

County of Santa Clara
Santa Clara Valley Health & Hospital System
Santa Clara Valley Medical Center



89925

DATE: March 20, 2018
TO: Board of Supervisors
FROM: Paul E. Lorenz, Chief Executive Officer, SCVMC
SUBJECT: Appropriation Modification related to Primary Care Redesign

RECOMMENDED ACTION

Approve Request for Appropriation Modification No. 177 - \$594,671 increasing revenue and expenditures in the Santa Clara Valley Medical Center budget, relating to the Primary Care Redesign. (4/5 Roll Call Vote)

FISCAL IMPLICATIONS

The recommended action would have no net fiscal impact. The increased payroll expenditure of \$594,671 in FY2017-18 and \$2,494,191 in FY2018-19 would be fully offset by increased pharmacy revenue.

REASONS FOR RECOMMENDATION

The adult primary care clinics at Santa Clara Valley Medical Center (SCVMC) provide care for a large number of patients with complex chronic medical conditions. Over 65% of these patients are taking a minimum of eight medications to manage their chronic conditions. Obtaining a list of medications from patients during a primary care visit positively contributes to the clinical evaluation of a patient's medical conditions and gives providers insight into potential medication-related issues. Conducting medication reconciliation can be time consuming and challenging for providers given the complexities of medication regimens. Proper medication reconciliation requires a patient interview, review of their medication history, identification of potential discrepancies, and resolution of those discrepancies. Pharmacists and Pharmacy Technicians have the technical expertise to perform accurate and thorough medication reconciliation, offloading this burden from providers while helping improve patient care and health outcomes. Therapeutic duplications and medication adverse effects can be identified by pharmacists' medication reconciliation.

A pharmacist-led medication reconciliation service was piloted at Valley Health Centers (VHC) East Valley and Milpitas and was a significant success, reducing the risk of adverse interactions, providing targeted patient education, improved patient compliance, and improved health outcomes. Additionally this interaction resulted in improved medication adherence with an increase of prescriptions being filled at SCVMC pharmacies. Indirect benefits including an increase in provider clinic availability and provider education helped contribute to improved clinic operational efficiency and provision of quality care. Specific tasks of the medication reconciliation team included:

- 1) Identifying medication-related discrepancies (e.g., patient taking differently than prescribed, duplicate medications, or taking new medications) and providing a resolution to those discrepancies;
- 2) Identifying clinical interventions (e.g., appropriate medication therapy based on clinical guidelines, significant drug interactions, dose adjustment based on renal function, and contraindications);
- 3) Providing patients with medication-related counseling and answering medication-related questions from patients;
- 4) Assessing and addressing medication adherence by monitoring and filling prescription refills;
- 5) Refilling prescriptions that are due for refill and/or submitting refill authorization requests to providers;
- 6) Updating the patient's medication profile and providing the patient with an accurate medication list;
- 7) Obtaining Controlled Substance Utilization Review and Evaluation System (CURES) reports.

The pilot utilized pharmacy residents and extra help staff to provide services, however due to the limited nature of these types of positions those staffing resources are no longer available. In an effort to expand and continue the medication reconciliation service, Primary Care & Community Health Services, in partnership with the Pharmacy Department, would like to propose the deployment of a full-time Pharmacist and Pharmacy Technician to each adult primary care clinic site. Two full-time Pharmacists and Pharmacy Technicians would be assigned to VHC Moorpark due to the substantial patient population it serves. Approval of seven Pharmacist positions and seven Pharmacy Technician positions would support medication reconciliation services at VHCs East Valley, Gilroy, Milpitas, Moorpark, Sunnyvale, and Tully. Therefore, a combined total of 14.0 FTEs is being requested to staff these six clinic locations.

Approval of the medication reconciliation program aligns with the deployment of multi-disciplinary teams to effectively address the many facets of complex chronic medical conditions and encourages an environment of collaboration and seamless care across disciplines. This model is the foundation for the provision of wraparound care, which seeks to provide individualized care for complex health needs. This initiative is a true embodiment of SCVMC's vision of *Better Health for All*, coordinating care and expertise to provide optimal treatment, healthier outcomes, and an outstanding patient experience.

This enhanced service to patients with five or more prescriptions has been shown to increase the share of prescriptions filled at SCVMC Clinic pharmacies rather than outside pharmacies. SCVMC is confident that this will increase pharmacy revenue by at least enough to cover the cost of the positions.

The Employee Services Agency supports the recommended action.

CHILD IMPACT

The recommended action will have no/neutral impact on children or youth.

SENIOR IMPACT

The recommended action will have a positive impact on seniors with complex medication regimens in that they would receive specialized medication education, regimen adjustment for optimal treatment, and an improved prescription refill experience.

SUSTAINABILITY IMPLICATIONS

The recommended action will have no/neutral sustainability implications.

BACKGROUND

According to the World Health Organization, medication reconciliation is a standard process in which a healthcare professional obtains an accurate medication history from the patient (i.e., medications that the patient has been prescribed and is actually taking) and compares it to the medications that have been prescribed to the patient by the provider. There are three main steps of a medication reconciliation process: 1) collection of the patient's prescription and non-prescription medications through a patient interview, 2) identification of discrepancies between the patient-reported medication list and medications actually prescribed by the provider, and/or 3) resolution of discrepancies and communication of any changes to the patients and healthcare team.

Pharmacist-led medication reconciliation has consistently demonstrated its importance in the realm of treatment today. Studies show that patient medication histories collected by Pharmacy Technicians and Pharmacists have higher accuracy rates than histories collected by

non-pharmacy staff. In a 2015 study conducted by Hart, Price, Graziouse, & Grey, technician-collected medication histories had an 88% accuracy rate versus 57% for non-pharmacy staff. Another study conducted at the Bethesda Family Medicine Clinic utilized Clinical Pharmacists to perform medication reconciliation before the patient was seen by the physician. The Pharmacists found a total of 2,167 discrepancies, with the most common being that the patient was not taking the medication on the list. Finally, a study conducted at an academic internal medicine clinic at Women's College Hospital has shown that medication reconciliation obtained by community pharmacists reduced average physician appointment times by 7.9 minutes.

CONSEQUENCES OF NEGATIVE ACTION

Failure to approve the recommended action would prevent the development of a medication reconciliation program at SCVMC.

STEPS FOLLOWING APPROVAL

The Clerk of the Board of Supervisors will notify Catherine Cummins at Catherine.cummins@hhs.sccgov.org.

LINKS:

- **Linked To:** 89920 : Adoption of Salary Ordinance No. NS-5.18.101 amending Santa Clara County Salary Ordinance No. NS-5.18 relating to compensation of employees adding seven Pharmacist positions and seven Pharmacy Technician positions in the Santa Clara Valley Medical Center.

ATTACHMENTS:

- F85 177 (PDF)