

PCMH Model and University Involvement Allow Holyoke to Successfully Provide CMM to Underserved Populations

Over a 6-month period, Holyoke Health Center, an FQHC, has delivered CMM services including medication therapy management (MTM) and collaborative drug therapy management (CDTM) to 510 unique patients. Between September 2019 and February 2020, there were 839 unique visits, some of which were initial visits while others were follow-ups.

Referrals come from a variety of sources, including providers, family members, insurance companies, other pharmacists and the patients themselves. Patients who receive their primary care at Holyoke Health Center or use its pharmacy are eligible. The center hopes to continue to expand these services to more patients, ideally with the help of grants.

The program is self-supporting, but grants allow it to enhance its offerings. The program also sees benefit from 340B funding (the federal drug discount program). “That money gets rerouted through the entire health center to support everyone,” said Marisa Piers-Gamble, clinical pharmacist at the Holyoke Health Center Pharmacy.

AT A GLANCE

Holyoke Health Center, Inc.
Holyoke, MA

Person in charge: Lori Lewicki, RPh, Pharmacy Director

Organization type: FQHC; PCMH

Launched: 2008

Funding sources: Affiliations with several schools of pharmacy with faculty and students on-site; grant; 340B funding

Number of pharmacists: 3 (3 FTE)

Number of sites: 2

Unique patients served in a 6-month period:
510

Can patients self-refer? Yes

Notable findings:

- Pharmacy-based community health workers enable culturally competent care.
- All patients surveyed indicated they would recommend the program to family and friends.
- Savings through the 340B program allows Holyoke to stretch scarce resources and provide more comprehensive services to patients.

Staffing and teamwork

The FQHC takes a team-based approach to care. Pharmacists, with the help of pharmacy students,

- complete a full medication reconciliation against three sources;
- perform a full chart review;
- evaluate the current medication regimen for appropriateness, safety and effectiveness; and
- provide full counseling and assist patients with any adherence or life issues they may be experiencing.

**“When we are conducting a CMM visit,
we try to make it patient centered.”**

Measurement and data

Team members dedicated to CMM include the following: three FTEs, one part-time faculty member, two pharmacy residents and anywhere from four to 10 pharmacy students who spend most of their time on CMM. They also have access to three community health workers primarily devoted to CMM services (about 2.25 FTEs). Medical staff and clerical non-medical staff at the clinic sites are also involved but not focused on CMM. Holyoke is an NCQA Level 3 patient-centered medical home, so everyone works as part of an integrated program.

That integrated approach also applies to data collection. For instance, Holyoke is seeing a reduction in ER visits and hospitalizations, but that's being tracked through the

transitions of care program; it's not specific to CMM. Quality improvement efforts target high-risk patients, including one that tracked reductions in A1C levels and one that tracked improvements in adherence from roughly 65% to 90%.

The program is collecting data, but it doesn't have much time for analysis—that happens when there is a grant involved, Piers-Gamble said. One such example is a patient-satisfaction survey that generated passionately strong responses, including "God first, and Holyoke is second." A second survey found 100% of patients—at baseline and at follow-up—would recommend the program to family or friends.

Success factors

Piers-Gamble identified three key elements that contribute to the program's success:

- 1. Faculty and student involvement:** Because the school pays for those resources, it's essentially free to the clinic.
- 2. Culturally competent outreach:** Community health workers dedicated to CMM help build better relationships with the patients and deliver culturally competent care.
- 3. Support from the chief medical officer:** The chief medical officer is an important ally.

Lessons learned

- 1. Develop ways to track data efficiently to show success and value.**
- 2. Customize patient needs and care.** "You need to customize the way you approach each patient. "Patients respond to different motivational interviewing techniques, so you need to figure out what works best for each individual. In addition, when we are conducting a CMM visit we try to make it patient centered—incorporating what the patient feels is their biggest problem—what they would like to work on—into the visit."



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