

# HRSA's Patient Safety and Clinical Pharmacy Services Collaborative (PSPC)

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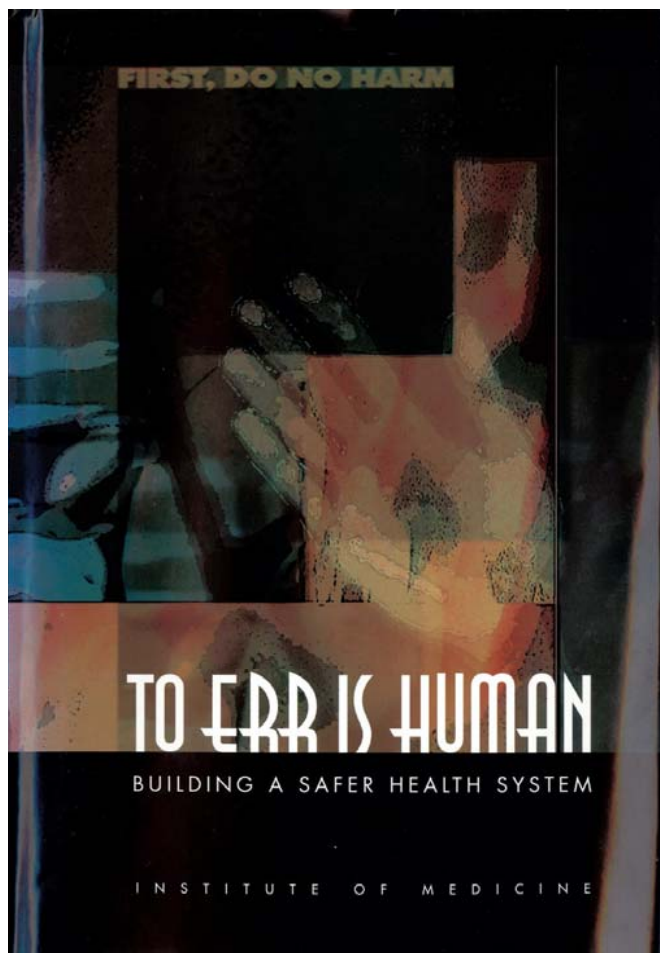
# What is the Collaborative?

- Improve patient safety, improve health outcomes, through integration of clinical pharmacy services
- Rapid improvement method – uses IHI model
- Leading practices come from the field
- Principle of “*All Teach, All Learn*”

# How Does the PSPC Create Improvements?

- 16 month rapid learning model
- Focused on improving health outcomes
- Led by an expert faculty and national leaders
- Creates community of learning
- Learning Sessions and Action Periods are venues for change
- Improvements are tracked and shared for mutual benefit

# Institute of Medicine Findings on Patient Safety and Errors



- Medication Errors are Most Common
- Injure 1.5 Million People Annually
- Cost Billions Annually

*“...for every dollar spent on ambulatory medications, another dollar is spent to treat new health problems caused by the medication.”*

# HRSA's Commitment

- Support programs to provide the best and safest care in the Nation
- Take previously supported Collaboratives with documented improvements to the next level
- **Going beyond one disease at a time to full patient-centered care**

# Patient Safety and Clinical Pharmacy Services Collaborative (PSPC):

## *Aim*

*“Committed to saving and enhancing  
thousands of lives a year  
by achieving optimal health outcomes  
and eliminating adverse drug events  
through increased clinical pharmacy  
services for the patients we serve.”*

# PSPC Performance Goals

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1. All Teams will have a CPS process. It will be integrated with other care, will have safe medication use systems and will be patient centered.
2. It will be managed for measurable improvement to deliver safer care and better health outcomes.
3. Teams will have developed organizational partnerships that help sustain it.

# PSPC Teams - Transforming A Health Care Delivery System

- What we want to see happen on the ground: a patient enters into the system where clinical pharmacy services are delivered as a major component of care. We will then measure the results and outcomes of that integrated care through optimization of health outcomes and limiting adverse events.
- *So what is the value in this?*
  - Integrated Clinical Pharmacy Services and Improved Patient Safety Lead to Better Patient Health Outcomes
  - Chronic Disease serves as a marker for detecting improvement in the system



# What are clinical pharmacy services?

- Patient-centered services that promote the appropriate selection and utilization of medications to optimize individualized therapeutic outcomes
- Provided by an inter-disciplinary healthcare team through individualized patient assessment and management
- Services best provided by a pharmacist or by another healthcare professional in collaboration with a pharmacist

# Clinical Pharmacy Services Elements

14.1 Medication Access Services to Patients

14.2. Patient Counseling

14.3. Preventive Care Programs

14.4. Drug Information Services to Patients

14.5. Medication Reconciliation Services

14.6. Provider Education

14.7. Retrospective Drug Utilization Review

14.8. Medication Therapy Management

14.9. Disease State Management

14.10. Prospective Chart Review and Provider Consultation

# Who Are the Teams?

- 68 multi-disciplinary teams in action – from 37 States (including PR)
- Over 210 organizations
  - 57 Community Health Centers
  - 30 Hospitals
  - 24 Schools of Pharmacy
  - 8 Ryan White Grantees
  - 6 Poison Control Centers
  - 5 Primary Care Associations
  - 3 State Health Departments
  - 1 Rural Health Clinic
  - 12 teams are from rural areas

# Vision for PSPC 2

- LS 3 as our initial call and announcement for how new teams enroll into PSPC 2
- Second, much larger cohort – taking the work and success to a larger national scale
- LS 4 of the first year will be combined with LS 1 of the new year with new teams – LS4/1 – Sept/Oct
- Encourage existing teams to enroll in PSPC 2
- Expand on lessons learned (measurement, change package, etc)
- Teams in PSPC 1 will be faculty and spread leaders for PSPC 2
- We intend to further define and engage the Public/Private Alliance in PSPC 2

# Timeline of Key Collaborative Events

- Learning Session 3: May 6-7, 2009
- Team Enrollment for Wave 2: May - Summer, 2009
  - Start building your partnerships NOW!
- Team Enrollment & Vetting: August, 2009
- Prework: September 2009
- Learning Session 4-1: Sept/Oct, 2009

# Team Participation Requirements

- Form a community based team!
  - Primary healthcare home as team lead
  - Inter-professional
  - Partnerships with academia and state associations
- Commit to PSPC Aim and Goals
- Identify a high risk patient population in which you want to make improvements
- Monthly reporting
- Monthly Team calls
- Travel to 4 LS and completing prework
- Get leadership commitment
- Share your learning
- Have Fun!

# Team Testimonial

- “The PSPC has set the stage for our health center, for the first time in its history, to get members from all departments in the same room to problem solve medication safety issues.”
- “Our PSPC work has entirely changed the way we focus on medication safety, its impact on clinical outcomes and how we manage medications.”

*Holyoke Health Center PSPC Team*

# Faculty Testimonial

“I strongly recommend that any agency without clinical pharmacy services take advantage of this Collaborative.”

*Paul Gregerson, MD*

CEO, JWCH Health Center



# PSPC Information

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