



Connecticut Department of Public Health and Community Pharmacists' Medication Management Services

MODERATOR:

Marie Smith, PharmD – Palmer Professor and Assistant Dean, Practice and Public Policy Partnerships, UConn School of Pharmacy

SPEAKERS:

Mehul Dalal, MD, MSc, MHS - Chronic Disease Director, CT Department of Public Health

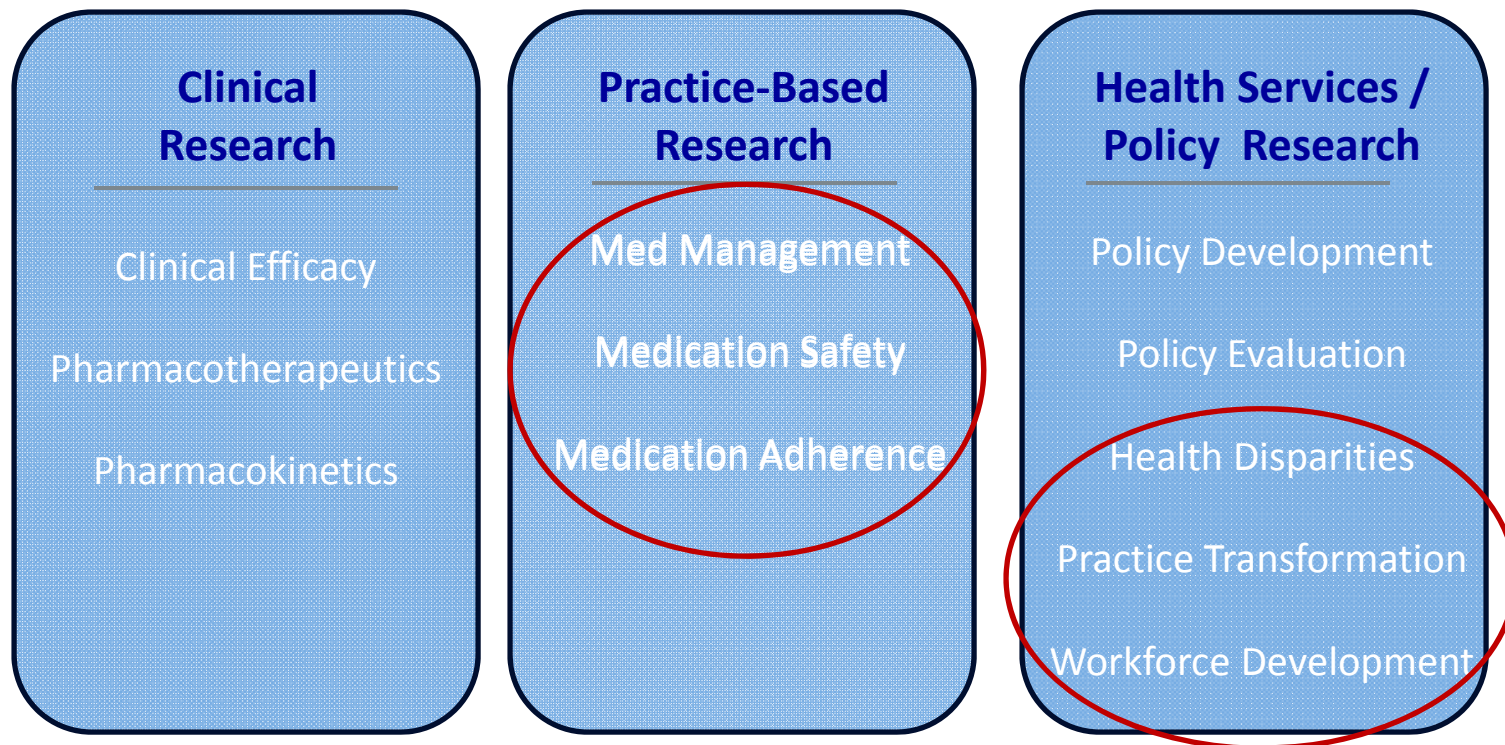
Thomas Buckley, MPH, RPh – Associate Clinical Professor, UConn School of Pharmacy

Jill St. Germain, PharmD – MTM Pharmacist, Arrow Pharmacy & Nutrition Center, Hartford, CT

PRISM: Transforming the Future of Pharmacy

through PeRformance Improvement for Safe Medication Management

Mission: To improve the health of the people of Connecticut through safe and effective medication use that involves interdisciplinary educational programs, community-based research collaborations, health care transformation policy opportunities, and team-based care delivery.



Webinar Objectives

1. Explain the state chronic disease initiative and the use of community pharmacists as health care extenders in the provision of medication management for hypertension and diabetes.
2. Describe the role of the School of Pharmacy in a public/private partnership to enhance workforce development and cultivate a community pharmacy network.
3. Demonstrate patient self-management techniques and pharmacist medication management activities focused on target populations in community pharmacies.
4. Identify opportunities for sustainable financing of pharmacist services with parties engaged in health reform implementation.

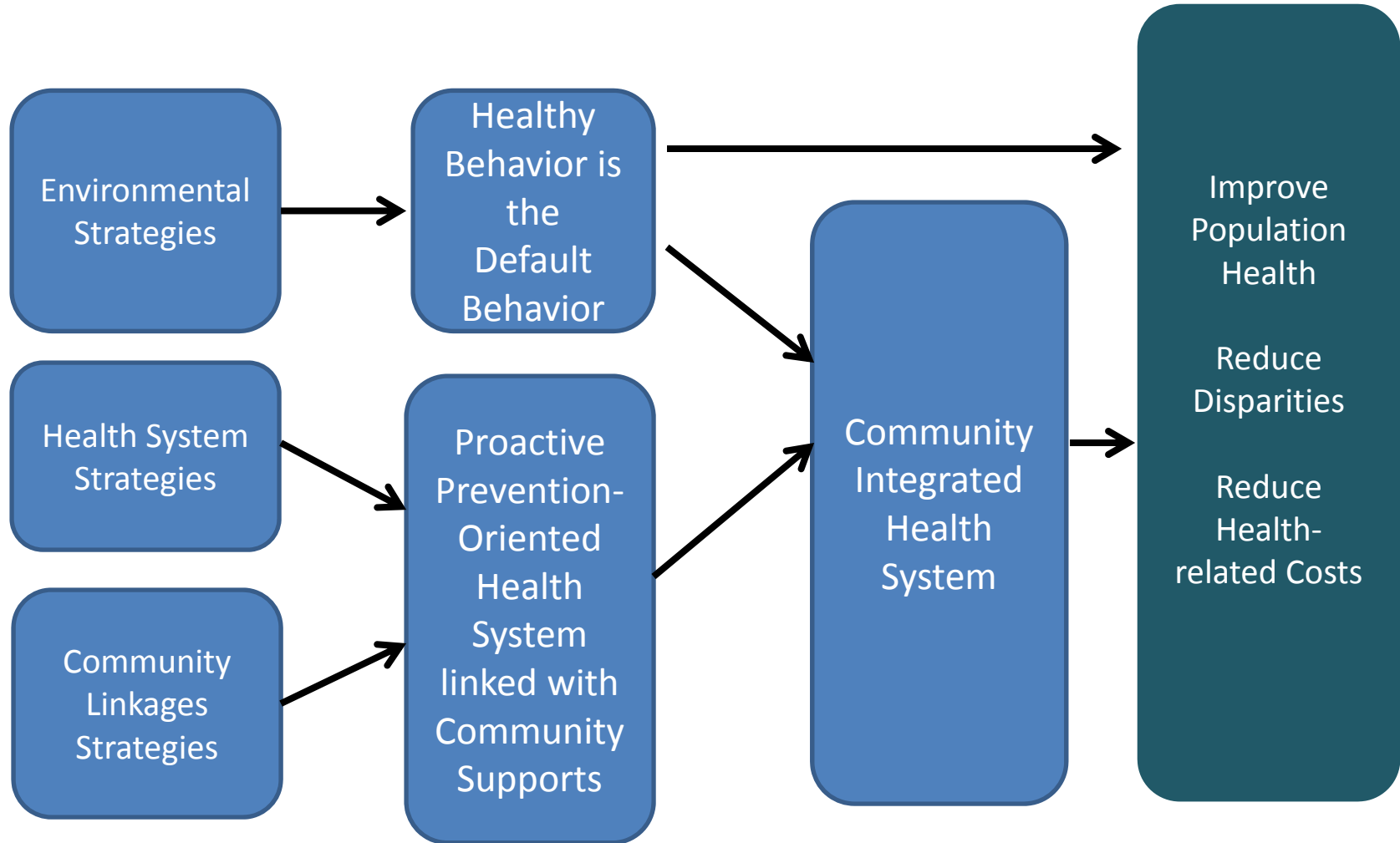
State Chronic Disease Initiative: Triple Strategy

Environmental Strategies: Make healthy behaviors easier and more convenient for more people.

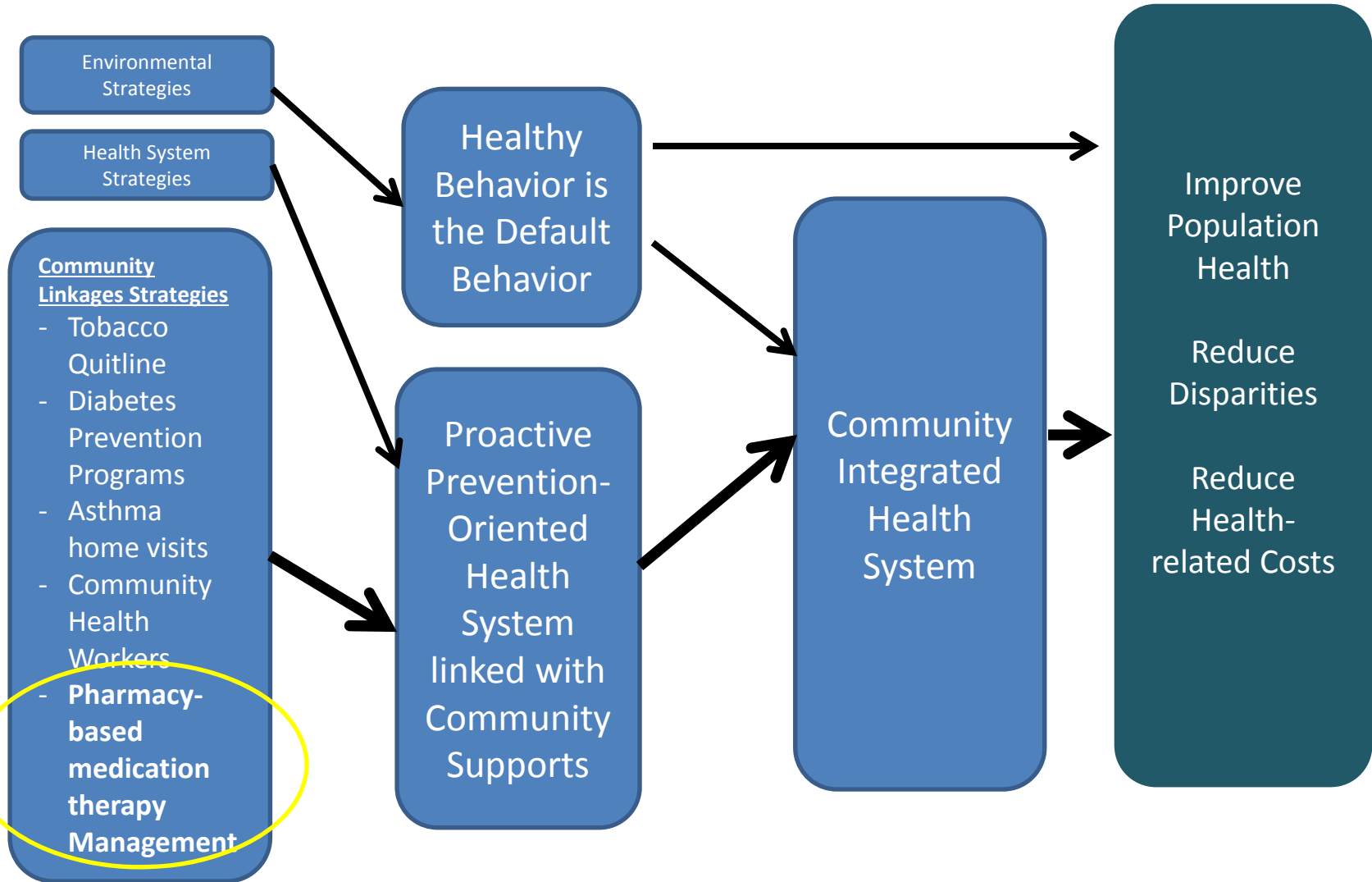
Health Systems Strategies: Improve delivery and use of quality clinical services to prevent disease, detect diseases early, and manage risk factors.

Community-Clinical Linkage Strategies: Ensure those with or at high risk for chronic diseases have access to quality community resources to best manage their conditions.

CT's Framework for Chronic Disease Improvement



CT's Framework for Chronic Disease Improvement



CT Department of Public Health: Pharmacy Initiative

Objective: To Increase the engagement of community pharmacists in the provision of medication-/self-management for adults with high blood pressure and adults with diabetes

Key Activities:

- Implement a medication therapy management (MTM) pilot program at community pharmacies in collaboration with the UConn School of Pharmacy targeting patients with hypertension & diabetes.
- Build capacity by providing professional development and training to community pharmacists.
- Work on policy solutions to identify sustainable financing opportunities for reimbursement for pharmacy MTM services.

🏆Funding provided by: CDC State Public Health Actions Grant

Public/Private Partnerships: CT DPH/ UConn SoP/ Pharmacies

- Strong history of collaboration
 - **CDC/CT DPH/UConn immunization project**
 - Focus: reduce disparities in vaccine rates for pneumococcal & herpes zoster in underserved urban communities
 - Arrow Pharmacies – urban Hartford sites
 - Identified/engaged community: significant increase in vaccine rates, esp. in AA pop.
 - **UConn/Arrow Colorectal Cancer Screening**
 - Pharmacist trained/credentialed to increase awareness of CRC risk factors & screening
 - Offer FIT test & follow-up with Medicaid or uninsured populations: in-store kiosks

CT MTM Community Pharmacy Initiative: UConn SoP Role

- Identify/engage/train/certify community pharmacists servicing urban or underserved communities to provide comprehensive MTM for HTN/DM pts
- Using Arrow in Hartford as pilot, create/expand community pharmacy network in urban communities
- Identify opportunities for sustainable financing of service through engagement w/Medicaid, insurance exchange, State Employee Health Plan, State Office of Health Reform & Innovation

CT MTM Community Pharmacy Initiative: Partnerships

5-year statewide CDC grant

- Years 1-2: Arrow pilot – optimize screening, engagement, documentation tools
- Years 2-4: Cultivate independent pharmacy network
- Years 2-5: Reimbursement strategies: multi-payer
- MTM certification provided – ongoing QI w/faculty
- Database screening: prior 6 months Rx for HTN/DM
 - Pilot: ~ 1200 initial (excl. 30% delivery pts), engage up to 800
- Patient engagement strategies identified
 - POS most effective (from prior study)
 - Patient notification of MTM study on Rx for HTN or DM
 - Arrow: 125 pts (up to 4 visits over 12 months), incl. gift cards
 - Additional pharmacies: less patients, same # encounters

CT MTM Community Pharmacy Initiative: Methodology

- Core elements of MTM service model:
 - Comprehensive med review
 - Identifying med-related problems (MRPs)
 - Appropriateness-Effectiveness-Safety-Adherence (*in that sequence*)
 - Prioritize plan for MRP resolution
 - Personal medication record
 - Med-related action plan
 - Intervention and/or referral
 - Documentation & follow-up

CT MTM Community Pharmacy Initiative: Methodology

- Additional components:
 - Recommendation to Chronic Disease Self-Management Program or Diabetes Self-Management Program (Stanford Univ. models)

- **Required CDC performance measures:**
 - Adherence to HTN/DM medications (PDC values)
 - Patient self-management plans
 - A1C < 9% (population threshold)
 - BP goals (JNC)

- **Non-CDC data collection:**
 - Self-management assessment; vaccine adherence; MRP intervention/resolution status; primary/secondary prevention medication assessment

Arrow Pharmacy Pilot

- Success of engagement – English/Spanish, no exclusion for insurance (80% Medicaid or Dual Eligible); word of mouth success
- Logistics within community pharmacy:
 - Space; scheduling; time constraints
 - Scheduled for initial 60 minutes; f/u 30 minutes x 3 prn
 - Develop comprehensive med profile – include meds outside of Arrow – potential for Rx transfer to 1 pharmacy
 - Create patient action plan – on every visit prn
 - Create PCP report – faxed – comprehensive med profile (including vaccine history), MRPs identified, recommendations for MRP resolution

Patient Examples

- MRP: non-adherence to metformin (refill show 100%)
 - Patient c/o “sick from metformin” (pt. had flu); A1C = 9%
 - Flu resolved; patient consultation to try metformin, continual weekly communication w/pharmacist
 - Adherence achieved w/metformin with 4 mo followup
 - A1C = 7.8%
- MRP: Appropriateness of therapy (renal function)
 - Labs:

Scr:	2.1	CrCl:	93	A1C:	8.5	K+:	2.9
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 - Communication with patient and PCP may need specialist
 - Medication changes
 - Diovan, HCTZ, Potassium (added a month after HCTZ therapy)
 - Following nephrology consult: DC'd HCTZ & Potassium

Opportunities/Challenges: MTM in Community Pharmacy

- Job satisfaction
- Connection with patient and provider on closer clinical level
- Time constraints – designated time, flexible scheduling
 - Business model changes may be necessary
- “Spillover” effect: increased patient volume in pharmacy – strong word-of-mouth impact in community (esp. Spanish-speaking community)

Sustainability of MTM service

- Demonstrated workforce development
 - Credentialing key for provider/payer
 - Development of independently owned community pharmacy network
 - Underserved populations have highest health costs, complex med regimens, fragmented access to care, ***potential for high ROI***

- Reimbursement strategies unique for each public/private payer

- CDTM authority may assist in payer acceptance

Current Sustainability Initiatives

- **CT Medicaid legislation:**
 - Coalition: pharmacy schools/organizations
 - Credentialed pharmacists enrolled as Medicaid provider; complex patients; MTM as Medicaid covered benefit
 - Cost-savings as a solution to budget crisis
- **Other payers:**
 - Self-insured employers (state employees, others)
 - Commercial insurers
 - Federal Medicare provider legislation (H.R.592, S.314)
- **Evolving models of care/reimbursement:**
 - Shift from FFS to “risk-based” or “value-based” contracts (shared savings, PMPM)

Questions

Now: please type your question in the “chat” box

Future: please post a question at prism@uconn.edu and the most pertinent speaker will respond

Slides and recording of this webinar will be posted on the PRISM web site at:

<http://pharmacy.uconn.edu/research/centers-collaboratives/prism/>