

ABOUT THE AWARD FOR EXCELLENCE IN MEDICATION SAFETY

The Award for Excellence in Medication Safety is a nationally acclaimed awards program that recognizes outstanding pharmacist leadership, teamwork, innovation and patient outcomes that demonstrate improvements in patient safety within a medication-use system in acute and ambulatory care settings. For over a decade, the award has been a collaboration between the ASHP Foundation and the Cardinal Health Foundation, to showcase the critical value and importance of pharmacist leadership in impacting the effective and safe use of medications on patient care and outcomes.

2016 FINALIST

GEISINGER HEALTH SYSTEM FOUNDATION DANVILLE, PA

ENHANCED CHRONIC PAIN MANAGEMENT: MULTIFACETED, TEAM-BASED CARE

The Geisinger Chronic Pain Clinic (CPC), a new model to optimize outcomes and replace the fragmented systems of care that chronic pain patients traditionally navigate.

Overview of Organization

Geisinger Health System is an integrated health services organization widely recognized for its innovative use of the electronic health record and the development of innovative care delivery models. As one of the nation's largest health service organizations, Geisinger serves more than 3 million residents in Pennsylvania and neighboring states. The Geisinger CPC offers a new model that replaces the fragmented systems of care that chronic pain patients typically navigate. The CPC serves more than 1,925 patients and employs a multidisciplinary team that includes six clinical pharmacists along with an addiction trained social worker.

Interprofessional Team

Michael Evans, R.Ph., Gerard Greskovic, R.Ph., John Han, M.D., FIPP, M.S., Justin Troutman, Pharm.D., Jessica Andersen, Pharm.D., Jason Hoch, Pharm.D., Teresa Thomas, Pharm.D., Katrina Lynn, Pharm.D., Stephanie Horger, Pharm.D., Eric Wright, Pharm.D., M.P.H., Laney Jones, Pharm.D., M.P.H., Erica Kramer-Smith, and Michelle Kwiec, M.S.W., LCSW



PROJECT SUMMARY

Importance

Baseline data from Geisinger found that one in four outpatient visits was chronic-pain related. In 2013, over 17,000 patients were seen in Geisinger with chronic pain-related diagnoses, with most patients seeking medical attention within Geisinger's primary care service line. Of those, approximately 30 percent carried Geisinger Health Plan (GHP) insurance, costing the health plan \$1.1 million due to pain-related emergency department (ED) visits, and \$5.1 million in opioid prescriptions. Geisinger patients with chronic pain that received long-acting opioids or recurrent prescriptions for short-acting opioids had a 2.5-fold increase in Geisinger ED utilization when compared to the general population. To address the challenges quickly, Geisinger implemented an integrated and comprehensive approach.

Background

Geisinger's initiative involved three major prongs: establishment of the pharmacist-led CPC to optimize the safe and appropriate prescribing and enhance management of chronic pain; development of opioid monitoring dashboards for their health insurance plan and clinicians; and implementation of Medication Take Back programs to minimize opportunities for diversion. This case study focuses on Geisinger's pharmacist-led Medication Therapy Disease Management CPC. The CPC was the first of its kind on the East Coast to include a team of administrators, primary care and interventional pain physicians, pharmacists, registered nurses and social worker/addiction counselors. The CPC currently serves more than 1,925 patients and employs 6 clinical pharmacists, along with an addiction-trained social worker.

Actions

Development of the CPC focused on two primary areas: optimizing safe, effective and appropriate management of pain with opioids and assuring competency of providers. At the clinic, specially trained pharmacists, in conjunction with the collaborative team, coordinated individual patient medication and therapy plans. Additionally, the program provided individual counseling, educational activities and options for alternative treatment modalities, such as non-opioid medications. Pharmacists on the service completed a Geisinger-specific MTDM training program and a credentialing process that included an initial certification exam, as well as an annual demonstration of competency. Physician educational activities

promoted a model of multidisciplinary pain management, behavioral medicine techniques, appropriate monitoring and addiction/diversion education. Pharmacist-led planning and implementation addressed feasibility, stakeholder buy-in, operational support (e.g., electronic health record build), recruitment/training and referral/coordination processes.

Objectives

- Increase overall quality of care and patient functionality.
- Decrease reliance on opioids.
- Decrease overall cost of care.

Results

Increased overall quality of care	Decreased reliance on opioids	Decreased overall cost of care
<ul style="list-style-type: none">• 79% of CPC patients reported a reduction in depressive symptoms and 86% reported an increase in physical functioning.	<ul style="list-style-type: none">• 22% decrease in morphine equivalents for clinic patients.	<ul style="list-style-type: none">• Decrease ED visits, estimated savings of \$259K• Claims for opioid prescriptions decreased 19% with 25% decrease in opioid costs.

Initiative Continuation

The Geisinger CPC offered a new model that replaced the fragmented systems of care that chronic pain patients traditionally navigate. Geisinger brought long-term value to patients and the community because the CPC manages patients' pain and improves their lives through functionality, reduces the amount of opioids prescribed and reduces the chances of patients becoming addicted and seeking drugs illegally. The CPC is being expanded to additional sites, and the team is adding addiction-trained social workers. Geisinger's team-based CPC is scalable and transferable to improve care and outcomes for their patients and the larger community.