Practice Makes Perfect: Practice Management in Ambulatory Care

Kristy Butler, PharmD, BCACP, FASHP, FOSHP
Manager, Clinical Pharmacy Specialists (Ambulatory Care)
Providence Medical Group, Oregon Region

Conflict of Interest (?)
- Chair, Section of Ambulatory Care Practitioners (ASHP)

Learning Objectives
- Explain the role of practice management in ambulatory care pharmacy
- Outline 3 ways to aid in improving practice management
- Develop strategies to incorporate practice management into ambulatory care pharmacy services
Pre-Test Questions
1) What is the goal of practice management?
   a) Optimize patient care
   b) Increase efficiency
   c) Allow practice at top of scope
   d) All of the above

Pre-Test Questions
2) Which of the following is a key component of practice management?
   a) Having a mission statement, goals and defined scope of practice
   b) Following laws, regulations, practice standards, and guidelines
   c) Creating policies and procedures, job aids, etc.
   d) All of the above

Pre-Test Questions
3) Which of the following is recommended to improve your practice management?
   a) Copy (exactly) another ambulatory pharmacy practice for your site
   b) Exclude other professions/disciplines from discussion about your practice
   c) Repeat a needs assessment for your site as needed
   d) Keep your practice as is: “If it ain’t broke, don’t fix it”
Pre-Test Questions
4) How can you incorporate practice management into ambulatory care pharmacy services?
   a) Work with HR and other teams on policies, procedures, etc.
   b) Collaborate with care team members
   c) Implement rapid-cycle improvement/PDSA techniques
   d) All of the above

What is Practice Management?
- The framework that allows optimal patient care to occur
  - Leadership & Vision for Practice
  - Continuous Improvement
  - Administrative & Regulatory Activities

Leadership & Vision
- Mission statement
  - Service responsibilities
  - Consistent with mission of parent organization
  - Framework for goals, objectives & tactics
Leadership & Vision
- Recognition of unique practice
- Development (& implementation & evaluation) of services
  - Needs assessment!

Practice Uniqueness
- Differences between
  - States
  - Regions
  - Systems
  - Clinics
- NOT cookie cutter, carbon copy, one size fits all

Needs Assessment
“A systematic process to acquire an accurate, thorough picture of a system’s strengths and weaknesses, in order to improve it and meet existing and future challenges.”

*Identify the gaps to better serve the needs.*
Just Once? No!
- New clinical service
- Service line transformation
- Service line addition/expansion
- Existing service evolution

Needs Assessment Components
- Who
- Why
- What
- Where
- When
- How

Who: Customers & Stakeholders
- Patients & Caregivers
- Team Members
  - Physicians, NPs, PAs, RNs, case managers, social workers, MAs, behavioral health providers, dieticians, etc.
- Learners
- Administrators & Leaders
  - Health System, Clinic, Pharmacy Department
- Payers
Why: Vision & Goals
- May vary depending on “who”
  - Compare to own mission & goals
- General vs. specific

What: Measuring Gaps & Potential
- Evaluate SWOT
- Identify outcomes
  - Quality
  - Safety
  - Economic
  - Humanistic/Satisfaction
- Align your activities with key stakeholders’ priorities

Where: Setting
- Clinic
  - Specialty vs. Primary care
  - Hospital-based vs. Physician-based
  - Teaching clinic
- Pharmacy
  - Community
  - Specialty
  - Home Health/Consultant
- Non-traditional
  - Telephonic, telehealth, secure messaging
  - Home visits
When: Care Continuum

- May depend on “who”, “why”, “where” & “what”
- Will impact “how”

How: Logistics

- Space
- Resources
- Schedules
- Documentation
- Communication
- Tracking & reports
- Supervision, leadership, training
- Coverage
- Budget

Translating to Practice (Development)
Practice Development Components

- Who
- Why
- What
- Where
- When
- How

Who: Pharmacy Staff

- Pharmacists
  - PAI Recommendations: To provide optimal patient-centered care, pharmacists who provide ambulatory care services must attain and maintain appropriate competencies and credentials.
    - Training & experience
    - Credentialing & privileging process
    - Setting/system &/or state
    - Competencies
  - Other pharmacy staff – roles, scope?

Who: Depends on...

- What?
- When?
- How?
**Why: Direct Patient Care Services**

- Immunizations
- Medication reconciliation
- CMM
- Public health
- Patient education/counseling/coaching
- Wellness/screenings
- CDTM Drug management
- Pharmacogenomic applications
- Adherence programs
- Population Health
- CDTM/CPA Disease management
- Medication safety surveillance/monitoring
- Pharmacotherapy Consults

**Why: Other Services**

- Education
- Medication safety
- P&T, Medication-use policy development, MUEs
- Pharmaceutical/stock management
- Drug expenditures
- Outcomes research
- Other committees/service

**What: Scope**

- State laws
- Site/organization scope
- Team roles

  - Working at the top of scope (vs. license?)
When: Time to See Results
- Depends on many variables
  - Staff
  - Experience
  - Expectations
  - Relationships
  - Support/structure

Where: Proximity & Inclusion

Coordinated Care  Co-located Care  Integrated Care

How: Process
- Medication-based
- Chart-based
- Patient-based
- E-visit
- Telephone/Telehealth visit
- In person visit
- Individual
- Co-visit
- Group class
- Shared medical appointment (Group visit)
How: Logistics
- Appointment length
- Documentation format
- Patient prioritization
- Panel & intervention tracking
- Protocols/agreements
- Referral vs. recruitment vs. proactive ID
  - Is Physician referral/approval required?

Patient Identification
- Reactive vs. Proactive
- Referrals vs. Protocols vs. ?

Practice Development ➔
Implementation ➔
Evaluation
Continuous Improvement

- Developing relationships
- Enhancing skills & knowledge
- Gaining efficiency
- Delineating roles & maximizing activities based on scope
- Optimizing patient care

Key to Success: Continuous Reassessment

Providers, Patients/Populations & Priorities Change over Time - So Should You!

Administrative & Regulatory Activities

- Scope of services
- Laws & regulations
- Practice standards & guidelines
- Policies & procedures
- Human resources
- Resources
- Finances
- Non-direct patient care activities (committees, projects, education)
Key Takeaways

- Involve stakeholders in needs assessment and service development proposals.
- Repeat needs assessment and reassess solutions regularly, and modify practice to meet changing needs.

Key Takeaways/Resources


Post-Test Questions

1) What is the goal of practice management?
   a) Optimize patient care
   b) Increase efficiency
   c) Allow practice at top of scope
   d) All of the above
Post-Test Questions
2) Which of the following is a key component of practice management?
   a) Having a mission statement, goals and defined scope of practice
   b) Following laws, regulations, practice standards, and guidelines
   c) Creating policies and procedures, job aids, etc.
   d) All of the above

Post-Test Questions
3) Which of the following is recommended to improve your practice management?
   a) Copy (exactly) another ambulatory pharmacy practice for your site
   b) Exclude other professions/disciplines from discussion about your practice
   c) Repeat a needs assessment for your site as needed
   d) Keep your practice as is: “If it ain’t broke, don’t fix it”

Post-Test Questions
4) How can you incorporate practice management into ambulatory care pharmacy services?
   a) Work with HR and other teams on policies, procedures, etc.
   b) Collaborate with care team members
   c) Implement rapid-cycle improvement/PDSA techniques
   d) All of the above
Panel Management - Tracking

- Lost to follow-up
- Panel size/volume
  - Complexity/acuity
  - Depth
  - Frequency
  - Duration
  - Collaboration
- Productivity & outcomes

Discharging Patients

- Achievement of therapeutic goal
- Violation of organization’s policies
  - Violence, behavior
- Non-adherence?

→ Policy or conditions of collaborative agreement
Patient Management Challenges

- Leadership request for pharmacy services
- Physician/team support for pharmacy services
- Patients that need pharmacy services

= Need for prioritization strategies

Scorecard/Risk Stratification Tools

- Reports based on certain criteria
- Scoring grid
  - Combines “lists” and registries
  - Various points assigned to different factors
  - Sortable by individual factor or total
  - Goals:
    - 1 master list vs multiple lists
    - Identify who is at risk that we don’t know about (proactive vs. reactive)
    - Ability to prioritize based on profession (pharmacist vs. case manager)