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Strategies to Demonstrate the Value of Pharmacists' Cognitive Services

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Strategies to Demonstrate the Value of Pharmacists' Cognitive Services

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Health Partners, which is a managed care plan in Philadelphia, and the Office of Health Policy and Clinical Outcomes (OHP), participated in a continuing education program for pharmacists at Temple University. The purpose of this program was to educate pharmacists about how to measure the effect of cognitive services that they provide to asthmatics so that fees for these services can be established. Cognitive services include counseling patients, profiling medications, and performing any function other than dispensing medicines. Michael Schaffer, PharmD, MBA, Director of Health Policy and Clinical Outcomes at Health Partners (and a former fellow of the OHP), and Amy Drabinski, PharmD, MBA, a current health outcomes research fellow at Knoll Pharmaceuticals, presented outcomes research as it applies to asthma. They focused on the importance of the pharmacist's role in measuring and documenting asthma-related outcomes.

Dr. Schaffer introduced the concept of Economic, Clinical and Humanistic Outcomes (ECHO), which proves useful in helping pharmacists to justify cognitive services. Economic outcomes involve both direct medical costs of treating the disease (costs of physician visits, prescriptions, emergency room visits) and indirect medical costs (transportation and lost productivity). Clinical outcomes are medical events that occur as result of a disease and include symptoms and hospitalizations. Humanistic outcomes measure a patient's functional status or quality of life (QOL). The ECHO model recognizes the importance of systematically collecting outcomes data to determine the value of the effectiveness and consequences of treatment alternatives.[1]

Asthma is costly to the American healthcare system.[2] Pharmacists can have a positive impact on quality of life and cost of treatment for asthmatics by participating in disease management programs and through one-on-one counseling. Although pharmacists spend a significant amount of time providing cognitive services to asthmatics, they encounter obstacles in justifying reimbursement for these services. Pharmacists often struggle with quantifying the impact that counseling patients and profiling their medications has on a patient's condition. To justify reimbursement for cognitive services, pharmacists need to learn how to measure the difference that their actions make on patients with asthma. They can do this by looking at the influence that intervention and counseling have on economic, clinical, and humanistic (QOL) outcomes.

Humanistic outcomes are difficult to measure. Dr. Drabinski discussed methods of measuring them through two common types of questionnaires. Both questionnaires measure QOL, although one is generic, and one is disease-specific.

The two generic instruments that are used most often are the SF-36 and the Sickness Index Profile (SIP). Measuring QOL with generic questionnaires allows comparisons to be made between patients across all different disease states.[3] However, these instruments may not capture changes relevant to asthmatics and tend not to be very sensitive to small changes[3]. The limitations of generic questionnaires have led researchers to develop disease-specific surveys. These focus on conditions that are specific to asthmatics, such as the degree of breathlessness

and other symptoms related to asthma. The standard asthma-specific QOL questionnaires are the Asthma Quality of Life Questionnaire (AQLQ)3 and the Living with Asthma Questionnaire (LWAQ).[3] Both reflect small changes in asthmatics' QOL.[3]

Interpretation limits the validity of all QOL questionnaires. One way to determine the clinical significance of scores is to assess the minimal important difference - the smallest difference in score improvement which patients perceive as beneficial and which would mandate a change in the patient's management.[4]

To promote reimbursement for cognitive services, pharmacists need to measure and quantify their impact on QOL in conjunction with other clinical and economic outcomes. When selecting a QOL instrument, consider the strengths and weaknesses of each questionnaire, including its ability to detect change. Patients and their insurance companies will be looking for measurable proof that cognitive services have a direct positive effect on the condition of patients with asthma.

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