



Consultant Pharmacists: Needed Now More Than Ever

**PPS HAS IMPOSED NEW TASKS ON LONG-TERM CARE FACILITIES AND
CREATED NEW OPPORTUNITIES FOR CONSULTANT PHARMACISTS TO HELP**

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Everyone in the long-term care industry is still learning how to operate effectively and efficiently in the world of PPS. Even as facilities learn to manage their risk under this new system, new challenges lie ahead. Now more than ever, consultant pharmacists can be smart, valuable partners for long-term care facilities, identifying weak spots and tailoring programs to help facilities manage costs and improve health outcomes.

Historically, many facility administrators didn't focus much attention on pharmaceutical costs, because facilities weren't responsible for paying for medications—they passed those costs through to other payers. But, since the advent of PPS, facilities are responsible for managing medication costs. If a facility doesn't accurately assess residents' medication needs and meet them cost effectively, that facility loses money. And, ultimately, its residents suffer when the facility has to tighten its belt.

In response, administrators are turning to consultant pharmacists for help in a number of areas. Now, rather than relying on pharmacists primarily for assistance in meeting state and federal requirements, administrators are asking them for guidance in managing medication costs. Increasingly, facilities and pharmacists are working together to customize programs that will improve residents' health outcomes while managing facilities' costs.

Ironically, shrinking reimbursements under PPS mean long-term care facilities have less money to spend on consultant pharmacy services. To maximize dollars, facilities must direct them to services and programs the facility can't provide for itself. As a result, many administrators are asking consultant pharmacists to train facility staffs on basic

but essential tasks. Facilities are beginning to see the wisdom of educating a staff on how to police itself: conducting medication cart audits, for example, and medication pass reviews.

Beyond this, facilities are calling on consultant pharmacists to track and manage medication costs, from the time of a resident's admission throughout the course of that resident's stay. The right dosing regimens can reduce the need for duplicate drug therapy; therapeutic interchange can ensure that residents receive effective medications at reasonable prices. These strategies both improve residents' health and save facilities substantial dollars.

Prior to admission, facilities are asking consultant pharmacists to provide preadmission screening to assess a potential resident's medications and their associated costs. That screening can be done with computer software programs, or it can be done by a clinical assessment pharmacist. Either way, such assessments enable facilities to get an essential picture of a

prospective resident's health status and identify the potential level of reimbursement available.

Managing medication costs without compromising the resident's health is the next goal. To accomplish this, many facilities are relying more than ever on consultant pharmacists' formulary recommendations. Consultant pharmacists have long provided comparative information on medications as a guide to the most cost-effective therapies. But, with little incentive to manage pharmaceutical costs, many facilities paid little attention to formulary guides and therapeutic interchange recommendations. Now

they're eager for them.

Even so, recommendations mean little if physicians and staff don't follow them; thus, facilities are seeking help tracking compliance with formulary recommendations. Consultant pharmacists are helping facilities set up systems to monitor drug prescription and administration. Consultant pharmacists are also educating facility staff administrators, directors of nursing, medical directors, attending physicians, nurses on units, admissions staff—about the costs of drugs, so that staff will better understand the need for formulary compliance.

Virtually every resident of a long-term care facility has at least one chronic ailment, from osteoporosis, to diabetes, to depression, to a host of others. Facilities now have an incentive to work with physicians and pharmacists to “stay on top of” those diseases—to improve the resident's quality of care and reduce the facility's costs associated with hospitalization and subsequent therapies.

Age-related debility and chronic disease, and the medications used to treat them, also place long-term care facility residents at risk for other problems—falls, for example, and NSAID-induced gastropathy—and these, too, can be risk-managed by consultant pharmacists. PharMerica, for example, offers a falls assessment and tracking program that helps facilities identify common locations, times and causes of falls, and makes recommendations for changes that can reduce the incidence of falls.

Finally, a fundamental change wrought by PPS is facilities' need for state-of-the-art information management technology. The need began with the requirement for automatic transmission of the minimum data set (MDS). But, as all facilities now realize, their technology need is much bigger than that. Facilities must monitor costs and outcomes throughout a resident's stay. They must be

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able to track trends and quality indicators.

Consultant pharmacists can provide the computer programs that will help facilities monitor residents' health state and medication usage throughout their stays, and adapt care plans as needed. There are software programs to enable facilities to track formulary compliance and monitor potential medication interactions. Pharmacists can also train

facility staff on how to use these.

In conclusion, operating a long-term care facility continues to become ever more complex. Facilities will continue to see more change: more consolidation, more cost pressures, more shifts because of PPS, managed care and new technology. Consultant pharmacists can be valuable resources for long-term care facilities operating in these complex times.

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