Rural Primary Care Provider Perceptions of Remotely Integrating Pharmacists onto their Patient Care Team

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Improved Cardiovascular Risk Reduction to Enhance Rural Primary Care (ICARE)

Evaluated whether a centralized clinical pharmacy service based out of the University of Iowa College of Pharmacy could be remotely integrated into rural primary care clinics across Iowa

Cluster-randomized trial
- Randomization at the clinic level, not at the patient level

Pharmacists spoke with patients via telephone and communicated with primary care providers through EMR, fax, and phone

Purpose: To improve care for rural patients at high risk for developing cardiovascular disease
Study Objective

- Gain ICARE primary care provider (PCP) perceptions regarding their attitudes towards the remote pharmacist’s role in managing cardiovascular disease as a care team member.
- Identify facilitators and barriers to long term collaboration with centralized clinical pharmacists.
Methods

- Participating providers practicing at intervention sites completed an evaluation of the intervention via telephone after the 12-month study period was complete.
- Interviews were analyzed using a codebook that was created for this purpose.
- Interviewed six primary care providers at five intervention sites.
Sample Interview Questions

● Are there physicians in your clinic who believe collaboration with pharmacists is not needed?
● Do any of the physicians in your clinic believe pharmacists do not have the expertise to manage chronic diseases?
● Do you believe a pharmacist’s involvement in chronic disease management can improve patient outcomes?
● Have you ever referred a patient to a pharmacist for disease management?
● Do you think having a pharmacist involved in chronic disease management increases your workload?
● Does the clinic workflow negatively impact your ability to collaborate with the pharmacist?
Sample Interview Questions

● What is your preferred form of communication with the pharmacist? (ex: verbal, email, EMR, etc.)
● For what reasons would you create a collaborative practice agreement with a pharmacist?
● For what reasons would you NOT create a collaborative practice agreement with a pharmacist?
● What barriers could affect efforts to implement the pharmacist-physician model?
● What other disease states could the pharmacist-physician model be expanded to?
● How can pharmacist-physician collaboration be integrated into basic primary care?
● What are some ways in which pharmacist-physician collaboration could be improved?
Sample Interview Questions

- Are the physicians in your clinic receptive to pharmacist recommendations?
- How receptive do you feel you are to pharmacist recommendations?
- What types of pharmacist recommendations are you MORE likely to accept?
- What types of pharmacist recommendations are you LESS likely to accept?
- When a pharmacist makes a recommendation to you, what percentage of the time do you accept that recommendation?
  
  - 0-25%
  - 26-50%
  - 51-75%
  - 76-100%
- Would collaborating with a pharmacist negatively impact your patient-physician relationship?
- Should pharmacists be recognized as health care providers by Medicare and be able to bill for their clinical services?
Results

- Pharmacists being allowed to manage chronic conditions and make medication selections or dose adjustments independently
  - Perceived benefits of integration
    - Improved patient care
    - Saved PCP time
  - Perceived barriers of integration
    - Reimbursement of pharmacist’s time
    - Patient confusion over who is managing care

- PCPs overall supported the remote integration of pharmacists onto their care team
<table>
<thead>
<tr>
<th>Facilitators</th>
<th>Barriers</th>
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<tbody>
<tr>
<td>● Additional patient resource</td>
<td>● Increased patient costs</td>
</tr>
<tr>
<td>● Prevent prescribing errors</td>
<td>● Revenue sharing with pharmacists</td>
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<tr>
<td>● Increased patient access to care</td>
<td>● Increased provider time commitment</td>
</tr>
<tr>
<td>● Uncontrolled disease states</td>
<td>● Clinic workflow constraints</td>
</tr>
<tr>
<td>● Patient satisfaction</td>
<td>● Lack of pharmacist clinical knowledge</td>
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“Pharmacists can help find holes in drug therapy.”

“I can’t think of a reason not to collaborate.”

“More education for the patient, better access to new treatment and medications.”

“Workflow is not always ideal for collaboration.”
Discussion

- Interviews with primary care providers highlighted the benefits and challenges associated with implementing pharmacists into the primary care team.

- Limitations of our results include the small sample size and not having respondents from all six intervention sites.

- Overall, primary care providers had a positive opinion towards integrating remote clinical pharmacists into the care team.
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