August 2019 Webinar at Work

"Putting T2G webinars into practice"

Webinar: "Embedded Pharmacists in Primary Care"
Speakers: James Kalus, Pharm.D. of Henry Ford Medical Group
Webinar Date: August 15, 2019

Summary: Henry Ford Medical Group (HFMG) has demonstrated success integrating pharmacists in their primary care facilities. An embedded pharmacist is physically located in the clinic 2-5 days per week to develop relationships with providers, and conducts face-to-face, virtual, or telephonic encounters with patients.

With a growing chronic disease burden placed on primary care, embedded pharmacists provide a complementary skillset to the existing care team to identify medication non-adherence challenges, medication access issues, and facilitate additional patient education. HFMG utilizes analytics tools to proactively identify patients with an uncontrolled chronic disease, such as diabetes. The pharmacist then schedules a separate "touch point" with these patients. Equipping primary care with embedded pharmacists allows for more efficient scheduling, increased patient encounters, and better results with lower physician work burden.

Implementation Tips:
1. Identify a physician champion
2. Leverage analytics to identify priority patients (e.g., patients with Type 2 diabetes who are not at goal) for pharmacist engagement
3. Integrate pharmacist into workflow
    - Explore options for pharmacist to conduct face-to-face, virtual, or telephonic visits with priority patients to advance clinical goals (e.g., review medications, address changes to treatment plan)

Team Discussion:

1. What role do pharmacists currently play in improving diabetes care in our organization?

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2. How can the pharmacist's skillset complement our existing diabetes care team?

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3. Within our diabetes patient population, which patients would benefit most (e.g., patients with A1c >9, patients with medication adherence challenges, etc.) from an intervention with an embedded pharmacist? How can we better leverage our data to identify those patients?

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4. How can we integrate pharmacists into our existing workflows? What touch points can pharmacists leverage to build relationships with patients? (e.g., face-to-face visits, telephone encounters, etc.)

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5. How can we fund an embedded pharmacist in our organization?

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Additional Notes:

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Next Steps:

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