Population health management and the pharmacist’s role

The term population health management is one that defines itself. It means an intensive focus on the overall health of a given population in an effort to improve care, reduce costs, and promote wellness. This approach may or may not include use of a patient-centered medical home model whereby primary care physicians coordinate care for their assigned patients in the population. Population health management strategies can also apply to a specific population that seeks care (or may seek care) at a health system or institution. Comprehensive services, to include specialty care, hospital care, postacute care, patient education, and self-care resources, must be available to the population and appropriately utilized. Focusing on the highest-risk patients to manage costs is essential. In addition, technology must be leveraged to generate necessary analytic data and allow for performance measurement.

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Given the above description, what is the pharmacist’s role and, more importantly, what are the opportunities for pharmacists in the future? In this issue of AJHP, several authors outline various population health initiatives in small and rural hospitals, Veterans Affairs facilities, large health systems, and medical practice groups. This issue also provides examples of the use of big data and predictive analytics, care path utilization to improve care, and leveraging of community pharmacies as means of delivering population health management services. There is a common thread in all of these articles that involves innovation within true health-system partnerships. It is also clear that the body of evidence supporting the pharmacist’s role continues to grow.

The literature is replete with examples of pharmacist involvement and leadership on patient care teams. Programs that include medication therapy management, disease state management, wellness promotion through initiatives in areas such as smoking cessation, medication management during care transitions, population health research, and the application of pharmacoconomics are just a few examples of where pharmacists’ opportunities lie. In 2008 ASHP published its “Statement on the Role of Health-System Pharmacists in Public Health,” which outlined the vital role that pharmacists play in maintaining and promoting public health. While there is a complementary interplay among concepts of public health, healthcare improvement, and population health management, the latter term implies outcomes-focused activities directed toward a specific group that include the distribution of those outcomes.

In 2000 it was estimated that the annual cost associated with drug-related problems exceeded $177.4 billion, which was more than double the prior estimate in 1995. The increasing cost and complexity of medication therapy suggest that today’s costs might be much higher. Additionally, the Centers for Medicare and Medicaid Services has estimated that Medicare beneficiaries with 2 or more chronic conditions account for 86% of total Part A (hospital and postacute care) payments. Pharmacists, therefore, can play a dramatic role in improving population health through effective chronic disease and drug therapy management. Further, by assuring appropriate patient education and compliance in association with medication therapy, pharmacists can not only improve health outcomes but reduce readmissions, improve patient safety, and ultimately reduce healthcare costs.

When a medical home is included as a part of a population health initiative, pharmacists must be completely integrated with a focus on improving medication use, adherence, and outcomes. These medical homes can be directly connected to a primary care provider through an accountable care organization, a private practice, or a community care clinic. As partners to primary care providers, pharmacists—with or without provider status—should be an integral part of the development of personalized care plans, preventive services, coaching and education, and the delivery of patient-centered care. An example of this type of integration is described in this theme issue (see page 1461).

Of course, health systems have a multitude of patients with varied severity of illness and must stratify resources, so pharmacists must be able to leverage analytic data to determine which patients would benefit the most from interventions and identify those who are in the highest-risk categories, as described by Hernandez et al. (see page 1494) and further discussed by other authors in this issue. This process starts with a fully integrated electronic health record that includes detailed medication reconciliation throughout the patient’s potential care transitions. Using these analytics, pharmacists must focus on risk-stratified sets of patients and collaborate with clinicians in other disciplines to deliver the most effective care possible. Technology can also be leveraged to develop “virtual visits” with pharmacists to create a consultation-on-demand type of service for high-risk groups of patients. Innovative models to ensure that patients have access to the medications that they need are also essential. Health systems have limited resources, so the use of analytics to identify and target populations and individuals who can benefit the most from pharmacist interventions is essential.
Importantly, pharmacists must be diligent in developing metrics that effectively measure patient outcomes associated with the services provided. Further, these metrics should be directly aligned and coordinated with the health system's strategic priorities and quality outcome initiatives. This will not only allow for ongoing program improvement but serve as a means to justify additional services or resources. Making sure the C-suite is regularly updated on the pharmacy team's performance against these metrics is also critical.

Despite the uncertainty surrounding the future viability of the 2010 Affordable Care Act, population health management will continue to be a critical component of flattening the U.S. healthcare cost curve. Proactive management of health—as opposed to reactive treatment of disease—must become an essential element of pharmacy practice and should be incorporated into every health-system pharmacist's roles and responsibilities.

Population health management is a more holistic way to address patient care needs, and payment models are quickly shifting health systems’ focus in this direction. Organizations are developing ways to better address the health needs of patients, a majority of which include medication therapy. As the medication experts, pharmacists are uniquely qualified to play an important role in population health management and must take a leadership position in developing new strategies to deliver comprehensive patient care.


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