented.

The increased focus on quality improvement within the health care system makes adopting practices such as pharmacist-provided MTM even more valuable. For example, there are numerous measures within the Physician Quality Reporting System (PQRS) and the Wisconsin Collaborative on Healthcare Quality (WCHQ) that are medication-related. WPQC aims to assist with physician achievement and maintenance of these and other important metrics. With pharmacists more fully integrated into the medical care team, health systems can more effectively decrease variation in services and can increase the use of some services that are currently underutilized. In one study, a group of 26 community-based pharmacies worked collaboratively with physicians to promote compliance with hyperlipidemia therapy and reduce cholesterol levels. In 397 patients, 90.1% of patients were compliant with their medication therapy and 62.5% reached their National Cholesterol Education Program (NCEP) lipid goal by the end of the study.⁷

Furthermore, as more health systems become Accountable Care Organizations, the pharmacist-delivered MTM model can help drive cost savings and result in more efficient health care delivery. It may be feasible to look at the WPQC pharmacy network as part of an Accountable Care Community, in which cost savings and improved health care utilization are shared goals. The MTM model can help mitigate some of the most common barriers to successful patient care transitions post hospitalization, such as lack of standardization and time, patient confusion about current medications, new patients with no previous information on file, missing information, and primary care providers unaware of hospitalizations or medication changes.

Through WPQC, patients being discharged from the hospital or long term care setting are eligible to receive a CMR/A at no cost if they are seen by the pharmacist within 14 days of discharge. During a medication reconciliation-focused CMR/A, the pharmacist reconciles discharge medications, ensures the patient has the correct medications at the correct doses and knows how and when to take them, assists with disposal

Referring Patients to a WPQC Pharmacy

Physician Referral is an automatic qualifier for WPQC services for patients covered by participating health plans. Health care prescribers are encouraged to refer any patient they feel would benefit. Simply call in a verbal order or fax an order to a WPQC-accredited pharmacy requesting the patient's insurance coverage be evaluated for the potential to receive a covered comprehensive medication review and assessment.

To find a WPQC Pharmacy near you, visit www.pswi.org/wpqc.

of discontinued medications to reduce potential confusion, ensures all health conditions are being treated, and reinforces the importance of adherence to prescribed medications and self-monitoring techniques.

Soon, over 50% of Wisconsin community pharmacies will be participating in WPQC and there will be a WPQC pharmacy in almost every county in the state. Participating pharmacies can be accessed on the PSW website: www.pswi.org/wpqc. These pharmacies have transitioned to medication therapy management centers and are eager to partner with health care providers to complement medical practices and improve patient care.

How to Participate

All physicians are strongly encouraged to participate in this effective and cost-saving community-based initiative by referring patients as appropriate (Box 2). The process for referring a patient to a WPQC pharmacy involves simply faxing or calling an order for a comprehensive medication review and assessment to a WPQC-accredited pharmacy. To identify patients covered by participating health plans, it may be most effective to establish relationships with the WPQC pharmacies in the area. The WPQC pharmacist can help physicians identify which of their patients are utilizing that pharmacy. Additionally, WPQC pharmacists are available to meet with physicians and clinic staff to briefly describe the program and help determine the most efficient way to implement the referral and communication process.

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