

# It's a team sport: Models of palliative care pharmacy practice

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Professor and Executive Director, Advanced Post-Graduate Education in Palliative Care

Program Director, Online Master of Science in Palliative Care

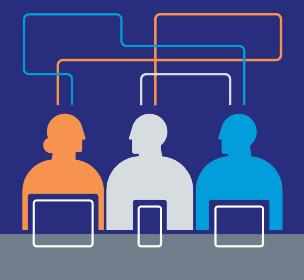
Department of Pharmacy Practice and Science

University of Maryland School of Pharmacy

## Programs:

1. MD Anderson
2. Ohio Health
3. MedStar Health





# CAPC National Seminar and Boot Camp 2017

## Practical Tools for Making Change

November 9-11, 2017

Sheraton Grand Phoenix | Phoenix, Arizona

## Pre-Seminar Boot Camp: Developing Palliative Care in Community Settings

November 8, 2017

### 2017 SEMINAR THEMES

- Program design for all care settings
- High-functioning teams
- Health equity in palliative care
- Quality measurement

### HIGHLIGHTS

- Interactive sessions on cutting edge topics
- Networking events to connect and share ideas
- Office Hours with Seminar faculty for deep dive Q&A
- Poster session and reception

## KEYNOTE LINEUP



**Diane E. Meier, MD, FACP**  
Director, Center  
to Advance  
Palliative Care



**Eric Widera, MD**  
Co-founder,  
Geri-Pal



**Kimberly  
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# Faculty Disclosures

→ We have no disclosures



# Learning Objectives

- Describe three models of palliative care pharmacy practice
- Discuss the integration of pharmacists into a palliative care team

# General Principles of Palliative Care

- Patient and family as unit of care
- Attention to physical, psychological, cultural, social, ethical and spiritual needs
- **Interdisciplinary team approach**
- Education and support of patient and family
- Extends across illnesses and settings
- May balance comfort and curative treatments
- Appropriate at any stage of the disease

<http://www.capc.org/building-a-hospital-based-palliative-care-program/implementation/staffing>

# Standard PC Teams

→ “A typical palliative care interdisciplinary team is composed of a physician, an advanced practice nurse, a social worker and a chaplain, all specialists in palliative care.”

– CAPC

→ “Palliative care specialists and interdisciplinary palliative care teams, including board-certified palliative care physicians, advanced practice nurses, and physician assistants, should be readily available to provide consultative or direct care to patients/families who request or require their expertise”

– Guidelines National Comprehensive Cancer Networks

# Why a Pharmacist?

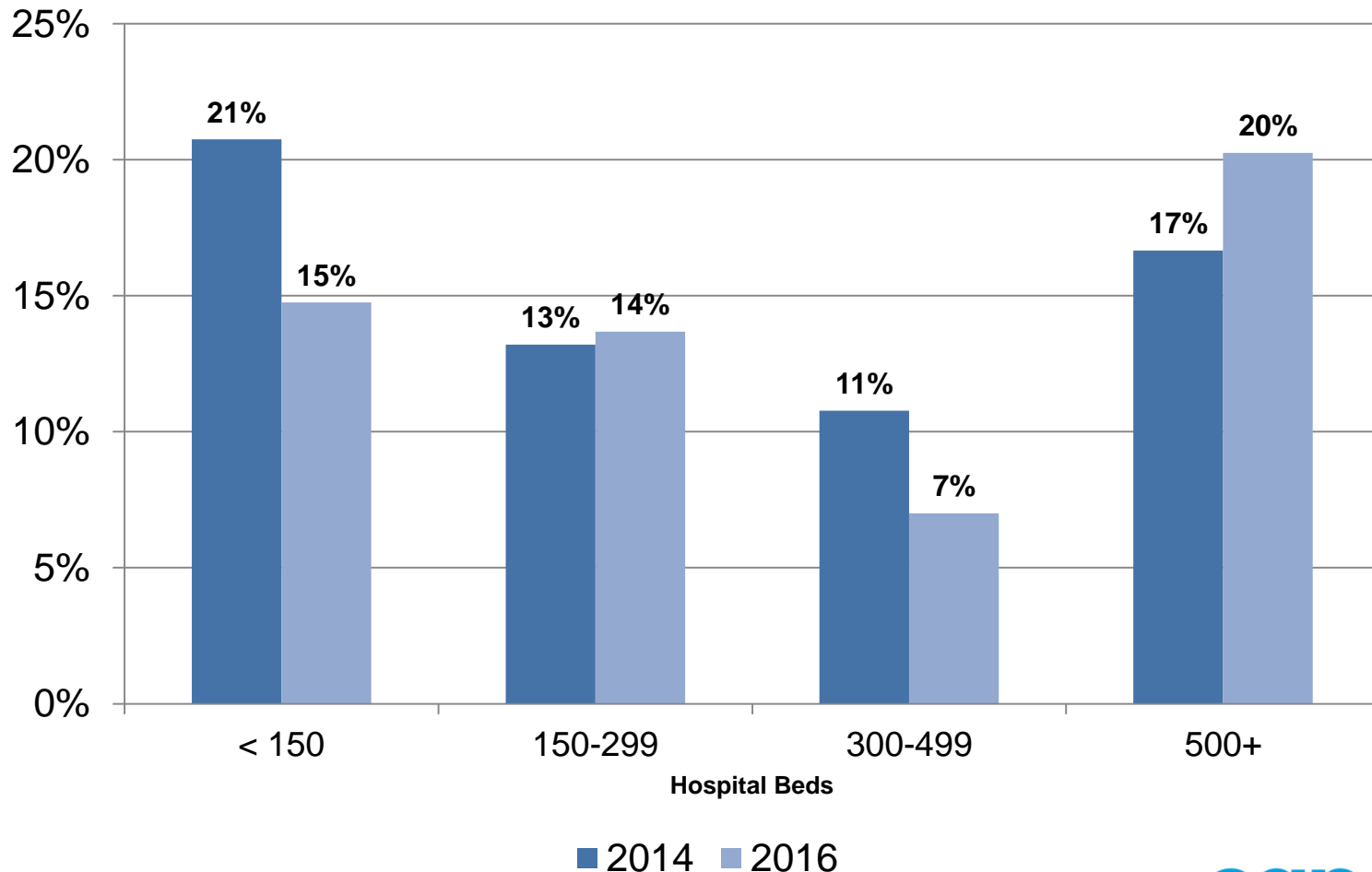
- Administration on Aging predicts that by the year 2030 there will be more than 72.1 million Americans over age sixty-five in the United States
  - Many of these elderly people will have at least one, if not more, chronic medical conditions
- People with chronic medical conditions are the most frequent health care utilizers accounting for 81% of all hospital admissions, and 91% of prescriptions filled
- Medications are involved in 80% of all treatments
- Drug-related morbidity and mortality in this country costs nearly \$200 billion dollars annually



# Clinical Pharmacy Training

- Undergraduate training
- 4 years of pharmacy school (Doctor of Pharmacy degree)
- PGY1 pharmacy residency
- PGY2 specialty residency in palliative care/pain management
- Other avenues:
  - Master of Science in PC
  - Traineeships
  - Fellowships
  - Certifications (e.g., Certified Pain Educator)

# Programs Reporting Pharmacists on PC Team



# Overall

- 13% of programs reported having a pharmacist on PC team (14.4% in 2014)
  - Average 0.6 FTE for programs with pharmacist



# OhioHealth Palliative Care

Jessica Geiger-Hayes, PharmD, BCPS, CPE  
Palliative Care Clinical Pharmacist

Charles von Gunten, MD, PhD  
Vice President, Medical Affairs, Hospice and Palliative Care  
Columbus, Ohio



# OhioHealth

**Not-for-profit, faith-based health system**

*West Ohio Conference of United Methodist Church*

**42 sites**

**28,000 staff**

**3,500 physicians** (800 employed)

**5,000 volunteers**

**12 hospitals**

(member)



# Palliative Care at Ohio Health

- Palliative Medicine is provided at 6 hospitals
  - Each site is staffed differently depending on needs of the hospital and funding from each site
  - Typical team includes Physician, Advance Practice Nurse, PharmD, Social Work and Chaplain
    - 2 pharmacists at Riverside
    - 1 pharmacist at Grant

# Palliative Care at OhioHealth

- First pharmacist was placed at Riverside
  - Avg. palliative census ~ 30-35 patients
- System consult volume
  - FY 2017 ~ 5364 consults

# How and why was a palliative care pharmacist established

→ Asked for a pharmacist

- No currently employed pharmacists had training
- Wanted someone hired to help provide education to the rest of the pharmacy team



# How is the palliative care pharmacist position justified?

## → Combination

- Cost avoidance + fee for service revenue
  - Measure cost of care reduction as a system

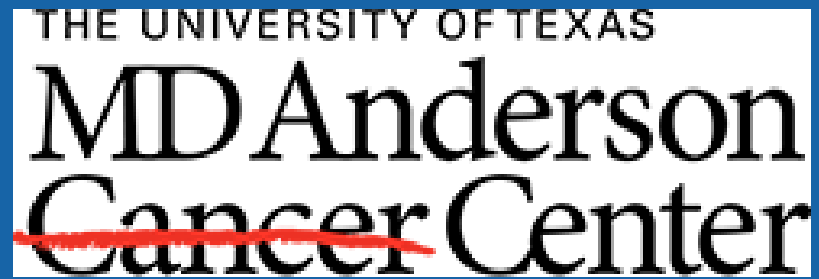
# Pharmacist Roles

## Current State

- Symptom management
- Education
- Drug information
- Phone support for hospitals without on-site pharmacists
- Committee work

# Pharmacist Roles Future State

- Privileging inpatient pharmacists
- Ambulatory support
- Expanded hospice support



# MD Anderson Cancer Center

## Palliative Care

Eden Mae Rodriguez, PharmD, BCPS  
Clinical Pharmacy Specialist – Supportive/Palliative Care

Mariberta Vidal, MD  
Assistant Professor, Palliative Care, Rehabilitation and Integrative Medicine  
Houston, Texas



# Practice Site Background Information

## MD Anderson Cancer Center

- More than 650 inpatient beds
- Over 5,100 outpatient clinic visits per day

## Supportive / Palliative Care Group

- ***Inpatient Unit***
  - Acute Palliative Care Unit with 12 beds
  - Has 1 dedicated palliative care pharmacist who rounds with team
- ***Outpatient Clinic***
  - Started with 1 outpatient clinic and about 800 visits per year
  - At present, 2 outpatient clinics over 8,500 visits per year
  - Has 1 dedicated palliative care pharmacist in main clinic
- ***Inpatient Consult Service***
  - Started with 1 team and 278 consults and follow ups per year
  - Today we have 6 teams and 5700 consults and follow ups per year
  - Palliative care pharmacists are available for telephone consults
  - Majority of inpatient teams have a dedicated clinical pharmacist

# How and why was a palliative care pharmacist established?

Clinical pharmacists were needed to:

- Assist with symptom control by reviewing the medication regimen
- Provide opioid and medication education to patients and their families
- Serve as a drug information resource to physicians, fellows, midlevel practitioners, and nurses
- Assist with discharge planning, reconciliation, and education for patients and their families
- Assist in the development and revisions of policies, protocols, order sets, and algorithms

# How and why was a palliative care pharmacist established?

- **Establishment and growth of palliative care group led to an increase in palliative care utilization**
  - Increase in the number of patients being referred to the Palliative Care consult service
  - Plans to open an inpatient acute palliative care unit
- **Palliative care patients are on multiple medications and are at risk for multiple potential drug interactions**
- **Requested pharmacy support by faculty physician**
  - Evaluation by pharmacy department
  - FTE part of pharmacy department

# How is the palliative care pharmacist position justified?

- Clinical pharmacy positions justified based on improving patient safety and efficiency than in dollars
- Drug therapy management protocols for institutionally administered medications and opportunities for collaborative practice agreements for outpatient medication management to improve patient outcomes and increase efficiency
- Documentation include iVEnts in EPIC and dictation of notes



# Roles and responsibilities of the palliative care pharmacist

- Assist with pain and symptom control
- Provide medication therapy management services
  - Review medications for gaps in symptom control or disease management
  - Review the appropriateness of medications
  - Provide discharge reconciliation
- Provide telephone follow up for complex pain patients and assist with any transition of care issues related to pain or other symptoms

# Roles and responsibilities of the palliative care pharmacist

- Involved in close monitoring of patients at high risk for opioid misuse
- Involved in service specific initiatives
- Participate in departmental research collaboration

# Roles and responsibilities of the palliative care pharmacist

## Patient and family

- Provide direct patient care in acute palliative care unit and in the outpatient clinic
- Provide telephone follow up for complex pain patients and assist with any transition of care issues related to pain or other symptoms
- Review medications for appropriateness or gaps in treatment
- Assist with discharge planning and reconciliation
- Provide patient education upon discharge

## Trainees

- Provide education and serve as a resource for Palliative Care fellows, and rotating medical residents and fellows

# Roles and responsibilities of the palliative care pharmacist

## Pharmacy

- Serve as preceptors for P4, PGY1, and PGY2 pharmacy residents
- Highly involved in pharmacy education
  - Case series for University of Houston
  - Shared Student Instruction for rotating P4 students
  - Cancer Pain Forum for Oncology Pharmacy Residents

## Institution

- Reviews and updates institutional algorithms, policies and procedures, and order sets related to pain or symptom control
- Serves on multiple committees within the institution



# MedStar Health

# Palliative Care Service Line

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Senior Clinical and Scientific Director of Palliative Care, MedStar Health

Christopher D. Kearney, MD

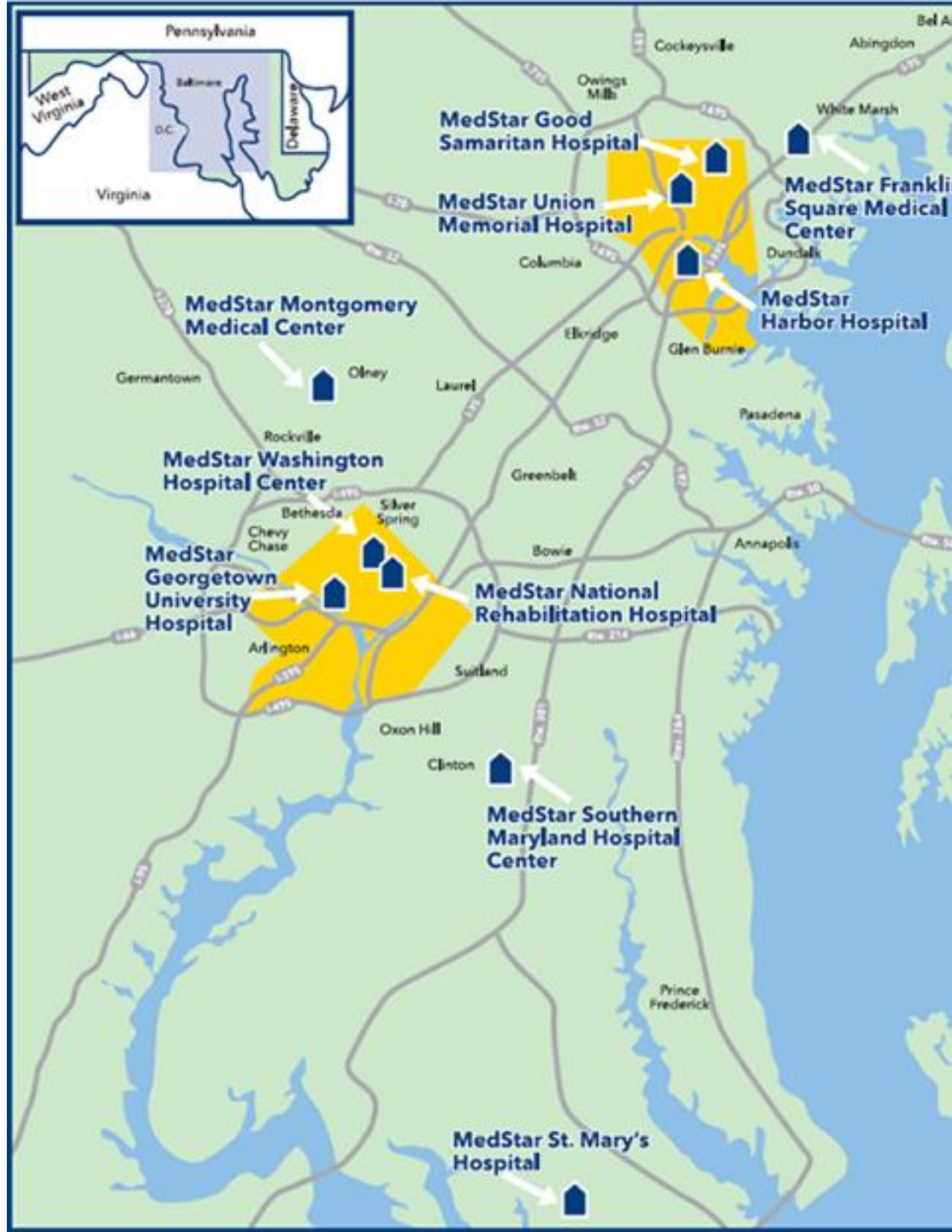
Medical Director of Palliative Care, MedStar Health



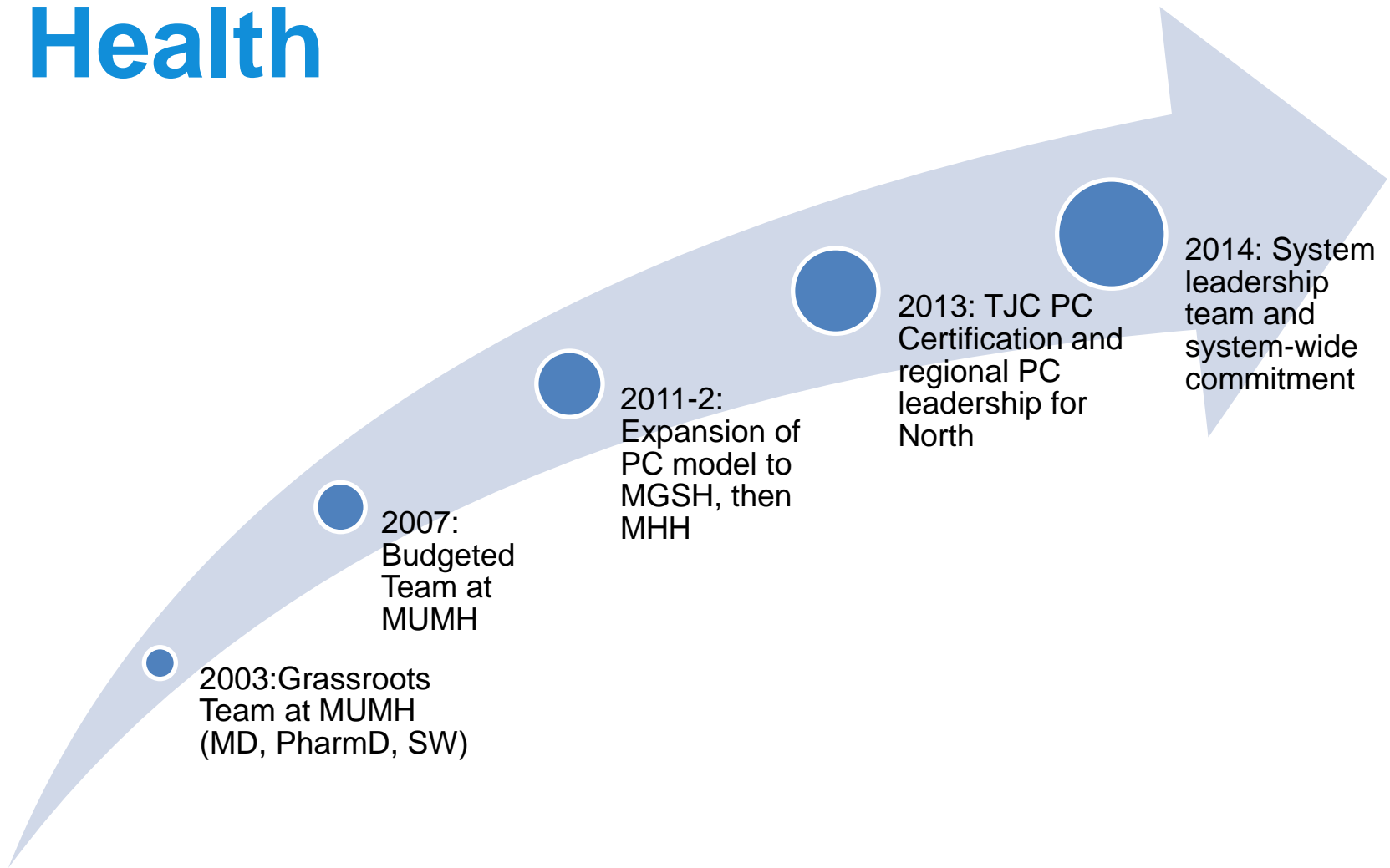


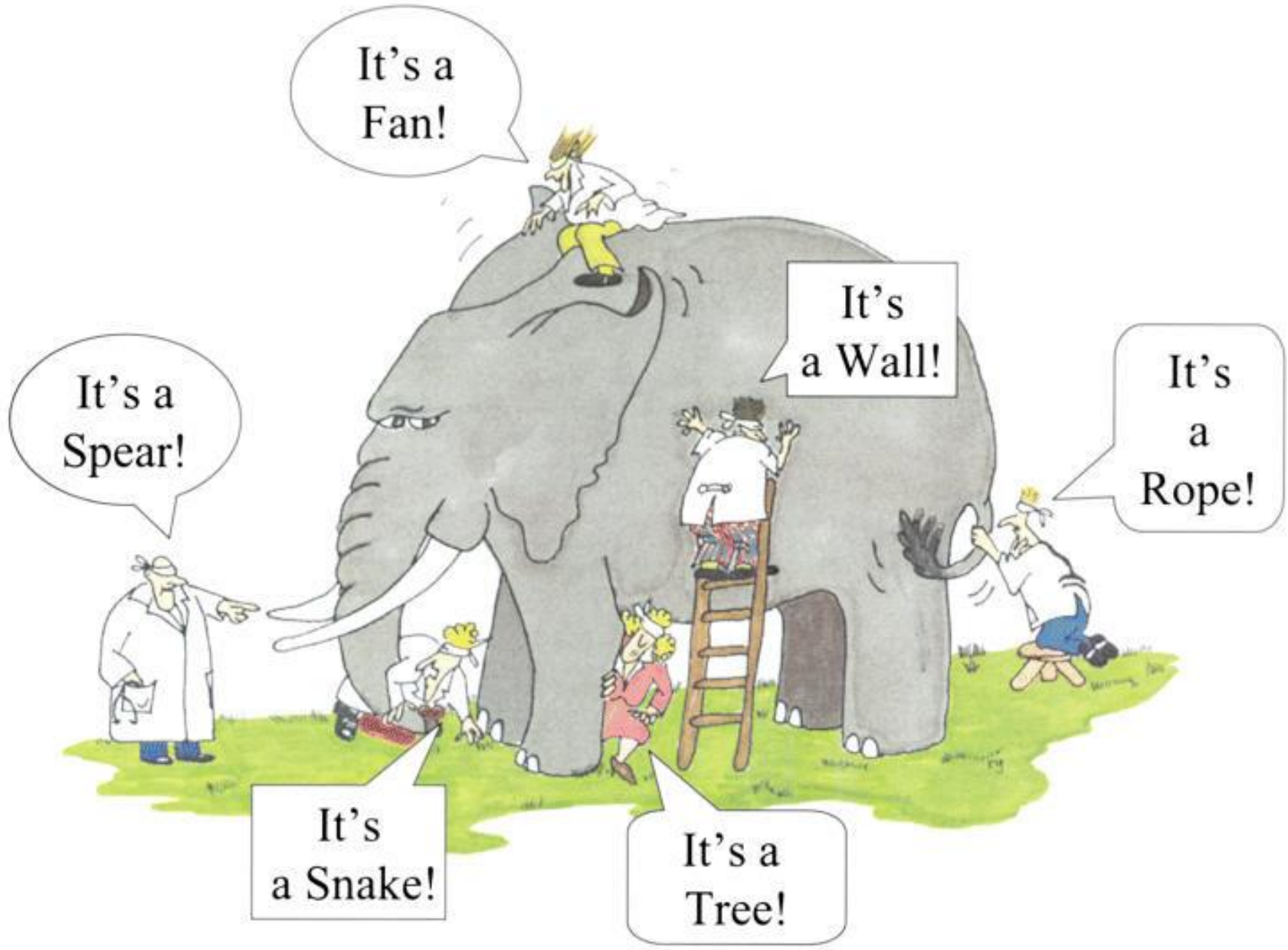
# MedStar Health

→ 10 hospital health system in Washington DC-Baltimore, MD area



# The Story of PC at MedStar Health





It's a Fan!

It's a Wall!

It's a Rope!

It's a Snake!

It's a Snake!

It's a Tree!

It's a Snake!



# Skills Required for Team Members

- Complex medical evaluation
- Expert pain and symptom management
- Professional-to-patient and family communications
- An ability to address difficult decisions about the goals of care
- Sophisticated discharge planning
- An ability to deliver continuity of care and reliable access to services

<http://www.capc.org/building-a-hospital-based-palliative-care-program/implementation/staffing>

# Establishing the Pharmacist Position

- Following PGY2 residency training in Palliative Care came to MUMH (2003)
  - Based in pharmacy department dedicated to oncology
    - Pursued development of PC team in partnership with MD/SW outside of full time responsibilities
  - Became faculty (50/50) through Dept. of Medicine dedicated to PC team for clinical time
    - Benefit (freedom to practice at top of license) vs Risk (FTE under scrutiny as an outlier in dept)

# Roles and Responsibilities of PC Pharmacists

- Role: transdisciplinary bedside pharmacist
  - All the good stuff pharmacists do:
    - Provide expertise in medication use, symptom management, and assessment of the risks and benefits of therapy and provision of continuity of care.
  - Act as a team member on PC consult team
    - Consultation intake, follow ups, leading family meetings, spiritual assessments, psychosocial assessments

# Pharmacist Scope of Practice

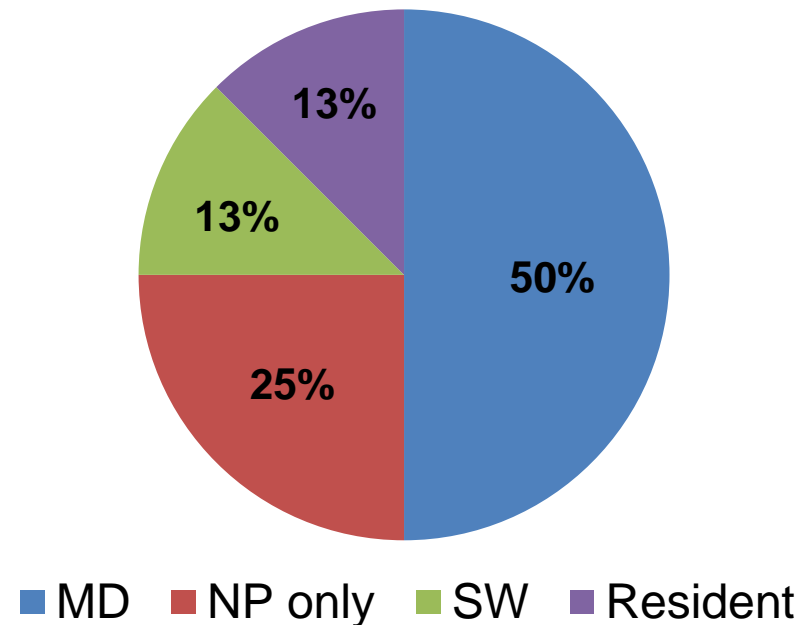
Clinical Activities	MD/NP	SW	PharmD
Advance Care Planning	✓	✓	✓
Disease State Education	✓	✓	✓
Symptom Assessment	✓	✓	✓
Goals of Care	✓	✓	✓
Medication Recommendations	✓		✓
Billing for inpatient consultation	✓		
Prescribing Meds	✓		
Diagnosing and prognostication	✓		

# A pharmacist leading family meetings?!

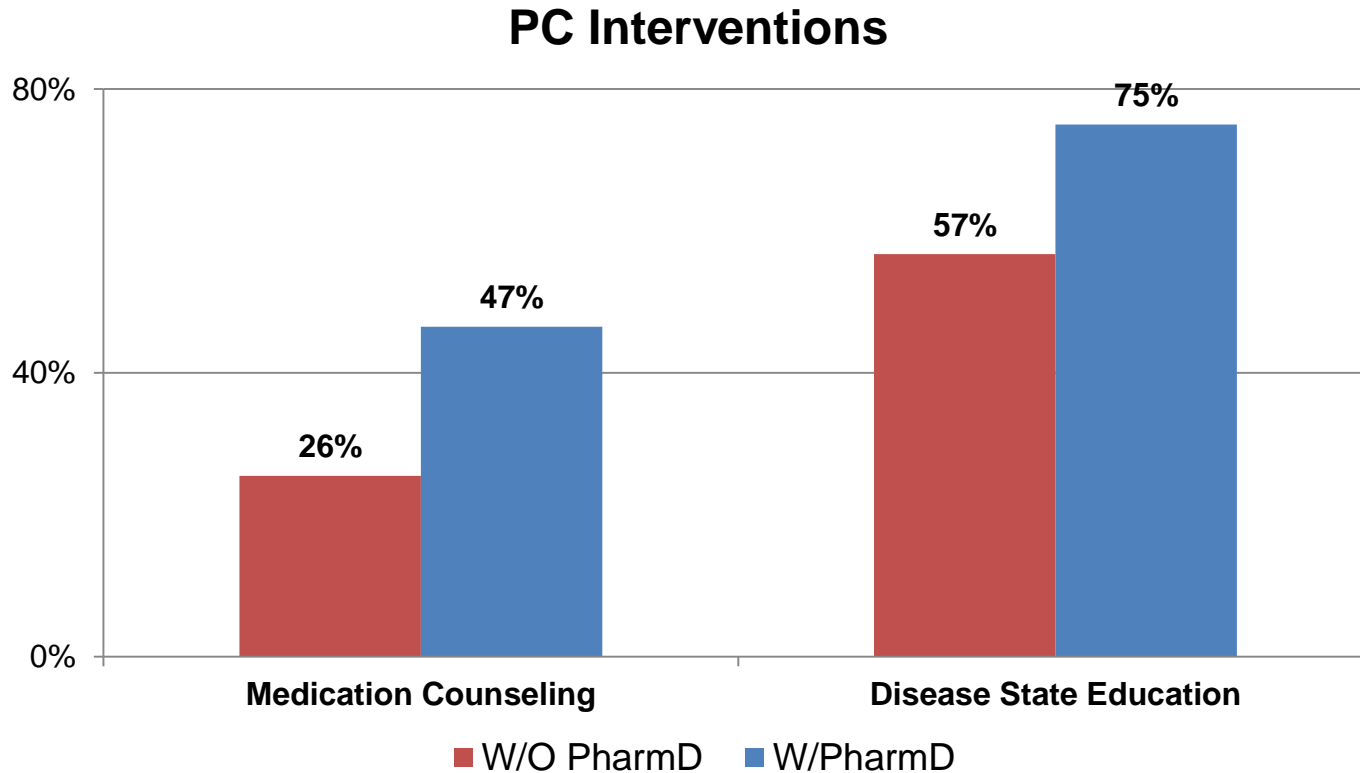
→ Survey of 80 family members representing 40 family meetings (20 with Rx, 20 w/o Rx)

Topics Discussed in Meeting		
	W/ RX	W/O RX
Pain or symptom management	71%	33%
Communication of new diagnosis	53%	28%
Communication of end stage or terminal prognosis	100%	44%
Goals of care	100%	97%
Hospice discussion	47%	42%
Other	35%	11%

Disciplines present with PharmD in Family Meetings



# Clinical Impact



Teams with and without pharmacists report equal frequency of moderate/severe symptoms

# Value of pharmacists working at the top of their license

- 1. Pain and symptom assessment
- 2. Medication expertise
  - a) Home med review
  - b) Current reconciliation
  - c) Give expert, evidence based medication recommendations to primary team (and PC team)
  - d) Deprescribing
  - e) Managing pharmaceutically complex transitions
  - f) Educating patient/family/providers
- 3. Palliative clinical skills

# Justifying the Role of PC Pharmacists on the Team

- Used team impact data to support team structure
  - Critical to have physician/leadership support
  - Advocate for role and collect your own data to support it



# Recent Example (FY17)

Measure	Outcomes	Financial Impact
Readmission	83 RA prevented	<b>\$1.6 million</b> (reward + direct costs avoided)
Cost savings	\$260 per patient	<b>\$222k</b>
Length of stay	3,904 hospital days saved	<b>\$4.5 million</b>
Hospital acquired conditions	22% change in adjustment	<b>\$1.2 million</b>
<b>Total</b>		<b>\$7.5 million annually</b>

# Justifying the Role of PC Pharmacists on the Team

- Additional billing: one additional consultation per day + one additional follow up
  - \$138k billing collections

# Dosing a pharmacist

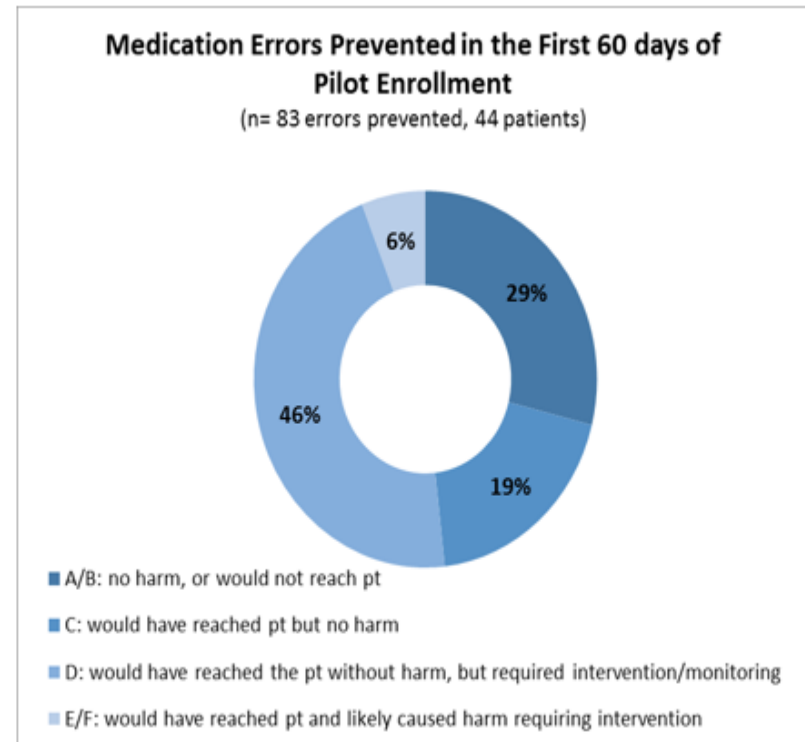
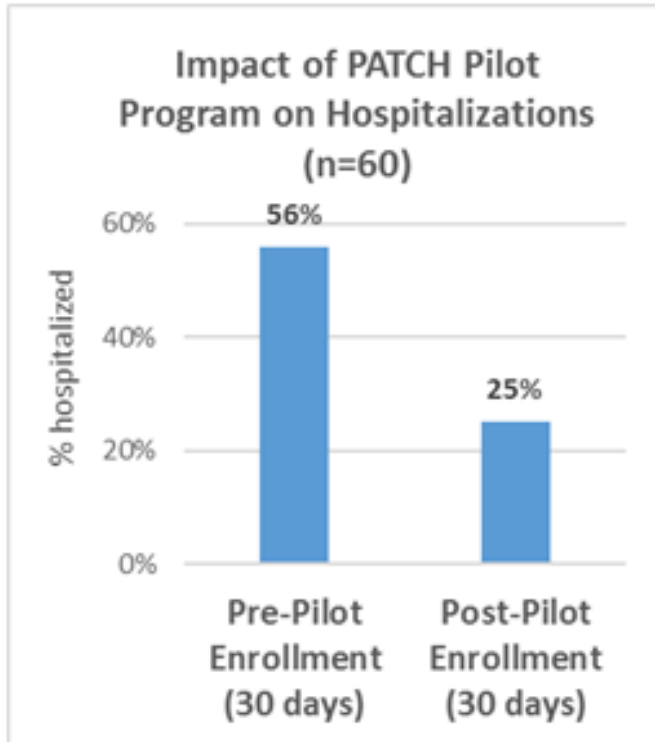
- How much pharmacy support do you need?
  - Assuming high functioning team philosophy and advanced specialty training
  - Per 500 consultations/yr
    - 0.5 MD FTE
    - 0.5 PharmD FTE
    - 1 NP FTE
    - 1 SW FTE

# Growth of PC Pharmacy as a Health System Standard

- With growth of PC to service line (2014)
- Reporting within Department of Medicine (along with rest of PC team) with dotted line to Pharmacy Department (part of Pharmacy family)
  - FY15:
    - Second FTE at MWHC
    - Third FTE at MGSB/MUMH, changed to single site 6 months later
  - FY16
    - Fourth FTE at MUMH
    - Fifth FTE at MMMC (shared faculty position with U of MD SOP)
  - FY18
    - Sixth/Seventh FTE at MWHC/MUMH in FY18

# PaTCH<sup>2</sup> Program (Pharmacist run)

(Palliative Telehealth Connecting Hospital to Home)



# What specialty trainings are available for palliative care pharmacists?

**What is the difference between a specialist palliative care and generalist pharmacist?**

**What does interprofessional  
team collaboration look like at  
your institution?**



# More Resources



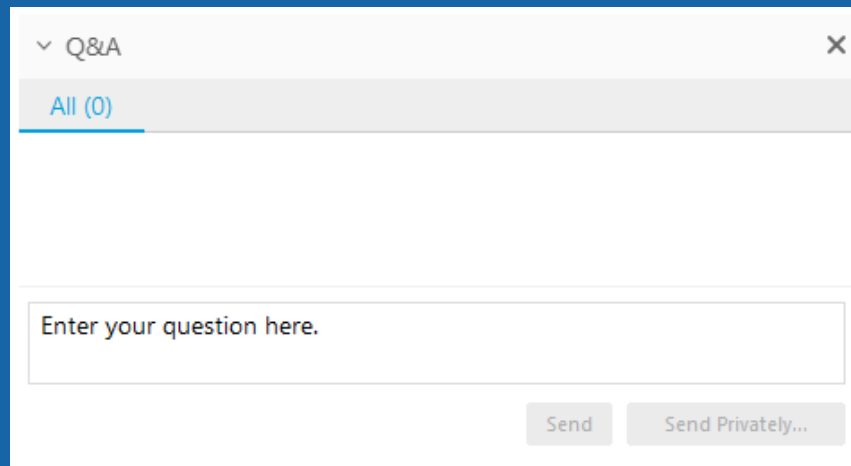
SOCIETY *of*  
PALLIATIVE CARE PHARMACISTS

An organization for pain and palliative care pharmacist practitioners

- Society of PC Pharmacists
  - <http://www.palliativepharmacist.org/>
- CAPC: PC pharmacist job description will soon be available (pending approval from SPCP board)
- American Society of Health-System Pharmacists.  
**ASHP guidelines on the pharmacist's role in palliative and hospice care.** Am J Health-Syst Pharm. 2016; 73:1351–67.
  - <https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines-pharmacists-roles-palliative-hospice-care.ashx?la=en>

# Questions?

Please type your question into the questions pane on your WebEx control panel.



A screenshot of the WebEx Q&A interface. The window title is "Q&A" with a dropdown arrow on the left and a close button (X) on the right. Below the title bar is a tab labeled "All (0)". The main area is empty. At the bottom, there is a text input field with the placeholder text "Enter your question here." and two buttons: "Send" and "Send Privately..."