



Eligibility and Expectations

Michigan Pharmacists Transforming Care and Quality (MPTCQ) Collaborative Process Initiative (CPI) is a statewide collaborative initiative, whose goal is to improve patient care and outcomes through integration of clinical pharmacists in direct patient care in the state of Michigan. This program is modeled after the successful University of Michigan Health System integration of pharmacists in the ambulatory care setting. Process improvement efforts are initially focused on caring for patients with diabetes, hypertension and hyperlipidemia and providing comprehensive medication review, with future plans for expanding to other services. MPTCQ is funded by Blue Cross Blue Shield of Michigan.

The Coordinating Center is responsible for mentoring, assisting and providing consultative feedback to Pharmacy Transformation Champions in order to achieve this goal. Coordinating Center contact:

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Eligibility

To participate in MPTCQ, the physician organization (PO) should have:

- Pharmacist (PharmD) performing clinical work within the physician organization.
- 2 – 4 mid-to-large, primary care practice sites, with appropriate volume of patient panel and PCMH designation.
- Strong interest in and commitment to embedding pharmacists into direct patient care settings.

Funding Provided

Year 1 = \$104,000

Year 2 = \$31,200

Expectations – Physician Organization and Practice Unit Participation

To successfully participate in this project, physician organization and practice units will be expected to do the following:

1. Sign Participant Agreement
2. Identify/hire Pharmacy Transformation Champion
3. Identify practice sites and introduce program to practice site leadership and staff.

4. Collaborate with Pharmacist Transformation Champion to provide disease management and comprehensive medication review services established by the MPTCQ Coordinating Center.
5. Assist in establishing collaborative practice agreement with Pharmacist Transformation Champion and physicians
6. Provide private office space/work area for Pharmacist Transformation Champion to conduct private one-on-one clinical appointments with patients.
7. Provide support for scheduling appointments for Pharmacist Transformation Champion.
8. Provide electronic access to the full medical record to Pharmacist Transformation Champion.
9. Attend collaborative-wide meetings.
10. Thoroughly and accurately collect data for all patients, regardless of insurance provider.
11. Respond to queries from the Coordinating Center in a timely manner.
12. Contribute data and information that could be used in peer-reviewed publications.
13. Collaborate with practice sites to devise an improvement plan based on data collected by the Coordinating Center.
14. As the program matures and the organization finds value in the pharmacist's contribution, we expect each physician organization will fund additional clinical pharmacists, thus expanding the clinical program across their practice sites.

Expectations – Pharmacy Transformation Champion

To successfully participate in this program, Pharmacy Transformation Champion will be expected to do the following:

1. Provide disease management and comprehensive medication review services established by the MPTCQ Coordinating Center.
2. Dedicate four days per week at the practice sites delivering direct patient care and one day per week for program planning and development.
3. Collect patient data, as directed by Coordinating Center.
4. Participate in regular conference calls with the Coordinating Center for mentoring, training and follow-up.
5. Participate in Boot Camp in an intensive process and administrative training in the fall (2 days).
6. Complete care management training through a CMRC delivered or approved program.
7. Attend quarterly meetings to learn of program updates, share best practices, discuss program successes and challenges, review quality data and outcomes, etc.
8. Participate in site visits by the Coordinating Center.
9. Collaborate with other Pharmacy Transformation Champions.

Success will be measured by:

Productivity/Service Integration

- Number of unique patients per year
- Number of patient encounters per year
- Number of patient encounters per half-day clinic
- Comprehensive medication review participation and completion rate

Therapeutic Interventions and Impact on Costs

- Number of medications initiated, discontinued, or dosage changed due to efficacy, safety, and/or medication costs
- Estimated drug cost savings to plans and patients

Quality of Care Process Measures:

- Disease control by achieving treatment goal (e.g. A1c control, BP control)
- Improvement in diabetes-related process measures (e.g. eye exam, nephropathy screening)
- Therapeutic monitoring to ensure medication safety
- Medication adherence for targeted disease states or medication classes (e.g. non-insulin diabetes medications, statins, renin-angiotensin system antagonists)
- Evidence based medication use (e.g. statins in patients with diabetes or arteriosclerotic cardiovascular disease (ASCVD), ACE-I/ARB in patients with diabetes and hypertension)