

## **Patient Safety and Clinical Pharmacy Services Collaborative**

### ***PSPC Aim:***

***Inter-professional teams that improve the health outcomes and safety for high medication risk populations through patient-centered, cost-effective medication management services aligned with quality national standards.***

**WHAT?** The Patient Safety and Clinical Pharmacy Services Collaborative (PSPC), sponsored by the Health Resources and Services Administration (HRSA), is a breakthrough effort to improve the quality of health care across America by integrating evidence-based clinical pharmacy services into the care and management of high-risk, high-cost, complex patients.

Now in its fifth year, PSPC works with teams of community health care providers to transform their delivery systems to effectively address patient safety and incorporate medication management services. PSPC 5.0 will set out to meet several goals this year with an emphasis on actively engaging all stakeholders, including teams, partners and external, leading organizations in support of the Collaborative, and its national vision and performance. PSPC commits to sharing and highlighting the systematic transformations taking place within the hundreds of participating communities across the country to affirm the improved health and safety outcomes and to encourage state wide reform for health care reimbursement models related to medication management services.

**WHO?** Driving the work of PSPC 5.0 are more than 250 participating teams representing over 650 organizations of community-based health care providers, from 48 states, and the District of Columbia, Puerto Rico and Virgin Islands, who are actively learning and implementing leading practices in their care delivery system. Team members represent community health centers, poison control centers, hospitals, colleges and schools of pharmacy, Ryan White HIV/AIDS program grantees, primary care associations, state health departments, and rural health clinics. Care delivery organizations are partnering with both private and public community based entities.

Along with the community based teams are a number of partnerships who also share the PSPC vision and aim. PSPC 5.0 partners with both the Center for Medicare and Medicaid Services (CMS) and many Quality Improvement Organizations (QIOs). QIOs work with current PSPC teams and actively engage new teams for PSPC 5.0. Provided support from the QIOs enhances and excels the scope of work for teams within their own states and establishes a relationship between teams and QIOs to mutually support and document such efforts as medication therapy management, in achieving the overall goals of the PSPC. This partnership also serves to disseminate the Collaborative's systematic delivery of care to the Medicare, Medicare Advantage and dual eligible population, a known entity of high risk, high cost, complex patients who will benefit from this care management.

A network of external organizations are also involved in PSPC. The Alliance for Integrated Medication Management (AIMM) is a nonprofit entity who is committed to sustaining and spreading delivery system transformation at the community level. AIMM looks to address the

specific purpose of expanding, extending, and accelerating the work of the PSpC through effective and efficient partnerships. It is actively engaged in expanding its outreach to other stakeholders who share this vision and see the PSpC as a critical vehicle for enhancing medication use in the US. Near term initiatives of AIMM will focus on strategic planning and creating messaging that communicates the work of the PSpC to broad audiences. AIMM will raise funds to support the ongoing work and disseminate the results of the Collaborative.

AIMM is committed to leading a volunteer Leadership Coordinating Council (LCC) comprised of representatives from 100+ national organizations in support of the Collaborative. Organizations of the LCC actively serve as unofficial ambassadors, spreading news about the Collaborative, encouraging additional organizations to become involved, and providing their expertise in amplifying the knowledge, practices, leaders and methods generated as a result of the work. LCC members include national leaders from professional organizations spanning multiple disciplines, representatives from agencies across the HHS and other key stakeholders.

AIMM is an extension of the PSpC and its leadership emanated from several professional organizations with a vested interest in safe and effective use of medications in the U.S. The founding organizations include the American Association of College Pharmacists, the American Nurses Association, the American Pharmacists Association, the American Society of Health-System Pharmacists and Apexus – the 340B/Prime Vendor Program. AIMM is managed by a Board of Directors that includes executive staff members from each of the founding organizations as well as several individuals recognized for their expertise in performance improvement of clinical pharmacy services.

**HOW?** PSpC uses a fast-paced, iterative improvement method designed to support teams in testing and spreading leading practices found to significantly improve health outcomes and patient safety through the integration of clinical pharmacy services. Key to the method's effectiveness is that the leading practices are drawn from real practice in organizations that have achieved outstanding results. Through an intensive series of Learning Sessions and Action Periods, PSpC teams learn the leading practices from expert national faculty and from the progress of other teams. During the Action Periods, which occur between each Learning Session, PSpC teams test, refine, and implement changes within their health care organizations.

Teams track and share their progress monthly on multiple improvement measures, which include health outcomes and adverse drug events. Improvements are shared throughout the Collaborative learning community for mutual benefit.

PSpC teams focus on small panels of high-risk, high-cost, complex patients whose needs are beyond the reach of the traditional delivery system. By focusing on small panels of patients who are at the highest risk for poor health outcomes and adverse drug events, the teams are able to accomplish two goals. First, PSpC teams are able to identify the pertinent challenges for the patient population, allowing them to systematically address issues related to providing high quality, patient-centered care. Second, teams are able to conduct small-scale testing that enables them to refine and implement practices that meet their unique organizational needs, ensuring that systematic changes made are

accepted and sustained by the expanded health care team. This allows teams to detect improvements, over time, in this complex patient population.

**WHY?** For patients with chronic disease conditions, the lack of coordinated care across healthcare systems— primary care providers, specialists, pharmacies and emergency departments – *negatively impacts* the safety and quality of care delivered. Medications play an integral role in managing chronic conditions, yet without coordinated care there are increased risks of adverse drug events related to polypharmacy, duplication of therapy, interactions or incorrect drugs or dosages. In fact, adverse drug events continue to be a leading cause of death and injury in the United States. Clinical pharmacy services have been demonstrated to improve adherence and medication use, and to prevent the occurrence of adverse drug events.

**RESULTS?** PSPC teams are transforming the primary healthcare delivery system by establishing effective, interdisciplinary teams of care providers and integrating clinical pharmacy services into a patient-centered, health home. Additionally, effective partnerships have been created through the PSPC among providers in the community that previously did not exist. PSPC teams have also demonstrated improved health outcomes and patient safety in high-risk, high-cost, complex patients. They are moving patients once identified as “out of control” or not optimally medically managed, to “under control” across a range of chronic conditions using standardized measures. They are also focusing on adverse drug events (ADEs) or actual events that cause patient harm and developing care practices and processes to reduce them for this high risk patient population. With the assistance of improved data collection and documentation systems, PSPC teams are now able to use health outcome and safety results to implement system changes and improve patient outcomes. Moreover, teams that demonstrate outstanding improvements are recognized at the end of the year with performance awards.

#### **FUTURE?**

PSPC ambitiously started its fifth year with a goal to more than double the number of participating teams and communities to be part of the national movement to systematically transform the way health care is being delivered. Partnerships with CMS and the QIOs, the LCC, and the Alliance fortifies the Collaborative’s wide reaching commitment to ensure that medication management services are recognized as a critical component to improving patient safety and the health outcomes for high risk, high cost patient populations in the health care delivery model. It is the goal of PSPC by 2015 to have 3000 communities across the country participating in the Collaborative.

**Additional information is available at <http://www.hrsa.gov/patientsafety>.**

**Please email us if your organization would like to join us in this effort, [patientsafety@hrsa.gov](mailto:patientsafety@hrsa.gov).**