



**Ambulatory Care  
Practitioners**

## **Patient Centered Medical Home – FAQ**

**Date of Publication: February 2016**

*Contact:*

Director, ASHP Section of Ambulatory Care Practitioners  
[sections@ashp.org](mailto:sections@ashp.org)

**Disclaimer:**

The information contained in this FAQ is provided for informational purposes only and should not be construed as legal, accounting, tax, other professional advice of any kind. No recipients of the report should act or refrain from acting on the basis of any content included in the report without seeking the appropriate legal or other professional advice on the particular facts and circumstances at issue from an attorney licensed in the recipient's state. The content of the document contains general information and may not reflect current legal developments, verdicts or settlements. The ASHP expressly disclaims all liability in respect to actions taken or not taken based on any or all the contents of the document. The content of the document addresses topics of interest to our membership and other audiences, and is offered on a blind basis, without any knowledge as to your specific circumstances. The application and impact of relevant laws will vary from jurisdiction to jurisdiction. There may be delays or omissions in information contained in the document. The content should not be relied upon or used as a substitute for consultation with professional advisers.

©2016 American Society of Health-System Pharmacists. All rights reserved.

### **1. What is a Patient Centered Medical Home?**

A **Patient Centered Medical Home (PCMH)** is defined as a model or philosophy of primary care that is patient-centered, comprehensive, coordinated, integrated, team-based, easily accessible, and committed to quality and safety. The model strives to deliver high quality of care that can lead to lower costs, improved patient experience, and improved health outcomes. PCMH services intention are to be continuous and actively involve patients and their caregivers with health decisions.

For more information: <https://pcmh.ahrq.gov/page/defining-pcmh>

## 2. What are key features of a PCMH?

**Patient-centered:** A partnership among practitioners, the patient, and their families enables that decisions are made with respect to the patient's needs and preferences. Also, it ensures that patients have the right amount of education and support they need to make choices and be proactive in their own care.

**Comprehensive:** A group of care providers acting as a team is accountable for a patient's mental and physical health care needs. This may include prevention and wellness, acute care, and chronic care.

**Coordinated:** Care is organized across all elements of the health care system. This consists of specialty care, hospitals, long-term care, home health care, community services and supports.

**Accessible:** The PCMH strives to provide patients access to care when they need it through, "after hours" care, 24/7 electronic or telephone access, and strong communication through health IT innovations.

**Committed to quality and safety:** Clinicians and staff as a team strive to provide the safest care at the highest level of quality to make sure that patients and families make informed and educated decisions about their health.

Many practices measure performance to ensure the delivery of safe, quality care to patients.

Adapted from the Agency for Healthcare Research and Quality:  
<https://pcmh.ahrq.gov/page/defining-pcmh>

## 3. Where can I find out more about PCMH?

The Agency for Healthcare Research and Quality has a PCMH resource center that is rich with information. This site includes an explanation, evidence, and resources. For more information, visit: <https://pcmh.ahrq.gov/>

The NCQA provides a PCMH Recognition program. To find out more about the application process, visit:  
<http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx>

The Patient-Centered Primary Care Collaborative is a not-for-profit organization that is "dedicated to advancing an effective and efficient health system built on a strong

foundation of primary care and the PCMH". You can find a variety of resources and upcoming events on their website: <https://www.pcpcc.org/>

#### 4. What is the role of the pharmacist in a PCMH?

##### **Embedded Model:**

Pharmacists are the medication experts. As such, pharmacists can play an important role in optimizing therapeutic outcomes and promoting safe, cost-effective medication use for patients. Pharmacy training and pharmacotherapy expertise can be complementary to traditional prescriber roles in team-based care.

Publications supporting embedded pharmacist involvement in PCMHs include promotion of team-based care, enhanced access, care coordination, and improved quality and safety of care.

- Smith M, Bates DW, Bodenheimer T, Cleary PD. Why pharmacists belong in the Medical Home. *Health Affairs* 2010;29(5):906-913.
- Health Policy Committee of the Pennsylvania Pharmacists Association (PPA). The Pharmacists' Role in the Patient-Centered Medical Home (PCMH). Available online: [http://c.ymcdn.com/sites/www.papharmacists.com/resource/resmgr/Policy/The\\_Pharmacists\\_Role\\_in\\_the\\_.pdf](http://c.ymcdn.com/sites/www.papharmacists.com/resource/resmgr/Policy/The_Pharmacists_Role_in_the_.pdf)
- Nigro SC, Garwood CL, Berlie H, et al. Clinical pharmacists as key members of the Patient-Centered Medical Home: an opinion statement of the Ambulatory Care Practice and Research Network of the American College of Clinical Pharmacy.
- Choe HM, Farris HB, Stevenson JG, et al. Patient Centered Medical Home: developing, expanding and sustaining a role for pharmacists. *Am J Health-Syst Pharm* 2012;69:1063-71.

##### **Off-site Model:**

Some work has been done to describe the experience of community pharmacies providing medication management services for PCMHs. This is an area of great potential, but more work is needed to determine the most effective implementation strategies.

- Schnur ES, Adams AJ, Klepser DG, et al. PCMHs, ACOs, and medication management: lessons learned from early research partnerships. *Journal of Managed Care Pharmacy* 2014;20(2):201-205

#### 5. How do you go about embedding a pharmacist into a PCMH?

Ambulatory care pharmacy practitioners can turn to ASHP's *Building a Successful Ambulatory Care Practice: a Complete Guide for Practitioners* to gain valuable information on how to develop or enhance a practice site. Specifically, the text addresses various practice models and settings, including the PCMH model, performing a SWOT (strengths, weaknesses, opportunities, and threats) analysis to aid the pharmacist during the

implementation phase. In a step-by-step manner, the authors guide the reader through creating a practice that includes a discussion on clinical services, business plan, marketing, communication, documentation, quality assurance, risk management and liability, and reimbursement. Alongside the book is a downloadable toolkit that offers sample documents, forms, and case studies to help illustrate the process. The book and toolkit is available for purchase and can be found via the following link:

<http://store.ashp.org/Default.aspx?TabID=251&productId=6744>

Several articles have also addressed and described the integration of a pharmacist into a PCMH model, sharing insight on barriers and lessons learned throughout the process. A common theme amongst the literature has been ensuring that pharmacy services can help meet the standards posed by the National Committee for Quality Assurance (NCQA) for recognition of PCMH. These articles are listed below:

- Patient-Centered Primary Care Collaborative. The patient-centered medical home: integrating comprehensive medication management to optimize patient outcomes. Resource guide. Second edition, June 2012. Available at: <https://www.pcpcc.org/sites/default/files/media/medmanagement.pdf>. Accessed September 10, 2015.
- Choe HM, Farris KB, Stevenson JG, et al. Patient-centered medical home: developing, expanding, and sustaining a role for pharmacists. *Am J Health-Syst Pharm* 2012; 69:1063-71.
- Berdine HJ, Skomo ML. Development and integration of pharmacist clinical services into the patient-centered medical home. *J Am Pharm Assoc* 2012; 52:661-667.
- Erickson S, Hambleton J. A pharmacy's journey toward the patient-centered medical home. *J Am Pharm Assoc* 2011; 51:156-160.
- Scott MA, Hitch B, Ray L, Colvin G. Integration of pharmacists into a patient-centered medical home. *Am Pharm Assoc (2003)* 2011; 51:161-6.

## **6. What are some examples of “Best Practices” of integrating a pharmacist into a medical home?**

Areas in which the pharmacist has contributed to the team in a PCMH are: collaborative drug therapy management, identification and resolution of medication related problems, providing comprehensive medication review and medication reconciliation, optimizing medication regimens based on evidence-based guidelines, recommending cost-effective treatment, improving medication adherence, assisting in transitions of care and care coordination.

General Practice Examples:

- Chisholm-Burns MA, Kim Lee J, Spivey CA, et al. US pharmacists' effect as team members on patient care: systematic review and meta-analyses. *Med Care* 2010;48:923-33.

- Hogue MD, Bugdalski-Stutrud C, Smith M, et al. Pharmacist engagement in medical home practices: report of the APhA-APPM Medical Home Workgroup. J Am Pharm Assoc 2013;53:e118-e124.
- Smith MA, Giuliano MR, Starkowski MP. In Connecticut: improving patient medication management in primary care. Health Aff 2011;30:646-54.
- McConaha JL, Tedesco GW, Civitarese L, Hebda MF. A pharmacist's contribution within a patient-centered medical home. J Am Pharm Assoc 2015;55:e311-e315.
- Romanelli RJ, Leahy A, Ishisaka DY. Pharmacist-led medication management program within a patient-centered medical home. Am J Health-Syst Pharm 2015;72:453-9.

#### Disease State Specific Examples:

- Johnson KA, Chen S, Cheng IN, et al. The impact of clinical pharmacy services integrated into medical homes on diabetes-related clinical outcomes. Ann Pharmacother 2010;44:1877-86.
- Kennedy AG, Chen H, Corriveau M, MacLean CD. Improving population management through pharmacist-primary care integration: a pilot study. Popul Health Manag 2015;18:23-29.
- Kilcup M, Schultz D, Carlson J, Wilson B. Postdischarge pharmacist medication reconciliation: impact on readmission rates and financial savings. J Am Pharm Assoc 2013;53:78-84.

## 7. How can pharmacists obtain reimbursement within the medical home?

ASHP has listed several valuable resources for pharmacist billing within an ambulatory care practice. Depending on the pharmacy services provided within the PCMH, several Current Procedural Terminology (CPT) codes can be utilized for reimbursement within the practice setting. Visit the following links to learn more about various reimbursement strategies:

- <http://www.ashp.org/menu/PracticePolicy/ResourceCenters/Ambulatory-Care/Compensation-and-Sustainable-Business-Models/Pharmacist-Billing-and-Reimbursement.html>
- <http://www.ashp.org/DocLibrary/Policy/Ambulatory-Care/Pharmacist-Billing-in-Physician-Based-Clinic-FAQ.pdf>

Another great resource to learn more about reimbursement and building your service is "Building a Successful Ambulatory Care Practice: A Complete Guide for Pharmacists" by Mary Ann Kliethermes and Tim R. Brown. This resource is available for purchase through ASHP: <http://store.ashp.org/Default.aspx?TabID=251&productId=6744>

## 8. What other ways can you justify your position within the medical home model?

There are many varied approaches to justifying pharmacy positions within medical homes. It is critical to know your practice site to ensure that your justification demonstrates contribution to achievement of the institution's goals.

In developing your proposal, consider including the following elements:

### Quantitative

- Improved outcomes (disease specific outcomes such as hemoglobin A1c, blood pressure, INR, etc; decreased hospitalizations; decreased emergency department visits), identification and resolution of medication related problems, etc.
- Cost avoidance (decreased hospitalizations, ED visits for uninsured). Reduced penalties for high readmission rates.

### Qualitative:

- Improved patient satisfaction rating and quality of life tracking  
Improved provider satisfaction
- Patient stories of individual impact of pharmacy services.
- Targeted quality improvement projects to achieve NCQA PCMH recognition.
- Contribution to "Must Pass" elements for NCQA's PCMH Standards.

Smith M, Bates DW, Bodenheimer T, and Cleary PD. Why pharmacists belong in the medical home. Health Affairs 2010; 29 (5):906-913

Many institutions are shifting from visit-based care to population health based care that may occur outside of the traditional face to face visit. This shift is increasing as payment models shift from fee for service to pay for performance. This shift may open opportunities for pharmacists. Visit the following links to learn more about pay for performance models:

- <http://www.ama-assn.org/ama/pub/advocacy/state-advocacy-arc/state-advocacy-campaigns/private-payer-reform/state-based-payment-reform/evaluating-payment-options/pay-for-performance.page>
- <https://www.medicare.gov/hospitalcompare/linking-quality-to-payment.html?AspxAutoDetectCookieSupport=1>
- <http://www.nih.gov/news-events/nih-research-matters/patient-outcomes-improved-pay-performance>

## 9. How can you network with other pharmacists that have experience in PCMH?

ASHP provides great network opportunities including ASHP Connect and NewsLinks. More information about ASHP networking can be found online:

<http://www.ashp.org/menu/MemberCenter/SectionsForums/Networking.html>

## **Authors**

Jamie Cavanaugh, PharmD, CPP, BCPS  
Assistant Professor of Clinical Education  
Practice Advancement and Clinical Education  
Eshelman School of Pharmacy  
Assistant Professor of Medicine  
University of North Carolina  
Chapel Hill, NC

Roshni S. Patel, PharmD, BCPS  
Assistant Professor of Pharmacy Practice  
Jefferson College of Pharmacy  
Thomas Jefferson University  
Philadelphia, PA

Joe R. Anderson, PharmD, PhC, BCPS  
Associate Professor of Pharmacy Practice  
University of New Mexico College of Pharmacy  
Albuquerque, NM

Alexa Sevin, PharmD, BCACP  
Assistant Professor of Clinical Pharmacy  
The Ohio State University College of Pharmacy  
Clinical Pharmacist, PrimaryOne Health  
Columbus, OH

Sarah J. Payne, MS, PharmD, BCPS  
Assistant Professor  
University of North Texas System College of Pharmacy  
Fort Worth, Texas

Sarah Thompson, PharmD, CDOE  
Director, Clinical Services  
Coastal Medical Inc  
Providence, Rhode Island



**Ambulatory Care  
Practitioners**

## Section Advisory Group on Compensation and Practice Sustainability

### Roster 2015-2016

#### Chair

**Jessica Skelley**, Pharm.D., BCACP  
Assistant Professor of Pharmacy Practice  
Samford University  
Hoover, AL

#### Vice Chair

**Zachary A. Weber**, Pharm.D., BCPS, BCACP, CDE  
Clinical Associate Professor  
Purdue University  
Indianapolis, IN

#### Immediate Past Chair

**Starlin Haydon-Greatting**, M.S., B.S.Pharm,  
FAPhA, CDM  
Director of Clinical Programs  
IPhA-PSMP  
Springfield, IL

**Jaclyn Boyle**, Pharm.D., M.S., BCPS  
Assistant Professor for Community Pharmacy  
Innovation  
Northeast Ohio Medical University  
Rootstown, OH

**Donald Brown**, Pharm.D., BCACP  
Clinical Pharmacy Specialist  
Sentara Healthcare  
Norfolk, VA

**Jamie Cavanaugh**, Pharm.D., CPP, BCPS  
Assistant Professor  
Eshelman School of Pharmacy, UNC School of  
Medicine, UNC Health Care  
Chapel Hill, NC

**Susan Conway**, Pharm.D.  
Professor  
University of Oklahoma  
Oklahoma City, OK

**Brian Cross**, Pharm.D.  
Associate Professor & Vice Chair  
ETSU Gatton College of Pharmacy  
Kingsport, TN

**Ted M. Crum**, R.Ph. M.B.A.  
Cleveland Clinic  
Avon Lake, OH

**Michelle Fritsch**, Pharm.D., CGP, BCACP  
Founder & President  
Meds MASH, LLC  
Monkton, MD

**Danny K. Fu**, Pharm.D., CDE  
Ambulatory Care Pharmacy Supervisor  
Carolinas HealthCare System-NorthEast  
Concord, NC

**Felicity Homsted**, Pharm.D., BCPS  
Director of Pharmacy  
Penobscot Community Health Care  
Bangor, ME

**Mary Ann Kliethermes**, B.S., Pharm.D.  
Vice-Chair, Professor  
Chicago College of Pharmacy, Midwestern  
University  
Downers Grove, IL

**Katelin M. Lisenby**, Pharm.D., BCPS  
Assistant Clinical Professor  
Auburn University Harrison School of Pharmacy  
University Medical Center  
Tuscaloosa, AL

**Christopher Lopez**, Pharm.D., CDE  
Clinical Pharmacy Specialist: Population Health  
Dartmouth-Hitchcock Medical Center  
Lebanon, NH

**Lisa A Mascardo**, Pharm.D.  
Director, Ambulatory Pharmacy Services  
University of Iowa Hospitals and Clinics  
Iowa City, IA

**Jeffery L. Olson**, Pharm.D., BCPS  
Community Pharmacy Clinical Manager  
Intermountain Healthcare  
Midvale, UT

**Ashley M. Parrott**, Pharm.D., BCPS  
Clinical Pharmacist  
ProMedica Toledo Hospital Family Medicine  
Residency  
Toledo, OH

**Binita Patel**, Pharm.D.  
Director  
Froedtert & Medical College of Wisconsin  
Milwaukee, WI

**Sarah J. Payne**, M.S., Pharm.D., BCPS  
Assistant Professor  
University of North Texas College of Pharmacy  
Fort Worth, TX

**Alexa Sevin**, Pharm.D.  
Assistant Professor of Clinical Pharmacy  
The Ohio State University  
Columbus, OH

**Sarah Thompson**, Pharm.D.  
Director, Clinical Services  
Coastal Medical  
Providence, RI

**Timothy Ulbrich**, Pharm.D.  
Associate Dean for Workforce Development and  
Practice Advancement; Associate Professor of  
Pharmacy Practice  
Northeast Ohio Medical University  
Rootstown, OH

**Veronica P. Vernon**, Pharm.D., BCPS, BCACP,  
NCMP  
Clinical Pharmacy Specialist  
Richard L. Roudebush VA Medical Center  
Indianapolis, IN

**Jessica E. Wilhoite**, Pharm.D., BCACP  
Assistant Professor of Pharmacy Practice  
Butler University  
Indianapolis, IN

## Student

**Ginny T. Meadows**  
Samford University, McWhorter School of  
Pharmacy  
Birmingham, AL

## Executive Committee Liaison

**Mollie A. Scott**, Pharm.D., BCACP, CPP  
UNC Eshelman School of Pharmacy  
Regional Associate Dean  
Asheville, NC

## ASHP Staff

**Justine Coffey**, J.D., LL.M.  
Director, ASHP Section of Ambulatory Care  
Practitioners  
Bethesda, MD