

# Pharmacist-led Annual Wellness Visit (AWV) improves gaps in care closure in a Federally Qualified Health Center (FQHC)

Monique Mendez<sup>1</sup>, Diana Pham<sup>1</sup>, Madison Schrunk<sup>1</sup>, Jacky Tam<sup>1</sup>, Matthew Bertsch, PharmD<sup>2</sup>

<sup>1</sup>The University of Arizona College of Pharmacy, Tucson, AZ, <sup>2</sup>Sun Life Health, Casa Grande, AZ



Pharmacy



## Introduction

- The percent of people with health insurance in the United States was 92% in 2019, with 68% being privatized and 34% being public<sup>1</sup>. Despite this vast health insurance coverage, certain populations are not benefitting from the high quality of healthcare that is available.
- Performing annual Medicare wellness visits (AWV) can improve patient population health and lead to faster reimbursements for the medical clinic or hospital and result in overall financial growth.
- Pharmacists who are able to participate with the primary care team can help develop a more personalized approach for the patient's overall health and disease prevention. In addition to addressing and closing these gaps in care, medication therapy can also be optimized. These services are billable and can generate revenue for the health clinic.
- Sun Life Health is a Federally Qualified Health Center (FQHC) in Casa Grande, Arizona that offers a wide variety of services such as family healthcare, integrated behavioral health, diabetes education, physical therapy, pharmacy, dentistry.

## Objective

- Compare the clinical pharmacists' involvement in AWVs to primary care provider (PCP)-led AWVs in addressing and/or closing gaps in care.

## Methods

- Retrospective, descriptive, single-center study.
- Utilized data from a deidentified patient chart and health plans obtained from the clinical pharmacy team at Sun Life Health.
- Patient panels were sent to Sun Life Health's clinical pharmacists from "Health Plan 1" and "Health Plan 2" via a secure email in the beginning of 2021. The panels were then utilized by the clinical pharmacy team and medical assistants to find eligible patients.
- Total sample size of 100 patients for this project, with 50 randomized patients in each group.
- AWVs for "Health Plan 1" were conducted by the clinical pharmacy team, while the AWVs for "Health Plan 2" were conducted by medical assistants working under a primary care provider.
- The clinical pharmacists and medical assistants addressed and/or closed gaps in care for each of their patients and updated a spreadsheet with the outcome of the visit.
- Measures collected included medication review, breast cancer screening, colon cancer screening, and diabetes care (eye exam, blood sugar control, statin therapy).
- Patients that were seen for their AWVs at Sun Life Health between January and December 2021 from "Health Plan 1" and "Health Plan 2" were eligible to participate in this study. Patients who were not enrolled in these health plans were excluded.

## Results

**Table 1. Interventions performed by the pharmacist group**

Intervention	# of gaps addressed	# of gaps available	% of gaps addressed
Breast mammography	8	8	100
Colon cancer screening	11	13	84.5
Diabetes eye exam	4	5	80.0
Diabetes care - Blood sugar control	12	14	85.71
Diabetes care - Statin therapy	5	5	100
Medication review	11	11	100
Functional stat assessment	12	12	100
Pain assessment	2	2	100
Medication Rec post discharge	1	2	50

**Table 2. Interventions performed by the PCP group**

Intervention	# of gaps addressed	# of gaps available	% of gaps addressed
Breast mammography	6	6	100
Colon cancer screening	4	9	44.44
Diabetes eye exam	1	3	33
Diabetes care - Blood sugar control	9	9	100
Rheumatoid arthritis management	1	1	100
Medication review	4	15	27
Pain review	4	4	100
Diabetes care - Blood pressure	10	11	91
Medication Rec post discharge	0	3	0
Diabetes care - Kidney disease	1	1	100

**Table 3. Gaps of care addressed pharmacist group vs PCP group**

Total gaps available	40	62
Total gaps addressed	67	73
% gaps addressed	67%	91.5%
Average gaps addressed (± SD)	0.80 ± 0.94	1.34 ± 1.66
P-value	0.02	

## Discussion

- Clinical pharmacists play an important role in AWV and provide valuable services such as addressing gaps in care, referring for preventative care, and medication reconciliations. The primary finding of this study was that pharmacist-led AWVs addressed and/or closed more gaps than PCP-led AWV. The average number of gaps addressed by the pharmacist-led group was significantly higher compared to the PCP-led group (p = 0.02). Pharmacists addressed and/or completed 100% of their medication review gap while the PCP-led group only addressed and/or completed 27% of them.
- Similar results have been reported in Sewell et al<sup>2</sup> comparing a composite of interventions and screenings and revenue generated by a pharmacist with those made by a PCP during a subsequent AWV. This highlights the importance of having clinical pharmacists conduct AWVs, permitting more time for providers to give more individualized care to the patient and while also allowing pharmacists to provide more medication-related services to the patients.
- In another study<sup>3</sup> conducted at a FQHC analyzing clinical pharmacist impact in AWVs, they found that recommendations made by a pharmacist during an AWV had a high acceptance rate and generated substantial revenue. Furthermore, this study demonstrated that the pharmacist-led AWVs provides the opportunity to expand pharmacist-led interventions within the primary care setting, while impacting patient's health by identifying medication-related problems, ensuring appropriate preventative screening, and promoting wellness.

## Conclusion

- It is apparent that utilizing pharmacists to conduct AWVs can favorably impact patients' overall health and wellbeing by identifying medication related complications, providing comprehensive medication knowledge, confirming that the appropriate preventative screening is completed, and ensuring that their patients are being treated with the utmost care. Recommendations made by clinical pharmacists during AWVs addressed and/or closed more gaps in care in comparison to PCP-led AWVs.

## Limitations

- First, the study had a small sample size and is limited to a select number of health plans, so not all Medicare/Medicaid plans will be included; this can result in selection bias. Secondly, it is important to point out that there were 11 more gaps available to address in the pharmacist group compared to the PCP-led group, which could increase type-1 error rate using the t-test.

## References

- US Census Bureau. (2020, September 15). Health Insurance Coverage in the United States: 2019. The United States Census Bureau.
- Sewell MJ, Riche DM, Fleming JW, Malinowski SS, Jackson RT. Comparison of Pharmacist and Physician Managed Annual Medicare Wellness Services. *J Manag Care Spec Pharm*. 2016 Dec;22(12):1412-1416. doi: 10.18553/jmcp.2016.22.12.1412. PMID: 27882836.
- Alhossan A, Kennedy A, Leal S (2016, February 15). Outcomes of annual wellness visits provided by pharmacists in an accountable care organization associated with a federally qualified health center. *Am J Health Syst Pharm*. 73(4):225-8. doi: 10.2146/ajhp150343. PMID: 26843499.