August 2019 Webinar at Work
“Putting T2G webinars into practice”

Webinar: “Embedded Pharmacists in Primary Care”
Speakers: James Kalus, Pharm.D. of Henry Ford Medical Group
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Summary: Henry Ford Medical Group (HFMG) has demonstrated success integrating pharmacists in their primary care facilities. An embedded pharmacist is physically located in the clinic 2-5 days per week to develop relationships with providers, and conducts face-to-face, virtual, or telephonic encounters with patients.

With a growing chronic disease burden placed on primary care, embedded pharmacists provide a complementary skillset to the existing care team to identify medication non-adherence challenges, medication access issues, and facilitate additional patient education. HFMG utilizes analytics tools to proactively identify patients with an uncontrolled chronic disease, such as diabetes. The pharmacist then schedules a separate “touch point” with these patients. Equipping primary care with embedded pharmacists allows for more efficient scheduling, increased patient encounters, and better results with lower physician work burden.

Implementation Tips:
1. Identify a physician champion
2. Leverage analytics to identify priority patients (e.g., patients with Type 2 diabetes who are not at goal) for pharmacist engagement
3. Integrate pharmacist into workflow
   - Explore options for pharmacist to conduct face-to-face, virtual, or telephonic visits with priority patients to advance clinical goals (e.g., review medications, address changes to treatment plan)

Team Discussion:
1. What role do pharmacists currently play in improving diabetes care in our organization?
2. How can the pharmacist’s skillset complement our existing diabetes care team?

3. Within our diabetes patient population, which patients would benefit most (e.g., patients with A1c >9, patients with medication adherence challenges, etc.) from an intervention with an embedded pharmacist? How can we better leverage our data to identify those patients?

4. How can we integrate pharmacists into our existing workflows? What touch points can pharmacists leverage to build relationships with patients? (e.g., face-to-face visits, telephone encounters, etc.)

5. How can we fund an embedded pharmacist in our organization?

Additional Notes:
Next Steps: