

**Adding Pharmacists to  
Patient Care Teams  
in Missouri Federally Qualified  
Health Centers (FQHCs)**

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**New CDC 1305 Grant Funding**

CDC 1305 grant funding as moved states' focus to a closer collaboration and integration among previously categorically funded programs (heart disease and stroke, diabetes, school health, obesity and physical activity).

This new grant offered states the option of applying for Basic and/or Enhanced funding.

Every state was awarded 1305 funds to implement Basic Components.

Thirty-two states are funded to implement Enhanced Components.

Missouri is among the states funded to work on both Basic and Enhanced Components.

 Pharmacist Initiative is part of Missouri's Enhanced Component.

## Missouri Overarching Goals For Projects Funded by CDC 1305

**Short Term:** Increase community, school, worksites promoting healthy behaviors across the lifespan; increase community clinical linkages to support prevention, self management and control of diabetes hypertension and obesity; ➡ *Pharmacist Project Goal - Design a pharmacist project that will improve quality and effective care delivery for prevention and management of hypertension and diabetes*

**Intermediate:** Increase consumption of nutritious foods, increase breastfeeding; ➡ *Pharmacist Project Goal - Increase medication adherence; and increase multi-disciplinary team members managing chronic conditions – specifically high blood pressure and A1C*

**Long Term:** This goal links the work from all of our different projects into one overarching goal... *Improve prevention; and better control of obesity, hypertension, and diabetes among Missourians*

## Missouri Overarching Strategies For Projects Funded by CDC 1305

**Basic Component:** Support epidemiology, surveillance and targeted strategies

**Domain 2:** Increase focus on healthy foods, physical activity, school health and worksites

**Enhanced Component:** System level work to provide, leverage and support partner and stakeholder efforts

➡ *Domain 3: Pharmacist Project Strategy - Add pharmacists to the Patient Care Teams in Missouri FQHCs ; when possible use electronic health records and data bases for performance reporting and QI*

**Domain 4:** Increase focus on building capacity for lifestyle change programs, using community health workers, and school policy to address chronic disease conditions

## Why Pharmacists?

### Evidence

The Asheville pharmacist project and other project models show it's effective to use a pharmacist on the multi-disciplinary patient care team. Most of these models provided reimbursement to the pharmacist for service rendered. (CDC 1305 doesn't allow grant funds to be used to pay for direct patient care.)

We know what works in one state may not replicate in another state. Every state has a unique set of key partners, available funds, data capabilities, policies and law, etc.

### Missouri's Opportunity

In 2012, Missouri passed a new pharmacist rule CSR 2150-5.026 to 5.100. In response to the evidence, the new rule, and key partner availability, Missouri Heart Disease and Stroke Program and the Diabetes Program began meeting with Missouri Pharmacy Association (MPA) to identify opportunities to work with pharmacists.

**Discussions pointed to working with Missouri's statewide system of FQHCs.**

## Why Federally Qualified Health Centers (FQHCs)?

Every year, Missouri's system of FQHCs provide primary health care for over **438,000 Missourians** who use an array of payer sources. Approximately **42.6%** of Missouri FQHC patients are Medicaid recipients. (Source: HRSA UDS 2012)

Missouri's system of 29 FQHCs have a total of **138 clinic locations** strategically situated statewide. That positions FQHCs to be an excellent step to begin, then expand, a Pharmacist Initiative.

Missouri's system of FQHCs actively collaborate with each other through a strong relationship with the Missouri Primary Care Association (MPCA). MPCA is one of our key partners. We have a long history of working closely with MPCA to facilitate successful statewide projects with Missouri FQHCs.

## Pharmacist Initiative Goals

### Short Term

- ✓ Expand opportunities for pharmacists to serve as members of the FQHC Patient Care Team
- ✓ Identify quarterly data reporting that uses electronics to develop baselines and chart progress toward intermediate goals

### Intermediate

- ↑ Proportion of patients with **high blood pressure** in adherence with medication regimen (by 5%)
- ↑ Proportion of patients with **diabetes** who are in adherence with medication regimens (by 5%)
- ↑ Proportion of patients with **high blood pressure** using a self-management plan (by 5%)

### Long Term

- ↑ Proportion of patients with high blood pressure in control (NQF 18)
- ↓ Proportion of patients with diabetes who have A1C>9 (NQF 59)

## Pharmacist Initiative Design

The Implementation Team is a collaboration between Missouri MAP staff with project development experience, MPCA, MPA, and Missouri FQHCs. Currently, this team is working on project design and implementation.

Where possible, the project will tap existing EMR and data bases for data collection and reporting (Cyber Access for Medicaid recipients, MoQuIN for NQF 18 and 59). The project will be within the context of the Patient Centered Health Home Model... and that's very important to our FQHCs.

The team decided Phase I will be a Pilot to work on unforeseen issues and improve project design before expanding. Phase II will invite FQHCs statewide. The intent is for Phase III to expand to other interested primary care groups around the state.

**Phase I, the pilot project, is targeted to begin July 2014.**

## Pilot Design

Three to five FQHCs can participate in the pilot. Five are under consideration because of unique characteristics that should bring to light issues that need work.

- One FQHC is urban, one is rural;
- One has a staff pharmacist, one partners with an off-site pharmacist;
- One FQHC has multiple sites.

To keep the pilot manageable, current discussion is to focus on Medicaid recipients with an eye toward expanding to all FQHC patients in the future.

The Implementation Team is discussing benchmarks that will be used for the intermediate measures such as timely prescription refills, patient/pharmacist interaction related to medication education, and self-monitoring blood pressure.

Long term measures (NQF 18 and 59) will be monitored using an existing MPCA/FQHC MoQuIN data base.

*Stay tuned...exciting times ahead!!!*



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*Missouri sends a thank you to the  
Stroke Belt Consortium  
for your continued dedication and  
willingness to share knowledge!*