L'linical collaboration

Fairview Pharmacy Services' Nicole Paterson, PharmD, works collaboratively to standardize and advance pharmaceutical care.

Nicole Paterson, PharmD, BCPS, always knew that she wanted to do more than dispensing in her pharmacy practice. The Nebraska-bred pharmacist was determined to expand the definition of traditional pharmaceutical care. "Even before I got accepted to pharmacy school, I knew I wanted to do something unique," she told Pharmacy Today. After graduating from Omaha's University of Nebraska Medical Center in 1996,

Paterson spent a year in a residency at Duke University Medical Center in North Carolina. She subsequently relocated to Minnesota to become a Clinical Float Specialist at Fairview University Medical Center. In 1998, an ambulatory position opened up at Fairview Pharmacy Services (FPS), an LLC and subsidiary of Fairview Health Systems (FHS). FPS has 540 employees, approximately 150 of whom are pharmacists, in more than 30 locations. Paterson, medication therapy management (MTM) provider and Certified Pharmaceutical Care Practitioner, essentially became one of the first pharmacists to practice what we now call MTM.

Training a new kind of pharmacist

"FHS had just merged with the University of Minnesota [UMN] in 1997," Paterson recalled. "The UMN College of Pharmacy wanted to jump-start its pharmaceutical care program, so they trained FPS pharmacists in the outpatient setting to precept students in a new type of practice." Paterson was one of the first pharmacists to be trained by the UMN College of Pharmacy under this model. Now she and nine other pharmacists practice in 13 clinics throughout the Twin Cities under the FPS umbrella. All are trained at UMN's Peters Institute in the philosophy of pharmaceutical care defined by Robert J. Cipolle, Linda M. Strand, and Peter C. Morley in Pharmaceutical Care Practice. The book details the practice management system, cost-effectiveness data, and documentation system employed by FPS

pharmacists. Paterson explained, "It was basically a different philosophy—a philosophy about how to holistically care for patients. take responsibility for their drug-related needs, classify drug therapy problems, and document them." FPS's Operations Manager for the MTM program, Amanda Brummel, PharmD, told Today that

all FPS pharmacists graduating before 1996 are required by the state of Minnesota to participate in either the Peters Institute certifi-

cate program or APhA's Delivering Medication Therapy Management Services in the Community in order to care for Medicaid patients. Brummel added that FPS has always had practitioners go through the Peters Institute program, no matter when they graduate. "It's such a good standardization tool," she said. "We know everyone's on the same page, no matter what pharmacy school they went to, and it really focuses on the systematic process of doing an assessment, care plan, and evaluation on each patient." She added that the documentation software used by FPS ties into the pharmaceutical care philosophy and practice model. "It's a rational way of thinking about medications by first looking at indication, then effectiveness, then safety, and then adherence," she said.

Paterson has been with FPS for 11 years and at its Ridges

internal medicine clinic for 9 years. "We started at the retail site originally, but it wasn't working for us," she said. "It was hard to find the time to spend with patients and also actively dispense. ... It was hard to recruit patients at the pharmacy level and for us to see them," she recalled. At Ridges, Paterson started in a "little closet" and eventually expanded her practice into her own desk and room. She said, "I'm now actually in the clinic with other physicians 2 days a week seeing patients. I have students who

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Rukavina, BPharm; Kristen Fischer, PharmD; Kelly Schweim, PharmD; Mark Abdel-Malak, PharmD, Pharmacy Resident; Amanda Brummel, PharmD, Operations Manager; Nicole Paterson, PharmD; Julie Caffari, Business Specialist; Carolyn Kilgore, PharmD; Dave Miller, BPharm, Director of Operations; Allyson Schlichte, PharmD, MBA; Pharmacists not shown but part of Fairview's MTM team: Amy Busker, PharmD; Jennifer Riegel, PharmD.

FPS's MTM team, shown above: (from left to right, back to front): Djenane Ramalho de Oliveira, PhD, Product Manager; Molly Ekstrand, BPharm; Paull



MTMprofile

come to be precepted and practice pharmaceutical care. We sit down and see patients, take their blood pressure and pulse, and go through their medications trying to get the most out of them."

Emphasis on accountability, organization

FHS's definition of pharmaceutical care emphasizes the responsibility and accountability of the pharmacist. This is embodied in the stringent and detailed documentation and standardization of its practices. The FPS MTM program has collected outcome data on more than 9,000 patients, including data on patients with multiple chronic conditions (defined as 2 or more, with the average being 6.8 per patient), on multiple medications (4 or more, with an average of 12 per patient), and at risk for drug therapy problems.

The simple fact of having 10 pharmacists at 13 clinics serving

thousands of patients necessitated a concerted effort to organize and standardize FPS's pharmaceutical care. Paterson and the other pharmacists document each patient interaction by following a scripted and logical sequence of events, documenting all drug therapy problems from indication to adherence. The order is no accident, Brummel explained. By placing adherence last, FPS takes the blame of drug therapy problems off the patients' shoulders, making it a nonjudgmental interaction. Specific resolution codes are assigned to each case, tied to the patient's condition. "In our drug therapy problems section," she noted, "we can document how we resolved that problem. If we thought we saved an emergency room visit or an office visit or incurred an office visit because we told them to go back and talk to their provider, we can document it." FPS uses Medication Management Systems' Assurance patient care documentation system software to provide data on the outcomes of more than 9,000 patients. The software standardizes the documentation process, allows the user to collect data, and enables FPS to generate reports on common problems, which can be used to develop strategies for MTM service. The 2008 report showed that between September 1998 and September 2008, FPS identified and resolved 38,631 drug therapy problems in 9,068 FPS MTM patients.

Paterson's newest challenge

In March, Paterson is excited to be a part of FHS's care model redesign, which includes three related pilot projects: the Chronic Care Model Pilot for CKD (chronic kidney disease), Depression Involvement Across Minnesota—Offering a New Direction (DIA-MOND), and the Diabetes Integration Project, which encourages self-management of diabetes. Each proposes care delivery through partnerships among patients, clinicians, case managers, social workers, and other community resources to improve patient outcomes and slow the progression of disease, Paterson



drug therapy problems. **Nicole Paterson** has been at the Ridges internal medicine clinic and The simple fact of having 10 with FPS for 9 and 11 years, respectively.

explained. "FHS is bringing a team of health professionals together so they can better collaborate to figure out how to best care for patients. ... FHS sees the value of using pharmacists in the essential role of optimizing drug therapy rather than relying solely on physicians," she told *Today*.

Meetings standardize care

Monthly practitioner meetings give FPS pharmacists a chance to discuss and further standardize FPS's model of care across the practice. "We meet once a month to discuss cases and present and learn what's new," Paterson said. The first half-hour of the meeting is used to present management issues—upcoming contracts with employers, changes to structure, and strategic goals. The next 2 hours are dedicated to "reflective practice," in which the pharmacists bring specific case studies

for peers to comment on.

The meeting focuses on commonly observed drug therapy problems and their resolutions, thereby ensuring consistency. "If we're adding an aspirin because someone needs it for preventive therapy," Brummel said, "we make sure that we're using the same type of resolution codes for consistency." FPS also employs a rigorous quality assurance check system of four cases for each practitioner, which takes place twice a year and ensures correct documentation, good clinical judgment, and care standardization

Soldiering on

Paterson can recall several personal interactions with patients. In one of them, the patient had misunderstood his physician's instructions. "[The patient] didn't speak English, and he had been taking short-acting insulin instead of the long-acting kind," Paterson explained. "He was feeling horrible. I'm surprised he was still alive, taking such a huge amount of short-acting insulin." Paterson contacted the patient's physician and resolved the misunderstanding. "I was grateful that I was in a position to catch this drug problem," she said. "I was amazed at how simple changes to medications can have such an impact on a patient's quality of life. I am an important part of the health care team!"

Paterson hopes to continue what she's been doing to educate patients about the benefits of MTM. "It's like being a little soldier," she said. "We're out here in the community, building relationships with the physicians and breaking down barriers about what people believe a pharmacist can and can't do." Paterson and the rest of the FPS MTM team plan to spread the word and change the public's perception of pharmacy. She said, "Yes, pharmacists can see patients. Yes, we can improve their health by helping them use their drugs to the fullest."

—Beth Farnstrom