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Leveraging your Consultant Pharmacist for Savings: *What Facilities Should Know*

According to the CDC, about a third of Americans in their 60s and 70s use five or more prescription medications regularly, with these numbers often rising as people age and develop new conditions or illnesses. And the costs associated with medications for older adults, especially those in post-acute and long-term care facilities, are significant.

Price inflation increases medication spend between 4-5% every year. Add to that acuity creep impacting prescription utilization in post-acute and long-term care settings and cost containment related to medications is an increasingly important focus for facilities and presents a real opportunity for savings. In fact, up to 20% of pharmacy costs may be avoidable, not to mention the potential savings in time and expenses associated with medication management and adverse events. Central to this effort is your pharmacy's consultant pharmacist.

How can the consultant pharmacist help address **costs** at each stage of the resident's journey?

Before someone is even admitted to a facility, the consultant pharmacist can identify opportunities for savings by:

- Identifying costly medications that may be replaced by more cost-effective alternatives. They also look for duplicate or out-of-date prescriptions that can be eliminated.
- Conducting a medication reconciliation to determine which medications the resident is taking are on the facility's formulary and recommend changes that will ultimately save the facility money. The pharmacist can also make sure that the resident's medications match up with their diagnoses and goals of therapy.
- Reviewing the medication regimen to identify any medications that are high risk or put the resident at risk for adverse events such as falls, loss of appetite, nausea, insomnia, or other problems. Identifying risks and suggesting possible alternatives can help prevent issues that can result in an emergency room visit or hospitalization.

According to Stacey Harp, DPh, BCGP, lead clinical consultant pharmacist at PharMerica, "Medication-related problems are estimated to be the largest cause of hospital readmission (40%), and many are considered preventable. It is very important that someone performs the medication regimen review, and the consultant pharmacist is the most prepared practitioner for this task."

During a resident's stay, the consultant pharmacist continues to play an essential role in cost containment efforts by:

- Making sure all issues and concerns have been addressed once the resident is settled in and focusing more on chronic disease management and goals of therapy.
- Helping to simplify med pass and take some burden off the nursing staff, for example, by recommending changes from a drug that needs to be administered three times a day to a comparable one with a once-daily dosage. This can enable nurses to spend less time with the med cart and more time on direct care.
- Ensuring the facility is complying with pharmacy-related regulations, including those regarding the storage and administration of controlled substances, the disposal of unused medications, and the use of antipsychotics. These efforts can help prevent fines and other costs associated with noncompliance. "We perform a random narcotics audit at each visit," shared Harp, "which has revealed instances of diversion."

What data does the consultant pharmacist rely on to identify savings opportunities?

The consultant pharmacist pulls information from all sources – medical records, physician and nursing notes, and the medication administration records (MARs). They are trained and experienced in bringing all this information together and painting a picture of each resident and of the facility. They use this to identify opportunities for cost savings and areas where there might be waste.

They also have access to broader data, often from across the entire spectrum of the region or even the country, about prescribing trends, new medications, and innovative opportunities for cost containment. As a result, they are positioned to make proven targeted recommendations that can be easily implemented.

Lastly, the consultant pharmacist uses their ears as well as their eyes. They not only review charts and other information but they also seek input from staff and residents themselves. They know what questions to ask to identify red flags, or other issues and determine what changes might be appropriate. They're also in constant touch with prescribers, discussing recommendations and opportunities for changes that not only improve care and safety but also cut costs.

What types of savings recommendations do they make?

The average nursing home resident taking six or more prescription medications routinely, and maybe two or more 'as needed.' Add the cost for these drugs to the nursing time required to administer them, and this is a significant cost center in nursing homes.

The consultant pharmacist's recommendations can help facilities realize savings in several ways:

- Provide therapeutically equivalent lower-cost alternatives to current medications that meet the goals of therapy.
- Reduce the number of drugs residents are taking, thereby reducing costs for medications.
- Simplify medication regimens to reduce the chance for errors and complications.
- Minimize polypharmacy by working with the care team on deprescribing, saving the facility money while maximizing outcomes and reducing adverse events.
- Address side effects or adverse events that can lead to ER visits or hospitalizations, such as recommending a safer alternative for residents taking medications that put them at risk for falls.
- Minimize the prescribing cascade, where new drugs are added to address side effects from another drug.
- Reduce nursing med pass time.
- Conduct med cart, med pass, and med room audits to help prevent medication-related survey citations and associated financial penalties.

It's important to note that these recommendations are not one-and-done. The consultant pharmacist stays on top of current guidelines and research and evolves their recommendations based on current clinical evidence and best practices. And, since they work with the facility's team and get to know residents, they can make person-centered recommendations that change with residents' health needs over time. Harp noted, "It's important to work as a team and have the support of facility staff and prescribers in order to achieve savings."

In addition to direct savings recommendations, what ongoing role does the consultant pharmacist play to help facilities meet their cost-containment objectives?

Through their monthly reviews, as well as additional activities such as targeted reviews and participation in QAPI efforts, the consultant pharmacist helps ensure that cost-containment efforts continue to be a priority facility-wide. They can support this by providing information and education to staff to get and keep medication-related savings on their radar and create a culture of cost containment.

Harp observed, "Including the consultant pharmacist in psychotropic meetings can help decrease psychotropic use and duplication of therapy, and their attendance at QAPI meetings can help reduce re-hospitalizations by identifying medication related issues. We can also provide in-services to ensure that staff are up to date on regulatory, storage, and administration guidelines for medications."

Because their efforts are designed to ensure that medication regimens match up with goals of therapy, the consultant pharmacist contributes to positive outcomes that maximize quality of life for each resident. Their contributions can also translate into better ratings and reputations and increased referrals and census.