

Exploring the Role and Value of a Clinical Pharmacist in a Concierge Primary Care Clinic

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BACKGROUND

- Concierge healthcare models, or retainer practices, are increasing in popularity as physicians explore alternative business models to accommodate patients' interest in personalized, on-demand healthcare. Patients pay a monthly or annual fee in exchange of typical amenities far beyond offerings at standard primary care clinics.^{1,2}
- Research examining the value of pharmacist's role in concierge primary care practices (CPCP) is limited, however, available data supports their role and offers potential billing opportunities for pharmacy services and collaborative practice agreements.³
- Thus, gaining a better understanding of healthcare provider and staff perceptions regarding the pharmacist in a CPCP, may provide valuable insight into their role, value outside of revenue generation, and potential impact on patient healthcare.

OBJECTIVE

- To describe the interprofessional health care team members' perceptions of the role and value of a clinical pharmacist at a local concierge primary care practice.

METHODS

- This exploratory, qualitative study involved clinic staff members to identify perceptions regarding pharmacist involvement and the added value in a southern Arizona concierge practice. Interviews were conducted from December 2019 to January 2020.
- Informed consent was obtained from each interviewee prior to participation and he/she also completed a demographic questionnaire.
- Face-to-face, semi-structured Interviews were conducted by trained research team members via a project-specific interview guide. Sessions were audio-recorded and transcribed verbatim for verification purpose, using Microsoft Word (Version 2016; Redmond, Washington).
- A code book was developed with modifications for emergence of new codes or themes including clinical and economic value, personnel quality of life and job satisfaction.
- ATLAS.ti software (Version 7; Berlin, Germany) was used for coding, data management, and analysis.
- The clinic leadership authorized this project, and the University of Arizona Institutional Review Board approved this project.

RESULTS

- Eleven, key interprofessional healthcare team members were interviewed, including primary care providers, medical assistants, and administration staff; the majority were auxiliary staff.

Table 1. Participant Characteristics

Characteristic	N	%
Provider		
Physician	2	18
Nurse practitioner	1	9
Medical assistants		
Clinical medical assistant	2	18
Admin medical assistant	1	9
Medical assistant lead	1	9
Administration		
Front desk	1	9
Scribe	1	9
Referral coordinator	1	9
Practice manager	1	9
Healthcare degree/certification		
No healthcare degree/certification	1	9
Healthcare certification only	5	45
Bachelor's degree	2	18
Master's degree	1	9
Post-graduate or professional degree	2	18
Duration worked at the clinic		
0 to <2 years	3	27
2 to <4 years	5	45
≥ 4 years	3	45
Years of experience in current profession		
0 to <10 years	5	45
10 to <20 years	2	18
20 to <30 years	2	18
≥30 years	2	18
Duration worked in healthcare		
0 to <10 years	3	27
10 to <20 years	4	36
20 to <30 years	2	18
≥ 30 years	2	18

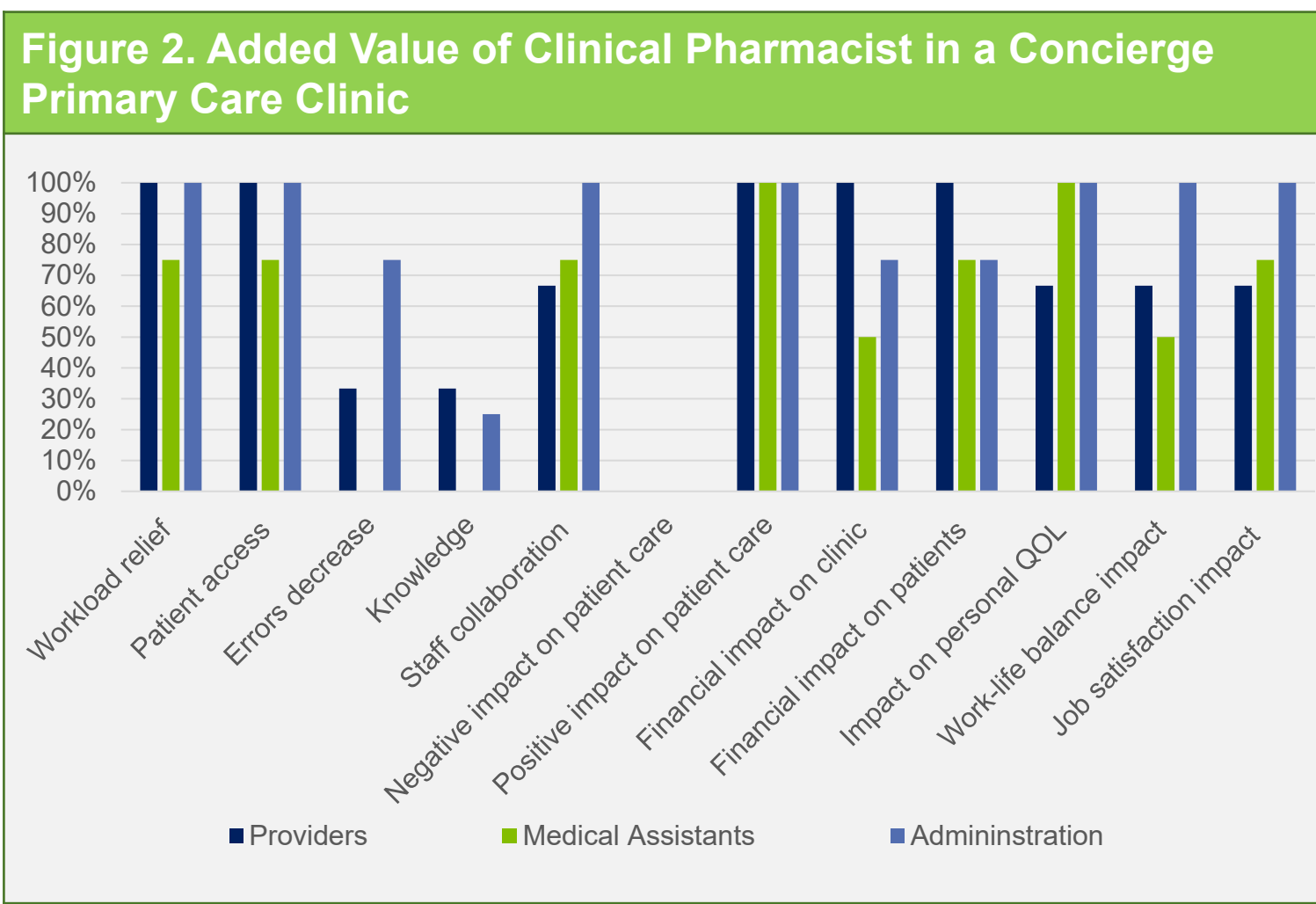
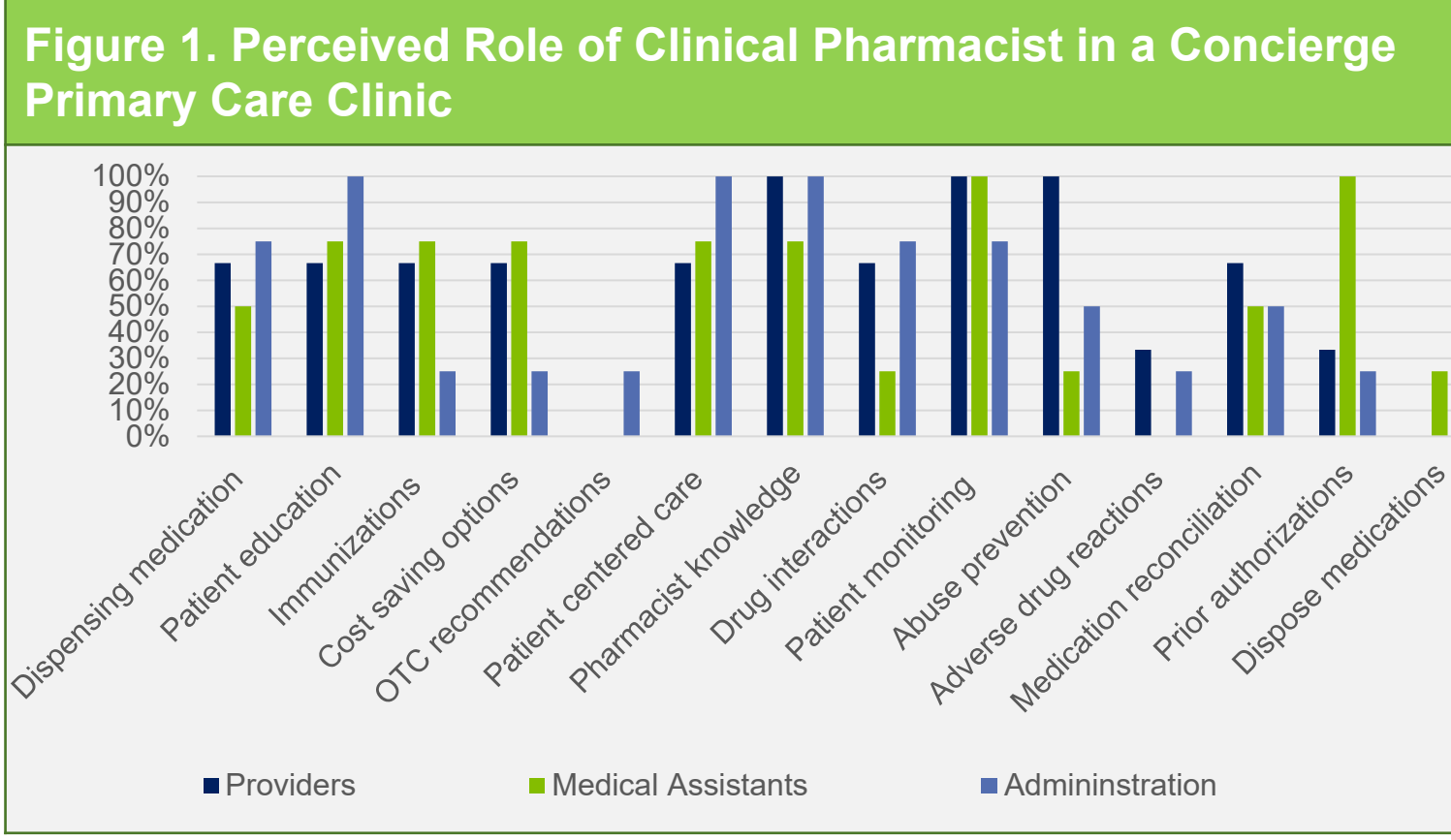


Figure 3. Selected Exemplary Quotes Describing the Role and Value of Clinical Pharmacist in a Concierge Primary Care Clinic

"Physicians could spend more time triaging a patient's acute medical needs as opposed to medications which sometimes are less urgent. With the pharmacist, it allows them to turn to the pharmacist first and reduce the burden to the physician, and most physicians feel burdened by pharmacy issues..."
-Physician

"The pharmacist will help us figure out a way to make it more affordable whether that be through coupons, samples, mail order or whatever it may be. The pharmacist does that research and helps us figure that out."
-Physician

"They (patients) can get their questions answered immediately instead of having to wait for the doctor... It's just more effective. [The pharmacist] can answer any medication questions that the patient has."
-Administration staff

"Everyone is able to leave at a more reasonable time... We are not trying to call in all these refills that we didn't get done earlier in the day because we were seeing patients. Being less stressed here at work has a positive impact in my personal life and work-personal life balance."
-Administration staff

DISCUSSION

- The perceived role and value of a clinical pharmacist in this concierge primary care practice varied by interprofessional healthcare team member position.
- The providers valued the pharmacist's knowledge, ability to monitor patients, and prevent abuse while the administrative staff most valued the patient education and patient centered care. The pharmacist's impact on the operational aspects of the clinic resulting in workload relief was also highly valued.
- The perceived added value of a clinical pharmacist in this practice is similar to themes that emerged from other studies focusing on exploring the value of concierge practices versus general medicine practice in that patients received access to care, effect on cost, and effect on the workforce.^{1, 2}

LIMITATIONS

- This study, conducted in a single concierge practice, limits extrapolation to other settings.
- The potential for observer bias could exist and have influenced participant responses.
- Future work is warranted to assess the impact of pharmacist-delivered services on clinical outcomes.

CONCLUSIONS

- This study demonstrated the pharmacist's value as a key interprofessional healthcare team member, beyond the standard financial, revenue-generating arena.

DISCLOSURES

Annette De Santiago received funding from the University of Arizona. Shannon Vaffis and Harman Dhatt received funding from Pharmacy Quality Alliance, Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc., Kenilworth, NJ, USA. Shannon Vaffis, Harman Dhatt, Terri Warholak and Ann Taylor received funding from SinfoniaRx. Jennifer Bingham and Nicole Scovis have disclosed an outside financial interest in Tabula Rasa HealthCare Op-Co that is managed by the University of Arizona.

REFERENCES

- Doherty R, et al. Assessing the Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices: A Policy Position Paper From the American College of Physicians. *Annals of Internal Medicine*. 2015;163: 949-952.
- Ko JM, Rodriguez HP, Fairchild DG, et al. Paying for Enhances Service: Comparing Patient's Experiences in a Concierge and General Medicine Practice. *The Patient: Patient-Centered Outcomes Research*. 2009; 2(2).
- Cambra A, Wick JY. Concierge Pharmacy: A Potential Arena for Senior Care Pharmacists. *The Consultant Pharmacist*. 2018;33 (7): 352-363.

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Acknowledgements: The authors would like to thank the clinic leadership and personnel at the local concierge primary care practice for allowing and participating in this research study and Kevin Boesen for his guidance in this research study.

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