# Model: Geriatric Consulting Service

*by Joon Cha, PharmD and Craig Stern, PharmD, MBA*

The following is a description of a private practice geriatric consulting model. Patients were referred by physicians to a clinical pharmacist with special expertise in geriatrics. This model offers an interesting insight into the establishment of a pure consulting practice.

Richard Ron Finley is currently a member of the University of California, San Francisco School of Pharmacy faculty as a lecturer in the Department of Clinical Pharmacy, and a clinical pharmacist at the UCSF Memory and Aging Center. Below, he shares his insights on a business model in geriatric practice that he initiated in the past.

## Please describe the business model:

The business model is a geriatric consulting pharmacy service motivated by a number of referrals from physicians in an ambulatory care setting. Community physicians would refer and send the patient's medical charts and record via fax or mail. The patients or their caregivers would usually come to the office at the UC clinic, although sometimes a home visit was required. The primary function of the consulting service involved a critical medical chart review of prescription medications and dosages according to the disease state. Due to some limitations (listed below), the consultation service lasted only 6-8 months in which about 12 patients were critically monitored and closely followed. An average amount of time spent per patient's critic evaluation was 8-10 hours.

## What are some of the resource requirements?

Since it is a consultant service, there was no need to hire any staff members. The only requirement was a high level of expertise in geriatrics, which includes management in disease states, labs monitoring, and mediation therapy. A board certification in geriatrics is not required; however, it is recommended that pharmacy practitioners get involved with organizations such as the American Geriatric Society, that they make efforts to attend meetings dealing with specialized areas (e.g., dementia, psychotherapy), and learn about the different disease states that affect the geriatric population.

## Please describe any successes whether they are measurable or anecdotal:

In reviewing a patient's medical charts, several steps would be taken in closely managing a patient. Most of the suggested changes to the physicians involved an increase or decrease in dosages according to disease states and lab data analysis. The bulk of patients required pain management and many had their number of drugs changed (i.e. reduced or increased).

## What are some limitations of the model or restrictions that limit its portability?

There are several limitations to the model in a consulting service. The great limitation is the time required in reviewing and evaluating a patient. Along with the commitment to UCSF as a clinical pharmacist and a faculty member, time was very limited. The average time spent on each patient was about 8-10 hours, plus time for medical chart acquisition and travel. Due to the time commitment, the consulting service only lasted for about 8 months.

When a general community practitioner refers a patients for consultation, the cases are very complicated by nature. The physicians have a hard time managing their therapy so they are seeking a "drug expert." It may require about 3-5 years of clinical work experience before a new graduate pharmacist can take on this role. Although some referrals may have come through the fact that the consultant was

associated with a university, there is a demand for this type of service. The major challenge is that one has to deal with reluctance (from whom?)to initiate such a service and establish a profitable fee.

## Business case:

Payment for this service was based on a fee-for-service basis with a one-time flat fee of $500 per patient. No insurance claims were accepted.

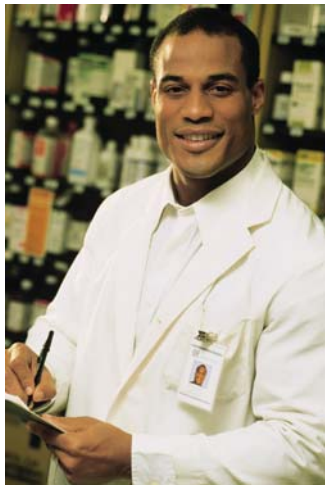
## Are there any legal or regulatory issues or restrictions on the model?

As a consulting service, the pharmacist is restricted from prescribing medications and all clients were referred by physicians. There are no regulatory requirements. It was necessary that an adequate personal liability insurance policy was purchased in addition to the insurance provided by the university, or employer.

## Any future plans?

"Definitely — I would like to initiate another geriatric consulting service when I retire. For now, I want to mentor a body of pharmacists that have a passion for the geriatric population."

This model demonstrates that there is a market for specialized pharmacotherapy services. This model does not solve the problem of resource utilization to make the service profitable. What it does indicate is that patients and families will pay for value associated with a thorough examination of their medication therapy. As with all businesses, the problem is to define a need and then satisfy it. The challenge for all businesses is to manage resources to deliver the service for a fee that the market will accept. Mr. Finley accepted the risks, and challenges other pharmacists to take up the standard.



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