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
Practical Tools for Making Change
November 9-11, 2017
Sheraton Grand Phoenix | Phoenix, Arizona

2017 SEMINAR THEMES
➔ Program design for all care settings
➔ High-functioning teams
➔ Health equity in palliative care
➔ Quality measurement

Pre-Seminar Boot Camp: Developing Palliative Care in Community Settings
November 8, 2017

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 Sherell Johnson, MD
National Health Disparities Expert

Ira Byock, MD
Co-founder, Providence Institute for Human Caring

Lauren Taylor, MDiv, PhD(c)
Co-author, The American Health Care Paradox

Matthew Gonzalez, MD
Associate Medical Director, Providence Institute for Human Caring

Lynn Hill Spragens, MBA
Leading National Palliative Care Consultant

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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

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

Data courtesy of National Palliative Care Registry™ survey
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

CAPC Center to Advance Palliative Care
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

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

Kathryn A. Walker, PharmD, BCPS, CPE
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

2003: Grassroots Team at MUMH (MD, PharmD, SW)

2007: Budgeted Team at MUMH

2011-2: Expansion of PC model to MGSH, then MHH

2013: TJC PC Certification and regional PC leadership for North

2014: System leadership team and system-wide commitment
It's a Fan!

It's a Wall!

It's a Spear!

It's a Snake!

It's a Tree!

It's a Rope!
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

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

<table>
<thead>
<tr>
<th>Clinical Activities</th>
<th>MD/NP</th>
<th>SW</th>
<th>PharmD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance Care Planning</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Disease State Education</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Symptom Assessment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Goals of Care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medication Recommendations</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Billing for inpatient consultation</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribing Meds</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosing and prognostication</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A pharmacist leading family meetings?!

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

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

Disciplines present with PharmD in Family Meetings:
- MD: 50%
- NP only: 25%
- SW: 13%
- Resident: 13%
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)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Outcomes</th>
<th>Financial Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readmission</td>
<td>83 RA prevented</td>
<td>$1.6 million (reward + direct costs avoided)</td>
</tr>
<tr>
<td>Cost savings</td>
<td>$260 per patient</td>
<td>$222k</td>
</tr>
<tr>
<td>Length of stay</td>
<td>3,904 hospital days saved</td>
<td>$4.5 million</td>
</tr>
<tr>
<td>Hospital acquired conditions</td>
<td>22% change in adjustment</td>
<td>$1.2 million</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$7.5 million annually</strong></td>
</tr>
</tbody>
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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 MGSH/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
PaTCH² Program (Pharmacist run) (Palliative Telehealth Connecting Hospital to Home)

Impact of PATCH Pilot Program on Hospitalizations (n=60)

<table>
<thead>
<tr>
<th></th>
<th>% hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Pilot Enrollment (30 days)</td>
<td>60%</td>
</tr>
<tr>
<td>Post-Pilot Enrollment (30 days)</td>
<td>25%</td>
</tr>
</tbody>
</table>

Medication Errors Prevented in the First 60 days of Pilot Enrollment (n= 83 errors prevented, 44 patients)

- A/B: no harm, or would not reach pt
- C: would have reached pt but no harm
- D: would have reached the pt without harm, but required intervention/monitoring
- E/F: would have reached pt and likely caused harm requiring intervention
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 PC Pharmacists
  – http://www.palliativepharmacist.org/

➔ CAPC: PC pharmacist job description will soon be available (pending approval from SPCP board)

Questions?

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