Air Force Pharmacy Operations

Colonel Melissa R. Howard
Pharmacy Consultant to USAF/SG
Associate Corps Chief for Pharmacy, BSC
Colonel Melissa R. Howard, Lt Col Julie Finch, and CMSgt Oluwasina Awolusi declare no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.
CPE Information

- **Target Audience:** Pharmacists and Pharmacist Technicians

- **ACPE#:** 0202-0000-18-208-L04-P/T

- **Activity Type:** Knowledge-based
Pharmacist Learning Objectives:

1. Describe the current status and future state of the pharmacy operational challenges.
2. Describe the status, lessons-learned from current operations, and future state of clinical pharmacy support to the patient-centered medical home.
3. Understand key components of efficient lean pharmacy operations and list key resources to help improve pharmacy operations.
4. Understand and describe how staff assistance visits and inspection preparation checklists can help improve pharmacy operations.
5. Describe how to effectively integrate new technologies, techniques, and practices into day-to-day operations.
Pharmacist & Technician Learning Objectives

Technician Learning Objectives:

1. Describe the current status and future state of the pharmacy operational challenges.
2. Describe the status, lessons-learned from current operations, and future state of clinical pharmacy support to the patient-centered medical home.
3. Understand key components of efficient lean pharmacy operations and list key resources to help improve pharmacy operations.
4. Understand and describe how staff assistance visits and inspection preparation checklists can help improve pharmacy operations.
Self-Assessment Questions

1. How many prescriptions do AF MTF pharmacies fill in an average year?
2. Which AF MTFs fully transitioned to DHA on 1 Oct 18?
3. How old is the automation technology being replaced in current refresh?
Overview

- Program Scope
- Manpower
- Unfunded Requirements
- MHS Transition (FY17 NDAA)
  - Communication
  - Standardization
  - Clinical Pharmacy
  - Formulary Management
- Automation Refresh
- MHS Genesis
AF Pharmacy Operations “Big Rocks”

- **Scope:** ~$645M per year / ~1600 FTE / ~14.5M Rx per year
- **Manpower:** Current authorizations lag requirement by ~30 FTE
- **New Business Rules for UFRs:**
  - MTFs will not submit AD gap fill requests
  - MVPs will not be used to fund Bridges, Ramps or Initiatives
  - AD gap fill resourcing to align with AF/SG's FY19 priorities
  - Funds have been reduced significantly from previous years.
  - OCO requests now require deployment dates on MVP form.
Three AF MTFs completely transitioned to DHA on 1 Oct 2018 (Charleston, Seymour-Johnson, and Keesler)

All MHS MTF pharmacies also transitioned to DHA 1 Oct 2018

Schedule:
- Oct 2018: Phase I MTFs and specific functional capabilities (pharmacy)
- Oct 2019: Phase II - East MTFs (29)
- Oct 2020: HQ transition and West MTFs
- Oct 2021: OCONUS MTFs
Little operational change expected: Primary change is standardization of policy across Service pharmacies as it is published by DHA

Communication paths remain unchanged: MTF pharmacy to MAJCOM pharmacy consultants to Pharmacy Consultant (consulting with AFMOA/SGBP as necessary for pharmacy ops/execution issues)

The three main lines of effort for DHA Pharmacy Ops are standardization, expansion of clinical pharmacy, expanding formulary management to include in-patient formulary
Automation Refresh and MHS Genesis

► Pharmacy Automation Refresh
  ► Replaces technology in some cases over 12 years old
  ► MTF refresh is complete
  ► Contracts for almost all sites awarded for Windows 10
  ► Large refill centers all scheduled for installation NLT CY 2019

► MHS Genesis
  ► Great job by Fairchild team in overcoming “curve balls”
  ► Assessing long-term system-wide impact on workload / manpower
Summary

- Program Scope
- Manpower
- Unfunded Requirements
- MHS Transition (FY17 NDAA)
  - Communication
  - Standardization
  - Clinical Pharmacy
  - Formulary Management
- Automation Refresh
- MHS Genesis
1. How many prescriptions do AF MTF pharmacies fill in an average year?  
   Answer: ~14.5M

2. Which AF MTFs fully transitioned to DHA on 1 Oct 18?  
   Answer: Charleston, Seymour-Johnson, and Keesler

3. How old is the automation technology being replaced in current refresh?  
   Answer: Over 12 years old
Closing Remarks

Colonel Melissa R. Howard
Pharmacy Consultant to USAF/SG
Associate Corps Chief for Pharmacy, BSC
Air Force MTF
Pharmacy Operations

Lt Col Julie Finch
AFMOA
Learning Objectives

- Understand the impact of USP 797 and USP 800 to pharmacy operations
- Identify where to find required components to the CDCs Antimicrobial Use and Resistance (AUR) module
- Be aware of the potential impact of corporate retail opioid policies and state laws on MTF patients
- Describe advances to clinical pharmacists’ support of the AFMH
Overview

- TJC Updates: USP 797 and 800 Standards
- Antimicrobial Stewardship
- Opioid Trends
- Clinical Pharmacist Update
Self-Assessment Questions

1. What are acceptable accommodations to USP 797 while waiting for construction completion?
2. How might Walmart’s e-Rx requirement affect MTF patients?
3. When do USP 797/800 changes go into effect?
AFMOA Pharmacy Ops

- AFMOA pharmacy SME / Action Officer
- Clarify / inform policy, provide guidance
- Information conduit
- AF pharmacy representative
- Improve AF pharmacy operations
- Building the best Airmen/leaders
The revised USP General Chapter <797> is expected to be published in USP 42-NF 37 Second Supplement on June 1, 2019 and become official on December 1, 2019.

Sections of the revised <797> may have longer implementation dates that will allow time for adoption of the standard.

Current chapter allows for a combined Buffer/Ante room that combines both functions, however this will likely not be allowed in the new chapter because a physical barrier with a pressure differential will be needed between the two rooms.
The Beyond Use Date is defined in USP <797> as the date and time after which a preparation must not be used or transported. It is important to note that as long as administration of the preparation to the patient began prior to the BUD, the preparation can be used.

Barrier isolators (aka Compounding Aseptic Containment Isolator, CACI): have previously been the standard for becoming compliant to USP797 without a huge construction project to install an ante room and clean room.

BL** if the room that the CACI sits in has not been certified as ISO Class 8 or better, they must use a by-use date of 12 hours or less.

See Powerpak’s free CE: USP General Chapter 797; A Guide to Sterile Compounding for Pharmacy Personnel for more specifics

https://www.powerpak.com/course/print/114849
## USP 797 Projected Investments

<table>
<thead>
<tr>
<th>Base</th>
<th>Equipment</th>
<th>Cost</th>
<th>MILCON</th>
<th>Cost</th>
<th>Personnel</th>
<th>Cost</th>
<th>ECD</th>
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<td>Andrews</td>
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<td>3 Pharms ($600K)/3 Techs (200K)</td>
<td>$800K/yr</td>
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<td>Mod Clean Rm</td>
<td>$43K</td>
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<tr>
<td>Langley</td>
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<td>Nellis</td>
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<td></td>
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<tr>
<td>Total $</td>
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</table>
Pharmacy staff should engage their Facilities Management staff and ID a requirement for modification.

- It is not necessary for the Pharmacy staff to know the specifics of the needed modifications, just a general need.

The FM staff will create a requirement in DMLSS-FM identifying the need, which will be transmitted electronically to AFMSA/SG8F, AF Health Facilities Division (HFD).

- I would also recommend the FM staff call their respective SRM Portfolio Manager (they know who that is) in the HFD to communicate the need verbally

The HFD will assign one of Engineering Branch project offices with the requirement. This person will then engage MTF staff to verify the need, develop a technical solution to reach compliance with USP 797 and/or USP 800. If a facility modification is needed, HFD will prepare a scope of work and determine the most efficient execution approach.

- HFD will prioritize any needed facility modification and fund the project, pending availability of funds. While I cannot guarantee funding, I expect any valid requirement required to reach compliance will be funded in order to meet the Dec 2019 implementation date.
USP 797 Training Options

- SME team is currently working to produce an AFMS training standard, but in the meantime:

- **PTCB** Preventing Errors During Sterile Compounding:
  - [https://www.ismp.org/events/preventing-errors-during-sterile-compounding-taking-next-steps-0](https://www.ismp.org/events/preventing-errors-during-sterile-compounding-taking-next-steps-0)
  - Cost: Free

- **ASHP Sterile Product Preparation Training and Certificate Program**
  - [https://www.ashp.org/professional-development/professional-certificate-programs](https://www.ashp.org/professional-development/professional-certificate-programs)
  - Basic and Advanced courses available
  - Cost: $395.00/495.00 member/non-member

- **Sterile Compounding Online CE Options:**
  - [http://www.criticalpoint.info/shop/sterilecompoundingelearning](http://www.criticalpoint.info/shop/sterilecompoundingelearning)
  - Cost: $700
TJC Update: USP 800

- General Chapter <800> was published in 2016 and becomes official July 1, 2018.
  - Developed to expand upon the current sections addressing hazardous drugs in <797>.
- Chapter <800> written to protect workers, patients, and the general public
  - Includes but is not limited to pharmacists, technicians, nurses, physicians, physician assistants, home healthcare workers, veterinarians, and veterinary techs.
  - Applies to all healthcare personnel who handle HD preparations and all entities that store, prepare, transport, or administer HDs
- USP General Chapter <800> is anticipated to become official on December 1, 2019.
  - http://www.usp.org/usp-chapter-800-download
- The NIOSH (National Institute for Occupational Safety and Health) list has reclassified drugs such as hormones, immunosuppressant, some atypical antipsychotics, prostaglandins and gonadotropins, for example, as haz drugs
  - https://www.cdc.gov/niosh/topics/hazdrug/
The CDC established the National Healthcare Safety Network (NHSN) AUR Module to provide a mechanism for facilities to report and analyze antimicrobial use and/or resistance.

This requirement applies to MTFs with inpatient and/or ER capabilities.

DoD is required to support the National Action Plan for Combatting Antibiotic-Resistant Bacteria (CARB).

PharmASSIST Controlled Substance Enhancements

- Began as an Airmen Powered by Innovation submission from Maj Kasudia identifying existing security vulnerabilities
- Developed into a suite of reports designed to track controlled substance movement from acquisition to either dispensing or destruction/return
- Funding awarded Jun 18
- First deliverables anticipated Dec 18?
Opioid Updates

- Florida & Washington states passed laws permitting Pharmacists licensed in any state, but practicing in Fl or WA to access the state's Prescription Monitoring program, however, at this time MTFs are not feeding data to the state programs (this is considered a unidirectional program).

- Col Howard estimates that by Dec 18, DoD will have an enterprise solution that allows MTF data to move to a data pool which can be shared with state programs (a bi-directional program).

- 2016 CDC Guidelines:
  - Acute Pain:
    - Clinicians should prescribe the lowest effective dose of immediate-release opioids
    - 3 days or less will often be sufficient
    - More than 7 days will rarely be needed
  - Chronic Pain
    - Prescribe lowest effective dose
    - Avoid increasing dosage to > 90 MME/day
    - RIOSORD or other tool to determine whether naloxone is appropriate
Opioids in the News

- Walmart
  - By Aug 2018: Limiting first-time opioid rxs for 7 days or less nationwide and limits dosage to 50 MMED
  - By 2020 will require e-rxs for controlled substances
  - Providing free Dispose Rx packets to pts receiving CII opioid Rxs
- CVS is also limiting first-time opioids to 7 days
- 32 states have adopted laws limiting supply and dosage
- The CARA 2.0 Act of 2018 introduced in the Senate: Limits initial prescriptions for opioids to 3 days while exempting chronic care, care for cancer, hospice or end of life care, and pain being treated as part of palliative care.
Disposal Options  (examples, not endorsement)

- DisposeRx– when DisposeRx powder is mixed with water, medications become a biodegradable, viscous gel
  - Good for home use by patients or clinical settings
  - Can be used with tabs, caps, powder, liquids
  - Final product may be discarded in common trash

- Rx Destroyer– convenient for destroying large quantities of liquid or solid medications
  - Not to be used with hazardous or effervescent products
  - Active ingredients are adsorbed or neutralized by activated charcoal
  - May be disposed of in common trash
Self-Assessment Questions/Answers

1. What are acceptable accommodations to USP 797 while waiting for construction completion?
   -- Shortened Beyond Use Dates to 12 hours or less

2. How might Walmart’s e-Rx requirement affect MTF patients?
   -- Patients may be unable to obtain controlled substances written by MTF providers

1. When do USP 797/800 changes go into effect?
   -- The Joint Commission with begin holding pharmacies accountable to USP 797/800 changes in Dec 2019.
Closing Remarks

Lt Col Julie Finch
Pharmacy Operations Division Chief
Air Force Medical Operations Agency (AFMOA)

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Pharmacy Technician Career Field Manager

CMSgt Oluwasina Awolusi
Overview

- Health of Career Field
- CMSgt / SMSgt billets
- MFM Roster
- Enlisted Development Team
- Miscellaneous
- Final Thoughts
## Current Manning

<table>
<thead>
<tr>
<th>% CAFSC Manning by Grade</th>
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As of 25 Sep 18
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<tr>
<td>LACKLAND</td>
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<td>CMSgt Matilda Mahone</td>
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<tr>
<td>TRAVIS</td>
<td>CMSgt Knicole Akins</td>
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| KEESLER           | CMSgt Jacey McDuffie  
                  | CMSgt Sandra Nunes  |
Pharmacy SMSgt billets

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<td>JBSA LACKLAND</td>
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<td>GIBSON, CHRISTOPHER</td>
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## Pharmacy MAJCOM FMs

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<td>Hurlburt</td>
<td>MSgt</td>
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An enterprise solution that supports the Air Force’s goal

Provides all Airmen career development and mentoring opportunities

Focuses on three areas – Mentoring, Career Planning and Knowledge Sharing

Possibilities of using this medium will be substantial

Will be used for 4P Vectoring, mass messaging to 4Ps
The Past 365 *days*

- Tech-Check-Tech revisions with Service Specific Requirements
- JKO Practical Examination for TCT roll-out
- Enlisted Development Team 4P Vectoring
- AF-wide Grade Allocation Updates
- CDC Working Group
- Manning, Manning, Manning talks
On the Horizon

- Specialty Training Requirements Team (STRT) & Utilization & Training Workshop (U&TW) -- Dec ‘18
- Training Certifications (National & Tech Check Tech) and sustainment plan
- Gets the right 4P in the identified positions
  - Relooking at D-Coded positions
- Craftsman Course and JIT Deployment Training **in discussion**
- CDCs in general **UGT and as a WAPS requirement**
Closing Remarks

CMSgt Oluwasina Awolusi
TechSIG Update

Lt Colonel Justin Lusk
AF Pharmacy Informatics and Technology
CPE Information and Disclosures

Lt Col Justin Lusk, Maj Jeff Barnes, and Maj Karl Bituin declare no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.
What is the queuing technology supported by DHA?

A) Q-Matic
B) Q-Flow
C) VECNA
D) DHA does not support queuing
TechSIG Overview

- TechSIG Update
- Pyxis ES
- Queuing Standardization / DHA QRWG
2018 Update / 2019 Game Plan

- Workflow / Windows 10 Refresh
- Automation Refresh
- Pyxis Refresh
- Will-Call Procurements
- Queuing Struggles
- Misc Equipment Acquisitions
- Kx
- Maintenance Issues
PharmASSIST and CII Safe
- PharmASSIST can print a label with a QR code
- QR code can input all data fields in the CII Safe Prescription window
- Eliminates potential for human error

AF Pharmacy, AFMOA, and Innovations
- Working on six major enhancements for PharmASSIST
- In the contracting / execution phase (DHA funded!)
- Enhancements to include:
  - Soft stops when the same user performs multiple dispensing actions
  - Reports to monitor user actions and medications actions
  - Witness requirements for various dispensing actions (cancel fill, return to stock)
PharmASSIST Symphony Enhancements

- Ability to scan multiple script images for a single prescription
- Font size on labels auto-sizes
- Badge Scanning at filling
- Controlled Substance and Refrigerator indicators on both Group Filling queues
- Group Filling initiated by product scan
- Ability to see Status Trail Notes / Comments automatically during Verification
- Count Audits for all controlled substances
- Delivery Set creation simplified from 6 steps to 1
- Bank specific Display Boards
- 43 Additional Enhancements
Will Call Update

- Acquisitions plan
  - Large multi-pharmacy sites
  - Medium/Small pharmacies

- Maintenance
  - Consolidate towards central maintenance plan

- Multiple vendors and sole-source is very challenging

- Pros/Cons of different vendors
  - Cost
  - Equipment
  - Standardization
Miscellaneous Projects

- More system interfacing
  - Workflow and External Will Call
  - Workflow and Internal Will Call
  - Queuing and Workflow
  - Workflow and Controlled Substance Storage
- Patient Contact
- CHCS Interface
- Acquisition Packages
- Communications Plan
Pyxis ES

Maj Jeff Barnes
Joint DHA/Navy Pharmacy/AFMOA Project

- Requirements generated beginning 2015
- Navy funded ~20 AF MTFs; AF working remaining MTFs
- Initial deployment documentation began August 2017

Primary AF POCs

- AF Pharmacy Technology – Maj Jeff Barnes
- AF Deployment Mgt – Erich P. Murrell (AF Clinical Engineering)
- AF IA/Patching/B2B – Tom Legg (AF Clinical Engineering)
Manage the Change

- STARTING FROM SCRATCH – a team approach is necessary
- How am I going to set up a brand new drug list?
- How am I going to physically handle each station?
  - Physical Space
  - Controls
  - 4 hour process
- How do you handle problems managed from a call center?
- What happens when the network goes offline?
  - ES must be always online to work
Key Points

- Funding, Managing, and Deploying
- Appreciate the significance of a change to Pyxis™ ES
- Pyxis ES does NOT include CII Safes
- Begin the planning process yesterday

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Mr. Erich P. Murrell – erich.p.murrell2.ctr@mail.mil
Mr. Tom Legg – thomas.j.legg.ctr@mail.mil
DHA Queuing
Rationalization Working Group

Maj Karl Bituin
Defense Health Agency (DHA) in 2015 identified “patient queuing” as an area to standardize across the MHS

- Army – Q-Flow in entire MTF
- Navy – Q-Flow in pharmacy
- Air Force – Q-Flow, Q-Matic, Vecna, “Barbershop” style available

Enterprise contract to consolidate software support of Q-Flow executed September 2017
Challenges

- Section 744 of the National Defense Authorization Act (NDAA): Pilot Program to Display Wait Times at Urgent Care Clinics and Pharmacies of Military Treatment Facilities
  - Elmendorf
  - Travis
  - Andrews

- Difficulties with MTF purchasing queuing systems
  - Queuing now considered an “IT asset” rather than medical equipment
    - AFMOA no longer reviews/authorizes
  - Request for queuing routes through Systems and to DHA
    - DHA does not fund at this time
    - MTF must locally fund
Thank you for choosing the Pharmacy at Joint Base Elmendorf-Richardson

Please select your status to begin:

- **OFF BASE APPOINTMENTS**
  - Paper Rxs/Faxes/E-Scripts

- **I’M BACK!**
  - (Pulled ticket already) Need to scan ticket

- **Over-the-Counter Drug needs**
  - (OTC Clinic)

- **ACTIVATE prescription(s)**
  - (Prescription from JBER doctor)
All prescriptions from off base providers are processed at the Satellite Pharmacy located at the BX.

Hours of Operation are as follows:

Monday through Friday
0900 - 1800

Saturday (for Pick-up only)
0900 - 1300
Welcome back. Please scan your ticket below.

If you have a ticket from a previous day or if you have lost your ticket, please select “I don’t have my ticket”.

I don’t have my ticket
If you have a ticket from a previous day or if you have lost your ticket, please select here.
Thank you!
Please take your ticket. Thank you for choosing the JBER pharmacy.
Do you want to wait in the lobby or later?

- I’ll be in the lobby
  Current Wait Time: 00:00:00

- I plan to return later
Please scan your CAC or Dependent/Military ID, as shown on the screen below:

Scan this barcode

OR

Scan this barcode

I do not have my ID or my ID does not scan.
Who are you picking up for?

- Myself
- Myself and Others
- Others
Please type “PATIENT” full name below.

PATIENT FULL NAME

JOHN GOKU SHEPPARD
Please type “PATIENT” full name below.

PATIENT FULL NAME

JOHN GOKU SHEPPARD
Please type patient date of birth.
Month/Day/Full Year

MM/DD/YYYY

02/14/2010

Start Over
Please type patient date of birth.
Month/Day/Full Year

MM/DD/YYYY

02/14/2021

Start Over
How many people, other than yourself, are you picking up for?

1

7 8 9
4 5 6
1 2 3
DEL 0 CLR
OK

Start Over
Please select the option that best describes you:

- Active Duty
- All Others

Start Over
You selected Active Duty. Are you in Uniform?

Yes    No
Please select options that apply then select “Continue” at the bottom.

- [x] I have known allergies to medication(s)
- [ ] I am on the Personnel Reliability Program (PRP)/Flying Status
- [ ] I am currently Breastfeeding
- [ ] I am currently Pregnant

Continue
If you select “Return Later” please leave contact info if we have any questions

Message and call rates may apply based on your service provider

DONE
(give me a ticket)

828-867-5309

7 8 9
4 5 6
1 2 3
DEL 0 CLR

Start Over
Please select your cellular phone provider from the list below:

- Alltel
- ATT
- Boost
- Cricket
- GCI Wireless
- Metro PCS
- Nextel
- Sprint
- T-Mobile
- Tracfone
- US Cellular
- Verizon Wireless
- Virgin Mobile
- My provider is not listed
Is this information correct?

828-555-5309
Carrier:

Yes
No
Please type in Patient’s full name below.

PATIENT FULL NAME

GARRUS VEGETA VAKARIAN
Please enter your party member’s date of birth.

Month/Day/Full Year

03/25/2011
Party member added
FULL NAME
MM/DD/YYYY

CONTINUE
Add another party member
Remove this party member. I am done adding party members.
Change this party member’s information.

Start Over
Please type in Patient’s full name below.

PATIENT FULL NAME

MISTER PO PO
Please enter your party member’s date of birth.

Month/Day/Full Year

MM/DD/YYYY

03/25/2011
# Navy Pharmacy Patient Information Center

**Average Total Wait Time:** 0:30 mins

**Average Time to Check-In:** 5 min

**Average Time to Process After Check-In:** 25 min

## Now Serving

<table>
<thead>
<tr>
<th>Window</th>
<th>Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A102</td>
</tr>
<tr>
<td>2</td>
<td>B230</td>
</tr>
<tr>
<td>3</td>
<td>B244</td>
</tr>
<tr>
<td>4</td>
<td>C321</td>
</tr>
<tr>
<td>5</td>
<td>A141</td>
</tr>
<tr>
<td>6</td>
<td>--</td>
</tr>
<tr>
<td>7</td>
<td>D405</td>
</tr>
<tr>
<td>8</td>
<td>B257</td>
</tr>
<tr>
<td>9</td>
<td>A136</td>
</tr>
<tr>
<td>10</td>
<td>A124</td>
</tr>
</tbody>
</table>

## Previously Called Tickets

To reactivate your ticket: 1) go to the kiosk, 2) scan ticket.

<table>
<thead>
<tr>
<th>Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>A113</td>
</tr>
<tr>
<td>A129</td>
</tr>
<tr>
<td>A145</td>
</tr>
<tr>
<td>A152</td>
</tr>
<tr>
<td>A190</td>
</tr>
<tr>
<td>B202</td>
</tr>
<tr>
<td>B227</td>
</tr>
<tr>
<td>B249</td>
</tr>
<tr>
<td>B276</td>
</tr>
<tr>
<td>C304</td>
</tr>
<tr>
<td>C321</td>
</tr>
<tr>
<td>C328</td>
</tr>
<tr>
<td>D467</td>
</tr>
<tr>
<td>D486</td>
</tr>
<tr>
<td>D498</td>
</tr>
</tbody>
</table>

Tickets in yellow were called in the past 2 minutes.

## Delayed Tickets

Tickets displayed below have incurred a processing delay. We are working to fill your prescription as soon as possible.

<table>
<thead>
<tr>
<th>Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>A129</td>
</tr>
<tr>
<td>A173</td>
</tr>
<tr>
<td>A187</td>
</tr>
<tr>
<td>B218</td>
</tr>
<tr>
<td>B223</td>
</tr>
<tr>
<td>B253</td>
</tr>
<tr>
<td>C365</td>
</tr>
<tr>
<td>D419</td>
</tr>
<tr>
<td>D464</td>
</tr>
<tr>
<td>D482</td>
</tr>
</tbody>
</table>
What is the queuing technology supported by DHA?

- A) Q-Matic
- B) Q-Flow
- C) VECNA
- D) DHA does not support queuing

Answer: B) Q-Flow
Speaker Information

AF Contacts
- Maj Jeff Barnes
  - Pyxis ES
  - jeffrey.n.barnes2.mil@mail.mil
- Maj Karl Bituin
  - DHA Queuing Working Group
  - karl.f.bituin.mil@mail.mil

AFMOA Contacts
- Mr. Erich P. Murrell
  - Program Management
  - Deployments
  - erich.p.murrell2.ctr@mail.mil
- Mr. Tom Legg
  - Information Assurance (ATOs, RMF)
  - thomas.j.legg.ctr@mail.mil
- Mr. Brandon Frock
  - Central Maintenance (only Innovations)
  - brandon.c.frock.ctr@mail.mil
Key Points

- Will Call and Pyxis the focus of FY19
- Pyxis ES is a MAJOR change and requires manpower for successful deployment
- QRWG is the lead for NDAA and Patient Wait Times
- PharmASSIST and CII Safe can minimize errors with controlled substances
- PharmASSIST Symphony includes numerous enhancements
Closing Remarks

Lt Colonel Justin Lusk
Justin.d.lusk.mil@mail.mil
Practice SIG Update

Major Jason Bingham
USAF
CPE Information and Disclosures

Maj Jason Bingham, Lt Col Julie Meek, Maj Rebekah Mooney, MSgt Naronksuk Rawaekklang and Maj Amanda Ferguson declare no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

The American Pharmacist Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.
Learning Objectives

- Highlight changes to Pharmacy Practice Manual
- Discuss the intent Defense Health Agency Pharmacy Instruction
- Provide the framework for Continuous Process Improvement in Air Force Pharmacies
Self-Assessment Questions

- How many chapters in the Pharmacy Practice Manual were completely revised?
  - A. 1
  - B. 4
  - C. 6
  - D. 12

- The goal of the DHA Pharmacy Instruction is to standardize operations across all services?
  - A. True
  - B. False

- Which of the following are examples of Strategic Alignment?
  - A. Translation of the vision into measurable results
  - B. Translation of strategic intent into day-to-day action
  - C. Translation of VOC into process and product
  - D. All of the above
Pharmacy Practice Manual Update

- **SIX** Chapters Completely Revised
  - Trusted Care
  - Controlled Substance
    - CII Safe only Operations
    - Pharmacy Controlled Substance Program Checklist
  - Air Force Medical Home Clinical Pharmacy
  - Medical Readiness and Training
  - Inspection Preparation
  - Officer Development and Mentorship
DHA Pharmacy Instruction Working Group

- Goal was to publish a high level policy by 1 October
- Should not change the way sites practice
- Standardization documents will follow
  - Controlled Substances Management
  - Inventory Management
Continuous Process Improvement for AF Pharmacy

How would you get to the X?
What is Continuous Process Improvement

Optimizing processes to deliver the highest value product/service to a customer through respect for people and continuous improvement.

• Respect for People
  • Members creativity is unlocked
  • Members are empowered
  • Leaders express appreciation
  • Members feel valued
  • Members participate without fear
  • Leaders teach and coach

• Continuous Improvement
  • Teams work towards agreed upon objectives
  • Improve everyday
  • Standardize success
  • Build on predecessors
Voice of the Customer

► What the customer requires/wants balanced with what can realistically be produced.

► Customer Definition: Entity for whom goods or services are produced/delivered.

► CPI Goal: Meet Voice of the Customer while minimizing waste.
7 Wastes

Defects, Transportation, Waiting, Inventory, Motion, Processing, Overproduction
CPI Goal: Meet Voice of the Customer while minimizing waste
Strategic Alignment

- Translation of the vision into measurable results
- Execution tool, not a strategic planning tool
- Clear set of objectives and vision from the boss
- Translation of strategic intent into day-to-day action
- Translation of VOC into process and product
- Creates an environment for innovation
- Controls the process by gap analysis & correction
- Communication link that enables improvement
- Focused on incremental gains

Maxwell AFB: CPI Black Belt Course
### Pharmacy Flight Strategic Alignment

<table>
<thead>
<tr>
<th>Goals</th>
<th>31 MDG (Lines of Effort)</th>
<th>31 FW</th>
<th>AFMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSN: Screen 100% PRAP patients</td>
<td>PRAP</td>
<td>Mission</td>
<td>Readiness</td>
</tr>
<tr>
<td>VOC: Process 90% of all prescriptions in 20 min or less</td>
<td>World-class Healthcare</td>
<td>Amn/Fam</td>
<td>Value Care Health</td>
</tr>
<tr>
<td>VOC: Decrease temporary out of stock medications to less than 1%</td>
<td>World-class Healthcare</td>
<td>Amn/Fam</td>
<td>Value Care Health</td>
</tr>
<tr>
<td>VOC: Maintain 99.997% accuracy rate</td>
<td>World-class Healthcare</td>
<td>Amn/Fam</td>
<td>Value Care Health</td>
</tr>
<tr>
<td>VOAF: Complete 90% of internal taskers on time</td>
<td>RDC</td>
<td>Amn/Fam</td>
<td>Readiness Value</td>
</tr>
<tr>
<td>QOL: Limit AD duty hours to 45 hours per week 80% of the time</td>
<td>Protect Amn’s Time</td>
<td>Amn/Fam</td>
<td>Care</td>
</tr>
</tbody>
</table>
AFMS Management System

- Review metrics daily
  - Discuss successes and short coming
    - Standardize success
    - Correct short comings
  - Elevate appropriate issues (supply, funding, prescribing trends...)
  - Work Just Do It initiatives
  - Move initiatives to wins column
  - Standardize processes before removing from the wins column
    - Standard Work
    - Continuity Binders
Key Points

- Review the Pharmacy Practice Manual
- DHA Standardization efforts will follow
- Set the standard, empower teams to achieve, standardize success
Answers To Self-Assessment Questions

- How many chapters in the Pharmacy Practice Manual were completely revised?
  - A. 1
  - B. 4
  - C. 6
  - D. 12

- True or False, The intent of the DHA Pharmacy Instruction is to standardize operations across all services?
  - A. True
  - B. False

- Which of the following are examples of Strategic Alignment?
  - A. Translation of the vision into measurable results
  - B. Translation of strategic intent into day-to-day action
  - C. Translation of VOC into process and product
  - D. All of the above
Closing Remarks

Major Jason Bingham
United States Air Force
jason.r.bingham6.mil@mail.mil
Clinical Pharmacy SIG Update

Lt Col Julie Meek
Landstuhl Regional Medical Center, Germany
Learning Objectives

- Understand the challenges and goals of the Clinical Pharmacy AFMH Initiative
- Describe the support required from MTF Pharmacy Leaders for the Clinical Pharmacy AFMH Initiative
- Describe AF compliance and standardization efforts for United States Pharmacopeia Chapters 797, 800
Self-Assessment Questions

1. Which of the following could prohibit optimal utilization of your Clinical Pharmacist?
   a) Disease state management
   b) Staffing the outpatient pharmacy as backfill
   c) Provide T-con service for the clinic nursing staff
   d) Medication Therapy Management

2. How can the Clinical SIG leverage support for AFMH pharmacists?
   a) Providing education opportunities
   b) Collaborating with peers
   c) Standardizing practices
   d) All of the above

3. Which of the following is not a current initiative of the Clinical Pharmacy SIG?
   a) Peer review assist
   b) Mentoring program
   c) PGY2 Residency
   d) USP 797/800 Compliance
Historical Outpatient Clinical Pharmacist

Pharmacist-Run Clinics
- i.e. Coumadin clinic, Lipid clinic

Pharmacist-PCM Collaboration

Fully Integrated PCMH Team Member
The Department of Defense Appropriations Bill, 2014 (to accompany H.R. 2397) published 17 June 2013 stated, “The Committee recognizes that the Department of Defense currently provides a range of Medication Therapy Management services at military treatment facilities. These services are designed to optimize therapy or the adherence to therapy between providers, pharmacists, and patients. The Committee directs the Assistant Secretary of Defense (Health Affairs) to provide a report not later than 180 days after the enactment of this Act to the congressional defense committees detailing the progress of including pharmacists in the care team provided by the Patient Center Medical Home (PCMH), the success rate of patients in properly adhering to medicine treatment and prescription levels, and whether there have been cases in which the inclusion of a pharmacist in the PCMH has contributed to reducing the level of medication taken by patients who may have been overmedicating.”
# Clinical Pharmacist Integration into AF Medical Home

## FY16 Pilot: 11 MTFs
- Eglin
- Fairchild
- Keesler
- Lackland
- Luke
- MacDill
- Patrick
- Randolph
- Scott
- USAFA
- Wright Patt

## FY18 Expansion: 15 Additional MTFs
- Andrews
- Elmendorf
- Holloman
- Langley
- MacDill
- Maxwell
- McConnell
- Mt. Home
- Nellis
- Offutt
- Sheppard
- Tinker
- Travis
- Tyndall
- Vandenberg

## Locally Funded FTEs
- Hill AFB (2 FTEs + DHA Pilot)
- Peterson
- JB McGuire
- Barksdale
- Dyess
- FE Warren
- Kirtland
- Malmstrom
- ??
Performance Objectives (Measures)

Best Value
- Maximize utilization/productivity (encounters, clinic time, RVUs)
- Maximize value (cost avoidance, retail pharmacy spend, PMPM)

Better Care
- Optimize medication use (interventions, adherence, polypharmacy)
- Prevent medication-related errors (errors, near misses)
- Improve outcomes (HEDIS, disease measures, ER/UCC/hosp visits)
- Improve AFMH performance (access, continuity)
- Enhance patient experience (satisfaction w/care, provider, access)
- Improve AFMH staff satisfaction
Challenges → → → Clinical SIG Goals

- Changing the Culture
  - Selecting the “Right Person” for the Job
  - Communicating / executing the concept

- Personnel Management
  - Gaps or Hold-ups in Contracting; Vacancies
  - Pharmacy hiring priorities
  - 3-6 month Learning Curve for new clinics

- Lack of Support Staff
  - MTF / Clinic dependent; 50% fewer encounters than those receiving support

- Data Quality
  - Identification of clinical pharmacists for data collection
  - Data lags a quarter behind

- Increase training opportunities, provide mentorship

- Provide support/resources to MTF Leadership

- Clarify support expectations to MTF Leadership or justify funding for additional support staff

- Standardize metrics for AF Clinical Pharmacists; provide expectations and goals
What can you do to help?

▸ Pick a well qualified individual
  ▸ Ambulatory Care Experience and/or Residency Trained
  ▸ Excellent Communication Skills
  ▸ Independent … “Pioneer”

▸ Include your clinical pharmacist on the Rx Team
  ▸ Education opportunities
  ▸ Bridge between clinic and pharmacy
What can you do to help? (cont.)

- Build the clinic relationship
  - Solidify clinic office space as requirement
  - Define what we are there to do (think broad and diverse). Describe scope of practice
  - Encourage support personnel sharing
  - Avoid using your clinical pharmacist as back-fill option
  - Assign only ONE pharmacist per clinic (do not time-share)
  - Use every opportunity to educate the MTF about our clinical pharmacists!
  - Stay involved on progress (number of appointments, RVUs, etc)
Clinical SIG Progress / Plans

- Service-Sharing Opportunities
  - Monthly Pharmacy ECHO via DCS
  - Army Clinical Pharmacy Course
  - Standardizing clinical pharmacy across the services: DHA Clinical Pharmacy Working Group
  - DHA-PI: Clinical Pharmacy

- Clinical SIG Monthly T-Cons
  - Education, Updates, Projects, Topic discussion
  - Lessons Learned, best practices for clinicians
  - Support direct to MTF Pharmacy Leaders

- Clinical SIG Mentorship Program
  - Peer Review program
  - Staff Assisted Visits, upon request
  - Connect new practitioners with mentors
## Other ongoing projects

<table>
<thead>
<tr>
<th>Project</th>
<th>POC’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antimicrobial Stewardship</td>
<td>Maj Villalonga / Maj Shaver</td>
</tr>
<tr>
<td>Coding Standardization / Improvement</td>
<td>Ms. Dawn Soulati / Lt Col Fenzl</td>
</tr>
<tr>
<td>TriService Workflow Group (TSWF)</td>
<td>Ms. Dawn Soulati / Maj Odenweller</td>
</tr>
<tr>
<td>Clinical RPh-AFMH Metrics</td>
<td>Lt Col Finch</td>
</tr>
<tr>
<td>Inpatient: USP 797/800 Training and Compliance</td>
<td>Maj Kasudia</td>
</tr>
</tbody>
</table>
Inpatient Focus: USP 797 / 800 Compliance

<table>
<thead>
<tr>
<th>Compounding Staff Competency Evaluation</th>
<th>Required competencies</th>
<th>Media-Fill Test</th>
<th>Gloved Fingertip Testing</th>
<th>Gloved Fingertip Testing</th>
<th>Observation Competency</th>
<th>Didactic Written testing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• For compounding pharmacy staff members&lt;br&gt;• Minimum required competencies:&lt;br&gt;  o Didactic Testing (Organization must define “pass” score)&lt;br&gt;  o Visual observation of hand washing, donning PPE&lt;br&gt;  o Media Fill Test&lt;br&gt;  o Gloved Finger Tip Testing (x3 for initial)</td>
<td>• The test complexity must match the complexity level of compounding.&lt;br&gt;  • Low/Medium Risk versus High Risk</td>
<td>3 separate test required&lt;br&gt;  To pass test cannot exceed “0” CFU</td>
<td>Ongoing test requires one sample only&lt;br&gt;  To pass test cannot exceed 3 CFU</td>
<td>Includes following items&lt;br&gt;  o Garbing of PPE&lt;br&gt;  o Aseptic Technique</td>
<td>Hazardous compounding must be incorporated if applicable to compounder reviewed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Initial&lt;br&gt;HR.01.06.01 EP 5&lt;br&gt;HR.01.06.01 EP 6</td>
<td>Initial&lt;br&gt;HR.01.06.01 EP 5&lt;br&gt;HR.01.06.01 EP 6</td>
</tr>
</tbody>
</table>
### Inpatient Focus: USP 797 / 800 Compliance

Data Call Results

<table>
<thead>
<tr>
<th>Question</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>USP 797 compounding</td>
<td>15/16 (Yes)</td>
</tr>
<tr>
<td>USP 800 compounding</td>
<td>8/16 (Yes)</td>
</tr>
<tr>
<td>High Risk compounding</td>
<td>4/16 (Yes)</td>
</tr>
<tr>
<td>Cat 1 compounding (BUD &gt;12 hrs)</td>
<td>9/15 (Yes)</td>
</tr>
<tr>
<td>Types of Hoods (Isolator vs open)</td>
<td>12/15 (Isolator)</td>
</tr>
<tr>
<td></td>
<td>8/15 (Hood)</td>
</tr>
<tr>
<td>IV Prep Area (Ante Rm)/ISO 7 Buffer Rm</td>
<td>5/15 (Ante Rm)</td>
</tr>
<tr>
<td></td>
<td>6/15 (Buffer)</td>
</tr>
<tr>
<td>Daily Cleaning Procedures (Surface/Floor)</td>
<td>10/15 (Yes)</td>
</tr>
<tr>
<td>Monthly Cleaning Procedures (Walls, Shelves)</td>
<td>6/15 (Yes)</td>
</tr>
<tr>
<td>Surface Sampling</td>
<td>13/15 (Yes)</td>
</tr>
<tr>
<td>Air Sampling</td>
<td>11/15 (Yes)</td>
</tr>
<tr>
<td>HEPA Filter Testing</td>
<td>15/15 (Yes)</td>
</tr>
<tr>
<td>Finger Tip Testing</td>
<td>10/15 (Yes)</td>
</tr>
<tr>
<td>Media Fill Testing</td>
<td>13/15 (Yes)</td>
</tr>
<tr>
<td>USP 800 Surface Contamination</td>
<td>1/8 (Yes)</td>
</tr>
<tr>
<td>Pyrogen or Sterility Testing</td>
<td>1/15 (Yes)</td>
</tr>
<tr>
<td>Competency Checklist</td>
<td>11/15 (Yes)</td>
</tr>
<tr>
<td>Competency Exam (Written)</td>
<td>11/15 (Yes)</td>
</tr>
<tr>
<td>Spot Checks (Random/Scheduled)</td>
<td>3/15 (R)</td>
</tr>
<tr>
<td></td>
<td>5/15 (S)</td>
</tr>
<tr>
<td>Annual Retraining</td>
<td>13/15</td>
</tr>
<tr>
<td>Site has designated master trainer</td>
<td>8/15</td>
</tr>
</tbody>
</table>
Inpatient Focus: USP 797 / 800 Compliance

Problem
- No standardized training across AFMS for USP
- No standardized competency evaluation
- No way to validate trainer’s competency
- Not all MTFs are following USP training requirements and are failing to meet standards
- **Not all MTFs are performing all certification/testing requirements for compounding

Goals
- Develop a standard, comprehensive AF package (multiple products)
- Consolidate current best practices
- Ensure MTFs hand TJC inspectors a corporate (AFMS) answer versus homegrown
- Ensure technicians are fully trained and competent enough to deploy
- Prevent adverse compounding related events
Inpatient Focus: USP 797 / 800 Compliance

- **Assumption:** 80% of inpatient personnel just need refresher training

- **Initial Targets:**
  - Swank Competency Tests (USP 797/800)
  - Refresher Training
  - Helpful products: P&T Templates, CAF Folder Checklists, Visual Inspection Tools, Cleaning Checklists

- **Difficult Targets**
  - Master Trainer Course (Initial training) - Outsource or In-house
  - AFTR Updates
  - Funding (if needed)
Key Points

- Stay involved and advocate for your Clinical Pharmacist
- Keep Lt Col Meek & Lt Col Finch informed of changes in your AFMH Staffing
- Encourage involvement in Clinical SIG T-cons and ECHOs
  - Consider building into your performance expectations
Answers To Self-Assessment Questions

1. Which of the following could prohibit optimal utilization of your Clinical Pharmacist?
   a) Disease state management
   b) Staffing the outpatient pharmacy as backfill
   c) Provide T-con service for the clinic nursing staff
   d) Medication Therapy Management

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   a) Peer review assist
   b) Mentoring program
   c) PGY2 Residency
   d) USP 797/800 Compliance
Closing Remarks

Lt Col Julie Meek
Landstuhl Regional Medical Center, Germany
Julie.m.meek.mil@mail.mil
DSN 314-590-6181
Trusted Care SIG Updates

Maj Rebekah Mooney
AFIT
Learning Objectives

- Focus Areas
- Outpatient
- Inpatient
- Future Goals
Focus Areas

- Workflow Standardization
  - Trusted Care & your MTF
  - New DHA Standards & how we will meet them
- Healthcare Literacy
  - Primary Care
  - Medication Management
- CPI Hub
  - Allow input/feedback to current projects to enhance or advance issues or stalled projects

National Health Reform and Military Health System Quadruple Aim

- READY (Readiness): Enabling a medically ready force and a ready medical force; transform deployed capabilities
- BETTER CARE (Experience of Care): patient centered care; providing patients with care they want, when they want it, and where it is most convenient; safe care
- BETTER HEALTH (Population Health): Improving quality and health outcomes for a defined population; preventive and precision care
- BEST VALUE (Per Capita Cost): managing the cost of providing care; direct and indirect costs or savings; value in terms of service, quality, safety; capitalizing on technology integration or the right reasons

AFMS Imperatives Align With Quadruple Aim

Integrity - Service - Excellence
Outpatient Pharmacy – SIG Update

- **Continuity**
  - PCS Handoff Checklists
    - Capt Daniel Corwin POC
  - Workflow Standardization
    - Long term Strategic Project
    - Maj Ben Beidel POC

- **Queuing Solutions**
  - Standardize Intake Questions
    - Maj Bituin
  - Enhance patient experience
    - Mobile communications
    - Rx activation
Inpatient Pharmacy – SIG Update

- Workflow Standardization
  - Will also be piloted for Inpatient setting

- Data Call Follow-ups
  - USP 797 Compliance

- Engaging the Pharmacy Technician
  - Enhancing emergent or readiness response
    - More hands-on/SIM Code Blue training to prepare for trauma exposure (applicable also to staff at Satellite Pharmacy – first 3-10 min until ACLS aid…..)

Pictured: Eglin AFB - Readiness Training Day - 12 Sep 2018
Moving toward the Future

- Collaborative Approach
  - Teaming with SIGs on projects that are in their respective realm
  - Annual SIG Summit prior to SAFP/JFPS?
- Establishing SIG Continuity
- Creation of standardized workflows
  - Build upon DHA models
  - Bolster efforts for technology vendor integration
- Build HROs
Key Points

- Focus Areas
  - Standardization
  - Healthcare Literacy
- Outpatient
  - Continuity
- Inpatient
  - Enhancing Training
- Future Goals
  - Collaborative Approach
  - Enhancing Patient Care
  - Building HROs
Closing Remarks

Outpatient Pharmacy

Maj Rebekah Mooney
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AF Pharmacy Education & Training SIG

Naronksuk Rawaekklang, MSgt, USAF
Medical Education and Training Campus
METC: Train for the Mission, Educate for a Lifetime!
Today’s Discussion

- Getting to know your Education & Training SIG Team
- Pharmacy Technician Training Mission snapshot
- “FYSA”
- Looking ahead
Your Education & Training SIG Team

- Pharmacy Technician Training Program (Phase I) AF Instructors:
  - Lt Col Justin D. Lusk (Program Director)
  - MSgt Naronksuk Rawaekklang (AF Service Lead)
  - TSgt Jessica M. Kittoe (Phase 2 Education Program Director)
  - TSgt Andrew C. Netz
  - SSGt Preston A. Keith
  - SSGt Lauren M. Naranjo
  - SSGt Dylan T. Sluderbrehm

- Phase II Instructors:
  - SSGt Seger F. Baladad, SSGt Lashunda Davis-Tisdale, TSgt Kasey L. Bumgardner-Gaines, SSGt Vonodrous Broughton, TSgt Carolyn F. Phillips, SSGt Blake Morgan

- 4P CDC Writer: MSgt Jessica Hughes
Snapshot

- Pharmacy Technician Training Program (consolidated)
  - Army, Navy, Air Force and Coast Guard
  - 306 students (avg) per year, 91.2% graduation rate (up 5.2% from FY17)
  - 4-Pharmacist; 32-Technicians (Enlisted/Civilian) Instructors
  - 6 iterations per year

- AF/CG only
  - 109 students (FY18), 93.3% graduation rate (up 3.6% from FY17)
    - **53% Graduated w/Honors
    - **Less than 1% Non-academic removal
  - Phase I (12 weeks, 25 CCAF credits)
  - Phase II (4 weeks, 3 CCAF credits)
Since 2011, the Air Force graduated 35% (815) of the program’s students (2347) with a 94% overall grad rate, a 91% GPA Avg, 39% graduating with Honors, and accomplished this with only 20% of the program’s staffing.
ASHP Accreditation

- **AREAS OF NONCOMPLIANCE**
  - None.

- **AREAS OF PARTIAL COMPLIANCE**
  1. The program’s strategic plan does not reflect adequately the role of the program within the community. [Item 1.2.b]
  2. When experiential site coordinators delegate training responsibilities, documentation of the individual’s professional work history is not sufficient to substantiate that these individuals have experience in pharmacy practice. [Item 2.3.c]
  3. The program’s curriculum is difficult to keep current because instructors have to create textbooks that are used for instruction therefore it is recommended that current textbooks that are published for instruction for pharmacy technicians be used and supplemented with military information and regulations. Further, the program director or designee has difficulty preparing the students for employer-accepted and nationally recognized certification, registration, and/or licensure and maintenance of said certification without the proper resources for instruction. [Items 3.2, and 5.3]
  4. The program director has not determined on an annual basis that the site employs properly qualified staff and will provide students with experience in a high-quality pharmacy. [Item 3.3.h.(4)]
FYSA...

- TCT JKO
- Sponsors
Looking ahead…

- Sterile Compounding Aseptic Technique (SCAT) Instructor/Trainer Certification
- 4P071 Course (in-residence)
- 6 to 5 iterations
- Offering Nat’l Cert at Schoolhouse (PTCB/NHA)
- Two more instructor cadre (1 Jan 19-31 Dec 21)
Questions?

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Local Review: DHA Transition

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- (843) 963-6613 DSN: 673
Maj Amanda Ferguson declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.
In this context, what does the acronym ADC mean? As of 1 Oct 18, which entity gained ADC over Womack Army Medical Center, 43d Medical Squadron, Naval Hospital Jacksonville, 81st Medical Group, 628th Medical Group, 4th Medical Group, Walter Reed National Military Medical Center, Ft Belvoir Community Hospital and associated clinics with each of these?
Overview

- Background
- Plan Review
- Organizational Chart
- Lines of Communication
- Current Impact and Lessons Learned
- Future Impact and Operational Approach
Background

- NDAA
- Multi-year transition
- Eight locations selected for phase I
- New organizational roles and responsibilities
- Strategic visit to Joint Base Charleston
Plan Review

- Authority, Direction, and Control (ADC)
- Three functional capability areas:
  - TRICARE Health Plan (THP)
  - Pharmacy Services (Rx)
  - Quadruple Aim Performance Process (QPP)
- Priorities outlined by transitional Intermediate Management Organization (tIMO)
  - Quality
  - Safety
  - People
The DHA will serve as the headquarters for the administration and management of the MTFs, bringing Direct and Purchased Care into a single integrated healthcare system. The Director, DHA shall be responsible for the administration at DHA headquarters and management through the tMO.
Lines of Communication for Phase I MTFs

MHS Communications Strategy: MTF Transition

**PHASE I**
Jan – May 2018

**PLAN**
- Initiate Communications Workstream #3
- Prepare Talking Point products (SLTP)
- Develop and review Communications Plan
- Support initial site visits
- Drafts questions and answers package

**PHASE II**
Jun – Sep 2018

**EXECUTE**
Equip key audiences with information to explain changes and respond to RFIs

**PHASE III**
1 Oct – completion

**FOLLOW-ON ENGAGEMENT AND ASSESSMENT**
Continue audience engagement, assess effectiveness of communications products, prepare for phase II planning.

**Jun-Sep**
Major Communications/Roll-out products:
- MTF CDR Toolkit
  - Senior Leader TPs approved (June)
  - DHA 101 briefing (June)
  - Stakeholder Engagement Map
- Comms/PA ROC Drill (NLT mid-July)
- PAG (Public Affairs Guidance) (Jul)
- OSD/PA briefing card (Jul)
- Leadership messages (weekly and monthly)
- DHA Procedure Instruction (Communication)
- Report to Congress SLTP (30 June)

Oct
- Town Halls
- Web site integration
- DHA Procedures Manual
- SL messages

Nov
- Assess effectiveness of communications products, refine as necessary

Dec
- Begin Phase II preparation

Other Communications Tactics include:
- Information articles for health.mil and local use, Social Media, MSO/VSO engagement, video messages
ANNEX I: Priority PI’s

**Revised Urgent Publications**

<table>
<thead>
<tr>
<th>Publication</th>
<th>Responsible Authority</th>
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<tbody>
<tr>
<td>Management Standards for Medical Coding of DoD Health Records (IPM)</td>
<td>DAD-HCO - Mr. Prout</td>
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<tr>
<td>Lifecycle Management Services (LCMS) Information Technology Asset Management (IPM)</td>
<td>DAD IO - Mr. Flanders</td>
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<tr>
<td>MHS Enterprise Architecture (IPM)</td>
<td>DAD IO - Mr. Flanders</td>
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<tr>
<td>Joint Medical Executive Skills Development Program (IPM)</td>
<td>DAD IO - Mr. Flanders</td>
</tr>
<tr>
<td>Medical Logistics Enterprise Activity (EA) (PI)</td>
<td>DAD - Contracting - Mr. Tenaglia</td>
</tr>
<tr>
<td>Facilities EA (IPM)</td>
<td>DAD FO - Mr. Zottola</td>
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<tr>
<td>Military Public Health EA (PI)</td>
<td>CSA - Maj Gen Payne</td>
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<tr>
<td>Medical Expense Reporting System (MEPRS) Manual (Vol. 1 &amp; 2) (PI)</td>
<td>DAD FO - Mr. Zottola</td>
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<tr>
<td>Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS) (Vol. 1-7) (PI)</td>
<td>DAD MA - Dr. Cordts</td>
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<td>Cybersecurity Program Management (PM)</td>
<td>DAD IO - Mr. Flanders</td>
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<tr>
<td>Risk Management Framework (IPM)</td>
<td>DAD IO - Mr. Flanders</td>
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<tr>
<td>MHS Information Technology Investment Framework (IPM)</td>
<td>DAD MA - Dr. Cordts</td>
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<tr>
<td>DoD Patient Bill of Rights and Responsibilities in the MHS (PI)</td>
<td>DAD MA - Dr. Cordts</td>
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<tr>
<td>Planning, Programming, Budgeting, Execution (PPBE) (PM)</td>
<td>DAD FO - Mr. Zottola</td>
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<tr>
<td>Medical Ethics (PM)</td>
<td>DAD MA - Dr. Cordts</td>
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<tr>
<td>MTF Commander Authorities (Stage II)</td>
<td>AD(HCA) - Dr. Butler</td>
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<tr>
<td>Problematic Substance Use by DoD Personnel (PI)</td>
<td>DAD IO - Mr. Flanders</td>
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<td>9 - RDM1. Riggs</td>
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* = Added

M&RA Review  |  SG Review
Current Local Impact and Lessons Learned

- People management
- Leadership management
- Patient management
- Cross communication
Future Impact …

- Local Execution Risks
- Local Communication Strategy
- Local Operational Strategy for Pharmacy
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Authority, Direction, and Control

Defense Health Agency
Summary

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