

Joel Marrs, MD-PhD  
Joel.Marrs@cuanschutz.edu

### Denver Health FQHC Clinical Pharmacy Services

Denver Health Medical Center (DHMC) is a large, urban, safety net healthcare system. In addition to the hospital, the system has 10 FQHC that encompass family and internal medicine clinics that are patient-centered medical homes (PCMH). Clinical Pharmacists are located at 7 of these 10 primary care clinics.

Ambulatory Care clinical pharmacy services were initiated in 2009 with myself and Sarah Anderson, two CU faculty, who developed new clinical pharmacy services at the Bernard F. Gipson Eastside (ES) Family Health Center (2<sup>nd</sup> oldest FQHC in the nation) as part of our faculty positions with the CU Skaggs School of Pharmacy and Pharmaceutical Sciences. We provide 1.0 FTE of clinical pharmacy services to the ES Clinic.

Our role, as well as the other clinical pharmacist's role, at DH FQHCs includes providing clinical pharmacy services for many chronic disease states. Each week at the ES clinic we have 39 face-to-face appointment slots (15 minutes each) available which primarily focus on hypertension (HTN), but include visits for diabetes (DM), anticoagulation, and other general pharmacotherapy consults. Our goals of providing care for our patients are to monitor and adjust their drug therapy regimens via vital signs and laboratory testing and optimize their between-visit care.

We follow-up with patients with DM primarily through telephone outreach on 1-4 week intervals and work under a collaborative drug therapy management (CDTM) protocol to optimize glucose control, blood pressure (BP), lipids, and antiplatelet therapy. In addition, we work on multiple population health initiatives through telephonic and in-clinic visits to optimize statin use in persons with DM (SUPD) and HTN control through the use of home blood pressure monitoring (HBPM).

One early example of the impact of our ambulatory clinical pharmacy services at DH was the implementation of a telephonic hospital discharge follow-up program (2010-2011) which we published in 2013 (Anderson SL, Marrs JC, Vande Griend JP, Hanratty R. Implementation of a pharmacist-managed telephonic hospital discharge follow-up program. *Population Health Management* 2013;16(4):235-41). This involved clinical pharmacists following up with empaneled patients after hospital discharge to ensure appropriate medication use and help coordinate care in getting re-established for a visit at the ES clinic.

- Clinical pharmacists attempted to contact 470 patients; of those, 207 received the intervention and 263 did not.
- Patients in the contacted group were more likely to attend a hospital discharge follow-up appointment (66.2% vs. 44.5%,  $P < 0.01$ ) and had lower rates of 30-day readmission (22 vs. 52,  $P < 0.01$ ) compared to those who were not contacted.
- The estimated cost of an admission to DH is between \$10,000 and \$15,000 based on Medicare data; if these admission costs are extrapolated to estimate the savings of the 30 fewer readmissions that occurred in the contacted group, **the cost savings potential is between \$300,000 and \$450,000.**

Since February 2018, the clinical pharmacy team has provided services focused on improving statin use in persons with diabetes (SUPD) which is a Pharmacy Quality Alliance (PQA) measure that is used to grade health plans like our own Denver Health Medical Plan (DHMP). The Centers for Medicare and Medicaid Services (CMS) operates a Star Rating system for Medicare Advantage plans (MAPD). The Star

Rating system consists of a 5-Star scale-based score based on the plans' performance on selected quality measures, such as adherence to SUPD. The ultimate goal of these Star Ratings is to improve the level of accountability and quality of healthcare organizations and their providers.

- Our team has been incredibly productive in improving our adherence rates to the SUPD measure, leading to improved Star Ratings for each and positive impact on DHMP's overall Star Rating.
- Clinical pharmacists in FQHC settings are well positioned to participate in and positively affect population health initiatives and Medicare drug-related measures, such as SUPD.
- Direct prescribing of appropriate statin therapy in patients with DM aged 40 to 75 years old by CPS through collaborative practice agreements (CPAs) ensures that patients are receiving key medication therapy for mitigating ASCVD and demonstrates appropriate utilization of CP skills.
- For plan year 2020, DHMP has achieved a 5 Star rating for SUPD (DHMP = 87% adherence):

Cut Points:

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	< 74%	≥ 74% to < 78%	≥ 78% to < 81%	≥ 81% to < 83%	≥ 83%
PDP	< 76%	≥ 76% to < 78%	≥ 78% to < 79%	≥ 79% to < 83%	≥ 83%

A third example of impact is our hypertension population health outreach and services in 2019. The clinical pharmacy team started doing phone outreach to individuals whose last 3 blood pressure were uncontrolled in the outpatient setting in 2019. This outreach included reviewing patients' medical records prior to outreach and then bringing them in for a blood pressure check and medication modification if still uncontrolled during the face-to-face clinic visit.

- During 2019, there were 1312 patients with hypertension evaluated and 523 face-to-face visits scheduled (418 attended visits; 80%) with clinical pharmacists for hypertension.
- Of the 418 face-to-face visits attended 23.4% (98/418) had their BP controlled (all 418 patients had uncontrolled BP prior to review and outreach).
- The ability to improve BP control with outreach and intervention in between primary care provider visits is essential to improving the BP control across the DH population.

DH Clinical Pharmacist in FQHC Access and Productivity Metrics 2019

Metric	2019 TARGET	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	2019 YTD
<b>ACCESS AND PRODUCTIVITY</b>														
Encounters, No.	2100/mo	2637	2435	2455	2698	2715	2307	2586	2656	2546	2949	2357	2470	30,811
Anticoagulation		701	609	600	615	628	524	583	553	523	581	503	564	6,984
Clinic Visits		301	291	323	350	286	232	298	287	276	281	246	266	3,437
Telephone		1297	1217	1167	1329	1386	1178	1382	1442	1346	1653	1196	1251	15,844
Specialty		118	100	51	114	80	80	75	57	67	62	69	55	928
Other (e.g., e-Consults)		220	218	314	290	335	293	248	317	334	372	343	334	3,618