Leadership Through Service In Federal Pharmacy

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October 31, 2016

Learning Objectives

Pharmacist Learning Objectives:

• State joint federal and service/agency-specific key initiatives and their impact on local pharmacy operations and patient care services.
• Discuss strategic goals and the impact that their implementation will have on the delivery of care at the local level.
• List examples of federal pharmacy programs that improve access and quality of care for our military, veteran, and public health service patient populations.

Pharmacy Technician Learning Objectives:

• State joint federal and service/agency-specific key initiatives and future goals and their impact on local pharmacy operations and patient care services.
• Discuss strategic goals and the impact that their implementation will have on the delivery of care at the local level.
• List examples of programs that improve access and quality of care for our military, veteran, and public health service patient populations.

Self-Assessment Questions

The DoD Pharmacy Enterprise, enabled by the Defense Health Agency, achieved:

A. Capability for MTF pharmacies to receive downtown ePrescriptions.
B. MTF goal based reports / analysis
C. More savings than were expected.
D. All of the Above

Self-Assessment Questions

Sustaining DoD Pharmacy Value includes ensuring readiness and improving health.

True or False

Pharmacist support to the Air Force Medical Home model includes:

A. 11 Medical Treatment Facilities (MTFs).
B. Criteria includes ACG Score, Beneficiary population.
C. Execution-year funding for FY 15-16.
D. All of the Above
Self-Assessment Questions

Key Components of academic detailing in the VA related to opioid overdose education and Naloxone distribution includes:
A. Education and training regarding opioid overdose prevention and recognition
B. Opioid overdose rescue response
C. Issuing naloxone kits
D. All of the above

Self-Assessment Questions

As pertains to Health Care Delivery Reform, it is important for pharmacists to be at the table as decisions are being made.

True or False

DoD Pharmacy Enterprise – Defense Health Agency

“Integrated for Excellence”
DoD Pharmacy Enterprise / Defense Health Agency

Dr. George E. Jones, Jr.
Chief, Pharmacy Operations Division
Defense Health Agency

Integrated for Excellence

• DoD Pharmacy – Caring as an Enterprise
• Success Story! - DoD Pharmacy Enterprise
  Delivered Savings/Process Improvements/Efficiencies
• The Key – Pharmacy Work Group

Army, Navy, Air Force, Coast Guard, DHA
Col John Spain / CAPT Thinh Ha / Col Melissa Howard / CDR Aaron Middlekauff / Dr. George Jones

Pharmacy Work Group – Your Team
Pharmacy Operations Scope

- 9.4M beneficiaries
- ~$8 Billion Spend
  (FY16 estimated)
- 708 military worldwide pharmacies
- ~59,000 retail pharmacies
- Mail order
- ~80% of all eligibles used
  a pharmacy in FY16

Pharmacy Costs – FY16
Mean cost per Beneficiary per Year

- Eligible Beneficiaries
- Rxs
- Cost

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Pharmacy Savings Index
(PSI)

FY16 Overall Target – $230M

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Managing the Pharmacy Benefit – Leading Forward

- Drug Take Back Capability
  - 100% Available to DoD Patients

- DoD / VA Collaborative Drug List
  - Psychologically Active Drugs → Transition

- 100% MTF capability to receive eRxs
  - Over 40% of civilian-written Rxs are eRxs
  - Increased Efficiency Convenience Safety

Managing the Pharmacy Benefit – Leading Forward

- Reports / Analysis supporting MTF goals

- Patient Centered Medical Home (PCMH)
  - Promote expanded inclusion of Pharmacists as either embedded or supporting PCMH teams
  - Medication therapy management/adherence
  - Tri-Service workflow Clinical Pharmacy AIM page

- Specialty Pharmacy Services Project
  - Uniform benefit access driving patient results
Essential – Sustain On-going Projects
Projects Under Development for 2017 –

Founded on the goal of optimal patient care!
- Uniform Controlled Substance framework
- Specially Pharmaceuticals
- Uniform Automation requirements / Integrated execution
- Drug Database Standardization
- Antibiotic Stewardship
- Medication Therapy Management pilot
- Expand Clinical focus

Facilitate successful transition to MHS GENESIS

Point of reference for reflection…

“Enthusiasm…the sustaining power of all great action”

Samuel Smiles

Inaugural Clinical Pharmacy Course, February 2016, Ft Sam Houston

Agenda

- Sustaining pharmacy value
  - Ensuring readiness
  - Improving health
- Advancing organizational high reliability aspirations
- To What End?
- Questions/Comments

Sustaining Value

Clinical measures:
- Impacting outcomes via predictive modeling - Diabetes index
- Impacting access & adherence

Financial measures:
- Clinical care time
- Coding compliance/RVU generation
- Medication decision cost savings

Readiness measures:
- Percent high risk Pharmacy engaged* by clinical team
- Percent non deployable due to medication use engaged* by clinical team
- Tobacco cessation? / Weight Loss?

* Engaged = screened at minimum and encounter appointment per pharmacist decision

Ensuring Readiness

- Non deployable Medication Use
- Polypharmacy Review
- Medical profile access
- Tobacco Cessation?
- Weight loss?
Improving Health

**RADaR Measures**

- **Pharmacy Value...**

  - **Access:**
    - Goal: DSM increases provider access
    - Measure: DSM encounters documented in TSWF (target: Diabetes)
  
  - **Quality:**
    - Goal: MTM/DSM improves outcomes & adherence
    - Measure: Diabetes index, proportion of days covered (>80%/>95%)
  
  - **Safety:**
    - Goal: Standardized interaction at dispensing improves safety
    - Measure: Change in Pharmacy ADR, Allergy, and D/C rates
  
  - **Satisfaction:**
    - Goal: Manage wait time expectations; transaction to service transitions
    - Measure: JOES, > 87.5% in > 25% of MTFs
  
  - **Network:**
    - Goal: Reduce retail medication expenditures (Chronic>acute)
    - Measure: network expenditures by POS, ≤ 25%
  
  - **Productivity:**
    - Goal: Clinical pharmacist/technician care time
    - Measure: > 65% of available time

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High Reliability Aspirations

Integrate pharmacists and technicians more fully into the provision of care at every opportunity, for interaction in order to improve patient wellness, quality of life, outcomes while reducing overall healthcare costs.

Reduce Variability Create actionable data

Improve readiness, health, and wellness

- **Pharmacy Roles:**
  - Interaction at dispensing
  - Comprehensive Decision Management
  - Collaboration Drug Therapy Management
  - Care Coordination: Patient-Care
  - Care coordination: Follow-Up Patient Care

Clinical Pharmacy ROI 1.0:
Impact on Access, Outcomes & Readiness

Aspiration to Reality

For Those I Love, I Will Sacrifice

Laura Reischl, Spouse of Shiri

For Those Who Sacrifice, I Will Always Remember

Laura Reischl, Spouse of Shiri
Develop Analytical Solution

As of September 2016, Navy Pharmacy has implemented the Patient Experience Table Stakes at 7 CONUS hospitals, enabling sites to identify performance gaps, act on patient feedback, and improve patient experience.

Navy Pharmacy is leading multiple initiatives that center around providing world class care for its patients and implementing innovative, data-driven solutions that better enable pharmacy operations.

"I know the price of success: dedication, hard work, and an unremitting devotion to the things you want to see happen."

Frank Lloyd Wright

Patient Experience Overview

In order to develop and implement a sustainable patient experience improvement strategy, Navy Pharmacy needed a comprehensive understanding of patient priorities, expectations, and perceived performance gaps.

Developed Recommendations

Identified gaps between patient priorities and perceptions of pharmacy services, enabling prioritization of high-impact areas.

Patient Experience Outcomes and Implementation Plan

As of September 2016, Navy Pharmacy has implemented the Patient Experience Table Stakes at 7 CONUS hospitals, enabling sites to identify performance gaps, act on patient feedback, and improve patient experience.

Sample of Patient Experience Outcomes To-Date

- Increased Patient Feedback
  - NH Pensacola: 11x increase
  - NH Oak Harbor: 9x increase
  - NH Jacksonville: 8x increase
  - NH Guantanamo Bay: 5x increase
  - NMC San Diego: 4x increase
  - NH Camp Lejeune: 3x increase
  - NHC Cherry Point: 2x increase
  - NH Camp Pendleton: 2x increase
  - NH Beaufort: 2x increase

- Improved medication availability (25%)
- Increased service quality (22%)
- Improved patient wait times (46%)

Enterprise Implementation Plan

- WordPress
- NH Pensacola
- NH Oak Harbor
- NH Jacksonville
- NH Guantanamo Bay
- NHC Cherry Point
- NH Camp Lejeune
- NH Camp Pendleton
- NH Beaufort
- NH Bremerton
- NH San Diego
- NH San Diego

Navy Pharmacy Management Analytics Program (RxMAP)

- Design and Gather EHR Input
- Develop Analytic Solution
- Standardize Data Capture, Usage, and Supporting Evidence

- Performance Management Dashboard
  - Increase insight into operations and enable improved workforce management

- Patient Information Center
  - Provide patient information such as wait time predictions and track the status of their tickets

- Restrospective Analytics
  - Monitor site performance through KPIs and provide dashboards and consolidated metrics.
Pharmacy Supply Optimization Impact

- Navy Pharmacy sites will get the Inventory Optimization Platform
- Navy Pharmacy sites implemented to date

Below are a sample of metrics that have been realized from the implementation of the Supply Optimization solution:

**PATIENT DEMAND ALIGNMENT**
- Aligning stocking levels to meet patient needs

**COST AVOIDANCE OPPORTUNITIES (M)**
- Identifying areas of excess spend not associated with patient need

**MEDICATION AVAILABILITY**
- Tracking and monitoring stockouts for outpatient dispensing

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Key Points

- Navy Pharmacy is implementing innovative, data-driven tools to improve patient experience and better support operational decisions
- Analytical solutions like RxMAP and the Inventory Optimization Platform are providing pharmacy staff actionable insight into data never before utilized or in places where data gaps exist

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Overview

- Air Force Pharmacy Technology
- Pharmacist Direct Support to Air Force Medical Home

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Polypharmacy Pharmacist Initiative

**OVERVIEW AND GOALS**
1. Provide a multi-disciplinary effort to improve the coordination, consistency, and access to the Navy’s pain management resources
2. Support a Stepped Care model for beneficiaries suffering from complex acute, high-risk acute, and chronic pain with an emphasis on restoration of function for active duty service members

**Collaboration: Inter-Service & Intra-Service**
- DHA – Polypharmacy Report & PCMP Staging
- Army Pharmacy – PCMI ECHO training
- Navy and Marine Corps Public Health Center – “CHUP plus” Report
- Navy Comprehensive Pain Management Program – Long Term Opioid (LOT)

**Collaboration: Multi-disciplinary**
- Acupuncturist
- Clinical Pharmacist
- Clinical Psychologist
- LPN
- Medical Assistants
- Physical Therapists
- Psychiatrist
- Psychiatrist w/ Addiction Specialty
- RN
- RN Care Coordinator

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Air Force Pharmacy

**Colonel Melissa R. Howard**
Pharmacy Consultant to AF/SG

**Technology: Automation Refresh**
- Phase I: 17 MTFs
- Phase II: 31 add’l sites
- ECAT: 25 smaller sites
- 4 large refill centers
- Synchronize automation contracting
Capt Murphy and SrA Jaime dealing with the aftermath of installation at Davis-Monthan

Technology: MHS Genesis
- IOC sites: Oak Harbor (Navy), Fairchild (AF), Bremerton (Navy), Madigan (Army)
- Issues:
  - Clinical Decision Support
  - Pharmacy Data Standardization
  - Formulary Management
  - Inventory Management
  - Controlled Substance Tracking

Technology: e-Prescribing & Patient Queuing
- e-Prescribing
  - Fully deployed DoD-wide
  - e-Rx scripts now 30-40% of new civilian Rx
  - Macro to automate e-Rx processing
- Queuing Systems
  - Metrics: E.g., wait-time definition
  - Integration with current / future automation

Pharmacist Direct Support to Air Force Medical Home (AFMH)
- 11 MTFs: Wright-Patterson, MacDill, Fairchild, Patrick, Eglin, Randolph, Scott, Luke, Lackland, Keesler, USAF Academy
- Criteria: ACG score, beneficiary population
- Execution-year funding for FY15-16
- In the future-year program for FY17 and beyond

Encounters
- Group Class
- Polypharmacy Review
- Medication Therapy Management
- Disease State Management

AFMH Metrics
- Metrics (Best Value / Better Care):
  - Maximize utilization/productivity
  - Maximize value
  - Optimize medication use
  - Prevent medication-related errors
  - Improve outcomes
  - Improve AFMH performance
  - Enhance patient experience
  - Improve AFMH staff satisfaction
Interventions & Cost Avoidance

Estimated ROI = 2.5 : 1

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Expansion of Support to AFMH

• 15 additional sites beginning in FY18:
  Andrews       Elmdorf       Holloman
  Langley       MacDill-Brandon Maxwell
  McConnell     Mt. Home       Nellis
  Offutt        Sheppard       Tinker
  Travis        Tyndall        Vandenberg
  – ACG >1.17 and enrolled population over 6,500
    and/or IM
  – Execution-year funding for FY17
  – In the program for FY18 and beyond

Summary

• Air Force Pharmacy Technology
• Pharmacist Direct Support to Air Force Medical Home

Learning Objectives

• Challenges/Opportunities
• Fellow Federal Partnerships
• Make a difference

US Coast Guard Pharmacy

CDR Aaron P. Middlekauff, USPHS,
U.S. Coast Guard Pharmacy Program
Coordinator/Consultant

JFPS Family
Challenges and Opportunities
- Electronic Health Record
- Privileging
- Vaccine management and oversight

Fellow Federal Partnerships
- Public Health Service
- DoD
- SNS Resources

Make a Difference
- Leave your legacy
- All thrust...no vector?
- Come Monday

Key Points
- Challenges/Opportunities
- Fellow Federal Partnerships
- Make a difference

Before I go...Happy Halloween!!!

Closing Thought
“The pessimist sees the difficulty in every opportunity; the optimistic sees the opportunity in every difficulty.”
-Sir Winston Churchill
Leadership Through Service in Federal Pharmacy
Ronald A. Nosek, Jr. R.Ph., MS, FASHP
Department of Veterans Affairs

Overview and Key Initiatives in VA

- VHA and PBM
- CMOP Overview
- Virtual Pharmacy Services
- Clinical Pharmacy Programs
  - Hepatics C Treatment
  - VA Pharmacy Residencies
- Opioid Education and Naloxone Distribution

Veterans Health Administration

- Over 1,600 sites of care including:
  - 168 Medical Centers
  - Over 1,000 Outpatient Points of Service (e.g., Community-Based Outpatient Clinics (CBOCs))
  - 302 Vet Centers (Readjustment Counseling), 75 Mobile Vet Centers
  - Outreach and mobile medical clinics serve the most remote rural Veterans—all tethered to one of our 168 medical centers

- Provides health care services to 8.9 million Veterans each year
  - 92 M OP appointments annually
  - 520.1 MAverage Operating Beds
  - 707 K Admissions
  - 312 K surgeries annually

- Pharmacy Services
  - Approximately 6,500 Pharmacists; 600 Residents/Fellows; 4,500 Technicians
  - 223 outpatient pharmacies; 7 mail order pharmacies
  - 146 M Rx’s (271 M 30-day Eqv) annually (80% filled by mail)
  - $3.7 billion in drug cost

Pharmacy Benefits Management

- VA operates a world-class pharmacy benefits management program with demonstrated excellence in several key areas including:
  - Clinical pharmacy practice (profession benchmark)
  - Top Pharmacy Residency Training Programs
  - Pharmacy automation (innovator)
  - Medication safety (national and international reputation)
  - Formulary management (sustained superior performance in access, cost and quality over the past decade)

CMOP Overview

- Workload
  - 120 million Rx’s (80% of all OP Rx’s filled in VA)
  - 325,000 packages mailed/day
  - $3.18 billion ($12.7 million/day)

- Low Volume Products
  - Goal to increase # of line items carried by CMOP (>1,700 added)
  - Products >10 Rx/month across VA

- Specialty Pharmacy (GL-CMOP)
  - Centralized approach through CMOP; reduce burden on VAMCs
  - Focus on products with wholesale restrictions
  - Dispensing ~50 line items and 45,800 Rx’s

- Non VA Partnerships
  - Continue to maintain our partnership with Indian Health processing prescriptions for more than half of all IHS sites.
  - Annual workload: 480,000 Rx/year

- Veterans Tracking the delivery of their medication using MyHealthE Vet
  - An average of 5,700 Veterans track the delivery of their medication every work day
  - 363,400 Veterans have signed up for email notification that their medication package has been mailed
  - 4.6 million emails have been sent to Veterans

- JD Power Pharmacy Survey
  - VA received an “Among the Best” ranking, one of only two organizations.
  - This is the 8th consecutive year for this recognition
  - For six of the last eight years, VA received the highest customer satisfaction score for all mail order pharmacy organizations surveyed.
  - Score improved by 29 points in 2016 to 905. Highest score was 906
**PBM Virtual Pharmacy Service (VPS)**

- **The Issue**... "VAMC OP Pharmacies report significant backlog of pending prescriptions waiting pharmacist verification:
  - Delay in fulfillment of prescriptions
  - Possible disruption in medication therapy
  - Decreased satisfaction among pharmacy staff and patients
  - Resources diverted away from direct patient care and clinical functions
  - Potential increase in medication errors
  - Significant use in overtime pay, comp time, contracts
- **VPS Process**:
  - Sites (e.g., Washington DC VAMC) enter into an agreement with PBM VPS program
  - Guidelines for each site are developed prior to implementation
  - PBM Pharmacists access the local VAMC pharmacy system and verifies the prescription virtually
  - No additional software/hardware needed

**Results**
- Partnerships with 19 VAMCs (e.g., DC, Portland, Baltimore Phoenix, Minneapolis)
- Turn around time at participating institutions decreased to an average of 1.52 days
- Significantly decreased or eliminated use of OT, comp time, and contracts at sites
- Partner sites are able to allocate resources to clinical/direct patient care functions
- FY 2014: 1.78 Million Rx's
- FY 2015: 2.07 Million Rx's
- FY 2016: 3 Million Rx's
- Recognized by VHA as one the top 15 initiatives (Best Practice Category) to improve Veteran Health Care

**Clinical Pharmacy Practice in VA**

- Clinical Pharmacists are Essential Providers of Comprehensive Medication Management Services
  - Over 3,180 (41%) Clinical Pharmacists with a Scope of Practice (SOP)
  - 76% are Residency Trained and/or Board Certified
  - Nearly 50% of pharmacists serve as clinical providers
- Credentialing of Clinical Pharmacists similar to all other LIPs in VA
- Significant growth of Clinical Pharmacy Services:
  - Hepatitis C Care: Up 79%
  - Mental Health: Up 179%
  - ID/AS: Up 90%
- Medication Prescribing Across VA, Pharmacists Prescribe:
  - 69% of all Anticoagulants
  - 30% of all Hepatitis C medications
  - 26% of all Anemia medications

**Hepatitis C Treatment in VA**

- VA has had a comprehensive National Viral Hepatitis Program since 2001 and is a leader in the U.S. in HCV screening, care and treatment.
- Initial estimates were ~140,000 Veterans in VA care with chronic Hepatitis C infection making it the largest single HCV provider in the U.S.
- VA has screened 73% of Veterans born within the 1945-1965 cohort, a group which the CDC and USPSTF recommend one-time screening. (This is substantially higher than the 50% screening rate nationally in this cohort)
- VA has treated over 67,000 Veterans with the new interferon free direct acting antivirals since January 2014.
- Averaging 850 new starts per week currently.
- 72,000 Veterans awaiting treatment (as of October 1st)
- Overall Sustained Virologic Response (VSR) rate (i.e., cure rate) is 93%
- Hep C drug treatment was over $1.16 billion in FY2016

**Expanding Clinical Pharmacy Services in VA**

- VHA has made significant efforts to expand clinical pharmacy services to meet access demands (i.e., Mental Health, Pain, HCV screening and treatment, PACT) however many facilities struggle for resources.
  - Clinical Pharmacy Practice Office Joint Initiatives with VA Public Health Program Office and Office of Rural Health
    - Improve access by utilizing Clinical Pharmacy Specialists (CPS)
    - Target sites with access challenges
    - 201 proposals were submitted between the two programs
    - 104 facilities were selected to receive funding for 181.5 new FTEEs
      - HCV: 44 CPS/22.5 technician FTEE
      - Pain: 22.5 CPS FTEE
      - MH: 23.5 CPS FTEE
      - PACT: 69 CPS FTEE
VA Residency Program Overview

- Total number of programs: 236
  - PGY1 – 141 programs
  - PGY2 – 95 programs
- Total Allocations 608
  - 600 Residency Positions
  - 8 Fellowships
    - Medication Safety ACCP Accreditation Pending
    - Infectious Disease ACCP Accredited
    - Pain/Palliative Care OAA Fellowship
    - Cardiology

Growth of VA Pharmacy Residencies

VHA Priorities and Meeting Gaps in Access to Care

Goal to Train More Pharmacists in Key Areas of:
- Mental Health
  - Psych Trained Pharmacist
  - Ambulatory Care Trained Pharmacist
- Ambulatory Care (PACT)
  - Trained to managed a variety of VHA priorities which include MH, Pain, etc.
- Pain/Palliative Care
  - Key area for management of opioids, chronic pain
- Hepatitis C
  - Pharmacists prescribe 30% of all Hepatitis C drugs and growing

Academic Detailing: Opioid Overdose Education and Naloxone Distribution

- In-person educational outreach
  - Information is provided interactively so the academic detailer can:
    - Understand where the provider is coming from in terms of knowledge, attitudes, and behavior personal motivations for practice
    - Modify the interaction to meet the needs of the provider
    - Engage the provider by acknowledging their expertise and learning together rather than teaching
  - Uses balanced evidence-based information and tools
  - Delivered by a healthcare professional specially skilled in empathic persuasive communication
  - Over time, the educator and provider develop a trusted and useful relationship
- As of March 2015, VHA mandated implementation of Academic Detailing in every Veteran Integrated Service Network to be provided by Clinical Pharmacy Specialists

Academic Detailing: Opioid Overdose Education and Naloxone Distribution

- A harm reduction and risk mitigation initiative that aims to decrease opioid-related overdose deaths
- Key Components
  - Education and training regarding opioid overdose prevention and recognition
  - Opioid overdose rescue response
  - Issuing naloxone kits
Academic Detailing: Opioid Overdose Education and Naloxone Distribution

- Pharmacists making an impact (9/6/2016):
  - 44,949 naloxone kits prescribed
  - 41,769 naloxone kits filled
  - 16.3% (7,340) were prescribed by Clinical Pharmacy Specialists

Reported Reversals by State Pilot Collection (Dec 2014 to Feb 2016)

Total: 172 reversals reported

U.S. Public Health Service
One Step at a Time

RADM Pamela Schweitzer, USPHS
Chief Professional Officer
For Pharmacy
@USPHSPharmacy #USPHSPharmacy

Indian Health Service (IHS)
Chief Principal Pharmacy Consultant
CAPT Kevin Brooks

- IHS Great Plains Area Mission
- Opioids
  - Responsible prescribing
  - Naloxone
  - Medication Assisted Treatment (MAT)
- Moving to more comprehensive/integrated clinics; Improving Patient Care (IPC)
BOP Pharmacy Update

- Collaborative Practice Agreements (CPA’s)
  - 160 CPA’s, 94 pharmacists, 48 sites
  - Board Certified Pharmacists – 34
    - Ambulatory Care, Nuclear, Nutrition, Psych, Pharmacotherapy
  - National Clinical Pharmacist Specialist (NCPS)-37
    - Anticoagulation, Diabetes, HIV, Hepatitis C, Dyslipidemia, Hypertension, Pain Management, Pain Palliative

U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC)

- CAPT Jeff Haug, IHSC Chief Pharmacist
- The IHSC provides direct patient care to ICE 13,500 detainees at 21 facilities
  - Services include: medical, dental, pharmacy, mental health care, and public health services.
- Pharmacy focus this past year:
  - Collaborative practice agreements (initiated in 2016)
  - Anticoagulation, HIV, diabetes, Gender Dysphoria
  - Pharmacists assisting in testing and implementation of new eMAR.

U.S. Surgeon General: Call to end the Opioid Crisis

“We, as clinicians, are uniquely positioned to TURN THE TIDE on the opioid epidemic.”

U.S. Surgeon General Vivek Murthy

#TurnTheTide - Take the Pledge
Launch of Tobacco Cessation Training Web Site

- Rx for Change Program
- Free CE for clinicians
- Ask-Advise-Refer program for busy clinicians or non-clinicians
- Skills demonstration
- Train-the-Trainer program
- Certificate

Social Media – Twitter @USPHSPharmacy

New care delivery models – new measures

- As new care delivery models evolve to focus on value, accountability, and team-based care, new measure development opportunities exist to address care gaps and to support team-based care delivery systems and care transitions.

Patient Segmentation Analysis

- Crucial to understand differences across patients and their needs.
- Uses big data to help divide the population into distinct groups, which can then be targeted with care models and intervention programs tailored to their needs.
  - Whole populations
  - Sub populations
  - High-risk populations

Mt Kilimanjaro – 19,341 ft

Sunrise from the top of Mt Kilimanjaro
Key Points

- Turn the Tide – Sign the Pledge
- Momentum – expanding pharmacist clinicians
- Health care delivery reform - Important for pharmacists to be at the table as decisions are being made

"Take the first step in faith. You don't have to see the whole staircase, just take the first step.”

Dr. Martin Luther King Jr.

Answers To Self-Assessment Questions

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Answers To Self-Assessment Questions

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True

Answers To Self-Assessment Questions

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Key Components of academic detailing in the VA related to opioid overdose education and Naloxone distribution includes:
A. Education and training regarding opioid overdose prevention and recognition
B. Opioid overdose rescue response
C. Issuing naloxone kits
D. All of the above

Answers To Self-Assessment Questions

As pertains to Health Care Delivery Reform, it is important for pharmacists to be at the table as decisions are being made.

True