ASOs/CBOs and Pharmacists: Untapped Partnerships for Success

PRIMARY CARE DEVELOPMENT CORPORATION

Presenters

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ASO/CBOs Partnering with Community Pharmacies and Pharmacists: Opportunities and Resources

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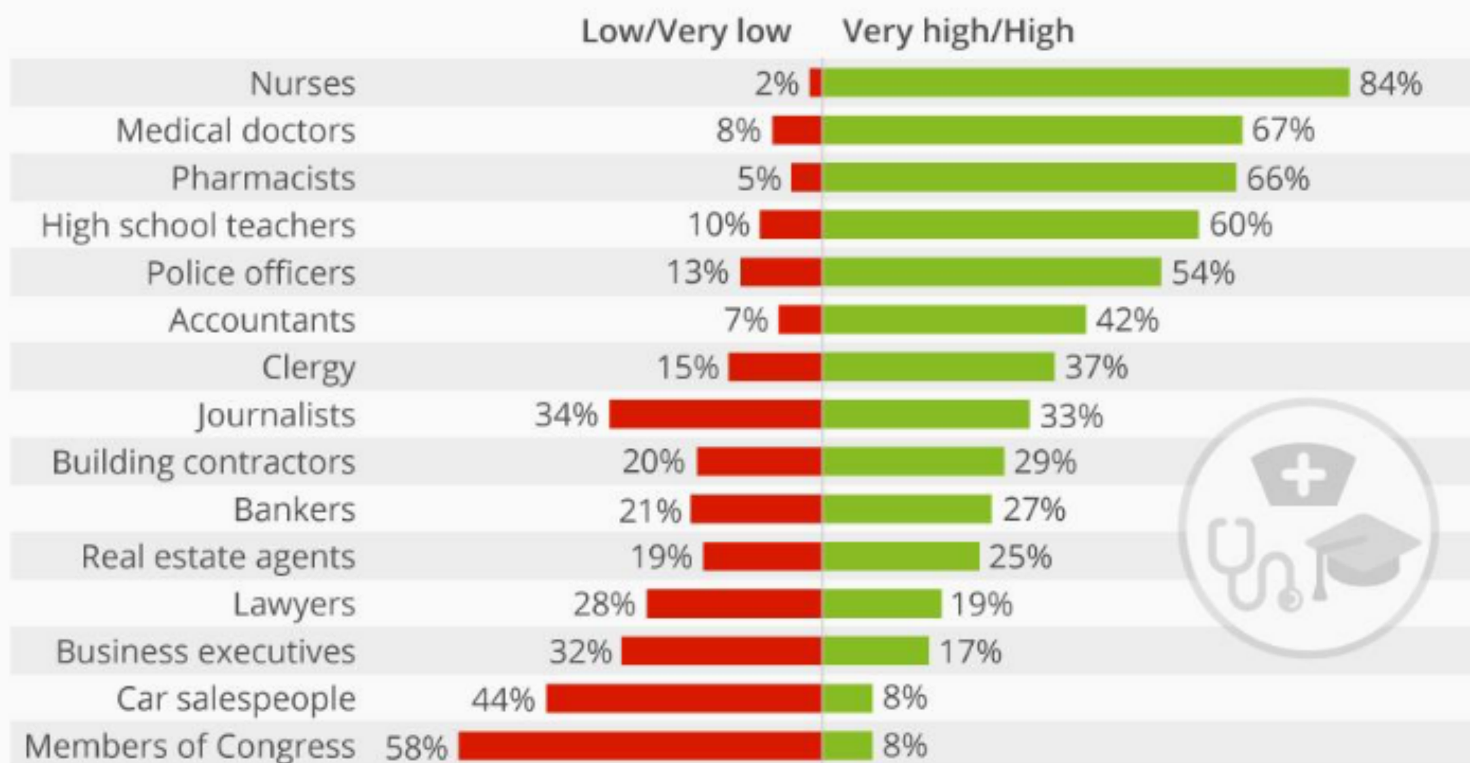
Nathan Tinker, PhD

Pharmacists are Trusted



Pharmacists are Accessible to Clients ASO/CBOs Serve

- 69% of consumers visit a pharmacy at least once a month
- On average, consumers visit their pharmacist 12-15 times per year, versus 1-2 visits to a doctor
- Patients say they are likely to speak to their pharmacist about:
  - Medication side effects (73%)
  - Proper use of prescription medicines (72%)
  - Medication interactions (70%)
- 25% of consumers say they have either made or changed a health care decision based on a conversation with a pharmacist

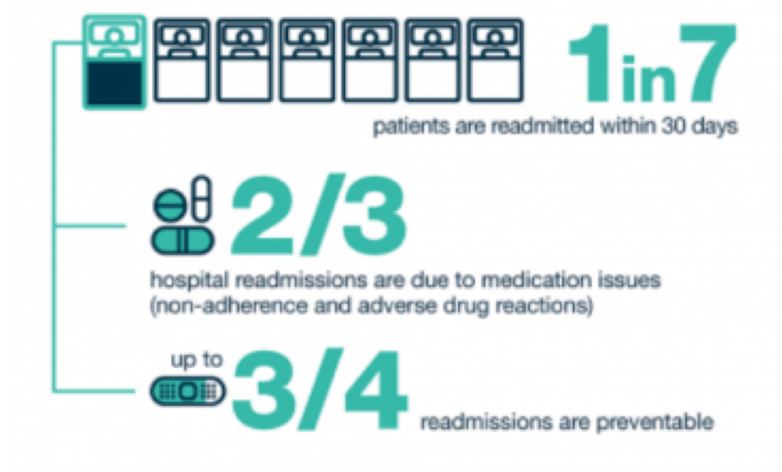
Source: "By the Numbers: How do Consumers Engage with Pharmacists?"
https://cvshealth.com/thought-leadership/by-the-numbers-how-do-consumers-interact-with-pharmacists#footnote-2

Clients Value Pharmacists

- 64% of consumers think of their pharmacist as part of their health care team.
- 62% want pharmacists to share medication information with their other health care providers about whether they are filling prescriptions regularly and taking medications as prescribed.
- One third of respondents go to the pharmacy to receive vaccinations, preventative health screenings, or physicals. Reasons for choosing pharmacies for these services include convenience (70%), accessibility (42%) and cost (32%).

Source: "By the Numbers: How do Consumers Engage with Pharmacists?"
https://cvshealth.com/thought-leadership/by-the-numbers-how-do-consumers-interact-with-pharmacists#footnote-2

Pharmacists Save $



A new CVS Health Research Institute study* found

lower risk of readmission

as a result of pharmacist intervention through an insurer-initiated medication reconciliation program

$2 in savings for every $1 spent

$1,300 per patient total savings**

More successful transitions

Pharmacists

Review medications

Counsel patients on adherence and drug safety

Patients

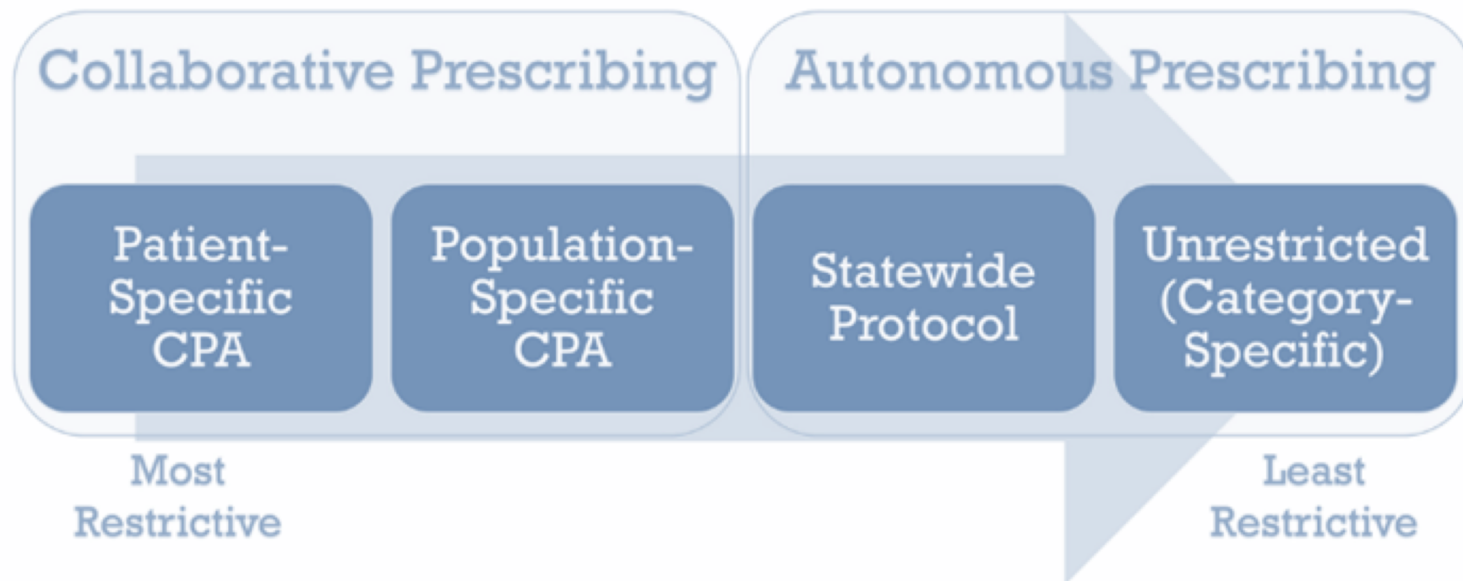
Better understand drug regimen

Can access pharmacist support for 30 days

Source: CVS Health Research Institute
https://cvshealth.com/sites/default/files/cvs-health-medication-reconciliation-programs-infographic.png

Continuum of Pharmacist Prescriptive Authority

Across the U.S states are recognizing the value of authorizing pharmacists to prescribe in order to increase access to important medications, such as Antiretroviral treatments (ART). This authority exists somewhere along a continuum and is either dependent (delegated through a collaborative practice agreement) or independent (authority comes directly from the state, no delegation required) authority.



Emerging as a Best Practice

Community Pharmacy Foundation Grant Aids Pharmacist in Building Wellness Program, Health Care Partnership

2019-05-06 21:36:00
Karen Berger, PharmD

A clinical pharmacist at Realo Discount Drug, an independent chain pharmacy in Jacksonville, North Carolina, has created a model for successful integration of a community pharmacist utilizing a grant from the Community Pharmacy Foundation (CPF).

Pharmacists in HIV Prevention: An Untapped Potential

Julie E. Myers MD, MPH, **Davida Farhat** MPH, **Adrian Guzman** JD, MPH, and **Vibhuti Arya** PharmD, MPH

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Accepted: February 27, 2019 Published Online: May 08, 2019

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Antiretrovirals are used with great success for the treatment of HIV and, increasingly, for its prevention. Because these medications almost always require a prescription, control of the epidemic has progressively come under the purview of a health care system that has myriad problems, including physician shortages.

Pharmacists Can Play Key Role in Ending the HIV Epidemic

By: Eugene McCray, M.D., Director, Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention | **Published:** June 10, 2019

HIV medication therapy management services in community pharmacies

Yardlee Kauffman, Vidya Nair, Keith Herist, Vasavi Thomas, and Paul J. Weidle

Patient-Centered HIV Care Model

Pilot Goal: integrate community-based HIV-trained pharmacists with primary medical providers to provide patient-centered care for people with HIV and improve retention in HIV care, adherence to ART, and HIV viral suppression. The model was implemented at 10 project clinics and pharmacies

Successful Outcome: overall viral suppression improved 15% with persons whose care was covered by the Ryan White Program having a 23% increase

Statewide Protocols for Pharmacist Prescribing in the US

Existing Statewide Protocol Topics

Hormonal Contraceptives

California first authorized a statewide protocol for pharmacists to furnish hormonal contraceptives. Oregon passed similar authority and many patients have already received care.

8

Tobacco Cessation

New Mexico has had pharmacist prescriptive authority for tobacco cessation drug therapy since 2004. California also has had successful legislation and it has been proposed in Indiana.

8

Immunizations

Eighteen states have given pharmacists prescriptive authority for at least one vaccine. Most often it is influenza but more are being added all the time.

18

Others and Beyond

Statewide protocols (or outright prescriptive authority) for pharmacists also include naloxone, travel medications, TB testing, and fluoride replacement. In the future others may be considered for conditions that require no diagnosis, are easily diagnosed or are self limiting.

Source: NASPA
https://naspa.us/resource/swp/

Resources

https://www.cdc.gov/dhdsp/pubs/docs/CPA-Team-Based-Care.pdf

Resources

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Pharmacist Collaborative Practice Agreements: Who, What, Why, and How

Activity Preview

In 2015, cardiovascular disease alone contributed to one in three deaths. Interventions to reduce the incidence and prevalence of hypertension and other risk factors for cardiovascular disease can focus on removing existing barriers to efficient care delivery. A team-based, patient-centered approach to care results in personalized, timely, and empowered patient care as well as facilitates communication and coordination among team members.

Pharmacists are well positioned to assist the healthcare team in the treatment and management of chronic disease due to their expert knowledge and training in medication management as well as their high accessibility to the public. This session will provide an overview of the impact of chronic disease and the opportunity for pharmacists to improve patient outcomes, define and explain collaborative practice agreements and the variations in state authority, provide helpful tips for getting started with a CPA, walk through sample language that can be used when developing an agreement, provide information on practical considerations, and finally identify further resources available in the market today.

Learning Objectives

At the completion of this application-based activity, participants will be able to:

1. Define collaborative practice agreements and identify their role in providing team-based care.
2. Describe when and how to use CPAs in the outpatient setting.
3. Consider approaches for developing a trusting relationship with another healthcare professional that may lead to the development of a CPA.
4. Identify resources available for pharmacists looking to establish a CPA.

Activity type: Knowledge-based

Target Audience: Pharmacists

Tags:

COLLABORATIVE DRUG THERAPY MANAGEMENT (CDTM)

INTER-PROFESSIONAL COLLABORATIVE PRACTICE

http://elearning.pharmacist.com/products/5399/pharmacist-collaborative-practice-agreements-who-what-why-and-how

Resources

https://naspa.us/introduction-collaborative-practice-agreements-brief-webinar/

Reach out and engage

- State Pharmacy Associations (49 states have CPAs)
- National Alliance of State Pharmacy Associations (NASPA)
- American Pharmacists Association (APhA)
- American Medical Association (AMA)
- American Association of Nurse Practitioners (AANP)

Pharmacists' Role In Supporting Client Outcomes: A Clinical Lens Through the Eyes of a Community Pharmacist

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Lisa Bragaw, PharmD

Objectives

- Address misconceptions of the role of pharmacists
- Explain Medication Therapy Management Services
- Discuss the pharmacists' role in supporting key client outcomes
- Identify barriers to care

Polling Question:

Pharmacists work in the following sites, *except*:

A. Hospitals
B. Grocery and Chain Drug Stores
C. Physician Groups
D. Federally Qualified Health Centers
E. Research and Academia
F. All are correct

Pharmacists are Everywhere!

- Community Pharmacies
- Hospitals & Ambulatory Care Centers
- Physician Groups
- Federally Qualified Health Centers
- Military Bases and VA Centers
- Marijuana Dispensaries
- Long-term Care and Skilled Nursing Facilities
- Hospice
- Public Health
- Research, Academia, Medical Writing

Misconceptions About What Pharmacists Do

"Don't you just count pills?"

Pharmacists in Your Community Working with ASO/CBO clients

- Accessibility
  - Key front-line health care professionals
  - Available days/nights/weekends/holidays for face-to-face interactions
- Frequent interactions with patients
  - Most people visit their community pharmacy >20 times per year
  - Continuum of care
- Patient Counseling
- Vaccinations
  - Screen for and administer vaccines
- Medication Therapy Management Services
- Collaborative Practice with local providers
  - Interdisciplinary approach to health care

Medication Therapy Management (MTM) Core Elements

- Medication Therapy Review (MTR)
- Personal Medication Record (PMR)
- Intervention and/or Referral
- Documentation and Follow Up

How Medication Therapy Review (MTR) Works

Interview patient and create a database of patient info (medications, alternative medicines, herbs, conditions, co-morbidities, specialists seen, etc.) to get a clearer picture of the whole patient

Pharmacists are trained in Motivational Interviewing

Encourage and engage patient participation and adherence

Review medication regimen for:

- Indication
- Effectiveness
- Safety
- Adherence

Personal Medication Record (PMR)

- Medication list
- Reason for use
- How long and when to take each medication
- Recommend patients keep the list with them and keep it updated to bring to each appointment with different health care providers

Intervention and/or Referral

- List, explain, and prioritize medication-related problems
  - Prioritize with the patient
- Create a plan
  - Identify what patient is likely to adhere to
- Share plan with other members of the health care team
- Refer to PCP or specialists

Documentation and Follow Up

- Clear records kept
- Patient and Physician Follow Up
- Plans continuously reviewed and revised based on patient and clinician goals

How Pharmacists Can Support Key Outcomes for ASO/CBO Clients

	Identify patients at risk from Polypharmacy or Medication Overload	Reduce hospitalizations, fall risk, medication burden
	Explain and help organize often complex medication regimens	Counseling, Compliance packaging (med packs/med boxes), Comprehensive Medication Reviews and MTM
	Identify potential adverse drug events (ADEs), drug-drug and drug-condition interactions	ADEs accounted for ~5 million outpatient visits and 280,000 hospitalizations, totaling ~ $3.8 billion in 2018. Less than half of people experiencing ADEs recognize it and don't seek medical attention
	Medication reconciliation and transition of care (i.e., home to hospital, hospital to SNFs, SNFs back to home)	
	Accessibility and trust from patients	
	Patient centered multidisciplinary team approach and collaborative practice	
	Assist in educating patients and reinforcing plans and regimens from other health care providers, reducing burden on providers	

Barriers to Care

- Culture of prescribing
- Information and knowledge gaps
- Misconceptions of the pharmacists' role
- Fragmentation of care
  - Lack of teamwork, issues with care transitions
- Time
- Reimbursement

Demonstrating the Impact of Pharmacists' Interventions: Linking the Most Accessible Health Care Provider to Those with the Least Access to Care

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Thomas Buckley, RPh, MPH

Learning Objectives

- Explain how consistent delivery of medication therapy management (MTM) identifies and resolves medication-related problems
- Discuss methodology of practice-based outcomes research and community-based participatory research (CBPR)
- Illustrate the pharmacist's impact on cross-cultural teams with community health workers

Polling Question

Which is the appropriate sequence on how to conduct a medication assessment?

A. Adherence → Effectiveness → Appropriateness → Safety
B. Appropriateness → Safety → Adherence → Effectiveness
C. Effectiveness → Appropriateness → Safety → Adherence
D. Appropriateness → Effectiveness → Safety → Adherence
E. Adherence → Safety → Appropriateness → Effectiveness

Medication Optimization Services

- GOAL: optimize medication safety and therapeutic outcomes for individual patients.
- Collecting patient-specific medication information for all prescriptions, OTCs, herbal products, and dietary supplements
- Assessing medication therapies to identify medication-related problems ***in this sequence***:
  - appropriateness (unnecessary medication, omissions, duplicate therapy)
  - effectiveness (dose too low, ineffective therapy)
  - safety (drug interactions, allergies, adverse drug events)
  - adherence (compliance, persistency, health literacy)
- Developing a prioritized list of medication-related problems
- Creating and communicating a plan with patients and prescribers to resolve medication-related problems.

Medication Adherence Matters: Issues/Motivations

- External factors may cause sole or primary focus to be on non-adherence
- If the ***cause*** of the non-adherence is not identified, the patient may be incorrectly blamed
  - Many causes (i.e. social determinants) may be out of the patient's control
- Why would you want the patient to be adherent on the wrong drug, not the most optimal drug, not the most optimal dose??
- Why would you want the patient to be adherent on a drug with drug interactions or is causing side effects?

Pharmacists Can Help: Patient Ownership of Comprehensive Team-based Medication Management

- **Goal**: patients, (such as those on ART) routinely achieving their drug therapy treatment goals with zero tolerance for preventable medication harms

- **Challenge**: engage patients and families in team-based medication management in a system of care built around the manner in which patients use medications in their homes

Partnering for Community Level Pharmacist Interventions? Adaptable Promising Practice Ideas for ASO/CBOs and Clients You Serve!

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Consider Your Organizations Needs

Each intervention we will review has different components such as:

- Telehealth
- Integrated care/ team-based care
- Medication therapy management
- Community health workers and outreach

Listen for ideas or approaches that could work or be adapted for your ASO/CBOs.

Be open to new ideas or ways to serve your clients

Remember PLWH also live with diabetes, hypertension and other health conditions that require multiple medications to be prescribed and taken!

CT Medicaid MTM Project

	Most Frequent Medication Related Problems (MRPs)	%
PRESCRIBING	Needs additional therapy /drugs not needed (evidence-based guidelines)	30
	Dose too low	16
SAFETY	Adverse drug event /drug interaction	16
ADHERENCE	Adherence - Ptnt doesn't understand med use instructions	11
	Adherence - Ptnt prefers not to take/forgets	12

Demographics: CT Medicaid beneficiaries with complex medication regimens

Medication-related problems were also common (917)

Medication discrepancies were common, including issues with drug, dose, frequency, EHR list, and patients actual use at home

Of 3248 medication discrepancies 50% were discontinued medications and 39% had a drug or dose omitted

This has major implications for the clients ASOs/CBOs serve

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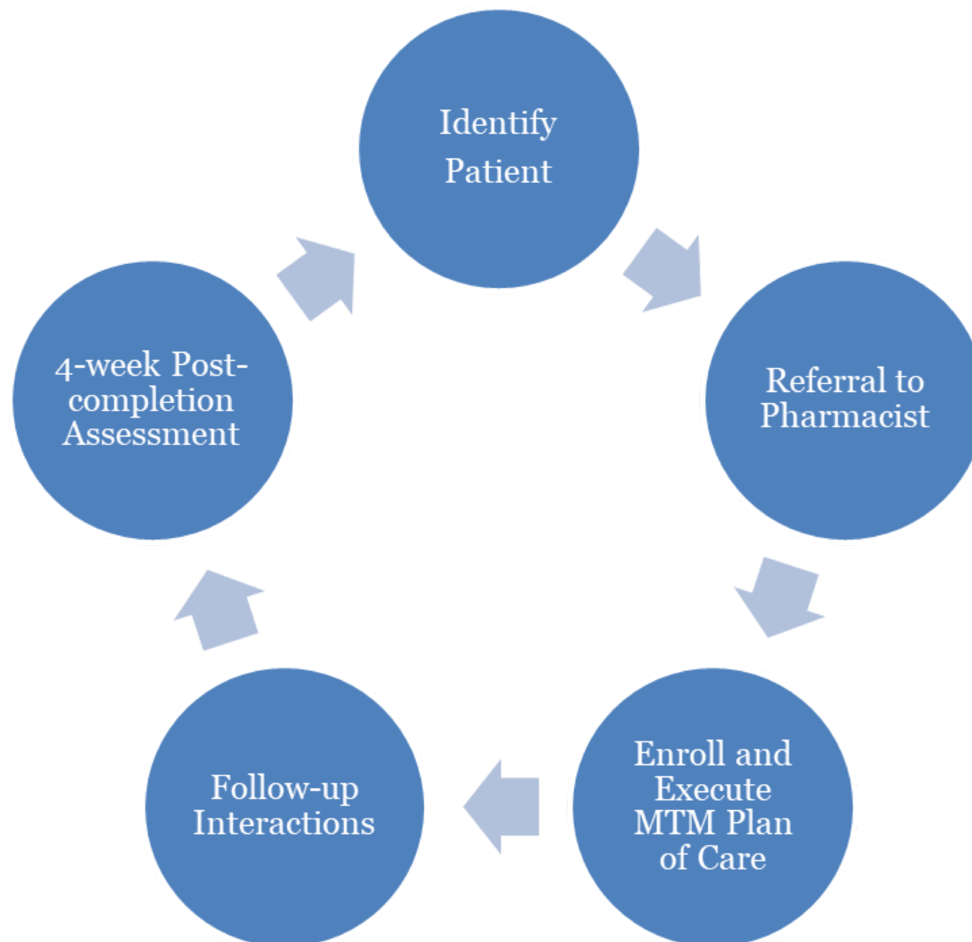
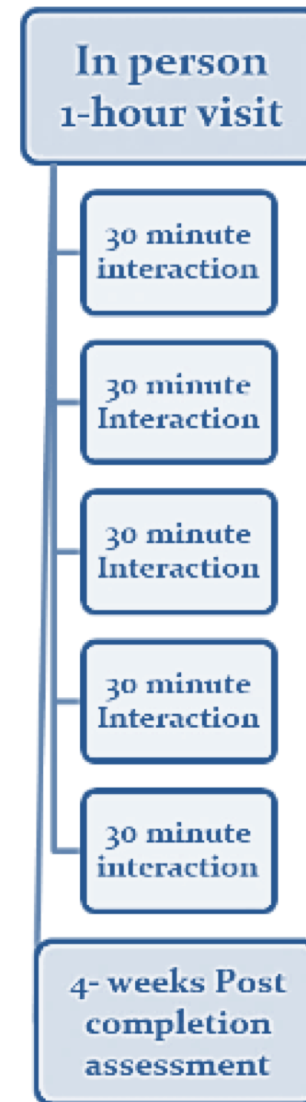
Pharmacists Matter for Organizations and Patients

- Care Quality
  - Patient treatment goals met: 63% at first visit, 91% at last visit
  - Drug therapy problems (DTPs): 96% identified and resolved
    - 76% found to be preventable medication errors that required pharmacist intervention
- Care gaps:
  - 70-76% were "upstream" (care coordination, clinical management, care coordination, medication prescribing or monitoring)
  - 20-25% "downstream" (non-adherence, health literacy and numeracy, health beliefs)
- Team-based care efficiency:
  - 78% of DTPs were able to be resolved by a patient visiting with a pharmacist without a primary care provider.
- Cost Implications:
  - Medication: $1123
  - Medical savings (to hospitals, emergency room visits, etc.) $472
  - Return on investment: 2:5:1 (based on actual claims, no cost avoidance included)

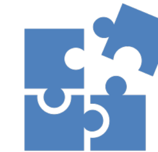
Opportunities for ASO/CBO Adaptation: Connecticut Community Pharmacist Team-Based Care Model for WISEWOMAN



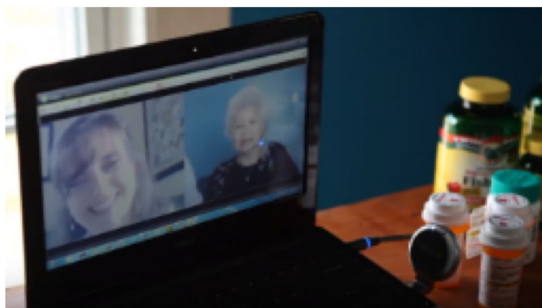


“Eliminating Barriers to Care: Using Technology to Provide Medication Therapy Management to the Underserved”

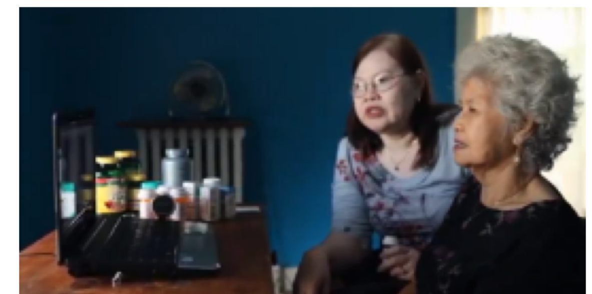
Pharmacist/CHW cross-cultural teams provide MTM face-to-face in CT, and via telehealth in Long Beach, CA to Cambodian American Khmer Rouge genocide survivors – complex medical/mental health patients



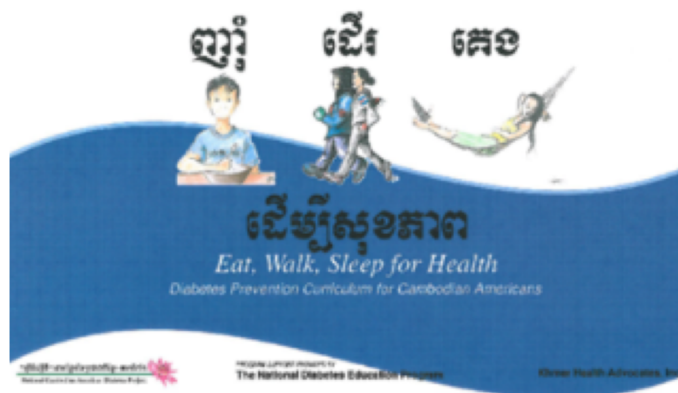
Therapy goals improved 24%, inappropriate medication use decreased 35%, depression scores improved 24.5%, medication adherence improved 22.5%

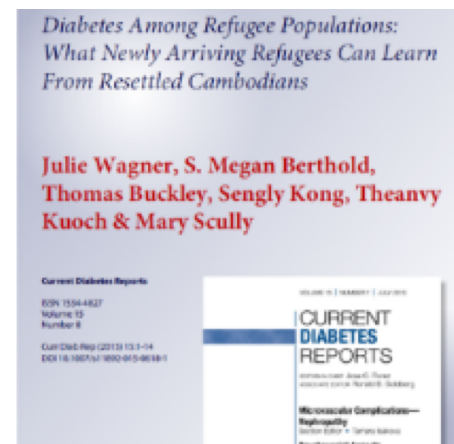


No differences between Face-to-face and video



"Diabetes Risk Reduction through Eat-Walk-Sleep And Medication Therapy Management for Depressed Cambodians" (DREAM)




Diabetes Among Refugee Populations: What Newly Arriving Refugees Can Learn From Resettled Cambodians

Julie Wagner, S. Megan Berthold, Thomas Buckley, Sengly Kong, Theanvy Kuoch & Mary Scully

CURRENT DIABETES REPORTS

3 Components:
Usual care vs. Health promotion ("Eat/Walk/Sleep") vs. MTM + health promotion in CT, MA, RI: face-to-face & video

5-year NIDDK grant project: Cambodian Americans with pre-diabetes, depression & functional impairment

State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Factors and Promote School Health (SHAPE): Pharmacy Initiative

5-yr project funded by CDC/CT DPH

Comprehensive MTM services to 354 patients with HTN and/or DM

Success:

39% improvement in BP goal;

23% improvement in A1c goal;

Adherence improved 38% from initial to final MTM encounter

DTPs identified: 1,788 (5.05/patient), 77% resolved; 80% of DTPs health systems issues, 20% patient issues

Pharmacists overcame systems barriers to resolve DTPs, even as patient complexity increased, achieving higher % clinical goals

This success could extend to patients on ART and living with additional health concerns requiring medications

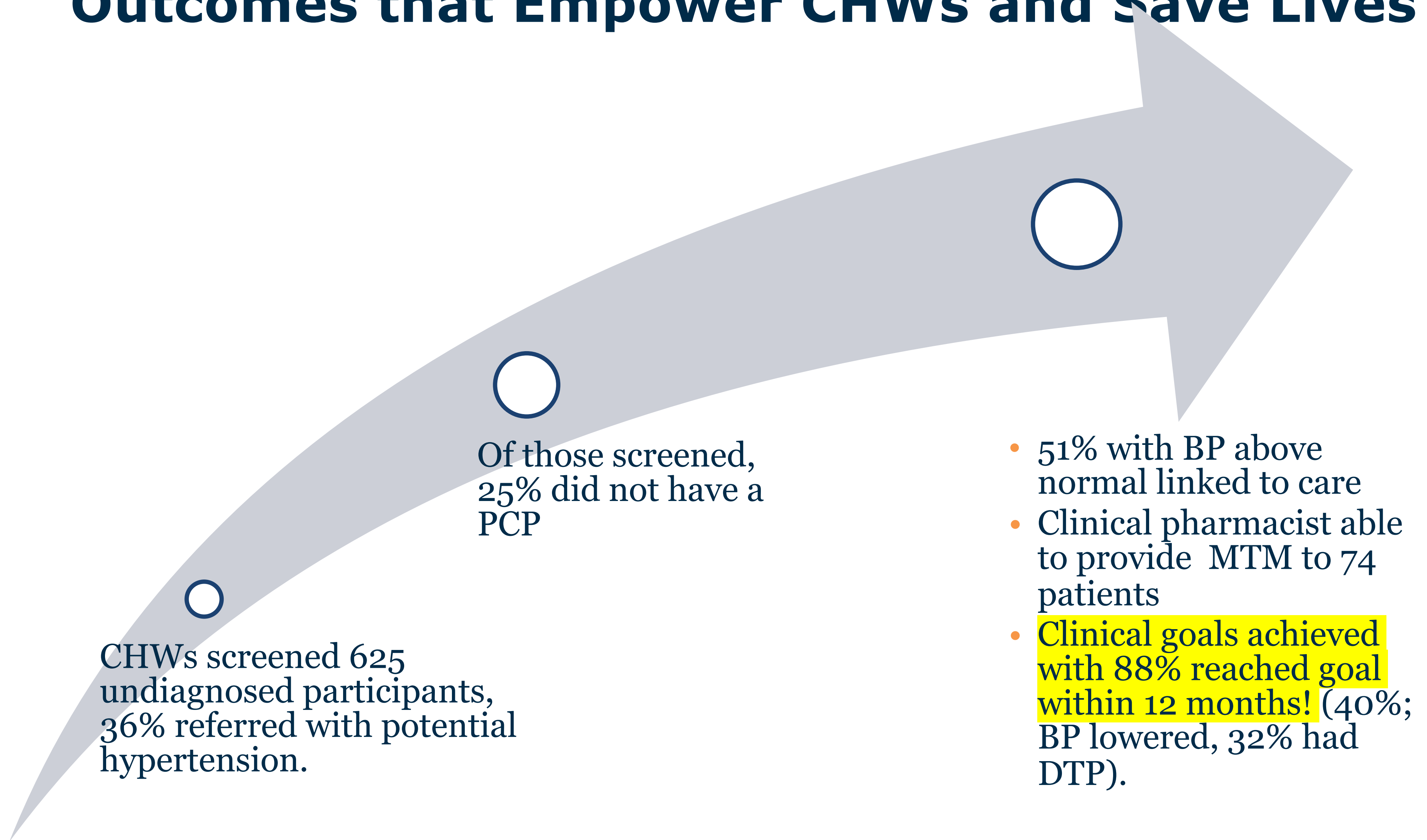
Linking Pharmacists, Community Health Workers, and Primary Care to Improve Hypertension Outcomes for Underserved Communities

Target pop: Black & African American residents of specific neighborhoods in Bridgeport & Stratford, CT

CHWs provided targeted setting-based outreach (e.g. to barbershops, auto repair shops, factories and churches) - education & BP screenings. Individuals referred to the community clinic team or to their own PCP if appropriate.

Clinic pharmacist integrated into care team with uncontrolled hypertension patients. Coordination with community pharmacist to identify medication adherence concerns. Patients met with either pharmacist up to 4 visits within 6 months until BP was controlled.

Outcomes that Empower CHWs and Save Lives



Taking Action:

Consider, for 3 minutes after today's webinar, would any of these interventions:

Allow you to expand care you provide?

Improve care you provide?

Improve client adherence to ART and other medications?

Allow you to increase opportunities for billing?

Catalyze a cost sharing option with local pharmacies?

Create value for an onsite pharmacy with cost sharing?

Reference

- https://www.pharmacist.com/sites/default/files/files/core_elements_of_an_mtm_practice.pdf
- https://lowninstitute.org/reports/eliminating-medication-overload-a-national-action-plan/
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- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3329905/pdf/cjhp-65-125.pdf