Evaluation of the effectiveness of a clinical associate focused practice model on increasing pharmacist comprehensive medication review efficiency in a call center environment

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Background

• The University of Florida College of Pharmacy Medication Therapy Management (MTM) Communication and Care Center provides a variety of telephonic MTM services to clients.
• Clinical associates and pharmacists work in tandem to provide comprehensive medication reviews (CMRs) to eligible patients in collaboration with a regional health plan.
• The MTM Communication and Care Center has implemented a new, innovative practice model designed to increase the role of the clinical associate in assisting the pharmacist with completing CMRs. Originally, CMRs were initiated by the clinical associate, who would then verify and document the patient’s HIPAA and basic lifestyle information, such as smoking history, diet, and exercise frequency. The clinical associate would then transfer the call to the pharmacist who would obtain full medication usage and ask clinical questions. In a recently implemented practice model, the clinical associate now documents the patient’s medication usage in addition to obtaining HIPAA and lifestyle information, allowing for the pharmacist to focus their efforts, attention, and time on asking relevant clinical questions and making sound clinical decisions. A breakdown of this new model is highlighted in Figure 1.

Objective

• To evaluate the effectiveness of an innovative practice model focused on increasing the role of the clinical associate in improving pharmacist efficiency in completing comprehensive medication reviews.

Methods

• This is a retrospective study designed to compare the efficiency of a pharmacist in completing comprehensive medication reviews with an eligible patient before and after the implementation of the new practice model.
• The primary outcome of this study will be a comparison of the time in minutes that it takes a pharmacist to complete a comprehensive medication review before and after the practice model implementation.
• Secondary outcomes will be a comparison of the number of medication reviews completed within a defined period of time before and after the practice model implementation as well as a comparison of the time in minutes for a clinical associate to initiate and complete their responsibilities before and after initiating the new practice model.

Figure 1

Previous Practice Model

1 CA
HIPAA
Lifestyle

2 RPh
Medication List
Clinical Qs
Documentation

New Practice Model

2 CA
HIPAA
Lifestyle
Medication List

1 RPh
Clinical Qs
Documentation

Results

• Pending

Conclusion

• Through retrospective analysis, the UF MTMCCC aims to show if the new practice model improves efficiency by allowing pharmacists the ability to focus on relevant clinical information while decreasing the amount of time on non-clinical activities.